

Payer Panel Transcript 9/23/20

1. What coverages for telehealth services does your plan intend to continue once the pandemic concludes, if any?

Responses:

UHC Not determined yet. Right now extended until 10/22/2020

BC expanded until 12/31/20 will continue to review

Cigna expanded until 12/31/20 any changes will be listed on the Cigna.com website under Covid 19 Telehealth

IAHMP Alina the MCO's are different as it will be based on Medicaid Federal and State rules and regulations

Health Alliance will follow CMS guidelines and will update on the Health Alliance website

2. Is your plan currently conforming to the CMS waivers for telehealth services reporting? (report true POS (not 02) with 95 modifier)

Responses:

UHC True place of service modifier 95. There is a detailed information on our website see attached link for our website

BC will accept POS 02 there is a FAQ related to COVID on the BC website

Cigna Allows both POS 02 and Modifier 95

Health Alliance follows CMS guidelines

3. Is it an accurate statement that the Medicaid Advantage plans should minimally be paying providers the Medicaid fee for service rate for services?

Responses:

UHC We don't have Medicaid. Medicare Advantage if not contracted we allow Medicare. If contracted whatever is negotiated.

BC will pay the Medicaid fee for service rate.

- a. If so, how can a provider effectively appeal underpayments of this nature with the advantage plan?

Responses:

UHC Please use our claim payment dispute form at UHCprovider.com/plans > Choose your state > Medicare > Select plan name > Tools & Resources > Medicare Advantage Non-Contracted Provider Claim Payment Dispute Request Form.

BC MCD can reach out to your provider consultant

IAHMP there is a variety ways to research IAMHP.net or provider representatives

- b. Is there a mediator or arbitration process the provider can utilize when the advantage plan continues to deny full payment?

Responses:

UHC Member can file an appeal, if you want to file on behalf of a member a waiver of Liability must be signed.

IAHMP HFS Provider Complaint Portal which has recently been revamped.

4. Does your plan have an appeal process when a patient is admitted on a holiday or over a weekend, authorization is requested, but the plan does not respond until the next business day AFTER the patient has been discharged, denying the admission?

Responses:

BC they staff Utilization Management on holidays & weekends – Commercial does retro review and there are appeal rights. (Reconsideration & Appeal rights) the Authorization department can provide information on this process.

CIGNA has 24/7 coverage and does offer retro authorization after discharge.

Health Alliance has Utilization Management on holiday & weekends. Can do reconsideration through Evicore or Peer to Peer. Can always reach out to the provider representative for assistance.

- a. Is it appropriate for your plan to deny these post discharge admissions and if so, why?

Responses:

UHC Yes, all claim must be medically necessary, if the inpatient stay is not necessary, we can deny the claim for not being medical necessary. You can appeal if you disagree.

5. Health Alliance is not paying for implants, the actual hardware. Why?

Responses:

Health Alliance not aware of a policy to not cover implants. More information will be needed to figure out why Health Alliance is not covering. Possibly a coding issue.

6. In the past year, we've seen a change in clinical denials from outright denials to now an escalation in down-coding with a payment for a lower code. How do you advise we resolve these matters to get properly paid short of seeking arbitration or legal action?

Responses:

UHC You can file a reconsideration and then appeal.

BC BC of IL does not down code, but there are some BC Out of State plans that do.

IAMHP not aware of MCO's specifically down coding

CIGNA does not down code. If there is an issues send to your provider representative

7. What success stories does Alaina know about regarding hospitals and the MCO plans? Are there any hospitals having any consistent luck in getting their providers credentialed and/or their claims paid on a consistent basis? The level of providers still showing as out of network, the level of inpatients denied stating they should be observation patients even though the patient meets inpatient criteria, and the number of outpatient pre authorization denials we are seeing makes it tough to contract with any of the MCO's. What hope can Alaina provide that this is improving?

Responses:

IAMHP Complete the Universal Roster as MCO's no longer credential. IMPACT system does effect how claims are paid. Providers must submit to IMPACT and Universal Roster at the same time. According to IAMHP there is no common way to know the MCO's received the roster for uploading.

IAMHP stated that MCO's claim adjudication process is 90% of claims paid within 30 calendar days and typically 14 – 17 days for a clean claim to be paid.

8. We just had some portal complaints kicked out because the state would not accept a dispute done over the phone even when we had reference numbers for the calls. When did this rule go into place? I have not located any language stating we could not do disputes over the phone. BCBS does not have an online dispute portal so we must call or fax, if we fax the dispute we still have to call to follow up to get a dispute number. That is the reasoning for our phone disputes in the first place, we want to work more streamlined.

Responses:

UHC We have an online portal.

