

# Provider Update

Summer 2010



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Behavioral Health  
Toll Free: 1-800-889-4073  
Fax: 1-866-543-2385

Behavioral Health Prior Authorization  
Option 2; Option 1  
Fax: 1-866-543-2385

Case Management  
Option 2; Option 4

Claims Research  
Option 2; Option 3

Medical Prior Authorization  
Option 2; Option 2  
Fax: 1-866-946-2052

Member Services  
Option 1; Option 1  
Fax: 573-441-2199

Provider Relations  
Option 2; Option 5  
Fax: 1-866-946-1105

For Rx Information  
1-800-392-2161

## Free learning opportunities from Missouri Care, an Aetna Health Plan...developed with you in mind

Bridge cultures, build patient relationships and learn how to achieve better health outcomes for your patients. To help you care more effectively for patients from various ethnic and minority groups, we are offering health care professionals free online training courses in cultural competency.

Developed by the Manhattan Cross Cultural Group, the Quality Interactions® courses allow clinicians to participate in realistic clinical encounters. Clinicians learn key concepts and skills for delivering effective cross-cultural care that takes into account a patient's cultural perspective and preferences.

### Additional information about the courses

Choose from the following Quality Interactions® courses:

- Quality Interactions for Physicians plus Cross-Cultural Communication Model (2.5 CME credits)\*
- Quality Interactions for Nurses & Case Managers (2.5 CEU credits)
- Quality Interactions for Healthcare Employees (non-accredited)

\*This course has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Tufts University School of Medicine (TUSM) and Manhattan Cross Cultural Group. TUSM is accredited by the

ACCME to provide continuing medical education for physicians.

\*TUSM designates this educational activity for a maximum of 3.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### How to register

Register today for your password to access the free Quality Interactions® courses.

Select "Log In" on the Providers page at **www.MissouriCare.com/providers.aspx** or "WEB PORTAL" on the upper left-hand navigation bar.

Once logged in, select the link titled: Cultural Competency CMEs/Courses and review the "Instructions for access to Cultural Competency CME/Courses".

**Note:** If you are not yet a registered user of our secure provider website, please follow registration instructions located on the Providers page.

The first time you access the Quality Interactions® site, you'll be asked to complete a one-time registration. Once your information is verified, select the "Course Catalog" on the left navigation bar to find courses. Call your Provider Relations Representative at **1-800-322-6027** with questions or for assistance.

**Take our free courses today to help improve patient outcomes**

## Accreditation and Quality

### Preventive Care Toolkit on the Web

Have you ever used your last Healthy Child & Youth Screening form and wished you could quickly print a new one? Have you searched for information on Lead Screenings, Immunizations, Growth Charts, or Chlamydia Screenings and wished these resources were at your fingertips? For all this and more visit our website at [www.MissouriCare.com](http://www.MissouriCare.com).

At [www.MissouriCare.com](http://www.MissouriCare.com), under the Provider tab, you have access to the most up-to-date information including the Preventive Care Toolkit, Provider Manual, Prior Authorization information, Clinical Guidelines, Disease Management, Cultural Competency CME Courses, and more.

Don't have access to the Internet? Missouri Care is continually looking for opportunities to provide resources to providers. You can call your Provider Relations Representative and request the current version of the Preventive Care Toolkit in either an electronic (CD) or a paper version.

We welcome your feedback. If there is information you would like to see either on [www.MissouriCare.com](http://www.MissouriCare.com) or available in alternate formats call your Provider Relations Representative.

### Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Missouri Care's CAHPS survey was conducted from March 1, to May 19, 2010. A random sampling of 1,733 eligible members (17 years and younger as of December 31, 2009, currently enrolled, had been continuously enrolled for six months, and primary insurance coverage was through Medicaid) were chosen to participate in the survey. This year's response rate of 28.8% was lower compared to the 30.5% response rate from the 2009 survey.

