

CMO

CONNECTIONS

A Newsletter for IPA Network Providers

Winter Issue 2011



Change in Radiology Precert Requirements— Important Information for Providers

As previously communicated to the provider community via letters mailed December 1, 2010, the Radiology Utilization Management program, designed to ensure that the appropriate diagnostic radiology services are being rendered to your patients, will require prior authorization for **MRA of the Head and Neck** and for **MRI of the Orbit, Face and/or Neck** effective January 1, 2011.

Radiology services newly added to CMO Precertification List:

MRA	
70544	Head without Contrast
70545	Head with Contrast
70546	Head without Contrast Followed by Contrast Further Sequences
70547	Neck without Contrast
70548	Neck with Contrast
70549	Neck without Contrast Followed by Contrast and Further Sequences
MRI	
70540	Orbit, Face and/or Neck without Contrast
70542	Orbit, Face and/or Neck with Contrast
70543	Orbit, Face and/or Neck without Contrast Followed by Contrast and Further Sequences

The **referring provider** should complete the CMO radiology MRA/MRI or PET pre-cert forms located on our website at http://cmocares.org/tools_resources/ru_management.html. We encourage pre-certification to be obtained prior to the scheduling of the test to assure approval.

Requests for authorization can be submitted to CMO for immediate review and response through the Post-N-Track (PNT) Portal.

Prior authorization requests may also be submitted by phone to the Radiology Pre-certification line at 866-666-8388 or fax at 914-457-9509, however we encourage that pre-certification be handled through the PNT portal. Once all relevant information is provided, authorization requests will be processed within 3 business days.

Failure to obtain a prior authorization will result in a denial of the radiology service performed.

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Find answers to your questions at www.CMOcares.com or write CMONews@montefiore.org

Is a Precert Required by CMO?

Depending on the type of service being requested on a physician referral, precertification or authorization of the service may be required.

Check the recently updated **Precertification List** on our website, **CMOcares.com**, under the ***Healthcare Providers*** section to see if the service is listed.

If the service is not on the list, no referral or precertification is required.

It is important to note that receiving a precertification or authorization/referral is **not** a guarantee of payment. Payment for services is subject to the provisions of the member's health plan benefits.

CMO's Post-n-Track– Register Now!



Did you know that using CMO's Post-N-Track (PNT) portal gives you access to:

- ◆ **View member eligibility?**
- ◆ Check claim status, **including date paid, check number and amounts paid?**
- ◆ Create and view authorizations and **hospital admissions online?**

All participating IPA providers, including Emblem/HIP Health Plan participating providers are eligible and are encouraged to register now!

The Post-N-Track portal online registration process takes only a few minutes to complete. We do require you to print and fax us a copy of the Post-N-Track Organizational Agreement and once this is received, within five (5) business days, you will receive an email confirming your access – if not sooner!

To start, go to www.CMOcares.com and click on the Healthcare Providers tab located on the top right hand side of the page. Then, using the "[Click Here to Enter Post-N-Track](#)" link, complete the short online registration. Please fax us your completed Post-N-

Track Organizational Agreement (link located on our website, directly below the Enter Post-N-Track link referenced above) to 914-377-4794. If you prefer to speak to a representative before registering, please call CMO Provider Relations as soon as possible at 914-377-4477 and a representative will walk you through the registration process, review the below system requirements and provide any necessary training. You may also email your request for access to:

CMOProviderRelations@montefiore.org

PostTrack®

System Requirements

(required to access Post-n-Track):

Minimum 2 Gigabytes of RAM for optimal speed.

Operating system requirements:

- ◆ Windows XP, Vista and 7
- ◆ Browser requirements:
 - Internet explorer 7 & 8
 - Firefox

Currently not supported:

MAC hardware with Safari Browser

***** Internet Explorer 6.0 may work if you download the patch for Windows XP (call for details)******

HealthNet Health Plan Contract Ends

Due to HealthNet's recent acquisition by UnitedHealthcare, the Montefiore IPA contract with the HealthNet health plan will end effective January 1st, 2011. Due to this recent change, CMO no longer manages the benefits and authorization requests for HealthNet members. All claims and authorizations requests for dates of service after December 31, 2010 should be sent directly to HealthNet.

Any IPA provider who does not have a **direct contract** with HealthNet, will no longer be participating in the HealthNet provider network after January 1st, 2011.

After January 1st, all HealthNet participating providers should send claims directly to HealthNet at the address located on the back of the member's ID card as well as obtain authorizations directly from HealthNet by calling their authorization request line at 1-800-438-7886.

Please note, if your office submits a claim to CMO in error, it will not be directly routed to HealthNet but instead denied by CMO as "denied by CMO as Non IPA– Bill Health Plan".

