



Three Ways You Can Connect with The Care Management Company

INTERACTIVE VOICE RESPONSE (IVR)

The Interactive Voice Response system is a telephonic self-help system which will allow your staff 24/7 access to current and historical eligibility information and required co-payments for primary, specialist and emergency room visits without having to wait in queue on the phone. You can also verify eligibility information for multiple members with one phone call.

This application will be made available on November 1, 2008. You can access member eligibility by calling 1-888-MONTE-CMO (888-666-8326) or 914-377-4400 and follow the recorded prompts.

In order to retrieve this information, your unique CMO provider ID is required as well as the member's health plan ID (or social security number), date of birth and the patient's first name. The provider ID can be obtained by submitting a request to info@montefiore.org (indicate "CMO Provider ID" in the subject field). A Contact Center Liaison will also be able to assist you in obtaining the ID number. You can also find your Provider ID number listed on a current claims E.O.B. *Please note that secondary (COB) information can only be provided by a Contact Center Liaison and not through the IVR System.*

The next IVR release will provide additional information on the members' benefits. The IVR is also being developed to provide claim status as well as the ability to check

the status of referrals and authorizations. More information on these exciting new features will be made available in the upcoming months.

CARELINK

CareLink is a web-based eligibility and referral system that allows users to:

Verify member eligibility-

Users can search by a member name or health plan identification number to verify coverage, eligibility and effective dates with CMO.

Submit and retrieve authorizations electronically-

Users can submit referrals for CMO members and receive immediate responses in most cases.

View Provider Reports-

Users can check status of referrals or admissions by provider name and date.

POST-N-TRACK

Now you can submit your claims directly to CMO using the Post-N-Track™ Web service. With this free, easy-to-use, secure Web connection, your claim submissions are delivered in real time to the CMO Electronic Data Interchange gateway. Post-N-Track is...

- free for all health care providers (zero provider transaction or installation fees);
- easy to download and install in just 5 minutes on a typical desktop PC

with Windows 98+;

- compatible with most existing systems and HIPAA-standard 837 claim files;
- built to deliver information in real time, with faster response;
- equipped to offer reliable, user-friendly reports which track and log every claim submitted;
- designed with one easy connection to handle all of your CMO claims.

Save time and money by delivering your claims directly to CMO, CIGNA, United Healthcare, Aetna, Fidelis, Oxford, United Healthcare and other leading payers.

For more information about IVR, CareLink or Post-N-Track, visit our website at www.CMOcares.com or call Provider Relations at 914.377.4477.

Inside this issue:

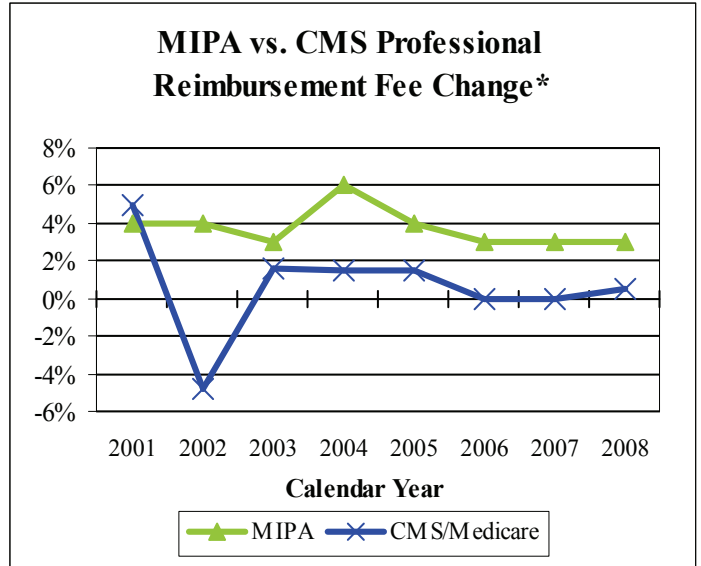
Montefiore IPA Continues to Exceed CMS Rate Changes	2
CMO and UBA- Coordinating Efforts to Treat Depression.....	2
Provider Coding and Compliance- What is a Validation Audit?.....	3
Acute v. Chronic Hepatitis.....	3
Documenting and Coding for Cancer.....	3
Be Specific When Documenting Diabetes Mellitus.....	3
The North Division- A Growing Partnership of Providers.....	4
Continued Expansion of CMO Disease Management	4
Is a Precert Required by CMO?	4
IPA Insider Classifieds.....	4

Montefiore IPA Continues to Exceed CMS Rate Changes

Over the years, when compared to CMS Medicare whose rate increases have varied significantly, CMO has consistently provided rate increases for IPA Network Providers. As the accompanying graph illustrates, in each of the last seven years, the Montefiore IPA professional reimbursement fee increases have **exceeded** the CMS Medicare fee increase. Montefiore IPA fees have increased 30% (3.75 % per year) since 2000, whereas CMS Medicare fees have increased only a total of 5.3%. The Montefiore IPA 2008 fee schedule aggregates to approximately 105% of CMS Medicare.