For 2010 Missouri Care's survey showed the following results concerning the "Domains of Care"

- Getting Needed Care was up from 80.2% in 2009 to 84.0 % in 2010
- Getting Care Quickly was up from 91.0% in 2009 to 91.5% in 2010
- How well doctors communicate showed no significant change with 93.2 % in 2009 and 93.1% in 2010
- Customer service was up from 81.8 % in 2009 to 84.2 % in 2010
- Shared Decisions Making in 2010 was a new measure and the baseline measurement was 67.0%

### THANK YOU!

This spring Missouri Care conducted its annual HEDIS Medical Record Review. Each year the states require all Medicaid managed care plans report on the services that they are providing to members. The purpose of the record review is to identify services that were provided, but were not billed or that were not billed in a HEDIS friendly format. Between the months of March and June, Missouri Care representatives visited provider offices and/or requested that medical records are faxed for review.

Your office can decrease the number of records we request or the time we spend in your office by following these simple tips:

- You may bill a \$.01 claim for prenatal and postpartum visits when you have a global authorization for a pregnant member, but it is not required.
- Complete state EPSDT/HCY Screening Forms when performing well-child check-ups
- Complete an EPSDT, if time allows, when a member presents for a minor illness (e.g., reoccurring otitis media)
- Encourage member to schedule a return appointment for an EPSDT visit when the member presents for a sick visit
- Document on a child's immunization record if he or she has had a varicella and include the date he or she had the disease (year or age is sufficient if more detail is not available)
- Request immunization record from all new members and keep updates of immunizations received outside of your office

*We greatly appreciate your cooperation.*



# Claims

## Electronic Resubmissions

Effective immediately, providers may now resubmit claims to Missouri Care electronically utilizing Loop 2300 Segment & Element CLM05-3 ("Claim Frequency Code") of an 837 Professional or Institutional claim.

Providers can use either a claim frequency code of "7" to replace a prior claim or "8" to void/cancel a prior claim. Please note that claim resubmissions received more than 365 days after the date of service will be denied without review.

Please submit all paper claim submissions or resubmissions to:

### Missouri Care Claims Submission

P.O. Box 61625  
Phoenix, Arizona 85082-1625

## Electronic Fund Transfer & Electronic Remittance Advice

Missouri Care offers electronic payments through electronic funds transfer ("EFT"), which offers a fast, easy and convenient way to have Missouri Care payments deposited directly into providers' bank accounts upon completion of the EFT authorization process. A properly completed EFT Form and a copy of a voided check for bank verification are required to complete the EFT authorization process. This form can be obtained on our website at [www.MissouriCare.com](http://www.MissouriCare.com) or from your provider relations representative. This documentation must be sent to the attention of the Missouri Care Provider Relations Department at the address listed below or faxed to **1-866-946-1105**.

Electronic Remittance Advice ("ERA") are also available, call or email your provider relations representative for more information.

### Missouri Care

Attn: Provider Relations  
2404 Forum Boulevard  
Columbia, MO 65203

## Key Points in Billing Anesthesia

When billing anesthesia claims, please remember the following:

- Anesthesia must be billed in unit increments instead of minute increments. **One unit is equal to 15 minutes, i.e. 60 minutes = 4 units**
- Do NOT add additional units to cover the base rate. Payment is based on a formula which includes payment for the base rate.
- If billing 10 or more units (2.5 hours), the start and stop time of the procedure must be included on the claim form.
- Always round up. For example, if procedure was 17 minutes, bill 2 units.

**Professional Fees being billed on a HCFA 1500.**  
All Anesthesia claims should include a modifier.

- AA - Performed by Anesthesiologist
- QK - Medical direction of 2-4 concurrent procedures involving qualified professionals
- QX - CRNA service with medical direction
- QZ - CRNA service without medical direction

### Facility Fees being billed on a UB 04

When billing Rev Code 0370 Anesthesia, a CPT code MUST be included.

- **Anesthesia** CPT code.
- **Surgery** CPT code.

If using Surgery CPT code this **MUST** be the same Surgery Code that has a **Prior Auth** attached to it.

