



AmeriHealth Mercy Participating Provider Orientation

Orientation Agenda

I. **Introduction**

Who we are

II. **Member Information**

Enrollment

Eligibility

Benefits

III. **Key Departments**

Provider Services

Provider Claims Services

Patient Care Management

Provider Contracting

Prior Authorization

Quality Management

Special Needs

WeeCare

IV. **Provider Information**

Office Standards

Referral Process/Expanding Referral

Prior Authorization Requirements

Reimbursement

Laboratory Services

Emergency Room Policy

V. **Payment Process**

Claims Submission

Coordination of Benefits

Appeals Process

VI. **Closing**

Mission Statement

We help people:

get care

stay well

build healthy communities

*We have a special concern for those
who are poor.*

I. Who We Are

AmeriHealth Mercy Health Plan:

- Is a Medical Assistance Plan owned by Independence Blue Cross and a Health Care Ministry of the Sisters of Mercy.
- Provides services to Medical Assistance recipients in the Lehigh/Capitol Zone and Northeast Zone.



AmeriHealth Family of Companies





II. Member Information

- **Eligibility is determined by the Pennsylvania State Department of Public Welfare (DPW).**
- **Benefit Consultants**
 - **Lehigh Capital Zone 1-800-440-3989**
 - **Northeast Zone 1-800-485-5998**
 - Assist recipients in the selection of an HMO and PCP.
 - Educate recipients on plan benefits, referral system, and provider network.
 - Notifies DPW of plan selection.
 - DPW notifies AMHP of member's plan and PCP selection.

Responsibilities Rights & Responsibilities

- **Member Rights and Responsibilities/Complaints, Grievances and Appeals**
 - **Refer to the provider manual and to the member handbook for detailed instructions.**

➤ Verify eligibility in 7 ways:

1. Member's ID card and PA Access card

2. Panel Listing

3. NAVINET –

Internet address is <https://navinet.navimedix.com/Main.asp> - complete the sign in fields (username and password)

4. PROMISe Online

Internet address is <http://promise.dpw.state.pa.us> and click on PROMISe Online

5. EVS Software

*MA HIPAA-Compliant PROMISe Ready Software is available free-of-charge by downloading from the OMAP PROMISe website at: <http://www.dpw.state.pa.us/omap/> Select Provider Information from the available links and then select Eligibility Verification Information.
To order on CD-ROM, call 717-975-4100--there will be a \$19.95 shipping & handling charge.*

Eligibility (cont'd)

6. POS Card Swipe Devices

Consult DPW website (<http://www.dpw.state.pa.us/>) for approved PROMISe compliant POS boxes under Approved 270/271 Eligibility Software and Service Vendors. Please contact these vendors for pricing and availability.

7. PA State Medical Assistance EVS Telephone Line

800-766-5387 (Must use new 13-digit provider number.)

Available Benefits

- Members are eligible for all benefits covered under the Pennsylvania Department of Public Welfare's Medical Assistance Program subject to the limitations set in the AMHP Co-Pay Schedule.

➤ Self-referred Benefits

- All OB and GYN visits
- Ambulance - Emergency use only
- Dental –Members receive dental benefits (benefits based on DPW eligibility) through Doral Dental
- Vision –Members receive routine eye exams through Davis Vision
 - **Eyeglasses and contact lenses are covered for members**

Benefits (Continued)

- **Family Planning** Covered by AmeriHealth Family Planning. All family planning claims should be mailed to: AmeriHealth Mercy Family Planning, P.O. Box 8369, Philadelphia, PA 19101.
 - For questions, call 800-541-4560.
- **County-specific Mental Health/Substance Abuse**
- **Durable Medical Equipment (DME)**
 - Less than \$500 billed – prescription only
 - Over \$500 billed – authorization required
717-651-3465 to Prior Auth DME

•Benefits (Continued)

- Hospitalization
- Home Health, Skilled Nursing, Rehab and Hospice Care - Covered with an authorization
- Laboratory Services
- Specialty Care Services
- Rehabilitation Services

Benefits (Continued)

➤ Pharmacy:

- Formulary
 - Generic – NO COPAY!
 - Brand Name – \$3 copay (requires Letter of Medical Necessity when generic is available)
- Over-the-Counter Medications (OTC)
 - List of covered OTC medications is provided in the drug formulary
- Vitamins (some restrictions)
 - Up to \$10/month per member

Benefits (Continued)

- **Injectable Medications (Member)**
 - Multi-source branded products, member injectibles and non-formulary medications require prior authorization through AMHP pharmacy
 - Direct line 215-937-5015 or
- **AMHP Pharmacy Hotline**
 - 866-610-2774, ask for Injectable Medicine Department



III. Key Departments

- 800-521-6007
 - 24 Hours/7 Days
 - Call to determine eligibility
 - Ask questions regarding policy and procedure

- 800-521-6622
 - Monday to Friday, 8:00 am to 5:30 pm
 - Prior Authorization
 - Special Needs
 - WeeCare

Prior Authorization

- Procedures requiring prior authorization include, but are not limited to*:
 - DME over \$500 billed per item
 - Any services/products not listed on the MA fee schedule
 - Elective hospital admissions
 - Elective SPU services
 - Home Health Care
 - Skilled Nursing Facility
 - Ambulance transportation (non-emergent)
 - CAT Scans, MRI/MRA, PET Scans, Nuclear Medicine **contact NIA @ 1-800-642-2602**

*Refer to Provider Service Reference Guide for complete listing.

