Agenda

- CHI announcement
- URAC Accreditation
- Health Insurance Marketplace
- ARBenefits
- Arkansas Health Care Payment Improvement Initiative
- Appeals
- Helpful Tips and Reminders
- Provider eNews
- Provider Medical Policies
- Genetic Testing
- Lab Reminders

- COB Claim Processing
- Electronic Filing
- Electronic Funds Transfer
- Provider Action Alerts
- Medicare Advantage
- Territory Map
- Questions?
QualChoice Now Part of CHI

QualChoice

is proud to be part of the caring mission of

Catholic Health Initiatives

Imagine better health.™
great news!
QCA Health Plan is URAC accredited.
Arkansas Created 7 Service Areas

QualChoice will be in all 7 service areas for individuals buying on the Marketplace Exchange.

All QualChoice Network Providers are included in the Exchange products.
Member ID Cards
Full QualChoice Network

Insured Group Identification Card

New Member
ID: 080808080
Coverage: Employee and Family
Effective Date: 4/7/11
Co-Payments: PCP: $20 Specialist: $40
RxBIN: 005947 PCN: CLAIMCR RXGRP: QCA
Pharmacy Help Desk: 877.629.3118

When traveling or attending school outside the service area, call QualChoice
National Network at 855.450.7825 to find a medical provider.
QualChoice - 800.226.7111 • qualchoice.com

Self-Funded Group Identification Card

In some cases, the Self-Funded Group logo will be displayed in the upper right or upper
left corner of the card.

Betty Test
ID: 080808080
Group #:
Coverage: Employee and Family
Effective Date: RxBin#: RxPCN: RxGrp:
PCP: Specialist:
Deductible:
Pharmacy Help Desk: 123.456.7890
Mail-Order Pharmacy: 123.456.7890 • www.[website].com
If traveling or attending school outside service area, see QualChoice National
Network. Call 855.450.7825 for providers.
Administered by QualChoice - 123.456.7890 • qualchoice.com

Insured Individual Identification Card

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Health Insurance Marketplace
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Find providers in the QualChoice Network at qualchoice.com or by calling 855.880.9100. Services received
outside the QualChoice Network will be covered at the out-of-network benefit level. For emergencies
while traveling outside Arkansas, call QualChoice National Network at 855.450.7825 for provider
information.
QualChoice - 800.226.7111 • qualchoice.com

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Plan Administration

- Non-Medicare plan members are being administered by Health Advantage.
- Medicare retirees are being administered by QualChoice
- [www.arbenefits.org](http://www.arbenefits.org) click on Arkansas State or Public School under Forms and Publications to review Schedule of Benefits for your patient
- ID Cards issued to State and Public School Plan members on the Premium Plan show a Family Deductible amount.
  - If the deductible states $1,000, please be aware that the individual deductible amount is half and should be charged at $500.
  - If the deductible states $2,000, the individual deductible amount is half and should be charged at $1,000.
**Procedure Change: Non-Medicare members**

- These medications require pre-authorization by EBRx when obtained from a pharmacy **or administered in the physician's office or outpatient/hospital setting**
- January 1, 2015: QualChoice will deny all claims for medications below if not pre-authorized by EBRx
  - Yervoy (ipilimumab)
  - Adcetris (brentuximab)
  - Xofigo (radium 223)
  - Arzerra (ofatumumab)
  - Cinryze (C-1 esterase inhibitor)
- EBRx: Contact Phone #: (866.564.8258)
Effective immediately, the following medications are excluded from coverage:

- Jevtana (cabazitaxel)
- Provenge (sipuleucel T)
- Cyramza (ramucirumab)

Effective January 1, 2015

- ARBenefits will require pre-certification of all outpatient oncology related treatments.
- Providers initiating new treatment regimens will be required to call 877.815.1017, opt. 2.
Arkansas Healthcare Payment Improvement Initiative

- Reports for hip, knee, perinatal, cholecystectomy episodes can be located on AHIN (Advanced Health Information Network)
- Providers can log into AHIN to download their historical report.
- Contracted providers must sign an episode payment amendment in order to be eligible for gain sharing.

