

CMO

CONNECTIONS

A Newsletter for IPA Network Providers

Summer Issue 2010



CMO's Care Management Services- A Focus on Home Health Care

The term *home health care* is used to describe a wide range of services provided to patients in their home. Most patients who require these services are recovering from an illness, an injury or have just been discharged from a hospital or nursing facility. In most cases, home health care is a covered benefit if it is ordered by a physician and the patient needs skilled care and support services in their home. Also, services must be provided by a certified Home Care Agency.

Home health care is indicated if, at least one of the following skilled services is needed:

- ◆ intermittent (and not full time) skilled nursing care
- ◆ physical therapy
- ◆ speech language pathology services
- ◆ or a continued need for occupational therapy

Another important qualifier for home health care benefits is the patient must be home bound. If the patient does leave the residence, in most cases it is infrequent, usually for medical visits/treatment and generally requires great effort by the patient.

Patients may require the services of a home health aide for assistance with Activities of Daily Living and to support the skilled services plan of care. These services are only provided

in conjunction with skilled services by a professional.

In general, Medicare and Medicaid patients have coverage for home health care as long as they meet the above definitions of *skilled needs*.

Commercial patients may or may not have coverage, and if they have coverage there may be limitations. Physicians ordering home health care for commercial members must always verify the benefit and the benefit limitations with the Medical Management Department at CMO.

Realistic goals are established for the patient as part of the care plan and when the patient meets those goals, home health care may no longer be medically necessary. Confusion may sometimes arise with respect to home health care services, particularly when a patient may need help and cannot be left alone; however, it is important to note, this is considered custodial in nature and is not a skilled need. Hence it would not be considered a covered benefit under Medicare, Medicaid or the patient's medical insurance.

CMO's Care Management Department monitors patients while on home health care to assure that the care plan is comprehensive in nature, collaborates with the agency and identifies CMO Care Management programs for patient enrollment during and after discharge from home health care. Programs include: Tele-monitoring, Hospice Care, House Call Program, Disease

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Find answers to your questions at www.CMOcares.com or write CMONews@montefiore.org

Management, and Complex Care Management. The goal is always to maintain the patient at the most optimum level of care, improve quality of care outcomes, and prevent a readmission to the hospital. CMO Care Managers are also available to assist patients and families who do not meet the criteria for home health care and require assistance in the home.

Physician orders for home health care should be sent directly to the Home Care Agency via the Community Referral form.

CMO Care Managers can be reached for Case Management Services by calling 914- 378-6722.

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

CMO's Carelink to be Replaced by Post-n-Track– Register Now!

CMO's CareLink system will permanently shut down on August 31, 2010. CareLink has been replaced by CMO's new Post-n-Track portal, which can be used to view member eligibility, request and view authorizations and check claims status online.

If your office staff have not yet registered for access to this new portal, please call CMO Provider Relations as soon as possible at 914-377-4477 and a representative will walk you through the registration process, review the below system requirements and provide any necessary training. You may also email your request for access to:

CMOProviderRelations@montefiore.org

PostTrack®

System Requirements (required to access Post-n-Track):

Minimum 2 Gigabytes of RAM for optimal speed.

Operating system requirements:

- ◆ Windows XP, Vista and 7
- ◆ Browser requirements:
- ◆ Internet explorer 7 & 8
- ◆ Firefox

Currently not supported:

MAC hardware with Safari Browser

***** Internet Explorer 6.0 may work if you download the patch for Windows XP (call for details)*****

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 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.

Online Registration Reminder: PECOS

The Centers for Medicare & Medicaid Services (CMS) recently implemented an online registration system that allows provider and supplier organizations to enroll in the Medicare program. Enrollees may use the Internet to submit applications, view enrollment information, update enrollment information, and manage their participation with Medicare.

This registration system is called Internet-based Provider Enrollment Chain and Ownership System (PECOS).

As of July 6, 2010, CMS has required that both the referring provider and the provider rendering the service, must be registered in PECOS.

If either provider is not registered in PECOS, the claim will be rejected when billed to Medicare. Laboratory tests are also subject to the PECOS registration requirement.

All ordering providers must be registered in PECOS for the laboratory service to be reimbursed.

Please note: All Montefiore Medical Staff members are presently registered on PECOS. However, Montefiore does not register residents in PECOS. As a resident's name may appear on referrals for specialty services, it is important to ensure that the supervising attending's name is on all consultation requests generated by the resident staff. Medicare has announced its intention to deny all claims if the referring physician is not in the PECOS database.

For more information about PECOS, please call CMO Provider Relations at 914-377-4477.

Coding and Education– Information for Providers



One of the main goals of the Risk Adjusted Premium model (Hierarchical Condition Categories or HCC) created by the Centers for Medicare and Medicaid Services (CMS) is to ensure that resources are appropriately allocated to health plans based on the clinical needs of their membership. By

distributing premiums based on clinical necessity, the government hopes to establish incentives for health plans to proactively identify and fully evaluate members who require healthcare services but are not connected with their health plan's delivery system.

There are a significant number of IPA members who do not regularly receive health care services. While a number of these members do not have chronic diseases that require attention, there are many other members who would benefit from regular care.

CMO Coding & Education staff members are creating an outreach program that will evaluate all IPA network members residing in Bronx-based Long Term Nursing Facilities for the purposes of providing additional services to enhance the care received by these members. When a patient is enrolled in a long term care facility, they become disconnected from their assigned primary care provider. Nursing home staff provide custodial care for the long term residents but not the medical evaluative services provided in a physician's office. CMO is dedicated to engaging and

employing clinical staff who will examine the residents in the nursing home, evaluate their condition and most importantly, ensure appropriate referral services are available. The members will also be connected to CMO case management personnel as appropriate to their condition. The goal of this program is to proactively identify patients who require ongoing medical services and arrange for those services when needed.

