PROVIDER connection

CoventryCares of Kentucky Quarterly Newsletter

CoventryCares® is becoming **AETNA BETTER HEALTH®**

Inside this Issue:

AETNA BETTER HEALTH® OF KENTUCKY **aetna**

Name Last Name, First Name   **Date of Birth** 00/00/0000
Member ID/State Medicaid ID# 0000000000   **Sex** X

PCP Last Name, First Name
PCP Phone 000-000-0000   **Effective Date** 00/00/0000

RxBIN: 610591 **RxPCN:** ADV **RxGRP:** RX8831 **CVS/caremark**
For pharmacist use only: 1-855-319-6290

www.aetnabetterhealth.com/kentucky

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.   MEKYMED1

In case of an emergency go to the nearest emergency room or call 911.

IMPORTANT NUMBERS FOR MEMBERS
Member Services   1-855-300-5528 (TTY users 711,
                   TDD users 1-800-627-4702)
Behavioral Health   1-888-604-6106
24 Hour Nurse Line   1-855-620-3924

IMPORTANT NUMBERS FOR PROVIDERS
Eligibility   1-855-300-5528
Authorization   1-888-725-4969

Submit claims to
PO Box 65195, Phoenix, AZ 85082-5195
Payer ID 128KY   KYMED1

HEDIS® SPOTLIGHT
Looking Toward 2016

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) project begins in January, 2016 and runs through May, 2016. HEDIS® staff will begin their project outreach to you in February to obtain medical record information and schedule on-site appointments.

As healthcare providers and administrators, we are continuously seeking to improve the health in our community and the members we serve. HEDIS® is the primary tool we utilize to promote excellence in health outcomes through timely preventive and follow up care.

We can only succeed through teamwork and partnership with all of our providers. As we prepare for this HEDIS® project, we want to extend our appreciation to you and your staff as we work together to improve the health of our members.

See page seven for helpful information about the Women's HEDIS® measures. If you are interested in additional tips for other measures, please contact the HEDIS® department at **1-855-737-0872**.

How CoventryCares of Kentucky can help:
- Contact the HEDIS® department at **1-855-737-0872** for HEDIS® education seminars/webinars and provider toolkits

Having trouble getting your members into the office to be seen? Contact our Member Outreach Department for assistance at **1-855-300-5528.**

Aetna Better Health of Kentucky
Migration Tidbits - Effective February 1, 2016

Claims Submission Information for both Medical and Behavioral:

Aetna Better Health of Kentucky
    EDI Payor ID – 128KY

Aetna Better Health Claims Mailing Address:

    Aetna Better Health of Kentucky
    PO Box 65195
    Phoenix, AZ 85082-5195

Easy Access-Clinical, Preventive, and Behavioral Health Guidelines

Preventive Health Guidelines help to improve the health and quality of life of our members. CoventryCares makes every effort to ensure that current scientific data and expert opinion is the basis for each guideline. Each guideline is evaluated as new data becomes available, or at a minimum of every two years. Please note, these preventive health guidelines are to be used to assist in decision-making and provide guidance in patient care. However, healthcare professionals should always use sound clinical judgment and apply individualized plans of patient care when appropriate.

Quality Improvement

CoventryCares of Kentucky is committed to managing a well-designed and well-implemented Quality Improvement (QI) program. The scope of the QI program is comprehensive, addressing the quality and safety of clinical care and services provided to our members, including physical health, behavioral health, dental and vision care.

The goals and objectives of the QI program are:

- Ensure that quality and safety of clinical services are measured using reliable methods
- Take actions that result in improvements that are measureable
- Involve administrative and clinical staff in support of the on-going quality improvement process
- Ensure that all state and national requirements are met, and NCQA accreditation is maintained
- Provide prevention and wellness education to inform members, practitioners, and providers about practices and services that promote good health and encourage members to use available health promotion, health education, and preventive care services
- Promote health and wellness for staff

Visit **www.coventrycaresky.com** or call toll free, **1-855-300-5528** to learn more about the QI program; how we are achieving the QI program goals and objectives; and access our QI program evaluation.

