

Arkansas Medical Society 12th Annual Insurance Conference

October 2015



- 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®**

is proud to be part of the
caring mission of



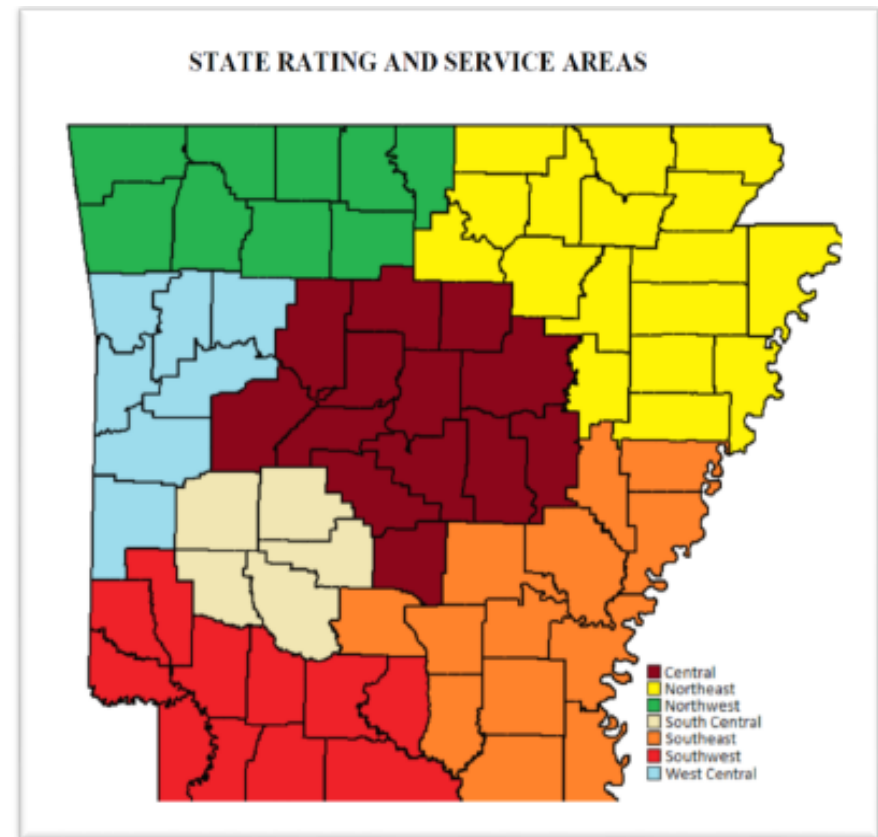
great news!
QCA Health Plan
is URAC accredited.



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

QualChoice[®]
HEALTH INSURANCE


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 • 800.235.7111 • qualchoice.com



Insured Individual Identification Card

IQChoice[®]
Individual Health Plans from QualChoice

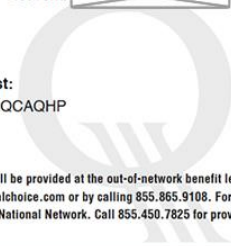
New Member
ID: 080808080

Coverage: Employee and Family
Effective Date:

Co-Payments: PCP: Specialist:
RXBIN: PCN: CLAIMCR RXGRP: QCAQHP

Pharmacy Help Desk: 877.629.3118

Services rendered outside the QualChoice Statewide Network will be provided at the out-of-network benefit level. Find providers in the QualChoice Statewide Network at www.qualchoice.com or by calling 855.865.9108. For emergencies while traveling outside Arkansas, use QualChoice National Network. Call 855.450.7825 for provider information.





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.

