

## **Provider Update September/ October 2009**

**Blue Cross Blue Shield Nebraska:** Vickie Richter provided a general overview of NETwork BLUE. She followed her handout in explaining that NETwork BLUE was not a new product, but was part of their transition to a new claims system taking place over a four-year migration schedule, which began January 1, 2009. Groups will be transitioning to NETwork BLUE in business groups, but will be effective as each group renews. This migration will be communicated in upcoming BCBSNE newsletters. As customers migrate to the new claims system, they are issued new ID cards with new ID numbers. The NETwork BLUE name will appear on the front of the card in the lower left-hand corner. NETwork BLUE ID cards are issued with an alpha prefix (three characters preceding the subscriber's identification number on the card). Dependent, spouses and suffixes are not listed on a NETwork BLUE ID card. One ID card will be issued for those with single coverage and two cards for those insuring their dependents. Vickie explained that there would be no changes in obtaining eligibility, claim status, preauthorization, precertification or claim filing processes for NETwork BLUE. She further explained that processing for NETwork BLUE institutional and professional claims are finalized on Tuesday night, and payment and remittance advices are distributed weekly on Wednesday. Since processed on different claim systems, NETwork BLUE claims will generate a separate remittance advice. Timely claim filing is 180 days and 12 months for adjustments.

BCBSNE is initiating a new process for refunds. Beginning January, 2010, BCBSNE will request refunds regardless of the amount (previously refunds were limited to only those over \$100). Providers will be notified of an impending refund deduction 30 days prior to an auto-deduction for NETwork BLUE claims.

**Vickie Richter can be reached at 402-398-3753 or email: [vickie.richter@bcsne.com](mailto:vickie.richter@bcsne.com)**

**Coventry:** Dar'Shea Thurman told the group that UniNet will be participating in the Medicare Advantra product as of 11/1/09. This is Coventry's Medicare Advantage product line offering comprehensive medical and prescription drug coverage. Advantra is offered in 11 Nebraska counties: Cass, Cuming, Dakota, Douglas, Gage, Jefferson, Knox, Sarpy, Saunders, Washington and Wayne. There are 3 Coventry Advantra Products: Advantra Silver, HMO Open Access, Advantra Gold HMO Open access and Advantra Platinum PPO. She provided a handout comparing benefits of each of these plans. All claims should be sent to Coventry Health Care Attn: Advantra at the same address as commercial: **PO Box 7705 - London, KY 40742 - payor ID 25136.**

Certain services will require authorization. The authorization guide for Advantra is different from commercial plans. Dar'Shea handed out an Advantra Authorization guide, and this information can also be found on [www.chcnebraska.com](http://www.chcnebraska.com). Advantra has a dedicated customer service team located in Harrisburg, PA, at 866-784-4917. Timely claim filing is 365 days. The Advantra Provider Manual can be found on [www.chcnebraska.com](http://www.chcnebraska.com) and [www.directprovider.com](http://www.directprovider.com) can be used for reviewing Advantra claims, eligibility, ID cards, etc.

Dar'Shea informed all that Coventry's Private Fee for Service Medicare plan, Advantra Freedom, will terminate 12/31/09. As of 1/1/10, Coventry's only Medicare plan will be Coventry Advantra, which UniNet is now contracted with.

Dar'Shea updated all on the state of Nebraska's Medicaid bid. Nebraska rejected all proposals for Medicaid Managed Care. The rebid process should start 12/09 with an anticipated effective date of July, 2010. Coventry is committed to again quoting on this business.

Dar'Shea discussed the H1N1 Vaccine process. Since this vaccine is being purchased by the US government and will be made available for vaccinators at no cost, Coventry will reimburse for the administration only.

