

CMO

CONNECTIONS

A Newsletter for IPA Network Providers

Winter Issue 2009



CMS Audits Coding Compliance

In 2003, Centers for Medicare & Medicaid Services (CMS) began funding Medicare Advantage health plans based on the level of illness of each enrolled member. The acuity of health plan membership is determined by the diagnosis codes that are documented in the clinical record and submitted to the plan on provider claims. The funding available to pay claims for IPA members is directly related to the premiums paid to the Medicare Advantage plans under this new Risk Adjusted model. Our goal in the CMO Coding Unit is to assist network providers in their efforts to appropriately document and code diagnostic services for the IPA membership.

Last year, CMS notified Montefiore's contracted health plans that it would begin to conduct an ongoing series of audits to verify the documentation of ICD9 codes submitted on claims forms. Since CMS now funds Medicare Advantage plans based on the diagnoses codes submitted by providers, increased focus has been placed on coding accuracy and documentation. Medicare has warned that significant penalties will be imposed for claims submitted with diagnoses that are not properly documented in the patient's chart.

Over the past two years CMO staff has worked closely with IPA Network Providers to improve IDC9 coding accuracy and documentation. Since CMS now provides funding based on a beneficiary's clinical condition, our goal has been to ensure that these conditions are properly communicated to CMS on claims submitted for reimbursement.

We have been encouraged to see significant improvements in ICD9 coding in the time we have been working with the network providers. We will continue to work with the network to provide tools necessary to properly document and code the diagnostic information Medicare requires to accurately profile the health of their beneficiaries.

The CMO Coding Compliance staff will be conducting regular prospective chart audits to review documentation and discuss findings with providers.

If you have any questions please contact the CMO Coding office at 914-377-4745.

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Rules for documentation:

- ◆ ICD9 codes may not be included on a claim if they are not documented accurately in the chart.
- ◆ Diagnoses must be stated definitively. "Rule out" and questionable diagnoses are not valid for billing purposes in an ambulatory record.
- ◆ The "Problem List" does not provide adequate documentation to support codes on the claim form. All diagnoses must be recorded in the dated notes for the day of the patient's visit.
- ◆ All notes must be dated and signed by the provider. The patient name and date of service must be printed on each page of the patient chart.
- ◆ Providers must include their clinical credentials (M.D., N.P. etc) with their signatures.
- ◆ Notes must be legible, using standard abbreviations and nomenclature.

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CareLink System Upgrade



We have recently upgraded our system to allow provider's offices who utilize Internet Explorer 7.0 access CareLink, our online eligibility system, as well as those offices that use Internet Explorer 5.5 and 6.0. Your office staff can access

CareLink by going to the **Healthcare Provider** section of our website located at http://www.cmocares.com/health_provider/ and then click on the **Enter CareLink** text.

If you do not have a CareLink account and need one created for you or your staff members, or if you need

to have your CareLink password reset, please contact CMO Provider Relations at 914-377-4477 or email CMOProviderRelations@montefiore.org.

As a reminder, you can also access the eligibility of a CMO member by using the Interactive Voice Response (IVR) system by calling 1-888-MONTE-CMO (888-666-8326). This telephonic self-help system will allow your staff 24/7 access to current and historical eligibility information including required co-payments for primary, specialist and emergency room visits.

Claims Corner: How to Submit a Claim Review to CMO

Has your office received an E.O.B, denying a claim because of missing or incomplete information, such as modifiers or operative notes? **If so, please be sure to submit the corrected information on or attached to the claim form.** As an example, on many occasions CMO will receive a letter from a provider regarding a specific claim resubmission, but they do not make any changes in coding or modifiers on the actual CMS 1500 form.

We encourage our providers to **correct the coding or add modifiers** on the claim and attach it to their inquiry or complaint letter. This is especially important when submitting a claim for surgical services through a separate approach or site. If this situation is evident, please be sure to use the appropriate modifier. Please see the table noted below with some modifiers included; *this table is not intended to represent all pertinent modifiers.*

The use of modifiers will enable CMO to consider the claim appropriately.

Modifier	Description
51	Multiple Procedures
59	Distinct Procedural Service
76	Repeat Procedure or Service by the Same Physician
79	Unrelated Procedure or Service by the Same Physician during the Post-Operative Period

Once you have documented all changes in the patient's medical record, please send your letter and the corrected CMS 1500 form to CMO for consideration. If operative details are available, please send the report or record as well. These claim forms can be sent to the below address:



CMO- The Care Management Company, LLC
200 Corporate Boulevard South
Yonkers, NY 10701
Attention: Special Handling Unit

We appreciate your attention to this matter and if you have any questions, please do not hesitate to call your Provider Relations Liaison at 914-377-4477.

Diabetes Clinical Trial Opportunity

If you have patients with Type 2 Diabetes, you should know...