CoventryCares Clinical Practice Guidelines

- Asthma Management Summary Guide
- Coronary Artery Disease Management Summary Guide
- Chronic Kidney Disease Management Summary Guide
- Chronic Obstructive Pulmonary Disease (COPD) Management Summary Guide
- CROHN'S Disease Management Summary Guide
- Diabetes Management Summary Guide
- Heart Failure Disease Management Summary Guide
- Hemophilia Disease Management Summary Guide
- HIV/AIDS Disease Management Summary Guide
- High Risk Management Summary Guide
- Chronic Low Back Pain Management Summary Guide
- Multiple Sclerosis Disease Management Summary Guide
- Sickle Cell Disease Management Summary Guide

CoventryCares Preventive Guidelines

- Clinical Preventive Services (Birth to 10 years)
- Clinical Preventive Services (11 to 24 years)
- Clinical Preventive Services (25 to 64 years)
- Clinical Preventive Services (65 and older
- Clinical Preventive Services (Pregnant woman)

MHNet Behavioral Health Guidelines

- Practice Guidelines for Attention Deficit/Hyperactivity Disorder
- Practice Guidelines for Bipolar Disorders in Adults
- Practice Guidelines for Major Depression
- Practice Guidelines for Schizophrenia
- Immunization Health Guidelines
- Immunization Schedule 0-18
- Immunization Schedule – Adult

The Practice Guidelines can be accessed for all ages on the CoventryCares web site located at **www.coventrycaresky.com** under the 'For Providers' tab, 'Practice Guidelines'.

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*If you have suggestions for topics in the provider newsletter, please email Teresa Koreck at **tlkoreck@cvty.com**.*

Project ICD-10 Coding Persistency

What is outpatient ICD-10-CM (diagnosis) coding persistency?

Persistency in coding refers to the ongoing identification of members with chronic medical or behavioral health conditions on a CMS-1500 form through the use of coding from one year to the next. The "persistence rate" is the percentage of members coded with the chronic condition in year one, who are also coded for the chronic condition in year two.

Who does persistency of correct outpatient ICD-10-CM coding affect and how?

Provider
- Accurate diagnosis in the chart accomplishes quality and continuity of care goals.
- Improved quality of care standards.
- Improved risk stratification of patients – higher risk scores for members with more comorbidities.
- Avoids office interruptions for clarification of claims information.
- Improves office administrative efficiencies by decreasing unnecessary payer requests for additional information during the prior authorization or clarification of claims information.

Patient
- Better and earlier identification of patients with chronic conditions allow us to employ quality targeted interventions and education with the patient.

Funding from the State and Federal governments is dependent upon documented morbidity of the population. Persistency in risk scores from year to year potentially results in more dollars being available to purchase services for Medicaid patients.

Where are ICD-10-CM codes entered on the CMS-1500 form?
- Paper Claim – Box 21
- Electronic Claim – Loop 2300, Segment HI01-2; HI02-2;HI03-2; HI04-2

When will plan outreach providers to identify gaps in diagnosis coding persistency from year to year?
- Collaborative outreach from Providers Relations, Medical Management & Quality Management to provider offices will occur on a regular basis to discuss best practices for specific chronic conditions, i.e., chronic renal failure, asthma, GERD and certain behavioral health and substance abuse diagnoses, and gain input and feedback from providers on needed education, resources, and/or potential challenges to coding persistency.

Why is it important to code the care that is documented?
- Specificity in diagnosis documentation results in accurate ICD-10-CM coding.
- Documentation that supports the diagnosis has always been important from a quality of care perspective.

Accurate ICD-10-CM coding achieves accuracy in the diagnosis portion of the claim. See coding facts in the column to the left.

Utilization Management
Medical Criteria Change

CoventryCares of Kentucky will be changing guidelines for determination of medical necessity
- Hearst Corporation's MCG evidence-based care guidelines (formerly Milliman Care Guidelines) become effective November 2, 2015
- Criteria for Behavioral Health determinations remain unchanged
- LOCUS, CASII and ASAM have been in use since January 1, 2015*

McKesson's InterQual® Criteria used by CoventryCares of Kentucky will no longer be effective November 2, 2015. Copies of criteria used in making medical necessity determinations are available upon request by calling Customer Service 1-855-300-5528
.
*LOCUS: Level of Care Utilization System; CASII: Child & Adolescent Service Intensity Instrument; ASAM: American Society of Addiction Medicine

Utilization Management
Authorization Change - Hospital Observation Stays

Effective December 1, 2015, there will be the following change for prior authorization requirements:

Observation stays will no longer require prior authorization. Applicable CPT codes:
- 99217
- 99218
- 99219
- 99220

If you have any questions about authorization requirements, contact Provider Relations at **1-855-454-0061**.

