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# Care Management Program

# Overview

- Purpose of the Care Management Program
- Identification of Care Management Patient
- Providers/Pharmacy Selection
- Edits



# Care Management

- The Care Management Program identifies recipients who may need help in managing their health care.
- Regulations that govern the CMP program are 7 AAC 105.600.



# Surveillance Utilization Review Care Management Program

- Surveillance Utilization Review Subsystem (SURS) is a federally required component of the Medical Assistance Program.
  - Uses health care data, statistics and medical records
  - Identifies norms of care
- The SURS unit ensures program integrity.



# Focus of the Care Management Program

- Encourages continuity of care for the patient/recipient
- Helps to assure the Primary Care Physician that his/her patient receives uncompromised health care
- Facilitates coordination of care and communication between physicians and pharmacies
- Offers education regarding the Care Management Program to providers and recipients



# Care Management Program Restrictions

- Recipient restricted to one Primary Care Provider
  - Family practice
  - Internal medicine
  - Individual or group
- Recipient restricted to one pharmacy



# Care Management Program Selection

- Exception processing:
  - Based on recipient profiles, comparing use by recipient's peers, to identify patterns of behavior
- Reports of concern:
  - Hotline calls
  - Family, friends
  - Members of community



## Care Management Program Selection, cont.

- Professional referrals
  - Physician/Pharmacy
  - Case manager
  - State agencies
  - Drug Utilization Review (DUR) committee



# Identification of Care Management Recipient

- Special Care Management Program coupon:
  - Easy to identify – bright pink
  - Primary care provider and pharmacy listed
  - 10-digit recipient ID number
  - Month and year of eligibility



# Selection of Primary Care Providers

A Care Management Program Coordinator from Affiliated Computer Services (ACS) will contact the recipient's physician and pharmacy, asking them to partner with Alaska Medical Assistance and the Department of Health and Social Services (DHSS) to provide uncompromised health care for the recipient. This can best be achieved when providers agree to be a part of the Care Management Program.



## Selection of Primary Care Providers, cont.

- Once the provider agrees to accept a specific Care Management recipient, that provider will become the only provider that the recipient can see without a referral.
  - ACS will contact those providers who see the recipient most often and ask them to be participants in the Care Management Program.



# Provider Groups

- Groups have been allowed to be Primary Care Providers because a single medical record is used within that group practice.
- Individual providers within a group need to be actively enrolled with Alaska Medical Assistance.



# Role of Primary Care Providers

- Without the participation of caring and concerned providers, the Care Management Program could not function.
- Primary Care Providers not only provide care to the recipient but coordinate care through referrals to other providers.



## Role of Primary Care Providers, cont.

- A Primary Care Provider is responsible for being the gatekeeper for all medical services a patient receives during their CMP placement.
- The Primary Care Provider is responsible for making referrals to other physicians and specialists when he/she feels that it is medically necessary.



# Referring to Another Provider

- Primary Care Provider determines if recipient needs to be seen by another provider/specialist:
  - Referral:
    - Reflects service and/or diagnosis for which patient needs to be seen.
    - Made in advance of services being rendered. Back-dated referrals will not be accepted.
    - Non-emergent referrals to the ER are not permitted.



## Referring to Another Provider, cont.

- Primary Care Provider determines if recipient needs to be seen by another provider/specialist:
  - Dates of service:
    - Single visit
    - Specific amount of time
    - Full year
  - Hard copy of referral:
    - Given to recipient
    - Fax to referred provider and assigned pharmacy



# Receiving a Referred CMP Recipient

When a CMP recipient has been referred to your practice:

- Please coordinate all services and prescriptions with the patient's Primary Care Provider (PCP).
- Any referrals to other specialists must go back through the Primary Care Provider, who may then refer the patient at his/her discretion.
- Attach **one** of the following to the claim form:
  - A letter *or* note from the primary care provider
- Claims submitted without referral:
  - ACS will determine if condition was emergent (life threatening).
  - If not an emergency, provider will not be paid by Medical Assistance.



# Primary Care Provider Vacations/Absences

- When a Primary Provider is unable to see a CMP recipient (vacation, illness, etc.), ACS requests a referral be made to the physician covering for the Primary Care Provider in his/her absence.
  - This will help ensure that CMP recipients receive uninterrupted healthcare in the event their Primary Provider is unavailable.



# Primary Care Provider Change

- The designation of the primary care provider or pharmacy may be changed only if:
  - The provider or pharmacy requests the change
  - The provider or pharmacy disenrolls from the Medical Assistance program
  - The recipient moves to a new geographic area
  - The department finds that the recipient does not have reasonable access to Medical Assistance services of adequate quality



## Primary Care Provider Change, cont.

- Please contact a Care Management Program Coordinator if a provider change becomes necessary.
- Changes can take 7 to 10 days to process.
  - Recipient may be delayed in receiving some services (e.g., pharmacy).