BC MCD no online option only can do phone disputes and a reference # should be given when filed.

9. How do you handle a payor that refuses to provide project numbers? We have an issue with Illinicare and ambulance claims, we have followed their direction on what information they want on the claim and they are providing bogus denials and refuse to correct their system. We file disputes and they uphold the denial for bogus reasons and the provider rep that we are working with changes her reasoning every time we challenge her feed back.

Responses:

UHC We give project numbers.

HEALTH ALLIANCE-They give reference #'s when there is a dispute reported. If there are issues the provider representative can assist.

10. We have issues getting our new providers enrolled. How can we make this process more streamlined and the turn around time for enrollment improved?

Responses:

UHC When Credentialing is needed to add to the roster:

1. All physicians and non-physicians should have a RFP submitted here: <https://ncc-optum.secure.force.com/rfp>
2. Once a letter is received that Credentialing is approved as of *X Date*, a CRED IMPORT will occur to the PR system (same team that works the hpdemo submissions) for the physician/non-physician to be contractually loaded to your group
3. Should an error occur, there maybe something in the RFP submission or pre-existing load that is causing an error
4. If 2-3 weeks have gone by from the credentialing effective date and you do not see the physician or non-physician on the UHC provider directory under your group you can reach out to the CAT_Illinois@uhc.com email box and indicate the effective credentialing date, NPI, and your TIN requesting the status. *(Please note the goal time is 3 business days for a response but this team has multiple state assignments and may get back logged every now and again)*
5. Should the CAT_Illinois indicate further network action is needed, please forward that email to me and I can submit a case needed on your behalf or help to research further

UHC If Credentialing is not needed (delegated or already credentialed under another TIN) or current roster update:

1. Submit update needed to hpdemo@uhc.com – you can submit multiple physician or non-physician requests under one email but they should remain as a like request *i.e. 1 email for terminations, 1 email for adds, and 1 email for any location updates.*
2. After 2-3 weeks if you have not received a PR closure conformation or a clarification request, you should first check your junk mail/ spam folders as the PR team uses only secure emails and this can cause them to go to the aforementioned folders. If you really haven't received anything

than you can request the status from CAT_Illinois@uhc.com, you should provide the PR reference numbers received for them to review the status.

3. Should the CAT_Illinois indicate further network action is needed, please forward that email to me and I can submit a case needed on your behalf or help to research further CIGNA contracting does matter and effect the enrollment of new providers. There is a backlog and can take up to 90 days to complete a new provider. If there is a contract you can reach out to your provider representative and they can help push through the new provider. You can reach out to Penny Montana – penny.montana@cigna.com for assistance. You can also go to onboardingstatus@cigna.com for and update. HEALTH ALLIANCE typically takes 30 to 60 days to enroll a new provider. Can send directly to your provider representative & to provider.relations@healthalliance.org

11. We are having issues where our provider representatives are very hard to get a hold of when we are having issues and then we run into timely filing. Do you have any advice on this? This is in regards to MCO provider representatives.

Responses:

BC MCD can call the BCBSIL Provider Relations Group Phone 217-862-5410 and leave a message that you have an issue that needs to be escalated. The goal is to have a response in 5 Business Days from the email. If you mark the issue as “Urgent” the provider representatives will try to get to these quicker.

Cigna the Provider Services Unit should respond to emails in 5 Business days and the Provider Consultants should have a 48 turnaround time.

Health Alliance Provider representatives should respond to emails in 24-48 hours. Can reach out to the provider relations email provider.relations@healthalliance.org for assistance.

12. We are having a hard time determining how to bill the telephone only telehealth visits to Medicaid. 99441-99443 codes, span depends on how much time was spent during the encounter. We have been billing these codes, but they are being denied.

Responses:

IAMHP they have not heard about this issue with these codes. Please reach out to IAMHP Alaina Kennedy alaina@iamhpteam.org and she will research.

Miscellaneous Information:

Contacts:

Blue Cross – Bob Hinchcliffe bob_hinchcliffe@bcbsil.com

Blue Cross Provider Relations General Phone Number 217-862-5410

Blue Cross Government Provider Relations General email govproviders@bcbsil.com

Health Alliance – Cass Dockrill cass.dockrill@healthalliance.org or Kelly Cagle

Kelly.cagle@healthalliance.org

Health Alliance Provider Relations email contact provider.relations@healthalliance.org

Cigna – Penny Montana penny.montana@cigna.com

Cigna Onboarding email onboardingstatus@cigna.com

IAMHP Alaina Kennedy Alaina@iamhpteam.org
IAMHP website iamhp.net

UHC Our website is Uhcprovider.com
Here is the link to our Covid and Telehealth update.
<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>