QualChoice[®]

Betty Test
ID: 080808080

Group #: 
Coverage: Employee and Family
Effective Date: 

RxBIN# PCP: RxPCN: RxGrp: Specialist:
Deductible:

Pharmacy Help Desk: 123.456.7890
Mail-Order Pharmacy: 123.456.7890 • [www.\[website\].com](http://www.[website].com)

If traveling or attending school outside service area, use QualChoice National Network. Call 855.450.7825 for providers.
Administered by QualChoice • 123.456.7890 • qualchoice.com

Health Insurance Marketplace Insured Individual Identification Card

QualChoice[®]
HEALTH INSURANCE

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

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Find providers in the QualChoice Network at Qualchoice.com or by calling 855.865.9108. 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 • 800.235.7111 • qualchoice.com



Name of Provider Network _____

Plan Administration

- Non-Medicare plan members are being administered by Health Advantage.
- Medicare retirees are being administered by QualChoice
- 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 (sipuleuce 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.

- 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.

**Request for
Reconsideration Form**

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Forms/Information

PROVIDER FORMS & INFORMATION

If you need a form that is not available online, contact Customer Service at 501.228.7111 or [click here](#).

Forms Index
[Forms](#)
[Information](#)

FORMS	REVISED	PDF
ERA (835) Enrollment Form	09/13	PDF
Chiropractic X-Ray Services Preauthorization Request Form	NEW	PDF
Disabled Dependent Coverage Application (over Age 25)		PDF
Care Management Referral Form	08/11	PDF
Demographic Change Form	03/13	PDF
Disabled Dependent Physician Information		PDF
Maternity Notification Form	1/13	PDF
Plan of Care Form		PDF
Pre-Authorization Request Form	05/12	PDF
Request for Reconsideration Form	01/13	PDF

INFORMATION	REVISED	PDF
CARECORE Quick Reference Guide	01/13	PDF
Claim Tips	01/13	PDF
Pre-Authorization Guide		PDF
Provider Quick Reference Guide	02/13	PDF
Provider Relations Territory Map	03/13	PDF

Viewing and printing this document requires Adobe Acrobat Reader, which can be [downloaded free](#) from Adobe.

NEW!
Dental & Vision
Benefits

NEW!
QualChoice
SHORT-TERM
HEALTH INSURANCE

CaringBridge.org
Bringing people together
when health matters most.

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.

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

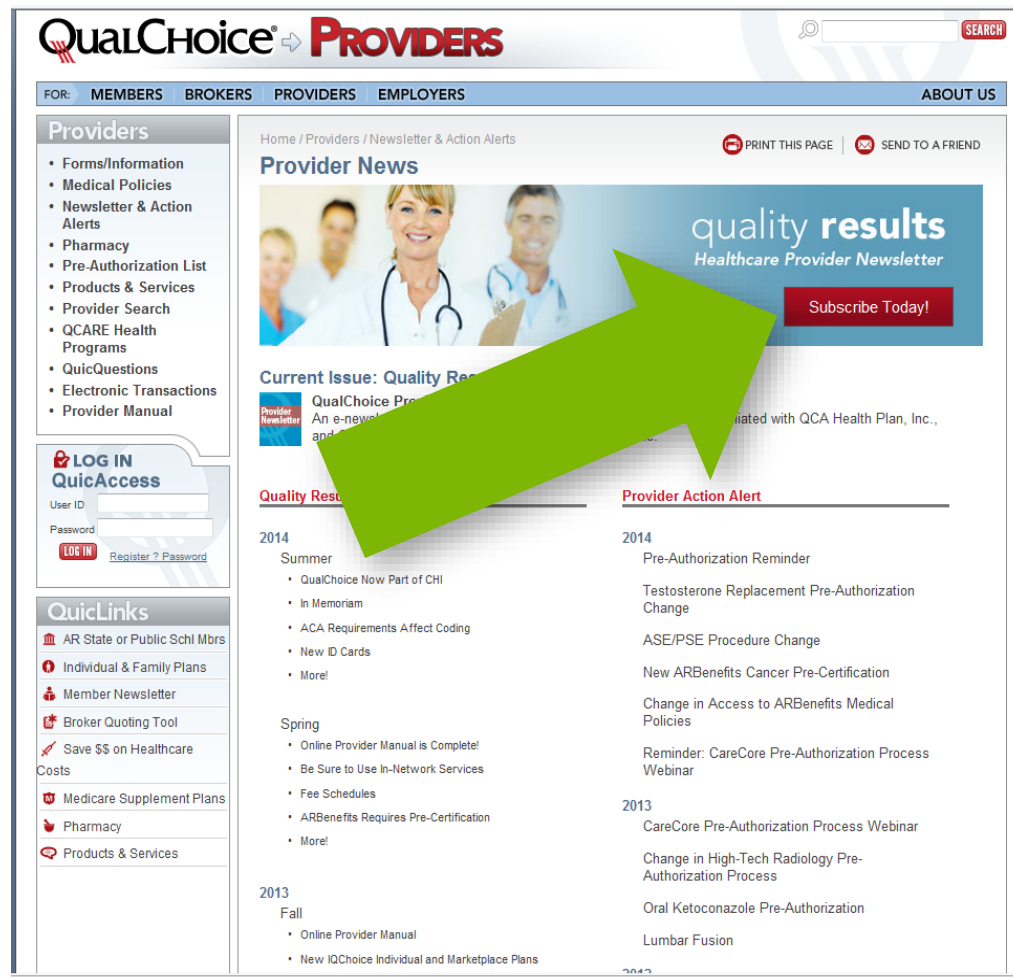
- Referring lab/pathology services to an **out-of-network** laboratory or pathology group causes patients to pay significantly more for these services
- When services are not available through an in-network laboratory, participating providers can submit an **Out-of-Network Authorization Request Form** 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