Beginning September 1, 2009, Coventry is offering Electronic Funds Transfer (EFT), allowing for the immediate transfer of claims payments to a Provider's bank account. It is available for all Coventry Health plans excluding First Health business. An EFT Authorization Form was included as a handout. By completing the new EFT form, providers agree to no longer receive paper remittance advices by mail. These can be obtained through [www.directprovider.com](http://www.directprovider.com). Electronic Remittance Advices (ERA) allow providers to auto post payments quickly and efficiently. To enroll for ERAs, providers should call their practice management software vendor (PMS) or hospital information system (HIS) vendor for details.

Dar'Shea ended her presentation by reviewing some miscellaneous billing information: 1) if a flu shot is billed the same day as an office visit, a separate diagnosis must be appended to the e/m service 2) C codes are now payable by Coventry, and must be billed along with the appropriate surgical procedure and should be billed out separately on hospital claims and not grouped into charges for revenue code U270.

**Dar'Shea Thurman can be reached at 402-995-7247 or email: [dkthurman@cvty.com](mailto:dkthurman@cvty.com).**

**Midlands Choice:** Greta Vaught and Melissa Goeden provided a brief synopsis of the Aetna issues we had been experiencing. Due to a change in the provider maintenance vendor Aetna was using, any demographic changes reported to them since 1/1/09 resulted in provider terminations. Thus, claims were either denied, processed as out of network, or Multiplan contracts were sent out to sign (this is their travel network). Midlands Choice has been monitoring this issue and Aetna's resolve, via weekly conference calls. Midlands Choice advised us that provider maintenance had been corrected and claims were being reprocessed, and should be completed by October 30, 2009. While these claim corrections could result in overpayments, do not refund Aetna until all can be resolved, and Aetna requests the overpaid amount. It also appears that the wrong fee schedule was loaded for the Alegent employer group and claims were also paid in error due to this issue. While this has now been corrected, Midlands Choice is reviewing all to make sure that claims have been applied to the correct fee schedule. All were advised to review their Aetna claims to make sure they have identified any that needed reprocessing. **Melissa Goeden can be reached at 402-390-8237 or email: [mgoeden@midlandschoice.com](mailto:mgoeden@midlandschoice.com)**

**Today's Options PPO:** Karen Greni provided an overview of the Medicare Advantage PPO product UniNet contracted with January 1, 2009. She explained that there are 3 new plans for 2010: Advantage 1, Advantage 2 and Advantage 3 with service areas in Washington, Douglas and Sarpy counties in NE and Pottawattamie in IA. The key difference for 2010 is that all Today's Options PPO plans include the prescription drug plan. UniNet does not contract with Today's Options Private Fee For Service (PFFS) plan.

Universal American has developed a Provider Portal for exchanging information between providers and the member's health plan. The targeted date for Omaha availability is November, 2009. The Provider Portal will allow for verification of member eligibility, authorization status, claim status, review of the current benefit detail, and validation of inpatient / outpatient stay information. Karen informed us that this portal requires the use of pop-ups, so you will need to set your browser to accept pop-ups from the UA Provider Portal. To begin using this portal you can visit the following website: [https://providerlink.universalamerican.com/tzg/cws/login/structure/login\\_fr.jsp](https://providerlink.universalamerican.com/tzg/cws/login/structure/login_fr.jsp)

Karen then discussed the Medical Management Pilot project for the Omaha PPO Market that highlights same day medical prior authorization. To utilize, fax the Today's Options PPO Referral/Authorization Request Form to Utilization Management @ 800-349-3548. Karen provided all with medical contact numbers. The Manager UM is Lyn Sellers @ 713-273-8729 and fax 800-349-3548. The Today's Options Case Management phone number in Weston, Florida is 888-632-6991, with 2 individuals for our market: Vivian Beteta ext 4620 and Bettina Helft ext 4614.

**Karen Greni can be reached at 402-339-4333 or email: [kgreni@universalamerican.com](mailto:kgreni@universalamerican.com)**

**UnitedHealthcare:** Rolisa Lewis reminded all to submit all demographic changes to UniNet 30 days prior to the effective date, if possible.