*The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.

Member Success Story - Positive Outcomes

CoventryCares of Kentucky is committed to helping our members. Please see the story below that illustrates why our clinical staff is so important to our members in helping them find the medical and behavioral health support they need.

Member is a 22 year old female with Type 1 Diabetes along with migraines, depression, anxiety, and obesity. Member is currently managing her Diabetes with the use of an insulin pump. Member started working with Barbara, RN when she was identified for case management from a recent hospitalization.

While working with Barbara, RN, it was identified that the Member had issues with poor compliance with seeing her doctor and following recommended diet suggestions.

Barbara, RN was able to locate a program called PACT – Projects Affecting Care Transitions which assists members get the right care, at the right place, at the right time. This program offers face to face visits with the member as well as assistance with transportation. During their initial visit with the member, the PACT resource navigator found out additional information that the member had not shared with Barbara, RN. The PACT navigator shared with Barbara, RN that the Member was involved in an abusive relationship. Barbara, RN was able to assist in getting the Member to a safe place and an appointment for counseling.

Positive Outcomes:
- Collaboration between member and case manager
- Collaboration between case manager and local resource to assist member

Benefit Copays <u>eliminated</u> for 2016		Benefit Copays <u>reduced</u> for 2016	
Physician Office Visits **Including behavioral health**	**No copay**	**Acute Inpatient Hospital Stays** **Including mental health and substance abuse services**	**$ 25**
Outpatient Hospital **Ambulatory surgery centers**	**No copay**	**Chiropractic Services**	**$ 3**
Urgent Care	**No copay**	**Emergency Room, non-emergent use**	**$ 8**
Therapy **Occupational, physical, speech**	**No copay**	**Prescription Drugs, preferred brand**	**No copay**
Lab services **Diagnostic and radiology**	**No copay**	**Prescription Drugs, non-preferred brand**	**$ 4**

CoventryCares Performance Improvement Projects (PIPs)

CoventryCares of Kentucky is working with the Commonwealth of Kentucky and the Department of Medicaid Services to provide education in the safe and judicious use of second-generation antipsychotics (SGAs) used to treat behavioral health disorders in children and adolescents.

Our goal is to help you help our members. Below are resources to clinical research that highlight the important issues which drive the campaign to carefully manage and monitor children and adolescents treated with SGAs:

- The American psychiatric Association Practice Clinical Resources APA Recommendations Part of *Choosing Wisely* Campaign
- American Academy of Child and Adolescent Psychiatry Practice Parameters for the Use of Atypical Antipsychotic Medications in Children and Adolescents (AACAP-AAA)

In relation to this effort, there are three 2015 HEDIS measures:
- Psychosocial care as a first – line treatment
- Use of antipsychotics in the absence of a primary indication
- Metabolic monitoring of pediatric patients on antipsychotics

We look forward to working with you on this critical initiative. If you have any questions or would like additional information, please contact your Provider Relations representative. You will find our list of Provider Relations Representatives on the back page of this newsletter.

Please continue to visit our website for updates on further research and resources.

Additional CoventryCares PIPs

- Reducing members non-urgent ED use by promoting increased managed care and better relationships with their PCP
- Increasing effective continuous anti-depressant medication compliance
- Decreasing hospital readmissions by promoting follow ups with their PCP within 7 days of discharge and providing assistance to members for making these appointments, transportation, understanding of their discharge instructions, etc.
- Increase focus on the "Follow-Up Care for Children Prescribed ADHD Medication" HEDIS measure for children age 6-12
- Increasing comprehensive diabetes testing and screening with a focus on HBA1C, eye exams and members with Type 1 Diabetes
- Improving postpartum care and follow up visits
- In 2016, a new collaborative PIP will be introduced. The new PIP will focus on the behavior and physical health sides of members with bi-polar disorder and schizophrenia. Details are still being finalized.