- New and amended medical policies electronically accessible in *Quality Results*
- Policy Procedure descriptions, any new or changed information, and effective dates outlined in detail.





NEW POLICIES	DRUG	EFFECTIVE DATE
477	Blincyto	04/01/15
478	Entyvio	04/01/15
479	Lynparza	04/01/15
480	Opdivo	04/01/15
481	Harvoni	04/01/15
AMENDED POLICIES	WHAT CHANGED	EFFECTIVE DATE
046 — External Counter pulsation for Severe Angina	Added general coverage explanation	03/01/15
096 — Continuous Glucose Monitoring	Removed age limit for Type 1 diabetic	05/01/15
137 — Enteral/Parenteral Nutrition Therapy	Simplified language	01/01/15
231 — TMJ Coverage	Added surgical/non-surgical distinction	05/01/15
274 — Liver Transplant	Clarified limitations	05/01/15
345 — Testing for Drugs of Abuse	Added 2015 codes Clarified codes that can be billed in office setting	06/01/15
372 — Women's Preventive Health Care — Contraception	Added tubal occlusion coverage to no cost share	05/01/15
471 — Sovaldi	No coverage for Genotype 1 Hepatitis C	01/01/15
476 — Digital Breast Tomosynthesis	Procedure determined to be Experimental and Investigation (E&I)	04/01/15



- 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.

- 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

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

		
QualChoice Health Insurance February 12, 2015		
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 .		Quick Links Provider Quick Reference Guide CareCore Quick Reference Guide Provider/Practice Change Form Products and Services Contact Us QualChoice.com

Medicare Crossover Claims



QualChoice Health Insurance

July 8, 2015

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.

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- 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

To Enroll

Call: Alegeus Technologies at **877.389.1160**
Email: WCO.Provider.Registration@alegeus.com
Website: providernet.adminisource.com



QualChoice Health Insurance

August 7, 2015

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

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QualChoice Health Insurance

April 21, 2015

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**.

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QualChoice Health Insurance

August 3, 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

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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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QualChoice Advantage Medicare Advantage Plan