Additionally, in 2007, all IPA plans, products and lines of business were combined to share a single professional fee schedule. Therefore Commercial, Medicaid and Medicare products are all paid on the same fee schedule thus resulting in a higher Medicaid reimbursement rate.

CMO currently supports over 2,500 IPA credentialed professionals and provides services to 108,000 health plan members.



*The percentages denoted are related to the then current year CMS Medicare fee schedule. Some fees are set at specific rates or a higher/lower % of Medicare.

CMO and UBA- Coordinating Efforts to Treat Depression

The Care Management Company (CMO) and University Behavioral Associates (UBA) continue to expand their joint effort to identify and effectively treat depression across the population managed by the CMO.

The initiative, known as **REACT-D (Recognition, Evaluation, And Collaborative Treatment of Depression)**, has led to a depression screening tool becoming a standard part of the baseline screenings in use throughout the CMO's Disease Management, Case Management, and Care Management programs. Positive results are sent to the patient's primary care physician, and a referral to a behavioral health specialist may also be arranged.

The program attempts to support primary care physicians' efforts to treat depressed patients by providing treatment algorithms, access to psychiatric consults, and follow-up information about patient responses to treatment.

In 2008, over 2,600 patients have been screened to date, with over 200, (approximately 8%), showing some signs of depression warranting additional screening.

The CMO and UBA are intensifying efforts during this 2nd half of 2008 to refine and improve the screenings administered and will continue to follow up with patients and their providers to maximize treatment effectiveness.

Additional information about this program and its outcomes will be forthcoming in 2009.

UBA is also able now to provide referrals for members of all the health plans managed by the CMO, since assuming responsibility for the management of psychiatric and substance abuse benefits for HIP (EmblemHealth) members in April of 2008.

Prior to April, UBA and CMO shared responsibility for Oxford Medicare, Aetna, Healthnet and Empire Medicare members, and UBA managed the behavioral health benefits for Healthfirst members capitated to Montefiore. Primary care physicians, their office staff, or patients themselves can access UBA's services by calling **1.800.401.4822**.



Coding and Compliance– Provider Education

In 2003 Medicare 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.

WHAT IS A VALIDATION AUDIT? Medicare regularly audits your charts for proper documentation.

Important questions to ask yourself so that you are prepared:

- **Does your diagnosis have supporting documentation?** It is not enough to only state that your patient has hypercholesterol or hypertension. You must also document all medications, lab work and symptoms.
- **Have you provided sufficient and valid documentation for codes previously submitted?** The guidelines stress that you must provide specific documentation concerning each diagnostic code that you submit. It is not compliant to state under your assessment and plan that the patient is stable, see problem list, see above or no change.
- **Is your progress note compliant?** If there is no provider signature, provider credentials and/or date of service your progress note can not be used.
- **Are you submitting questionable diagnosis?** If you are seeing a patient in an outpatient setting you may not bill with a diagnosis described as “probable”, “questionable” or “rule out”. These descriptions are only valid for coding purposes in an inpatient record. Please do not bill with these diagnoses when they appear in your office chart.
- **When diagnostic reports confirm an initial diagnosis do you amend your charts?** When the report returns please amend your progress note stating the confirmed diagnosis along with the current date, your signature and credentials.
- **Are you properly documenting conditions?** Codes can only be captured through the physicians documentation. Please remember to state if a patient has history of, status of or is active for a condition.
- **Have you submitted a combination code without referencing both conditions?** If you submit code 574.00 –for Cholecystitis with Cholelithiasis and your assessment only states Cholecystitis then the auditor must code 575.10 - Cholecystitis unspecified.
- **Are you using approved abbreviations or symbols in your documentation?** If you use abbreviations or symbols that are not on an approved list the condition must be voided. Examples have been found in the charts stating that a patient has HTN ♥ Disease. This note only supports Unspecified HTN (401.9).
- **Have you submitted codes which are not supported by compliant linkage words?** If the patient has diabetes with renal manifestation (250.40) and CKD stage 4 (585.4), the physician must make this clear in their documentation by using the proper linkage words such as “diabetic nephropathy”. If the only wording used is DM and CKD then the only diagnosis that can be captured is Diabetes without mention of complications (250.00) and CKD unspecified (585.9).