Episodes In Development:
- Lumbar fusion
- Colonoscopy
Patient Centered Medical Home

- Support for PCMH transformation started April 1
- Monthly reports on attributed members sent by secure email (will be posted on QualChoice provider portal by the end of the year)
- Payments made quarterly through our normal claims payment process
- Eligible providers must sign a PCMH amendment in order to participate
Providers have a right to request reconsideration of any payment or non-payment determination

A *Request for Reconsideration Form* must be submitted.
Appeal Time Frames

Contracted time frames in your Provider Agreement supersede time frames in the online Provider Manual.

Timely Filing Requirement
For timely filing reconsideration requests, we must have a copy of your clearinghouse acceptance report, showing the claim was received and accepted by QualChoice.

Screen shots from your billing software will not be accepted.
Helpful Tips and Reminders

Hospital Admission
• Network facilities are required to notify QualChoice of all hospital admissions.

Preventive Visits
• Preventative Service Visits require a Preventative Visit Diagnosis included on the claim
• The correct ICD-10 CM code and CPT procedure codes must be assigned.
• Link each ICD-10 code to the applicable CPT code on the claim form

Laboratory/Pathology
• Referring lab/pathology services to an out-of-network laboratory or pathology group causes patients to pay significantly more for these services
• When services are not available through an in-network laboratory, participating providers can submit an Out-of-Network Authorization Request Form prior to services.
Provider eNews – Quality Results

- Quarterly Provider e-Newsletter: Quality Results
- Provider Action e-Alerts

Newsletter and Action Alerts offer:
- Medical Policies — new, amended
- New program announcements
- Network activities
Medical Policies

- New and amended medical policies electronically accessible in *Quality Results*

- Policy Procedure descriptions, any new or changed information, and effective dates outlined in detail.
Genetic Testing

• QualChoice covers genetic testing when medically necessary with pre-authorization and clinical documentation
• An in-network laboratory must be used when available
• If genetic tests are not pre-authorized, the member may be responsible for the full cost
• Before rendering any genetic testing services, members will need to be informed that they are likely to be responsible for the cost of these services.
In-Network National Reference Laboratories

- LabCorp of America
- Quest Diagnostics Inc.
- Genoptix
- Dianon Systems Inc
- Medical Diagnostic Laboratories
- Millennium Laboratories, LLC
- Esoterix Genetic Laboratories, LLC
- Ameritox, LTD
- Alere Toxicology Services, Inc
- Veracyte
OON Reference Laboratories

- Berkeley HeartLab
- Bostwick laboratories
- Capital Toxicology
- Genomic Health Inc.
- Genova Diagnostics
- Genzyme Genetics
- **Myriad Genetic Laboratories**
- Prometheus Labs
- US Labs
COB Claims Processing

QualChoice accepts 5010-compliant COB claims for processing. The segments required for proper submission of COB data are in the 2000B Loop, the 2320 Loop, the 2330A Loop, the 2330B Loop, and the 2430 Loop. Please consult your EDI billing software for more information regarding submission of electronic COB claims.

Secondary Payer and COB Rules for Medicare Claims
For correct processing of secondary payer Medicare claims click here.

Secondary Payer and COB Rules for Commercial Claims
For correct processing of secondary payer Commercial claims click here.
Medicare Crossover Claims

Now Accepting Medicare Crossover Claims
Effective July 6, 2015, all Medicare claims received by CMS will be electronically crossed over to QualChoice after Medicare pays their portion. Providers who are set up to receive and review 835 remittance advice files will be able to see claims that have been crossed over.
Electronic Claim Filing

- Payor ID # 35174
- EDI claims accepted via EMDEON or Availity
- Provider NPI # is required
- File Secondary and Corrected Claims electronically
- Electronic filing is REQUIRED of all providers
Electronic Funds Transfer (EFT)

• Fast, confidential, and secure claims payments deposited directly into one or more designated bank accounts

• **Required** for **participating providers** and available to non-participating providers

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**To Enroll**

Call: Alegeus Technologies at **877.389.1160**

Email: WCO.Provider.Registration@alegeus.com

Website: providernet.adminisource.com
Advance Health In-Home Health Reviews

To improve the health of our members, we are partnering with Advance Health, a privately owned nurse practitioner-managed company. Advance Health will be reaching out to specific QualChoice members to schedule a free annual in-home health review by a nurse practitioner.

This program does not take the place of members' regular doctor visits and taking part does not affect their health care rates or coverage in any way. Advance Health will send an outline of the review results to the member's doctor. The visiting Nurse Practitioner (NP) will not be able to change medications/prescriptions or other care.