Montefiore IPA and HIP: Contracted Products

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 HMO Direct
HIP Healthy New York Standard Option
HIP Medicaid
HIP Classic HMO
HIP HMO Direct
HIP VIP Medicare
HIP VIP Dual Eligible SNP
HIP Prime® HMO
HIP VIP Medicaid Advantage SNP
HIP Child Health Plus
HIP Family Health Plus
EmblemHealth CompreHealth

New HCPCS Q-Codes for 2010-2011 Seasonal Influenza Vaccines

Effective for dates of service on or after October 1, 2010, Healthcare Common Procedure Coding System (HCPCS) codes **Q2035, Q2036, Q2037, Q2038, and Q2039** will replace the Current Procedural Terminology (CPT) code **90658** (Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use) for Medicare payment purposes during the 2010-2011 influenza season; however, these codes will not be recognized by the Medicare claims processing systems until January 1, 2011, when CPT code 90658 will no longer be recognized.

The following HCPCS codes (effective for dates of service October 1, 2010 and forward) will be accepted by and payable by Medicare's claims system as of January 1, 2011.*

HCPCS Code	Code Description
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified)

* **Effective January 1, 2011, 90658 will no longer be accepted by or payable by Medicare's claims system.**

Continue to use HCPCS code **G0008** for vaccine administration with the Q-codes listed above; along with diagnosis code **V04.81** for Seasonal flu.

It is very important to distinguish between the various CPT and HCPCS codes which describe the different formulations of the influenza vaccines (i.e. pediatric dose, regular dose, high dose, preservative free, etc.). As a reference, the quarterly Part B drug pricing files includes a set of National Drug Code (NDC) to HCPCS crosswalks available on the CMS website at <http://www.cms.gov/McrPartBDrugAvgSalesPrice/>.

Additional information is also available in **The Medicare Preventative Services Quick Reference Information Chart: Medicare Part B Immunization Billing (Influenza, Pneumococcal, and Hepatitis B)**, available on the CMS website at http://www.cms.gov/MLNProducts/downloads/qr_immun_bill.pdf.

For additional information regarding this change, please call Provider Relations at 914-377-4477.

Reminder: Early Increase for Montefiore IPA Contracted Providers

Last September, The Montefiore IPA (MIPA) Board of Directors approved an additional 3% increase to the existing 2010 provider fee schedule. This supplemental fee increase represented an advance in the timing of the expected 2011 provider fee change.

With this supplemental provider fee increase, Physician and Facility fees for MIPA participating providers increased 6% in the fourth quarter of 2010, compared to the previous year. Primary Care Provider capitation rates also increased by a similar percentage.

As with previous years, the MIPA Board of Directors will continue to reevaluate the fee schedule as part of the 2011 budget cycle.

If you have any questions regarding the previous advancement of the 2011 supplemental fee schedule increase, please contact Bill Scesney, Director of Provider Relations at 914-377-4701.

2011 Disease Management Workshops



CMO offers Pre-Diabetes, Diabetes, CHF and Respiratory (Asthma/COPD) Disease Management (DM) Programs to all members. The CMO DM Team supports primary care and specialty providers by educating members on the importance of health maintenance, self-management techniques and prevention of disease complications. They also offer individual consultations with RNs at various primary care sites, group classes, telephonic

outreach, telemonitoring programs and coordination of services for eligible members.

For more information regarding disease management, or to register your patients to participate in one of the free disease management workshops below, call 1-866-996-6683 or email ChronicCare@montefiore.org.

DIABETES WORKSHOPS:

MMG Bronx East

2300 Westchester Avenue, Bronx

Thursday, January 20th from 10-12 pm

Thursday, January 20th from 4-6 pm ****Spanish****

Thursday, February 17th from 10-12 pm ****Spanish****

Thursday, February 17th from 4-6 pm

Thursday, March 24th from 10-12 pm

Thursday, March 24th from 4-6 pm ****Spanish****

Yonkers Public Library - 1500 Central Park Avenue, Projection Room

Friday, February 25th from 1-3 pm

MMG Grand Concourse - 2532 Grand Concourse, Bronx

Monday, January 10th from 10-12 pm ****Spanish****

Thursday, January 27th from 10-12 pm

Monday, February 7th from 10-12 pm ****Spanish****

Thursday, February 24th from 10-12 pm

Monday, March 7th from 10-12 pm ****Spanish****

Thursday, March 31st from 4-6 pm

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

Tuesday, January 25th from 10-12 pm

Tuesday, February 22nd from 10-12 pm

Tuesday, March 29th from 4-6 pm

ASTHMA/ COPD WORKSHOPS:

MMG Bronx East

2300 Westchester Avenue, Bronx

Monday, January 18th, from 10:30-12 pm

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. If you have questions, please call 914-377-4690 to be directed to your credentialing coordinator.

IPA Insider Classifieds

Let us help you communicate to all IPA members. If you are interested in advertising here, **free of charge**, please email: CMOnews@montefiore.org or call 914-377-4477.

PROVIDERS

Are you moving?
If you are or have changed your Tax ID, 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
Phone: 914-377-4477
www.CMOcares.com



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