



**Arkansas Medical Society
10th Annual Insurance
Conference 2013**



Agenda



- ARBenefits: Silver Plan
- Helpful Tips and Reminders
- Appeals
- Timely Filing Appeals
- Provider Newsletters Action Alerts
- Medical Policies
- Out-of-Network Referrals
- In-Network Lab Reminder
- Electronic Funds Transfers
- Self Service Tools
- Top Ten Claim Denials
- Initiatives
- Provider Relations Contact Information

**ARBenefits: Silver Plan
Arkansas State and Public School Employees**



QualChoice administers the
Silver plan option available to:



Arkansas State Employees
Arkansas Public School Employees
(Active and Non-Medicare Retirees)



Effective **October 1, 2013**

- **ARBenefits will require pre-certification for all inpatient hospital admissions.**
- Determinations for these admissions will be made for medical necessity, appropriate length of stay and level of care based on nationally accepted industry standards and following ARBenefits Medical Policies.
- Failure to obtain appropriate pre-certification will result in the facility writing off the charges for covered services.



To obtain ARBenefits pre-certification call:
1.877.815.1017

Follow the prompts:
Option 2, Option 1, Option 2 and Option 1
This will lead you to the American Health Holding intake staff.



- **Hospital Admission Requirement Reminder**
All network facilities are required to notify QualChoice of all hospital admissions.
- **Claim Submission Reminders**
EDI claims submission is the best way to submit your claims electronically to QualChoice.
Electronic claims are tracked from the moment of submission through receipt by QualChoice.
- **QualChoice accepts paper claims for:**
Secondary claims: Submit claim and attach copy of primary EOB.
Corrected claims: Send corrected claims via paper only, do not send electronically. Please include claim # of initial claim.

PLEASE DO NOT FAX CLAIMS

Faxed Claim forms are not readable in claims system
Please send "Original Claim"

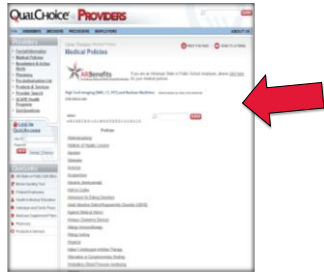
Request for Reconsideration Form

1. QualChoice has one form for all reconsideration request types.
2. Without the form, review, reprocessing and payment of claim may be delayed.
3. Form at qualchoice.com
 - select 'Providers' tab
 - select 'Forms/Information'


- **Request for Reconsideration Form** must be submitted with appeals!
- Please refer to your provider agreement for allowable timeframe to submit appeals.
- QualChoice has **30 days** to respond to an appeal following date received in Appeals Department, unless circumstances (such as obtaining medical records) require additional time for review.

Medical Policies 

Search for a medical policy by entering a keyword, policy number or code.




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Out of Network Provider Referrals 

1. If sending patient to another provider for care, referral must be to in-network provider.
2. Out-of-network provider payments may transition to pay directly to insured member
3. Common example: referrals made to out of network reference labs. **These claims will be paid OON.**


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In Network Lab Reminder 

- Referring patients to **out-of-network** laboratory or pathology group violates provider’s agreement with QualChoice, and causes patients to pay significantly more for these services.
- List of participating independent labs at **qualchoice.com**.
 - select ‘Provider Search’
 - then ‘Ancillaries’ tab
 - then ‘Independent Laboratory’


When services are not available through an **in-network** laboratory, participating providers must contact Care Management to submit **Out-of-Network Authorization Request Form**

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Top Ten Claim Denials 

Denial Explanation	Tips
This service(s) requires pre-authorization. No pre-authorization on file. Patient is not liable for charges.	Ordering physician responsible for pre-authorizations.
MH/SA (Mental Health/Substance Abuse) Denied no treatment plan, services not covered. Submit plan for reconsideration.	
Submit these charges to the Primary Carrier.	Once primary has processed, resubmit paper claim with Request for Reconsideration Form and primary EOB attached.
Member not effective at time of service.	Use online tools or contact QC customer service for patient eligibility.
Provider is not an eligible provider under the benefit plan.	Verify provider is an accepted provider type.


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APII- Arkansas Payment Improvement Initiative Update 

Arkansas Payment Improvement Initiative Update

- QualChoice first quarter reports for hip, knee, and perinatal episodes have been posted to [AHIN \(Advanced Health Information Network\)](#), where you may log in to download your historical report.
- Future episodes such as lumbar fusion, colonoscopy, and cholecystectomy are in development.

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CPCI – Comprehensive Primary Care Initiative 

QualChoice is participating in the Comprehensive Primary Care (CPC) Initiative, one of seven four-year multi-payer initiatives aimed at strengthening primary care practices' critical role in promoting health, improving care, and reducing overall health care costs.

QC Participating CPC Providers:

- Reports go out the first week of the month for the previous month. Monthly reports are sent via secure email to the practice contact name.
- Payment is made on a quarterly basis. Payment is made by the 15th of the month for the previous quarter. Payments are mailed with paper check.

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Arkansas Health Insurance Exchange

Enroll: October 1, 2013
Effective Date: January 1, 2014

QualChoice participating in 5 of 7 Exchange regions

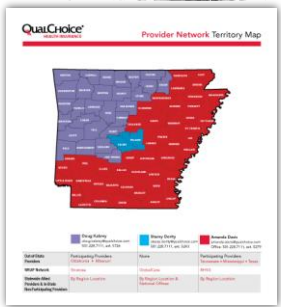
QualChoice is in the process of seeking accreditation for

URAC Health Plan and Health Utilization Management

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Questions?