## NICU Claims Submission Updates

Effective July 1, 2010 claims for very low birth weight newborns (less than 1500 grams), must be submitted to the health plan in one of two formats:

Claim Type	Format	Criteria		
Inpatient	UB-92	Proc. Code	Primary, secondary, or tertiary diagnosis	With Revenue Code
		N/A	765.01 – 765.05, 764.01-764.05, 764.11-764.15, 764.21-764.25, 764.91-764.95, 765.11-765.15, and V21.31-V21.33. There must be a fifth digit of 1, 2, 3, 4, or 5.	172, 173, or 174
Medical	NSF	Proc. Code	With Primary, Secondary, or Tertiary Diagnosis Code	With Revenue Code
		99293 (99471 eff. 01/01/09)	Same as Inpatient	N/A
		99294 (99472 eff. 01/01/09)	Same as Inpatient	N/A
		99295 (99468 eff. 01/01/09)	Same as Inpatient	N/A
		99296 (99469 eff. 01/01/09)	Same as Inpatient	N/A
		99298 (99478 eff. 01/01/09)	Same as Inpatient	N/A
		99221	Same as Inpatient	N/A
		99222	Same as Inpatient	N/A
		99223	Same as Inpatient	N/A

This change is necessary to facilitate the capture of information so that it can be properly reported to the State of Missouri regulators.

# Health Services

## Provider authorization made more user friendly

Missouri Care is making important changes to the prior authorization (PA) process.

First, we are reducing the number of outpatient services that require PA, which will decrease PA volume up to 50 percent. All inpatient services will still require PA.

Second, prior authorization requirements will now be specified by individual current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. This change will help make PA requirements clearer and easier to understand.

Please note: Providers will be required to include all CPT and HCPCS code(s), where applicable, when submitting PA requests.

Third, in June we launched our online tool Provider Authorization Requirement Search Tool (Pro-PAT) available on the secure provider web portal. This tool allows providers to:

- Search PA requirements by individual or multiple CPT/HCPCS codes simultaneously
- Review PA requirements by specific procedures or service groups
- Receive immediate, detailed Yes/No information regarding PA requirements

## Provider web access

**The Prior Authorization Requirement Search Tool can only be accessed via Missouri Care's secure provider portal.**

By registering for the web portal, not only will you have access to the search tool, but also to the most current plan information, forms and resources.

If you are not already registered for Missouri Care's secure provider web portal, download an application on the Providers section of **www.MissouriCare.com**.

We will be scheduling multiple training sessions on Missouri Care's secure provider web portal and the Prior Authorization Requirement Search Tool. If you have questions about this letter or want more information about our training sessions, please contact Missouri Care Provider Relations at **1-800-322-6027**.

## Laboratory codes requiring authorization

Lab Genetic testing will now require Prior Authorization for both par and non par providers 83912, 88271.

## Integrated case management model

Missouri Care's case management program is available to all enrolled members as determined to be medically necessary. Potential candidates for enrollment in case management are identified through the following processes and strategies:

- Predictive modeling
- Health Risk questionnaire
- MO HealthNet referrals
- Welcome calls
- Prior Authorization/Concurrent Review
- Member self-referral
- Behavioral Health Crisis Line
- Provider referrals
- Community-based organizations

Missouri Care's case management model recognizes that members frequently have behavioral and social issues that complicate their medical care. Our approach focuses on total member health and well-being using the critical components of behavior change, relationship building, and engaging community and social systems that wrap around the member to enhance member resiliency and self-efficacy.

As a Missouri Care provider you may be working with complex members who could benefit from case management services. You can refer a member to our case management program by completing the Case Management Referral Form found on our website at **www.MissouriCare.com** and faxing to 1-866-946-1104, or by contacting Missouri Care at **1-800-322-6027**.

## Missouri Care benefits change

Missouri Care had previously offered an additional benefit not offered or required by the state: physical, speech and occupational therapy for adults. However, the plan has now elected to discontinue offering this added benefit for the adult population. The change now puts Missouri Care coverage in line with the covered benefit package in the state contract. That is, there is no therapy benefit for adults. This does not affect in any way the therapy benefit provided to members under the age of 21 or pregnant women.



# Claims

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## Claim check implementation

Missouri Care places great value on the relationship with our providers. We continuously devote significant resources to more closely align our claims payment policies with current national correct coding and industry standards.

