



CMO Disease Management Program

CMO's Disease Management (DM) Program continues to expand its current enrollment with over 8,000 patients in the Diabetes program and the CHF program, established three years ago, with 250 actively monitored patients. A third program in Respiratory Disease Management is due to be implemented later this year.

In 2007, after impressive results in decreasing HbA1cs, a fifth MMG office was added to the on-site CMO registered nurse activities. The following nurses now provide services at selected MMG sites:

- ◆ Pat Farrell, RN, CDE- Bronx East
- ◆ Rhonda Figueira, RN, NP- Coop Dreiser Loop
- ◆ Karen Wauchope, RN, CDE- Cross County
- ◆ Sandra Barnaby, RN, MPH, CDE- Grand Concourse and Williamsbridge

Participation at on-site MMG classes addressing different Diabetes-specific topics increased 87% in 2007. We are now offering additional interactive Diabetes workshops at various sites. **Please encourage your HIP patients to attend these free educational programs!**

The CMO DM team in Yonkers continues to telemonitor CHF patients' weight and symptoms via the Telescale, and the Cardiocom Glucocom for diabetic members' capillary blood sugars. This team includes four telephonic registered nurses, eight coordinators, a senior clerk, a project manager, and a nurse manager.

Please feel free to make referrals and/or contact us at (866) 996-6683. Providers can also email Disease Management staff directly. Comments and suggestions can be forwarded to Sheila Felleman RN MPA, Director of Chronic Care Management Program, at sfellema@montefiore.org or (914) 377-4619.

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Find answers to your questions at www.CMOcares.com

Statement Regarding Appropriate Service and Coverage for IPA Members

CMO is dedicated to ensuring the delivery of appropriate care to IPA members. Below is a statement from CMO's Medical Management department which affirms CMO's policy regarding utilization management (UM) decision making when conducted by MIPA providers and CMO staff:

- ◆ All utilization management decisions are based on the member's eligibility, the benefits covered under the member's certificate of coverage and the appropriateness of care and service.
- ◆ The CMO does not specifically reward utilization management decision makers for issuing denials of coverage or service and encourages the use of medically necessary and appropriate care and services to prevent and/or treat medical conditions.
- ◆ The CMO does not compensate UM decision makers for non-certification of service or offer incentives to encourage non-certification or underutilization of health care services.

Updates to CMO's Case Management Program

Staffed by Registered Nurses and support staff, the Case Management Program is available to all CMO Risk members. The purpose of the program is to assist the physician in maintaining continuity of care for their members.

After a member has been referred to the program, they are then evaluated using a comprehensive assessment process in order to screen for problems related to: **care access, functional ability, cognition, life planning, depression, nutrition, social, emotional, and medical conditions and medications.**

The goals of the Case Management Program are vast. Once a member's specific problems have been identified, the program provides intervention and planning while maintaining compliance with the physician's care plan. Other goals of the program are to help avoid unnecessary hospital

admissions and improve the overall quality of life of its members. Examples of interventions include: patient education and empowerment tools, assistance with entitlements and surveillance calls to determine stability in the home and compliance with MD appointments and medications. Referrals to programs such as Disease Management, House Calls and Tele-monitoring are also facilitated. As it is necessary, communication is provided to the referring physician including urgent notification of patient needs.

How to refer members to the Case Management Program:

- ◆ Routine referrals can be made to **914.378.6722 or 914.378.6721 between 8am- 5pm.**
- ◆ Urgent referrals can be made to **646.483.8799 between 9am- 5pm.**

PCP Rounding

The CMO has initiated a PCP Rounding Program. The purpose of the program is to assist the PCPs in identifying complex patients who might benefit from appropriate Case Management programs at the CMO. Mary Jo Maloney RN, BSN, the rounding nurse, meets with the PCP in their office to review cases that might need the support of one of the CMO Case Management Programs. If you would like to have Mary Jo come to your office to round please contact her at **mmaloney@montefiore.org** or call **914.378.6141.**

Comments and suggestions can be forwarded to:

Kathleen Byrne, RN, MPH
Director of Medical Management at
kbyrne@montefiore.org or
914.377.4762.

Announcing Merger and Name Change of MMC IPA

In order to streamline the administrative processes, the Board of each IPA has approved the merger of MMC IPA 1, Inc. (Aetna, Empire Blue Cross Blue Shield and Health Net), MMC IPA No. 7, Inc. (HIP) and MMC IPA No. 8, Inc. (Oxford) into a single IPA.

Providers previously received a separate check for each IPA however as of January 1, 2008, providers now receive one check/EOB consisting of all health plan activity.



Please also note that all checks/EOBs will display the new IPA name: **The Montefiore IPA, Inc.** (Aetna, Empire Blue Cross Blue Shield, Health Net, HIP, Oxford).