Acute v. Chronic Hepatitis

If a patient has Chronic Hepatitis B or C it is imperative to document the word “chronic” in order to ensure proper coding. Simply documenting Hepatitis B or C does not give an auditor adequate information to presume that the condition is chronic verses acute. If the word “chronic” is not present, an auditor would code as unspecified or Acute Hepatitis B or C **which does not capture an HCC value.**

Documenting and Coding for Cancer

If a patient has had surgery and/or completed chemotherapy or radiation therapy, then a malignancy **CANNOT** be coded. You must use the personal history of the specified neoplasm code. Only when the patient remains on Tamoxifen or Lupron can you continue to code the malignancy.

Be Specific when Documenting Diabetes Mellitus

Physicians tend to document Type 2 Diabetes as “DM”, “NIDDM” or “DM controlled with meds”. This form of documentation does not “clearly” state which kind of Diabetes the patient has. Please be sure that you specify Type I or Type 2 and you make mention to whether the Diabetes Mellitus is controlled or not controlled.

.....

Coding & Compliance Staff:

- * Bill Scesney 914-377-4701
- * Debarose Toscano 914-377-4745
- * Jessica Acosta 914-377-4654
- * Carlyn Herod 914-377-4681
- * Tabitha Deynes 914-378-6147

The North Division- A Growing Partnership of Providers



In July 2008, Montefiore added the 369– bed North Division (formerly Our Lady of Mercy), expanding access for patients in the northeast Bronx to the resources of Montefiore’s extensive healthcare delivery system.

With this acquisition, the Montefiore IPA added nearly 200 providers to its network, which has now grown to over 2,500 credentialed providers. The additional

physicians include primary care doctors and specialists who further expand the Montefiore health system of community-based care as well as the availability of experts in geriatrics, cancer, psychiatry, maternal/child health and other specialties. North Division physicians who have recently joined the Montefiore IPA have access to CMOs comprehensive services.

The Montefiore IPA currently manages various products for Aetna, Health Net, HIP (EmblemHealth), Oxford and Empire.

Continued Expansion of CMO Disease Management

CMO Disease Management (DM) initiatives continue to expand with a Respiratory Management Program for HIP (EmblemHealth) members.

The CMO Respiratory Program is designed to assist in improving the health status of patients with asthma and COPD through patient education, provider support, and implementation of enhanced treatment plans. This population will be informed of preventive measures and effective techniques for self-management of their disease.

Telephonic outreach and health coaching of identified high-risk members will be offered, with a targeted population receiving home visits to assist in identifying triggers in the environment and further promote self management. By implementing the above practice, the CMO Respiratory Program hopes to improve quality of life by preventing unnecessary inpatient and emergency department visits, thereby increasing attendance at work and school. *We welcome Amy Osorio, MPH as the manager to start this exciting, much needed program.*

Comments and suggestions can be forwarded to Sheila Felleman, Director of Chronic Care Management Program at sfellema@montefiore.org or (914)-377-4619.

PROVIDERS

Are you moving?

If you are or have changed your Tax ID, the 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

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: CMOCares.com

Is a Precert Required by CMO?

Depending on the reason for a referral, precertification or authorization may be required. When this is the case, requests for these services should be sent in advance to CMO, and where possible, services should not be rendered until a determination is made.

We have recently updated our **2008 Precertification List**, which can now be found on our website, [www. CMOCares.com](http://www.CMOCares.com), under the *Healthcare Providers* section.

It is important to note that receiving precertification or issuance of a referral is not a guarantee of payment. The payment of all services is subject to the terms and conditions of the member’s health plan.

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**.

OFFICE LOCATION CHANGE

Referring physicians please note:

Pearl S. Rosenbaum, MD,
(Advanced Eye Care Center, LLC)
has relocated the Eastchester Road office to a nearby, state-of-the-art facility in the **Hutchinson Metro Center**, 1250 Waters Place, Suite 502, Bronx, NY.

New Ph. #: 718-518-0060
New Fax: 718-518-0065
The satellite office in Riverdale, at 3333 Henry Hudson Parkway, (Tel 718-548-5800), remains open.



The Care Management Company™