CoventryCares has written these PIPs with an emphasis on increasing our member's health and wellness while measuring these improvements through corresponding HEDIS measures.

Our goal is to help strengthen the relationship between our member and their provider, while at the same time increasing preventative care and assistance in our member's live. Together we can help our members become healthier.

Members Rights and Responsibilities

Members have the right:

- To get good medical care no matter your race, color, religion, sex, age, disability, sexual orientation or nationality.
- To be treated with respect and dignity and to have your privacy protected.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To have a choice about your CoventryCares of Kentucky primary care provider and be able to change your PCP within the rules.
- To get medical care when you need it.
- To ask questions and get complete information about your medical condition and treatment options, including specialty care, regardless of cost or benefit coverage.
- To be told that services are not covered before you get them.
- To be part of all decisions about your health care including the right to refuse treatment.
- To ask for a second opinion.
- To have your medical records and care kept private.
- To look at copies of your medical records, get copies if you want them and to get assistance with them in accordance with applicable federal and state laws.
- To file a grievance, an appeal or ask for a state fair hearing from CoventryCares of Kentucky and/or the Department for Medicaid Services if you have problems with your eligibility or health care.
- To receive help with filing an appeal.
- To have timely access to care including specialty care.
- To make sure communication or physical barriers do not limit timely access to care.
- To get information in a way that is easy to understand.
- To prepare Advance Medical Directives according to Kentucky laws.
- To ask for a description of payments methods CoventryCares of Kentucky uses to pay providers for member care.
- To be told at least 30 days before any program or site changes that affects you.
- To make recommendations regarding the organization's member rights and responsibilities policy.
- To receive information about the organization, it's services, it's practitioners and providers and members rights and responsibilities.

Members have the responsibility:

- To give the best information you can so that CoventryCares of Kentucky and your providers can take care of you and your family.
- To follow your PCP's instructions and care plans.
- To actively participate in personal health and care decisions and practice healthy lifestyles.
- To call your PCP first when you need medical care, except in an emergency. Call 911 or go to the closest emergency room.
- To go to providers who take your CoventryCares of Kentucky Member ID card.
- To show your CoventryCares of Kentucky and your Kentucky Medicaid ID card every time you get medical services.
- To make sure that you only see CoventryCares of Kentucky providers.
- To keep all appointments and be on time.
- To cancel an appointment if you cannot get there.
- To follow CoventryCares of Kentucky and Kentucky Medicaid policies and procedures.
- To follow the rules of your PCP's office or clinic. If you or others do not follow the rules, your provider can ask you to leave.
- To ask your PCP questions if you do not understand something about your medical care.
- To tell the truth about yourself and your medical problems.
- To report suspected fraud and abuse.
- To tell the Department for Community Based Services (DCBS) about changes to your name address and/or telephone number. Notify DCBS and CoventryCares of Kentucky if you have a change like a birth, death, marriage or other insurance.
- To learn the difference between emergencies and urgent care.
- To understand your rights and responsibilities as a Kentucky Medicaid member.

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Helpful HEDIS Documentation Tips for Providers: Women's Health