Please refer any questions or concerns about The Montefiore IPA, Inc. to CMO Provider Relations at 914-377-4477.

Clinical Risk Groups (CRG)– Impact on Provider

Over the recent years, managed care health plans have increased the frequency and volume of patient chart audits they conduct. Much of this increase has been in response to the implementation of the Medicare and Medicaid Risk Adjusted premium payment models.

Medicare's Hierarchic Condition Category (HCC) model and Medicaid's Clinical Risk Group (CRG) model calculate the premium dollars received by the health plan based on the illness level of their enrolled patient membership. This "Acuity Level" is determined primarily by the clinical diagnoses provided by the Physicians,

Physician Assistants and Nurse Practitioners who treat these patients.

Since all diagnoses must be documented in the patient's clinical record, health plans have increased the frequency with which they request and review charts. If your office is struggling with audit requests made by Montefiore's contracted health plans, please contact CMO Provider Relations for assistance by calling 914.377.4701.

Coding and Compliance– Provider Education

PROPER DOCUMENTATION IN PATIENT MEDICAL RECORD IS ESSENTIAL IN RISK ADJUSTED MODELS

Clear, explicit clinical documentation in a patient's medical record has always been a requirement for health care providers. The Medicare and Medicaid risk adjusted payment models have increased the need for providers to clearly communicate their patient's clinical condition and the services rendered to address that condition. Proper documentation includes the following:

- ◆ **Date of service**
- ◆ **Patient's Information**
- ◆ **Provider's signature and credentials**
- ◆ **Clearly documented diagnosis in the assessment**
- ◆ **Clearly documented treatment in the plan**

Each ICD-9 diagnosis code entered on a bill to the health plan must be documented in the patient's records. All diagnoses recorded must be supported through clinical observation or diagnostic test results. If a diagnosis code is not supported by the provider's documentation, interpreted lab or radiology findings, a patient's health history, findings of a face-to face exam, or recommended treatment, then the code will not withstand an audit and will not be allowed to be included in the Medicare and Medicaid risk models.



HCC Special Interest-Amending Medical Records

As lab, pathology and other diagnostic test results become available in the

days following a patient's office visit, it is important to update your clinical records to incorporate these results.

Frequently, diagnostic test results will identify disease manifestations that will add to the patient's clinical profile and enhance risk adjusted payments scores. **Please make the effort to amend your patient's progress notes to include all relevant diagnostic information as it becomes available.**

Reminder– Don't forget Manifestations

When appropriate, please remember to document all manifestations of your patient's chronic disease. Peripheral Vascular Disease (PVD) is a frequently under diagnosed manifestation of Diabetes in the Montefiore Delivery System. If a patient has PVD, we recommend that a provider uses the 250.7x range of diagnosis codes to record this condition.

Our ICD-9 books remind us to use an additional code to identify manifestations, therefore if the patient has Peripheral Angiopathy you would also need to code 443.81. Together both the etiology and disease manifestation communicate to Medicare and Medicaid the extent to which funding is necessary to support the patient's healthcare needs.

Coding and Compliance– Frequently Asked Questions

What process is required to resubmit a charge slip with the amended ICD-9 code data?

The addendum should reflect the following: date of change including a substantiated reason for the change. This information is added to the medical record along with the physicians signature and credentials.

Example of addendum:

- ◆ **Date:** July 15, 2006
- ◆ **Findings:** "Chest x-ray reveals an enlarged cardiac silhouette."
- ◆ **Physician's signature and credentials:** Joseph Smith, MD

It is not necessary for the provider to submit a second CMS-1500 form. CMO Coding & Compliance Staff will capture the information during a yearly review audit of the patient's chart.

Provider Focus– Frequently Asked Questions

What is the difference between Proliferative Diabetic Retinopathy & Non Proliferative Diabetic Retinopathy as reflected in the ICD-9 Coding Manual?

362.02— Proliferative diabetic retinopathy (revascularization) is a condition that extends anterior to the retina and obscures visualization of the underlying retinal details. Patients with proliferative retinopathy are especially prone to acute visual loss.

362.03— Non-proliferative diabetic retinopathy is limited to the retina (eg: micro aneurysms, dot or blot hemorrhages, retinal infarcts, hard exudates).

Coding & Compliance Contact Staff:

Bill Scesney	914-377-4701
Debrarose Toscano	914-377-4745
Jessica Acosta	914-377-4654
Carlyn Herod	914-377-4681
Tabitha Deynes	914-378-6147

Expansion of Montefiore IPA

The Montefiore IPA is expanding its contract with Aetna. As of March 1, 2008, CMO now provides Medical Management services for all Aetna commercial members who select a primary care provider with an office located in the Bronx or lower Westchester County. This contract expansion effects only Aetna's fully insured HMO population. This expansion does not include the Self Insured and PPO products.