CMO HCC Coding & Education staff continue to conduct regular chart audits and staff education sessions to ensure that providers understand the HCC program and the rules governing coding and chart documentation. By developing initiatives such as the Long Term Care evaluation programs, CMO seeks to offer high quality, clinic support services to network members who would not otherwise receive it.

If you have questions regarding Hierarchical Condition Categories, outreach programs or provider education, please contact any member of our Coding & Education Staff:

**Bill Scesney, Director– Provider Relations,
Coding & Education**
(914. 377.4701)

Donna Lusardi, Staff, Coding Analyst
(914.378.6046)

Ana Matos, Staff Analyst
(914.378.6078)

2010 Supplemental Fee Schedule Increase for Montefiore IPA Contracted Providers

Effective September 1, 2010, The Montefiore IPA (MIPA) Board of Directors has approved an additional 3% increase to the existing 2010 provider fee schedules.

With this supplemental provider fee increase, Physician and Facility fees for MIPA participating providers will increase by 6% overall as compared to 2009. Primary Care Provider capitation rates have also increased by a similar percentage.

The supplemental fee increase represents an advance in

the timing of the expected 2011 provider fee change; however, this will be reevaluated as part of the 2011 MIPA budget cycle.

If you have any questions regarding this increase, please contact Bill Scesney, Director of Provider Relations at 914.377.4701.

Upcoming Disease Management Workshops

As a reminder, CMO offers Pre-Diabetes, Diabetes, CHF and Respiratory (Asthma/COPD) Disease Management (DM) Programs to all members. The CMO DM Team supports primary care and specialty providers by educating members on the importance of health maintenance, self-management techniques and prevention of disease complications. They also offer individual consultations with RNs at various primary care sites, group classes, telephonic outreach, telemonitoring programs and coordination of services for eligible members.

For more information regarding disease management, or to register your patients to participate in one of the free disease management workshops below, call 1-866-996-6683 or email ChronicCare@montefiore.org.

DIABETES AND HEALTHY LIVING WORKSHOPS:

MMG BRONX EAST - 2300 WESTCHESTER AVENUE, BRONX

Thursday, September 23, 2010 @ 10 AM – 12 PM
 Thursday, September 23, 2010 @ 4 PM – 6 PM ** *En Español* **
 Thursday, October 21, 2010 @ 10 AM – 12 PM ** *En Español* **
 Thursday, October 21, 2010 @ 12 PM – 2 PM
 Thursday, November 18, 2010 @ 12 PM – 2 PM ** *En Español* **
 Thursday, November 18, 2010 @ 4 PM – 6 PM

Yonkers Public Library - 1500 Central Park Avenue, 3rd Fl. Meeting Room, Yonkers

Tuesday, November 9, 2010 @ 1 PM – 3 PM

MMG Grand Concourse - 2532 Grand Concourse, Bronx

Thursday, September 30, 2010 @ 10 AM – 12 PM
 Thursday, October 28, 2010 @ 10 AM – 12 PM
 Thursday, November 18, 2010 @ 4 PM – 6 PM

CO-OP CITY COMMUNITY CENTER - 177 DREISER LOOP, 2ND FL, ROOM # 8, BRONX

Tuesday, September 28, 2010 @ 10 AM – 12 PM
 Tuesday, October 26, 2010 @ 10 AM – 12 PM
 Tuesday, November 16, 2010 @ 4 PM – 6 PM

LEARN ABOUT COPD & ASTHMA WORKSHOPS:

MMG BRONX EAST-2300 WESTCHESTER AVENUE

Tuesday, September 28, 2010 @ 10:00 AM – 11:30 AM
 Tuesday, October 26, 2010 @ 4:00 PM – 5:30 PM
 Thursday, November 11, 2010 @ 10:00 AM- 11:30 AM ** *En Español* **

MMG Grand Concourse - 2532 Grand Concourse, 3rd Floor

Thursday, September 23, 2010 @ 10:00 AM – 11:30 AM
 Tuesday, October 12, 2010 @ 3:30 PM- 5:00 PM
 Tuesday, November 16, 2010 @ 10:00 AM – 11:30 AM

CO-OP CITY COMMUNITY CENTER - 177 DREISER LOOP, 2ND FL, ROOM # 8

Thursday, September 30, 2010 @ 10:00 AM – 11:30 AM
 Tuesday, October 19, 2010 @ 4:00 PM – 5:30 PM
 Thursday, November 18, 2010 @ 10:00 AM – 11:30 AM

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.

WHITE PLAINS MEDICAL OFFICE SPACE AVAILABLE

Share space or time in well-equipped office of 2,000 sq. ft. Close to Main Street with close proximity to municipal parking (staff parking is included). Ideal for specialist, therapist or other professional. Contact Dr. Michele Bailey at 914.686.1848 for more information.



MEDICAL SPACE AVAILABLE FOR RENT

Location: 3220 Fairfield Avenue, Riverdale (one block east of the Henry Hudson Parkway). 800 sq. ft. fully furnished includes: separate ground floor entrance from the street, reception area and waiting room, consultation room, two exam rooms and a small office.

If interested please contact Dr. Norman Sas at 917.807.9828.



PROVIDERS

Are you moving?
 If you are or have changed your Tax ID, 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
 Phone: 914.377.4477