HEDIS Measure Definitions	What You Can Do	Coding Tips (ICD-10)
BCS - Breast Cancer Screening Women 50-74 years of age with one or more mammograms within last 2 years**.**	Document member education on the benefits of early detection of breast cancer. Encourage mammography to all women who are within risk group.	**Procedure Codes** 77055-77057 **HCPCS** G0202, G0204, G0206 **Diagnosis Codes** 87.36, 87.37 **UB Rev Codes** 0401, 0403 **Mastectomy Codes** **Diagnosis** 85.41—8 **Procedure Codes** 19180. 19200, 19220, 19240, 19303-7 **Bilateral Modifiers** 50, 09950
CHL - Chlamydia Screening in Women Women 16-24 years of age who are identified as sexually active with a Chlamydia test annually.	Assist with member education of STD. Perform routine test for Chlamydia, document and submit timely. **Urine Chlamydia test is the easiest to perform.**	**Procedure Codes** 87110, 87270, 87320, 87490-87492, 87810 **LOINC Codes** 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5,6354-5, 6355-2, 6356-0, 6357-8
HPV-Human Papillomavirus Vaccine for Female Adolescents Females between age 9 and 13 years administered 3 doses of HPV vaccine.	Offer HPV Vaccine to females age 9 to age 13. Three doses should be completed prior to age 13.	**Procedure Codes** 90649, 90650, 90651
PPC Prenatal and Postpartum Care Pregnant members with prenatal care during 1st trimester and Postpartum Care between 21-56 days after delivery.	Educate staff to schedule first appointment with the MD, DO, NP or PA in the first trimester. *RN visits for education do not count in HEDIS.* They must see a prescribing provider. Encourage attendance for postpartum visit. *Please Note:* a C-section incision check is not a postpartum visit, the member must return for the full postpartum checkup between 21 and 56 days after delivery.	**Prenatal** **Procedure Codes** 99201-99205, 99211-99215, 99241-99245, 0514 **Stand Alone Prenatal Visits** 99500, 0500F, 0501F, 0502F **Bundled Prenatal Service Codes** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS** G0463, T1015 **UB Rev Code** 0514 **Diagnosis Codes** 630-639, V22, V23, V28 **Postpartum** **Postpartum Bundled Services** 59410, 59515, 59614, 59622 **Procedure Codes** 57170, 58300, 59430, 99501, 0503F **Diagnosis Codes** V24.1, V24.2, V25.11-V25.13, V72.31, V27.32, V76.2
FPC-Frequency of Prenatal Care Pregnant members that had the following number of expected prenatal visits: <21% of expected visits 21% - 40% of expected visits 41% - 60% of expected visits 61% - 80% of expected visits =81% of expected visits	*RN visits for education do not count in HEDIS.* They must see a prescribing provider. Encourage members to attend to all prenatal visits.	**Prenatal** **Procedure Codes** 99201-99205, 99211-99215, 99241-99245, 0514 **Stand Alone Prenatal Visits** 99500, 0500F, 0501F, 0502F **Bundled Prenatal Service Codes** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS** G0463, T1015 **UB Rev Code** 0514 **Diagnosis Codes** 630-639, V22, V23, V28

CoventryCares of Kentucky (CoventryCares) employees make clinical decisions regarding healthcare based on the most appropriate care, service available and existence of benefit coverage. CoventryCares does not reward providers or other employees for any denials of service.

CoventryCares does not use incentives to encourage barriers to care and service. CoventryCares prohibits any employee or representative of CoventryCares from making decisions regarding hiring, promoting, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

IMPORTANT TELEPHONE NUMBERS

Member Services Department	**1-855-300-5528**
Prior Authorization Department	**1-888-725-4969**
Provider Relations Department	**1-855-454-0061**
State Eligibility Verification	**1-800-635-2572**
Behavior Health 24/7 Service Line	**1-888-604-6106**
24-Hour Nurse Line	**1-855-620-3924**

Notice: CoventryCares of Kentucky does not reward practitioners or other employees for any denials of service. CoventryCares of Kentucky does not encourage or reward clinical decisions that result in decreased services.

How Do I Contact My Provider Relations Representative?

REGION	NAME	TELEPHONE	EMAIL
Region 1	**Regina Gullo**	**502-612-9958**	**rlgullo@cvty.com**
Region 2	**Kimberly Berry**	**812-660-1394**	**kdberry@cvty.com**
Region 3	**Phillip Kemper**	**502-719-8604**	**pxkemper@cvty.com**
Region 3	**Beth Day**	**502-719-8618**	**DayB@aetna.com**
Region 4	**Abbi Wilson**	**270-498-1443**	**axwilson4@cvty.com**
Region 5	**Tanura Moss**	**859-381-7404**	**MossT2@aetna.com**
Region 5	**Sherry Farris**	**513-218-7725**	**sxfarris@cvty.com**
Region 6 & 7	**JoAnn Marston**	**859-669-6217**	**jxrose@cvty.com**
Region 8	**Jacqulyne Pack**	**606-331-1075**	**jmpack@cvty.com**
Region 8	**Lori Kelley**	**859-302-6334**	**KelleyL2@aetna.com**
Behavioral Health			
All Regions	**Jay Mingus**	**502-264-3484**	**jtmingus@aetna.com**

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