Provider Contracting

- AmeriHealth Mercy prides itself on having a provider representative available to you.
- Provide on-site education, issue resolution, assists with credentialing.
- AMHP uses the PA Standard Provider Application.
- Send credentialing information to
 - AmeriHealth Mercy
 - ATTN: Credentialing
 - 2404 Park Drive
 - Harrisburg, PA 17110

Quality Management

- Insures that members receive the highest standard of care from providers.
- Conducts periodic audits and surveys to ensure these standards are met. (HEDIS)

Special Needs

- Case Managers assist members identified as having special needs.
- Anyone can be special needs.
- Resolves problems/issues that members have while navigating the healthcare system.
- Ensures each member's medical needs are met.
- 800-521-6622

- Case manages pregnant members to access prenatal care and associated social services.
- Members may self-refer for OB care and GYN Care.
- OB Care Provider must complete Obstetrical Needs Assessment Form and fax to AMHP within **5 business days** to be eligible for incentive payment.
- Submit HCFA form to London, KY for incentive payment using code T1001-U9.
- Diagnostic tests and pregnancy-related services, such as ultra sound, non-stress tests, childbirth education, and smoking cessation counseling, do not require a referral.

WeeCare (Continued)

- Postpartum visits: Invoiced as individual visits (not included w/delivery fee). Bill w/HCFA 1500 form using standard CPT codes. Vaginal deliveries: one (1) postpartum visit; C-section deliveries: two (2) postpartum visits allowed.



IV. Provider Information

Provider Office Standards

PCP's:

➤ Scheduling Procedures

- 6 or less patients/hr/physician
- Emergent Care
 - Immediately or referred to ER
- Urgent Care
 - Within 24 hours
- Routine Care
 - Within 10 business days of member's call

Specialty Care Providers:

➤ Scheduling Procedures

- Emergent Care
 - Immediately upon referral
- Urgent Care
 - Within 24 hours of referral
- Routine Care
 - Within 10 business days of referral

The Referral Process

- Referrals are valid for 90 days.
- Unlimited visits within the 90 days.
- Specialty Care Provider can contact Provider Services to extend referrals past 90 days for up to 1 year by calling 800-521-6007.

Expanding a Referral

➤ Specialist:

- Should call for expansion of diagnostic and treatment procedures.
- Must be same specialist/group as in original referral.
- Services must be related to the same episode/diagnosis of care as original referral.
 - Referrals are expanded for 90 days at a time.
 - May be expanded for up to 1 year.

Reimbursement

- Specialists are reimbursed based on the MA fee Schedule.
- The MA fee schedule is on the DPW website.
 - Access the MA website if you have questions regarding CPT coding.

Outpatient Lab Services

- AMHP contracts with its participating hospitals and Quest Laboratory to provide outpatient laboratory services.
- No referral is required; only a script from requesting physician is needed.
 - includes STAT and PAT's

Emergency Care Policy

- Members have direct access to ER.
- Prior auth is not required for emergent services.
- Non-emergent care should be provided in the physician office, and not referred to the ER.



V. Payment Process

Claims Submission and Processing

- Bill office visits and services on a CMS1500 or electronically.
- Must be submitted within 180 days from date of service (or 60 days from receipt of primary EOB). Resubmissions within 365 day from date of service.
- To be set up to bill electronically call EDI at 877-234-4272 (AMHP uses Emdeon).

Resubmission of Claims

➤ Resubmitted/Corrected Claims

- Mark claim as “Corrected Claim” using black ink.
- Resubmit within 365 days of the date of service.
- Mail to claims address with “Corrected Claim” clearly marked on outside of envelope.
- Do not mix corrected claims with new submissions.

Appeals Process

- Administrative
 - Incorrect claims payment
 - Timely filing
- Medical
 - Denials based on medical necessity
 - Prior authorization denials

- Please refer to Appeals Policy

Coordination of Benefits

- AMHP is always the payer of last resort.
- Submit claims involving COB within 60 days of receipt of primary carrier's remittance with the following:
 - Claim form
 - AmeriHealth Mercy authorization number (if required)
 - Primary carrier's EOB or Denial Notification (dates and dollars must match)
- Primary Insurer
 - Member must use participating providers
 - Plan referrals and prior authorizations are required
 - Must follow requirements for both plans



Closing

Questions?