

XIX. PARTICIPATING PROVIDER HOSPITAL

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XIX. PARTICIPATING PROVIDER HOSPITAL

Designation as a Participating Provider Hospital (PPH) under Missouri Care Health Plan means a health care institution which is licensed by the State of Missouri as a hospital, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined to meet the requirements of such certification and have a current Certificate of Accreditation from the Joint Commission.

19.1 PPH RESPONSIBILITIES

1. The PPH shall provide Medically Necessary hospital services, including emergency, outpatient and inpatient, to members on a twenty-four (24) hour per day basis, seven (7) days per week.
2. The PPH agrees to render services to members who are diagnosed as having human immunodeficiency virus (HIV) in the same manner and to the same extent as other members and under the compensation terms set forth in the contract.
3. The PPH shall verify member’s eligibility status for each date of service through the State of Missouri Interactive Voice Response system (IVR) at 573-635-8908. Failure to verify member enrollment may result in payment denial.
4. The PPH agrees to adhere to Missouri Care’s managed care philosophy and principles, including the sharing of each member’s relevant medical information with the member’s assigned Primary Care Provider or Missouri Care Health Plan.

5. The PPH shall comply, if applicable, with Federal Regulations of the Occupational Safety and Health Administration including, without limitation, the regulations concerning Bloodborne Pathogens Standards @ 29 C.F.R Part 1910.1030, which became effective January 1, 1992.
6. The PPH agrees to follow the Missouri Care preferred pharmacy product list, as feasible, and as ordered by the contracted Missouri Care provider.

19.2 REFERRAL AND PRIOR AUTHORIZATION

1. The PPH shall provide Covered Services to members during the term of the Agreement pursuant to Missouri Care Prior Authorization (PA) and Referral Policies. Failure to comply with the Missouri Care Prior Authorization and Referral Policies identified in this manual may result in claim denial.
2. Some facility specific considerations for Referral and Prior Authorization are as follows:
 - a. All inpatient admissions require authorization from Missouri Care.
 - b. All room charges require prior authorization
 - c. Some outpatient procedures require PA with the exception of specific radiology, laboratory and those procedures outlined in Chapter IX.
 - d. Facilities must verify PA with Missouri Care Health Plan PA Unit before admission or outpatient procedure (except for specific radiology and laboratory).
 - e. Facilities should not schedule outpatient procedures without first ensuring that a PA is in place, except in an emergency situation.

19.3 RADIOLOGY

As a contracted PPH, the facility is also identified as a contracted Outpatient Radiology Provider. Contracted PCP's, PCO's or Specialists may order radiology procedures at any contracted PPH at which they have privileges. Most radiology procedures do not require PA but must be performed either in the contracted provider's office or at a contracted Facility. MRIs and Radiation Therapy services do require PA. Those procedures that do require PA are also listed in the Prior Authorization section (IX) of this manual.

19.4 EMERGENCY MEDICAL SERVICES

1. The PPH agrees to provide Emergency Medical Services to members and acknowledges that life-threatening emergencies should be treated immediately without regard to prior authorization. If the member is admitted as inpatient or observation status, notification requirements apply.
2. Missouri Care will conduct retrospective medical reviews on facility Emergency Medical Services claims submitted by the PPH to ascertain emergent status, service necessity, and cost appropriateness. This is done for cases that transfer to Inpatient status.
2. The PPH realizes and recognizes that Missouri Care will not reimburse the PPH for any financial costs associated in the performance of services found to be non-emergent, pursuant to Missouri Care retrospective physician medical review.
3. The PPH agrees to provide Medical Evaluation services by licensed Providers.
4. The PPH agrees to notify Missouri Care Behavioral Health, when a member presents in a psychiatric emergency.

19.5 OUTPATIENT SERVICES

The PPH agrees to provide members with outpatient Covered Services upon receipt and validation of a prior authorization number, when necessary, from Missouri Care.

19.6 SHORT STAY/OBSERVATION STAY

The PPH agrees to request and secure a prior authorization from Missouri Care for an elective short stay or observation encounter. The short stay/observation unit is identified as a clinical unit, where the member's condition does not meet acute care criteria nor warrant an inpatient stay; yet observation or other outpatient services are considered medically necessary. Such charges shall be billed and paid as outpatient services. If a member subsequently becomes an inpatient, Missouri Care must be notified of the status change by the next business day or the inpatient stay may be denied due to lack of prior authorization. When the member's status changes from observation to inpatient, the observation day will be paid as the first day of the inpatient stay, as long as Missouri Care has been appropriately notified of the status change.

19.7 INPATIENT SERVICES

1. Non-Emergency Admissions (Elective Admissions)

The PPH agrees to admit Missouri Care members on a non-emergency basis only upon receipt and validation of a prior authorization number from Missouri Care. Failure to validate the PA number with Missouri Care prior to admission will result in payment denial to the PPH.

2. Inpatient Care Services

The PPH agrees to provide members with medically necessary inpatient care services, with appropriate authorizations. All scheduled inpatient admissions require prior authorization. Urgent or emergent admissions require notification by the next business day.

3. Maternity Services

The PPH shall provide inpatient hospital services to members, for a minimum of forty-eight (48) hours following a vaginal delivery and a minimum of ninety-six (96) hours following a cesarean section, for a mother and her newly born child unless a shorter stay meets with the approval of the attending physician after consulting with the mother, and is in keeping with federal and State law. PPH shall notify Missouri Care within twenty-four (24) hours of all births to members. Missouri Care shall in turn notify the State of all births to members.