October 2015



New Product available January 1, 2016

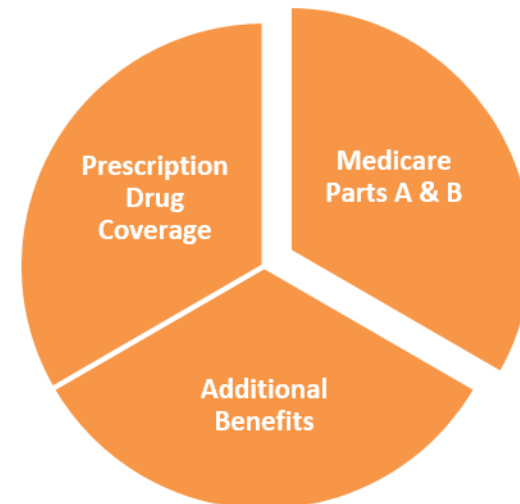
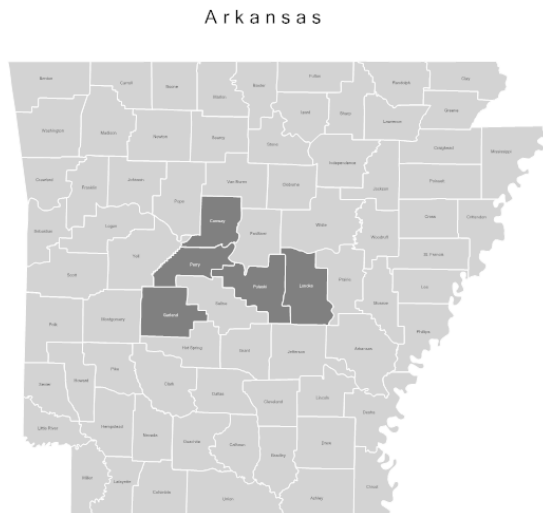
Medicare Advantage Program - Medicare “Part C”

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) 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





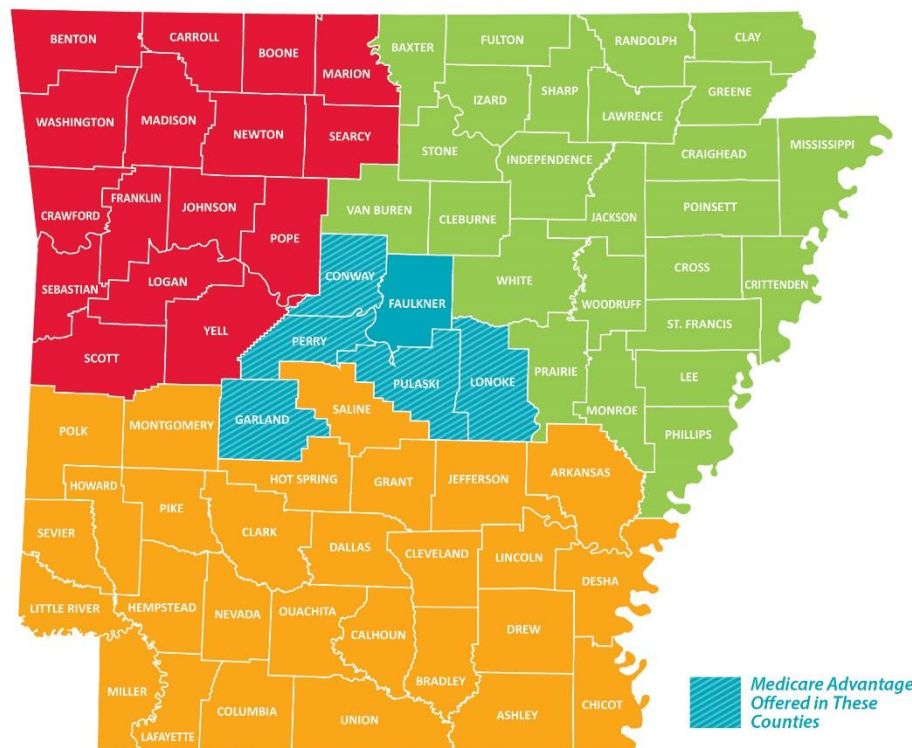
The QualChoice Advantage Network is an HMO network comprised of participating hospitals, physicians and ancillary providers in the Arkansas Health Network and St. Vincent Health System

- 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



Provider Relations Representatives



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Out-of-State Participating Providers	<ul style="list-style-type: none"> • Oklahoma • Missouri 	None	<ul style="list-style-type: none"> • Tennessee 	<ul style="list-style-type: none"> • Mississippi • Texas
Statewide Allied Providers	By Region Location	By Region Location & National Offices	By Region Location	

Questions?