In our ongoing effort to support nationally accepted claims payment policies, effective August 23, 2010, we will be enhancing our ability to administer these payment policies to be more consistent with nationally accepted means of claims payment, which include:

- AMA's CPT coding guidelines and conventions
- Centers for Medicare and Medicaid Services (CMS)
- Local and regional Medicare policies
- Nationally recognized physician academy and society guidelines (coding and clinical)

Missouri Care's payment policies focus on areas such as the following CMS guidelines:

- Nationally recognized bundling edits, including CMS's Correct Coding Initiative (CCI)
- Appropriate modifier usage (e.g., Modifier 25 should be used when the Evaluation and Management (E&M) service is distinct and separately identifiable from the CMS designated minor surgical service or procedure being performed the same day)
- Global surgery package (0, 10 and 90 day procedures)
- Multiple Procedure Reductions
- Place of Service policies (e.g., code 99295 Initial inpatient neonatal critical care is an inpatient only procedure)
- Multiple endoscopy

If you are interested in more specific information pertaining to national correct coding and industry standards, please visit the CMS website at [www.cms.gov](http://www.cms.gov), AMA website at [www.ama-assn.org](http://www.ama-assn.org), or contact Provider Relations at **1-800-322-6027**.

## Missouri Care Applied for NCQA Accreditation

As a condition of the 2009 State contract, Missouri Care recently applied for NCQA Accreditation. NCQA stands for "National Committee for Quality Assurance" and was formed 20 years ago by employers seeking quality healthcare. NCQA's vision is to transform health care quality through measurement, transparency and accountability.

Missouri Care will be audited for NCQA accreditation in the spring of 2011. To prepare, we are developing and revising policies and procedures to meet NCQA's standards. These standards are grouped into four categories: Quality Management & Improvement, Utilization Management, Credentialing & Recredentialing, and Members' Rights & Responsibilities. Missouri Care supports this process and feels earning NCQA Accreditation status will enhance quality care for our members.

- The provider manual is available for viewing on our website at [www.MissouriCare.com](http://www.MissouriCare.com). If you require a print version, please contact your Provider Relations Representative at **1-800-322-6027**.

## Provider Relations welcomes two new members to the team

Provider relations has recently filled two vacant positions in the department.

Angeline Sullivan will be serving our providers in the Central-West Region, replacing Jamie Barber who recently transitioned into another role at Missouri Care.

Kathleen McGuire will be replacing Stacy Meyr, who was promoted to Department Manager of Provider Relations, in the East Region.

Both representatives will be out soon visiting offices and introducing themselves to their respective providers.

If you would like a visit or would like to welcome them aboard, please feel free to contact them via phone or email.





**Missouri Care**<sup>SM</sup>  
AN AETNA HEALTH PLAN

2404 Forum Boulevard  
Columbia, MO 65203

## Provider Relations

- Missouri Care does not reward health care providers for denying, limiting or delaying coverage of health care services. We also do not give monetary incentives to our staff making medical necessity decisions to provide less health care coverage or services.
- The provider manual is available for viewing on our website at [www.MissouriCare.com](http://www.MissouriCare.com). If you require a print version, please contact your Provider Relations Representative at **1-800-322-6027**.

### Provider Relations Team:

#### Department Manager

**Stacy Meyr**

573-441-2131 • [MeyrS@aetna.com](mailto:MeyrS@aetna.com)

#### East Region

**Kathleen McGuire**

573-441-2174 • [McguireK2@aetna.com](mailto:McguireK2@aetna.com)

Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, St. Louis City, Warren and Washington Counties.

#### Central Region-East

**Lisa Jones**

573-441-2115 • [Lisa.Jones@aetna.com](mailto:Lisa.Jones@aetna.com)

Audrain, Calloway, Gasconade, Laclede, Macon, Maries, Marion, Monroe, Montgomery, Osage, Phelps, Pulaski, Ralls, and Shelby Counties.

#### Central Region-West

**Angeline Sullivan**

573-441-2163 • [SullivanA@aetna.com](mailto:SullivanA@aetna.com)

Benton, Boone, Camden, Chariton, Cole, Cooper, Howard, Linn, Miller, Moniteau, Morgan, Pettis, Randolph and Saline Counties.

#### West Region

**Cindy Walters**

573-441-2178 • [WaltersC@aetna.com](mailto:WaltersC@aetna.com)

Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair and Vernon Counties.

#### Behavioral Health-Statewide

**Rebecca Bradshaw**

573-441-2122 • [BradshawR@aetna.com](mailto:BradshawR@aetna.com)