For IPA Providers, Medical Management services formally provided by Aetna members now are provided by the CMO.

Requests for prior authorization and referrals as well as claims submitted for this commercial membership must be directed to the CMO offices:

Medical Management: 914.377.4400
Customer Service: 914.377.4400
Claims Operations
200 Corporate BLVD
Yonkers, NY 10701

To confirm IPA Plan Eligibility for this expanded membership please consult the CMO Care Link System or call CMO Customer Service at 914-377-4400.

HIP Point of Service & Access II Plans UPDATE

The Montefiore IPA no longer is responsible for claims payment or utilization management services on behalf of HIP Health Plan of New York for their Access II and Point of Service (POS) benefit plans. As of April 1, 2008, HIP began to directly manage all covered health care benefits for members enrolled in these plans. The CMO will no longer manage services for these members. This change does not impact your participation with HIP. You are still a participating HIP provider for all benefit plans including POS.

All HIP members enrolled in Access II and POS benefit plans have received new health plan membership cards with the benefit plan names printed on the front of each card. Termination dates for these members will appear in the CMO CareLink system. Please confirm eligibility directly with HIP. The HIP Customer Service line is 1-800 HIP-TALK (1-800-447-8255).

If you have any questions related to this change please contact either HIP's Provider Relations Service Team at 1-866-447-9171, option 5 or CMO Customer Service at 1-914-377-4400. Please visit the hipusa.com® for answers to questions regarding health plan benefits, claims submission, Medical Management services and eligibility verification.

Products the Montefiore IPA will continue to contract with HIP for:

HIP ^{access} ®/I	HIP Family Health Plus
HIP Healthy New York	HIP Medicaid
HIP HMO Direct	HIP VIP Medicare
HIP VIP Dual Eligible	HIP Prime® HMO
HIP VIP Medicaid Advantage	HIP Child Health Plus

Post-N-Track: Direct Connectivity for CMO Providers

As a CMO Provider you now have access to a new, easy-to-use direct connectivity claims system, **Post-N-Track**. Post-N-Track is a simple, secure, HIPAA-compliant exchange that links providers and payers. This free link connects you directly to CMO, CIGNA, United Healthcare, Aetna, Oxford and other leading providers.

With Post-N-Track, there are no transaction, installation or support fees and transactions are delivered directly to the payer via the Internet. Once received, claim remittance notices are sent directly from the payers

where you are able to review claims and responses at any time. You can continue to use existing connections to clearinghouses, Blues plans, Medicare and Medicaid—without any conflicts. Post-N-Track will simply accelerate transactions for payers linked to the Post-N-Track system. For more information and to enroll now, *log on to www.post-n-track.com* or to contact your Provider Relations Liaison directly regarding Post-N-Track, please call 1-914-377-4477.

CMO CONNECTIONS

University Behavioral Associates to Manage Behavioral Health Services of HIP Patients

We are pleased to announce that as of April 1, 2008 University Behavioral Associates (UBA) has begun to manage the behavioral health services for your HIP patients. UBA and the CMO will administer the delivery and payment of behavioral health services for the HIP plans listed below. HIP and Montefiore IPA providers will now be able to utilize UBA for all of their patients mental health and substance abuse needs including referrals, pre-authorizations and claims payment.

HIP Products

HIP ^{access} ®/I	HIP Family Health Plus	HIP Healthy New York	HIP VIP Medicaid Advantage
HIP HMO Direct	HIP VIP Medicare	HIP VIP Dual Eligible	HIP Prime® HMO
HIP Medicaid	HIP Child Health Plus		

The UBA staff will be happy to assist you and your patients in accessing the highest quality of behavioral care. Access to prompt behavioral care services for mental health and chemical dependency treatment can be obtained via our toll free line (800) 401-4822. If you have any additional questions about this arrangement, please contact Tyberius Asante at 914-378-6162 or the University Behavioral Associates main line at 914-377-4550.

Introducing the First Coordinated Healthcare Program

CMO is pleased to announce that Healthfirst, Inc. has delegated care management services to CMO– The Care Management Company. The Healthfirst Coordinated Care Program is an intensive care management program designed to help chronically ill members improve their quality of life. By providing continuous and intense care management and coordinated medical support services, patients prevent complications of their illnesses and reduce the need for emergency room visits and avoidable hospitalizations.