The Montefiore Medical Center and Albert Einstein College of Medicine Diabetes Clinical Trials Unit (DCTU) is the site of several NIH-funded clinical studies, including the Diabetes Prevention Program Outcome Study (DPPOS), the Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC) and the Type 1 Diabetes Genetics Consortium. Dr. Jill Crandall, DCTU Director, Dr. Eric Epstein and Janet Brown, RN, MPH, Clinical Trials Manager, supervise a staff of experienced nurses and other research personnel who are

committed to the investigation of new therapies for the treatment and prevention of diabetes.

At this time, the Diabetes Clinical Trials Unit is conducting a NIH-funded study called TINSAL-T2D - Targeting INflammation using SALsolate in Type 2 Diabetes. This study will evaluate the safety and effectiveness of a medication called salsalate (similar to aspirin), in the treatment of type 2 diabetes. Salsalate has been in use for many years and is approved by the U.S. Food and Drug Administration (FDA) to treat arthritis. More research is needed to find out if it will help control blood sugar in people with type 2 diabetes.

For your patients to be considered for this important diabetes study they must meet the following criteria:

- Have type 2 diabetes
- Not currently using insulin
- Be between 18-75 years of age

Participation includes:

- 12 visits over 1 year to the Montefiore Medical Center Clinical Research Center
- Payment to the patient for their time, effort and participation

For more information on the TINSAL-T2D study or to schedule an initial screening visit, call the Diabetes Clinical Trials Unit at The Albert Einstein College of Medicine, at **718-405-8271** or email dpp@acom.yu.edu.

To read more about the TINSAL– T2D study, please see the following Wall Street Journal article published on 1/20/2009 on the News and Announcements section of our website, www.CMOcares.com.

2009 Fee Schedule Increase

The IPA Board of Directors has approved an increase in the provider fee schedules.

For 2009, the Physician and Facility fees for IPA participating providers will increase by 3% overall. The Primary Care Provider Capitation rates have also increased by an aggregate of 3%. If you have any questions regarding this increase, please contact CMO Provider Relations at 914.377.4477.

Montefiore IPA and HIP: Contracted Products

As of January 1, 2009, The Montefiore IPA is responsible for claims payment and utilization management services on behalf of HIP (EmblemHealth) for members enrolled in the **EmblemHealth CompreHealth** product.

Below is a complete list of plans The Montefiore IPA is contracted with HIP for:

HIPaccess[®]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
EmblemHealth CompreHealth

To view a list of all the contracted health plans and products managed by CMO, please visit the Healthcare Provider section of our website, www.CMOcares.com and click on "IPA Contracted Risk Plans".

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Winter Disease Management Workshops



Would your patients benefit from basic education regarding the self-management of Asthma and/or Diabetes? **The CMO workshops can help!** Please encourage your patients to attend any of the workshops listed below to learn about medications, nutrition, adherence and more! **To register, patients should call 1-800-636-6683.**

Workshops are free for all Montefiore patients!

Diabetes Workshops

MMG Bronx East - 2300 Westchester Avenue, Bronx

Tuesday, February 24, 2009 @ 10 AM - 12 PM ****Spanish****

Tuesday, February 24, 2009 @ 4 PM - 6 PM

Tuesday, March 24, 2009 @ 10 AM - 12 PM

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

Monday, March 9, 2009 @ 10 AM - 12 PM

MMG Grand Concourse - 2532 Grand Concourse, Bronx

Thursday, February 19, 2009 @ 10 AM - 12 PM

Thursday, March 26, 2009 @ 2 PM - 4 PM

Co-op City Community Center - 177 Dreiser Loop, 2nd Fl, Room # 8, Bronx

Tuesday, February 24, 2009 @ 10 AM - 12 PM

Tuesday, March 24, 2009 @ 4 PM - 6 PM

Asthma Workshops

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

Thursday, February 19, 2009 @ 4 PM- 5 PM

MMG Grand Concourse - 2532 Grand Concourse, Bronx

Tuesday, February 17, 2009 @ 4 PM- 5 PM

Tuesday, March 17, 2009 @ 10 AM - 11 AM

Co-op City Community Center - 177 Dreiser Loop, 2nd Fl, Room # 10, Bronx

Thursday, February 26, 2009 @ 4 PM- 5PM

Thursday, March 26, 2009 @ 10 AM- 11 AM

Do you have questions about the credentialing process?

Each physician is assigned a dedicated credentials coordinator who is responsible for processing your applications and managing the update of current credentials and certifications. All IPA members and office staff are encouraged to contact CMO to meet their dedicated coordinator for fast and effective assistance. To be directed to your coordinator, please call 914.377.4690.

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: www.CMOCares.com

IPA Insider Classifieds

Do you have office space to lease? In search of new partners or office staff?

Have a new service or program to announce? 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**.

MODERN OFFICE 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.