Please review the Member FAQs or contact us with questions.

For questions or more information call QualChoice: 501.228.7111 or 800.235.7111

Quick Links
- Provider Quick Reference Guide
- CareCore Quick Reference Guide
- Demographic Change Form
- Products and Services
- Contact Us
- QualChoice.com

Join Our Mailing List!
User Login

QualChoice Health Insurance

IMPORTANT -- New User Log-ins; Respond by July 1

The QualChoice Provider Portal offers secure online access for healthcare providers to handle daily business transactions. The portal is governed by a strict access policy to make sure that no PHI is inappropriately distributed.

Starting August 1, 2015, each individual user in any provider office, group or facility using the QualChoice web portal must have a separate secure account.

A Portal Administrator (PA) must be designated for each practice or group via the Provider Portal Administrator Designation Form. If your office needs multiple Administrators, please complete a form for each one. Only a PA has the authority to assign and control access to other users in the group. He or she must fill out a Provider Portal Access Form for each user needing access. These forms are also available on the QualChoice website. Select Providers, select Forms/Information.

Please send completed forms for all users in your office or practice by July 1, 2015.
ICD-10 Transition Reminder

For the past 30 years, ICD-9 has been the code set used to report diagnoses and procedures in administrative transactions. The Department of Health and Human Services (HHS) is now requiring replacement of ICD-9 with the ICD-10 code set. All HIPAA-covered medical service providers sending claims to QualChoice must begin using the ICD-10 code sets on October 1, 2015. Read more.

For questions or more information call QualChoice: 501.228.7111 or 800.235.7111

Quick Links

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Join Our Mailing List!
Obstetrical Ultrasound Update

QualChoice Health Insurance -- July 9, 2015

Obstetrical Ultrasound Policy Updates

- Members may receive up to three fetal survey ultrasounds as a part of the prenatal authorization. Additional ultrasound examinations require demonstration that all ultrasounds performed were specifically medically indicated.
- Pre-authorization is required for Doppler velocimetry, fetal echocardiography and fetal doppler echocardiography.
- For fetal genetic testing, please consult BI-205.

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Join Our Mailing List!
New Product available January 1, 2016

Medicare Advantage Program - Medicare “Part C”
Medicare Part A & Part B benefits administered through private “coordinated care” plans approved by CMS = Part C

- Medicare Advantage (MA) plans provide statutory and supplemental benefits:
  - Cost sharing less than regular Medicare
  - Benefits and services not covered by regular Medicare
  - May be offered with a Prescription Drug (Part D) Program as well (MAPD)
- MA plans must meet CMS standards for provider networks, quality programs, appeal processes, other key functions

- Coordinated care features
  - Precerts, authorizations, referrals
  - Contracted provider networks in defined service area
  - Care management for complex/high acuity members

- Marketing
  - Open to all Medicare Beneficiaries (except ESRD, hospice)

- Distribution
  - Sold by employed or independent insurance agents
  - Individual enrollments – no auto assignment
QualChoice Advantage (QCA) Basics

QualChoice Advantage (QCA) is a Medicare Advantage with Prescription Drug Coverage (MAPD) launching January 1, 2016

- Servicing beneficiaries in Conway, Garland, Lonoke, Perry and Pulaski counties
- Offering a $0 premium Medicare Advantage product with Rx benefits
The QualChoice Advantage Network is an HMO network comprised of participating hospitals, physicians and ancillary providers in the Arkansas Health Network and St. Vincent Health System

- Medicare Eligibles who live in the 5 county service area of Conway, Garland, Lonoke, Perry and Pulaski counties may enroll
- Medicare Eligibles will be able to enroll starting October 15, 2015 and will be effective with QualChoice Advantage January 1, 2016.
QCA Implementation Timeline

February 18, 2015
Filed QCA MA Application with CMS

June 1, 2015
App. approved, Bid submitted with CMS

September 1, 2015
Bid Approved, Contract Signed with CMS

October 15, 2015
AEP Begins, plan begins enrolling membership

December 7, 2015
AEP Ends

January 1, 2016
GO LIVE

QCA staff hiring, training and move in to local office

Provider Education

Market and Sell

QCA Implementation Timeline
Provider Relations Representatives

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Questions?