ISMA Coalition Meeting

July 15, 2011

Questions and Answers

1. Anthem Medicaid/Hip programs is asking that the PMP have complete control of their patients and the referral process. As a specialist in general and vascular surgery, we refer a lot patients to other specialists, i.e. – Oncology, Radiation Oncology and Interventional Radiology just to mention a few, so how does Anthem Medicaid/Hip want us to handle this process? It is not uncommon for us to refer our cancer patients to at least two or three other specialty physicians for continuation of their care. We have always had written communication back to the PMPs concerning this process, so they are aware of patient's medical needs and course of treatment.

   Anthem response: In June Anthem implemented its Managed Care Model. As the medical home of our members the PMP is asked to coordinate the care of our members. Therefore, providers who administer care to Anthem members who are not the PMP must obtain a referral from the PMP. This also includes providers who are asked to care for a member by a Specialist or a provider who is not the member's PMP. Providers are asked to communicate with the PMP to obtain the referral and thereafter bill for services with the PMP's NPI in box 17b. This process will maintain the lines of communication between all providers and the PMP. See the provider bulletin dated May 6, 2011 for more details and a listing of exempt services.

2. For all the MCE's: Are authorization (referral numbers) required on urgent care claims? If so…the urgent care responsible for obtaining this?

   Anthem response: An authorization is not required for Urgent Care unless the services are performed by a non-network provider or if a procedure code requires an authorization. If an authorization is required, it is the responsibility of the Urgent Care Center to obtain the authorization.

   MDwise: MDwise educates its membership to visit their primary medical providers for all of their primary care needs. When the occasion rises that the member needs to be seen after hours for urgent needs, the member can contact their primary medical provider's (PMP's) 24 hour access phone number. PMPs who participate in any of MDwise's three lines of business must maintain state mandated 24 hour access via phone. The member can call this number and receive a call back from their PMP or the physician on call. Members may also contact the MDwise Nurse Line at 1-800-356-1204 and speak to a registered nurse 24 hours a day, seven days a week, and 365 days per year.

   Many urgent care facilities do not have contracts with an MDwise delivery system. In the event a member chooses to access care via an urgent care facility, the member may be seen but the visit requires authorization. Urgent care facilities must obtain authorization from the member's assigned delivery system. If the delivery system approves the urgent care facility's authorization request, authorization number will be provided which must appear on the claim to be sent to the delivery system. Urgent care facilities must contact the member's delivery system and request where the authorization number should be placed on the CMS – 1500.

   MHS: MHS encourages its members to contact their Primary Medical Provider (PMP) prior to seeking non self referral services. In the event of PMP's office is closed and a member has a non life threatening event, the member should contact their PMP, listen to the message, and follow instructions given. They may also contact Nurse Wise for help @ 1-877-MHS-4U4U, option 7, NurseWise is a medical assistance phone line staffed by nurses 24 hours a day, every day of the year.

   In the event a member chooses to access care via an urgent care facility, the member may be seen. MHS contracts with urgent care facilities throughout the State. The visit requires either a verbal or written referral

from the PMP if the facility is contracted, or a member may contact Member Services Department directly to get approval. If the facility is not contracted with MHS, a prior authorization must be obtained by the urgent care facility within 2 business days following the service.

3. For all the MCE's: How many hours do we have to get this information? If we see patients after the PCP hours or when the PCP office is closed?

   Anthem response: If a non-network provider or a procedure code requires an authorization, Urgent Care will need to call the Utilization Management department the same day for authorization of services, however, if after hours, can call the next day. Utilization Management is open from 8:00 AM – 5:00 PM and can be reached by calling (866) 408-7187.

   MDwise: Urgent care facilities must request and receive authorization prior to rendering services to the member. At this time, the MDwise delivery system medical directors have indentified access to urgent care facilities as a possible solution to the problem of frequent use of the emergency room after hours, on weekends, and on holidays. Once a policy decision is announced, MDwise will publish a new policy via the quarterly MDwise provider newsletter as well as put an announcement on our website.

   MHS: Urgent visits require referral or authorization within two business days of the service.

4. For all the MCE's: Is the Urgent Care allowed to see these patients anytime or just after hours/weekends when the PCP office would be closed?

   Anthem response: If a member is unable to obtain an urgent care appointment with their PMP within 24 hours then the member may go to an Urgent Care provider anytime – not just after hours or on weekends.

   MDwise: Similar to what is written for question number #2, MDwise educates its members to access primary care needs through their PMPs. Members who have urgent needs after hours, on weekends, or during holidays can contact their PMP via their PMP's 24 hour phone number or contact the MDwise Nurse Line at 1-800-356-1204. Either the PMP or Nurse Line may choose to refer a member to a hospital emergency room if they deem such a referral necessary. MDwise understands that in the short term, members may choose to access care via the emergency room until a more definitive policy emerges from the MDwise Delivery System Medical Directors.

   MHS: Refer to response given to question # 2.

5. Regarding the Reductions and Program Changes listed below from the 05/13/2011 Medicaid Coalition Meeting. Will OMPP please provide the specific date for the reductions?

   - **Reductions and Program Changes**

   Lab and radiology 5 percent rate cut (nonfacility only) – This does not apply to lab and radiology services in hospitals.

   HP: For all claims with a date of service July 1, 2011 through June 30, 2013.

   Vision 5 percent rate cut – Eye care and eyewear are reduced by 5 percent. The rate reduction applies to services provided by optometrists and opticians. The rate reduction does not apply to services provided by ophthalmologists.

   HP: For all claims with a date of service July 1, 2011 through June 30, 2013.

   Nursing facility 5 percent rate cut – The Family and Social Services Administration (FSSA) decreased the rates paid to nursing facilities by 5 percent. The reduction is in the *per diem* cost before patient cost sharing.

   HP: For all claims with a date of service July 1, 2011 through June 30, 2013.

   Inpatient and Outpatient Hospital Services – The 5% reduction has been extended until June 30, 2013.

HP: Extended for all claims with a date of service July 1, 2011 through June 30, 2013.

6. Can MDwise please advise the status to the web interchange issues that began 01/01/2011? ISMA was advised that after April claims would not be impacted by this issue. We are still finding practices having difficulties with this issue.

   MDwise: Still awaiting an answer. MDwise did request an extension from OMPP with John McCullough and will forward the answer as soon as approval is gained from OMPP.