As of January 1, 2008, CMO has been delivering intensive care management services to select Healthfirst Medicare and Medicaid members with complex medical needs who have chosen a Montefiore primary care physician. **Please note that delegated services are limited to care management only. Providers should continue to submit claims and authorization requests directly to Healthfirst.**

A key component of the program is the partnership and collaboration we hope to establish with our physician community. Some of the services offered by the Coordinated Care Program include:

- ◆ **Care coordination by a dedicated Care Manager who will work to help patients follow your treatment plans**
- ◆ **Reminders to patients about medication compliance, the importance of keeping medical appointments and adhering to special diets**
- ◆ **Assistance with arranging advanced directives and healthcare proxies**
- ◆ **In-home monitoring equipment to manage high-risk patients**
- ◆ **Referrals to appropriate community-based services and programs**

Through this program, physicians will benefit by receiving assistance in addressing and managing psychosocial stressors that impact a patient's ability to follow treatment plans. Also, physicians will have access to clinical staff who will educate your patients about their conditions and your treatment plans thus freeing your valuable office time. The Coordinated Care Program will also monitor patients between office visits and communicate with you on their current status. One or more of your Healthfirst patients may be selected to participate in the Coordinated Care Program. CMO staff members will be reaching out to these members to encourage them to participate. If any of your patients were selected to be part of this program, please encourage them to participate. We look forward to working collaboratively with you on this important initiative. If you would like more information or to find out if any of your patients were selected to participate in the Coordinated Care Program, please contact Alessandra Taverna-Trani at 914-377-4691 or ataverna@montefiore.org.

Important Information Regarding NPI Compliance

CMO is prepared to process HIPAA standard electronic transactions using just a provider's National Provider Identifier (NPI) and tax ID number in electronic claims.

We continue to work diligently with providers to educate them and bring them into compliance according to HIPAA regulations. However, due to the state of provider readiness and until transaction compliance is at a level that will not negatively impact our constituents and our business operations, we will continue to accept HIPAA transactions with CMO legacy identifiers along with the required NPI and tax ID numbers.

To ensure a smooth transition using NPI the CMO recommends that providers email info@montefiore.org (the subject line should indicate "NPI") to confirm that their information is stored correctly in the CMO claims processing system.

Meet Your Provider Relations Liaison

CMO Provider Relations Liaisons are available to assist providers with any issues or concerns. Liaisons offer a variety of services such as orientation and educational sessions for office staff on CMO systems as well as policies and procedures of the healthcare delivery system. Each physician is assigned a Provider Relations Liaison. The general Provider Relations contact number is 914.377.4477. You can also contact Customer Service at 1.800.MDMONTE to verify member eligibility, check the status of your claims and to be directed to Medical Management for authorizations.

Mirna Alomar Velez, 914.377.4425
mirvelez@montefiore.org
Voluntary & Non-MMC
Affiliated Physicians

Glenys Colon, 914.377.4428
gfermin@montefiore.org
Vendor Services, EDI Issues,
CareLink Eligibility System

Julian McMaster, 914.377.4457
jmcmaste@montefiore.org
Montefiore Medical Group Physicians

Ashley Smullen, 914.378.6790
asmullen@montefiore.org
MMC Employed/ Faculty Practice
Physicians

PROVIDERS

Are you moving?
If you are or have changed your Tax ID,
the CMO needs to be informed.

Please send an
updated W9 form to:
CMO Provider Relations
100 Corporate Boulevard, Suite 100
Yonkers, NY 10701
Fax: 914.377.4794

For more information about
CMO *Connections*, please contact
CMO Provider Relations at
914.377.4477.

CMO - The Care Management Company
200 Corporate Boulevard South
Yonkers, New York 10701

Corporate Telephone: **914.377.4400**
Fax: **914.476.4825**
Email: CMONews@montefiore.org
Website: CMOCares.com

CMO Overview

CMO, The Care Management Company, is an innovative provider of integrated healthcare management solutions. The company's comprehensive services are designed to manage and improve the process, quality and continuity of healthcare while successfully managing medical expenses and improving patient outcomes.

CMO supports a large community-based healthcare delivery system that includes a network of 2,373 credentialed providers. CMO provides services to 179,000 health plan members using an experienced staff of well-trained Nurse Case Managers— supported by a knowledgeable, highly professional customer service and provider relations staff, robust information technology including sophisticated telemonitoring devices, and home visit programs.

As a subsidiary of Montefiore Medical Center, The University Hospital and Academic Medical Center for the Albert Einstein College of Medicine, CMO has access to world leaders in healthcare, healthcare information technology, academic medicine and clinical research.

IPA Insider Classifieds

Let us help you communicate to all IPA members. If you are interested in advertising here, please email CMOnews@montefiore.org or call 914.377.4477.

OFFICE SPACE AVAILABLE

One or two exam rooms available
Thursday, Friday and Saturday.
Conveniently located on Central Avenue in
Yonkers with ample parking and close
proximity to Bee Line bus service stop.

Contact: Dr. Gorin at 914.964.6564 or
bgorinmd@optonline.net