Rolisa provided an Evidence of Timely filing handout explaining how to submit evidence of timely filing if requesting reconsideration of a denied claim. For electronic claim submission as of December 1, 2009, proof must include confirmation that UnitedHealthcare had accepted the claim. For paper claims, include a copy of a screen print from the accounting software, to show the date you submitted the claim.

Rolisa reminded all that that when submitting a corrected claim or late charges that the provider must submit the entire claim with corrections, not just the line or code in question. Effective 7/1/09, submission of single codes on corrected claims will be denied. Rolisa also provided phone numbers for online technical support. For technical issues when using uhonline.com, contact the UnitedHealthcare Online Help Desk at (866) 842-3278. For issues with Electronic Data Interchange (EDI) claims, call (800) 842-1109. For assistance in signing up for Electronic Payments & Statements (EPS), or to request an enrollment form, call (866) 842-3278 (option 5).

Included with Rolisa's handouts was a brochure on the H1N1 Vaccine Administration. Covered in this were frequently asked questions and answers for physicians and hospitals.

Rolisa reminded all that as of October 1, 2009, UniNet was now contracted with their Medicare Advantage plan - AARP Medicare Complete from Secure Horizons. Separate meetings had been conducted discussing this plan and its implementation. Rolisa is available to answer questions and deal with issues on all UHC products including the Medicare Complete and Americhoice Share Advantage plans.

**Rolisa Lewis can be reached at 402- 445-5619, or email: [rolisa s lewis@uhc.com](mailto:rolisa_s_lewis@uhc.com)**

**UniNet:** Melanie Surber informed the group of the clinical issues UniNet has been dealing with throughout 2009. UniNet's longest standing clinical initiative is the Diabetes Care Connection. This quarter's report shows that the only NCQA point that our providers did not hit was for eye exams. She reminded the group that we now have 256 physicians involved in this program.

UniNet conducted a pilot with Midlands hospital for readmissions for patients with heart failure. Midlands had reported a 32% hospital readmission rate for Medicare patients with heart failure as a diagnosis. Because future Medicare payments may not be received for readmissions of this nature, we were looking at a way to reduce potentially avoidable readmissions. Our pilot program went from 3/1 to 8/31/09 and included patient coaching via UniNet nurses over the phone. They reinforced the discharge plan by reviewing with the patient: 1) medication management, 2) keeping follow up appointments, 3) knowledge and awareness of “red flags” and 4) disease specific education. Our efforts proved a reduction in hospital readmissions among heart failure patients from 32% to 22%. Of the 61 patients who participated in the program, the rate was only 11.4%. Due to the success of this pilot, UniNet entered into a partnership with Blue Cross Blue Shield of Nebraska to apply this same telephone coaching model. UniNet has 2 nurses dedicated to the Discharge Transition program. They meet with the patient in the hospital prior to discharge and then follow up with them, via phone, for the next 30 days, with the goal of reducing hospital readmission.

Melanie briefed the group on the other clinical initiatives UniNet was involved in:

- A pay for performance program with BCBSNE and UHC to maximize appropriate use of generic medications
- A free telephone-based disease management program for diabetes, heart failure and/ or COPD with a nurse available for Spanish-speaking patients
- An asthma flow sheet based on NHLBI guidelines which measures assessment of control, use of controller medications and action plans
- A patient education sheet to screen for Chlamydia
- A gastroenterology initiative around colonoscopy exams
- A pediatric initiative to reduce the level of radiation
- And future initiatives to deal with low back pain and post-op infections.

Due to the length of the meeting Carol Foutch directed all to review the UniNet handouts for other general information, and reminded them that we could be reached for any questions in the following manner:

**Melanie Surber can be reached at 402-255-1621 or email: [msurber@uninet.com](mailto:msurber@uninet.com)**

**Carol Foutch can be reached at 402-255-1627 or email: [cfoutch@uninet.com](mailto:cfoutch@uninet.com)**

**Cheri Kowal can be reached at 402-255-1687 or email: [ckowal@uninet.com](mailto:ckowal@uninet.com)**