# Before Rendering Services

- Verify that the patient is eligible for Alaska Medical Assistance by using one of the following options:
  - Request to see and photocopy the recipient's pink Medical Assistance coupon that shows the current month of eligibility.
  - Call the Eligibility Verification System (EVS):  
*(800) 884-3223*
  - Send a 270 request and receive a 271 response.  
Companion Guide <http://medicaidalaska.com>  
Implementation Guide <http://www.wpc-edi.com>



## Before Rendering Services, cont.

- Verify that the patient is eligible for Alaska Medical Assistance by using one of the following options:
  - Send a fax to ACS Provider Inquiry (PI) Unit  
*(907) 644-8126 or (907) 644-8127*
  - Call ACS Provider Inquiry Unit  
*(907) 644-6800 or (800) 770-5650 (Toll-free in Alaska)*



# Eligibility Verification System

- All Providers are assigned an EVS Personal Identification Number (PIN) upon enrollment for obtaining information from EVS.
- The Eligibility Verification System helps providers verify:
  - Medical Assistance eligibility of their patients. (Providers must supply either the Medical Assistance recipient ID number or the recipient's social security number and date of birth.)
  - Care Management status



# Pharmacy Specific Guidelines

When a prescription is presented to the pharmacy, the following criteria must be met:

- Provider ID listed on the recipient's coupon must be entered as the Prescriber. (Default Prescriber ID will not work.)
- If the prescription is not written by the physician listed on the pink coupon, the recipient must present a copy of a referral from their PCP to the prescribing physician.
- Pharmacy must call the Pharmacy Help Desk to get a "manual override."



# Notice of Care Management to Recipient

Recipients are sent a letter informing them of:

- Start date of their participation in the Care Management Program
- Reason for placement in this program



## Notice of Care Management to Recipient, cont.

Recipients are sent a letter informing them of:

- Names of their primary care providers
  - Physician
  - Pharmacy
- Care Management specific information regarding:
  - Referrals
  - Emergencies
  - Additional coupons
  - Change of providers
  - Fair Hearing Process



# Notification to Providers

- Recipient name
- Date of birth
- Recipient ID number
- Name of primary care physician and/or pharmacy



# Notification to Providers, cont.

- Start and end dates of program placement
- Care Management specific information:
  - Referrals
  - Emergencies
  - Covered services



# Phase I Reviews

- Phase I reviews are based on the most recent 15 months of Medicaid activity.
- Phase I is a statistical analysis of medical services which looks for patterns of overuse and continuity of care concerns.
- Services that are reviewed include, but are not limited to:
  - Number of physicians and pharmacies used
  - Number of emergency room visits
  - Number of controlled drugs Rx
  - Claims denied for early refill or therapeutic duplication



# Phase II Reviews

- Phase II is a comprehensive evaluation of medical services received to include a review of medical records.
- Phase II is completed by a “qualified health care professional” as required by 7AAC 105.600.



## Phase II Reviews, cont.

- Phase II considers, but is not limited to the following:
  - Concurrent care or closely adjoining dates of service/same dates of service
  - Overlapping DEA class 2-5 Rx, from multiple prescribers
  - Patterns of "omissions" and/or "misleading" Protected Health Information (PHI) disclosed to providers
  - Non-compliance with patient agreements and/or pain contracts
  - Provider statements



# Duration of Care Management Status

- Twelve months of Medical Assistance eligibility in Care Management Program
- Nine month review:
  - Request provider statement
  - Review of medical services utilized while in CMP



# Duration of Care Management Status, cont.

- Determination of status:

- Continue in program

- End program after 3 remaining months:

A review of claims is completed 6 months post CMP to ensure that the continuity of care established during CMP placement continues after a recipient is released.



# Care Management Edits

- Edit 194 Provider number does not match Lock-In provider number
- Edit 228 Invalid provider for primary care recipient
- Edit 389 Invalid prescriber for primary care recipient
- Edit 610 Send the appropriate chart/ER notes for this primary care recipient



# Care Management Contact Information

- Options for recommending a recipient for participation:

- Phone CMP Program: *(907) 644-6842*

Please leave detailed information.

Please send any supporting documentation.

- Fax: *(907) 644-8128*

- Mail:

Affiliated Computer Services, Inc.

Alaska Medicaid Care Management Program

P. O. Box 240808

Anchorage, AK 99524-9985



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# Coordination and Contact

- Once a recipient is in the program and providers are assigned:
  - Care Management Program Coordinators' direct telephone numbers are given to providers as a courtesy and **should not be shared with recipients.**
  - Care Management phone numbers:  
*(907) 644-6842 or (800) 770-5650* (ask for CMP Program)
    - Concerns/questions/assistance
    - Recipient issues
    - Education
    - Coupons
  - E-Mail: [surs-ak@acs-inc.com](mailto:surs-ak@acs-inc.com)



# Where To Get Help

## Billing/Coverage/Claim Status Questions:

- Provider manual  
<http://medicaidalaska.com>
- Provider Inquiry (907) 644-6800 # 1 or  
(800) 770-5650 (Toll-free in Alaska)

## Eligibility Verification:

- EVS system (800) 884-3223 (Toll-free in Alaska)
- Provider Inquiry (907) 644-6800 # 1
- Recipient card/coupon



# Preparing for HIPAA 5010

- Centers for Medicare and Medicaid Services (CMS) Standard
- 5010 Implementation January 1, 2012
- Regulate Electronic Transmission of Healthcare Transactions
- 5010 Transactions Testing



# Preparing for ICD-10

- Center for Medicare and Medicaid Services (CMS) Mandate
- Two components
  - ICD-10-CM Diagnosis Codes
  - ICD-10-PCS Institutional Procedure Codes
- Service Date Driven
  - Outpatient Claims
  - Inpatient Claims
- Prepare Now



# Resources

- CMS ICD-10 Website
- <http://www.cms.gov/ICD10/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
- <http://medicaidalaska.com>



# Resources

- CMS 5010 D.0 Websites
  - <http://www.cms.gov/Versions5010andD0/>
  - <http://www.cms.gov/MFFS5010D0/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
  - <http://medicaidalaska.com>