19.8 MANAGED CARE

1. The PPH agrees to permit Missouri Care personnel to initiate visits with appropriate PPH staff immediately upon admission, and to examine the record of the member to evaluate appropriateness of admission and continued stay.
2. The PPH agrees to designate appropriate PPH staff personnel to facilitate and coordinate Missouri Care telephonic or onsite utilization reviews (both concurrent and retrospective), discharge planning, and quality management. The PPH assures Missouri Care staff timely accessibility to member medical records to facilitate utilization review, discharge planning and quality management. Missouri Care agrees to comply with the PPH policies and procedures relative to confidentiality of member Medical Records.
3. The PPH agrees to initiate discharge planning at time of admission, with utilization of appropriate alternate levels of care and keep Missouri Care

informed of discharge plan and use Missouri Care participating Providers for care following discharge.

4. Missouri Care agrees to provide qualified discharge planning/case management staff to act as a resource and liaison with the PPH's discharge planning staff and participate actively in discharge planning activities.
5. The PPH may seek assistance from the Missouri Care Member Services Department for all non-emergent, but Medically Necessary ground transport in accordance with the Missouri Care member transportation policy.
6. The PPH agrees to comply with utilization and quality management criteria used by Missouri Care in review of clinical care.
7. The PPH agrees to send medical records to Missouri Care within five (5) working days of receipt of request.

19.9 BILLING

1. **PROFESSIONAL SERVICES** - Professional services are governed by a separate Participating Health Provider Agreement for Primary Care Provider, Primary Care Obstetrician or Specialist. All professional fees must be billed on a HCFA 1500. This includes those professional fees for services rendered in the emergency room or outpatient clinic.
2. For every Covered Service for which the PPH seeks reimbursement, the PPH agrees to submit a claim to Missouri Care within one hundred eighty (180) days of date of service, on a properly completed current HCFA 1500 form (for professional services) or a UB 92 for inpatient services, emergency services or outpatient services. Missouri Care reserves the right to request and receive from the PPH, additional medical records or supporting documentation requested for reinsurance purposes in a prompt and timely manner.
3. The PPH agrees to bill only for dates of service that have been prior authorized by Missouri Care or, in the case of Emergency Medical Services only, where notification was given to Missouri Care within twenty-four (24) hours or next business day, after the member presented for services. The PPH agrees not to bill Missouri Care for the day of member discharge.
4. At a minimum, all claims shall provide the information and data required within the UB92 and HCFA 1500 forms. (see Section XI)

5. The PPH agrees to submit a claim to Missouri Care only for the physical health component of the inpatient hospital days required for a Category of Aid 4 member presenting with a dual (behavioral and physical) diagnosis. The concurrent review processes of Missouri Care and PPH shall be used to prorate inpatient days required for the physical problem. PPH shall submit a claim to the State for inpatient days required for the behavioral health component of members eligible under Category of Aid 4.
6. Failure to submit any of the above information and data or failure to respond to a request from Missouri Care for additional information or data within the prescribed time period may result in payment delay and/or denial.
7. Missouri Care encourages all hospital providers to submit electronic claims. If you are not yet submitting electronically, please contact your Provider Relations representative at 800-322-6027 for information.

Paper claims are to be mailed and addressed to Missouri Care claims department only at the following address:

MISSOURI CLAIMS SUBMISSION

P.O. Box 61625

Phoenix, AZ 85082-1625

19.10 MARKETING GUIDELINES

Providers shall not influence a member's enrollment. They are prohibited from the following:

- a. Requiring or encouraging the member to apply for an assistance category not included in MC+ managed care.
- b. Requiring or encouraging the member and/or guardian to use the SSI "opt out" as an option in lieu of delivering health plan benefits
- c. Mailing or faxing health plan enrollment forms
- d. Aiding the member in filling out health plan enrollment forms
- e. Photocopying blank health plan enrollment forms
- f. Distributing blank health plan enrollment forms
- g. Allowing the member to use a his/her phone to enroll or change health plans from the Provider's office site.
- h. Participating in three way calls to the MC+ managed care enrollment helpline
- i. Suggesting a member transfer to another health plan
- j. Other activities in which Missouri Care, its representatives, or Providers are engaged in activities to enroll in a particular health plan or in any way assisting a member to enroll in a health plan.

- k. Providers must submit to the State agency, for prior written approval, all materials used to advise members of the health plans with which they have contracts. The following list constitutes approved material:
- A list of all health plans with which the Provider has contracts;
 - A letter to previous fee-for-service recipients who may be eligible for MC+ managed care, informing them of all health plan(s) with which the Provider has contracted;
 - A display of all contracted health plan logos in an equal fashion;
 - A listing of all contracted health plan phone numbers;
 - Access to all contracted health plan directories and member handbooks as a member resource but not for distribution; and
 - Displaying enrollment helpline phone number.

The Provider shall provide equal representation of all contracted health plans and shall not favor one health plan over another in displayed information.

Providers shall request State agency prepared mandatory MC+ managed care materials from the State agency and will make the general public aware of the MC+ program by providing the following:

- General MC+ eligibility information;
- MC+ applications to complete and mail
- MC+ toll free phone number (888-275-5908).

19.11 FRAUD AND ABUSE

To report a possible fraud and abuse situation, call the Missouri Care Compliance Program Hotline at 1-877-436-5288. This toll-free hotline is available twenty-four (24) hours a day, seven (7) days a week. All reports received through the hotline will be reviewed according to Compliance Program policies and procedures and appropriate corrective actions will be taken. Providers may also report a compliance issue in writing to Missouri Care Compliance Program, 2404 Forum Blvd., Columbia, MO 65203.