

PROVIDER TRAINING

(Medallion II & FAMIS)

MajestaCare, a Health Plan of Carilion Clinic

- MajestaCare shares the philosophical principles and business strengths of its parent company, Carilion Clinic.
- Carilion Clinic is a health care organization with more than 600 physicians in a multi specialty group practice and eight not for profit hospitals. Carilion Clinic specializes in patient centered care, medical education and clinical research, with a goal of providing the best possible health outcome and health care experience for each patient.
- MajestaCare and our affiliates have 25 years of Medicaid managed care experience.

Virginia Managed Care Programs (Medallion II & FAMIS)

- The Department of Medical Assistance Services (DMAS) has awarded Carilion Clinic a contract to administer benefits to Medallion II and FAMIS MajestaCare members. MajestaCare is expanding into Far SW Virginia effective July 1, 2012.

About the Medallion II program

- The Medallion II program is one of Virginia's managed care programs for Medicaid recipients. The Medallion II program is a fully capitated, risk-based, mandatory managed care program for Medicaid and FAMIS Plus individuals. Under Medallion II, DMAS contracts with managed care organizations (MCOs) such as MajestaCare, for the provision of most Medicaid covered services.
- Not all Medicaid clients residing in a Medallion II region are eligible for enrollment in a MCO. Medallion II eligible individuals include non-institutionalized individuals in the following covered groups:
 - ✓ Families and Children
 - ✓ Aged, Blind, or Disabled
 - ✓ FAMIS
- Through the Medallion II and FAMIS programs, members receive quality health care and timely access to appropriate services through a relationship with an assigned Primary Care Physician (PCP).
- Maximus (Medallion II): Handles Medicaid enrollment, Local DSS handles eligibility.
- ACS (FAMIS): Handles enrollment and eligibility.

About the FAMIS program

Family Access to Medical Insurance Security (FAMIS)

- The FAMIS program is Virginia's child health insurance program (CHIP) which provides health insurance to uninsured children. Families must meet income eligibility criteria to enroll in the FAMIS program and may be responsible for paying a portion of the cost of services.

MajestaCare Program

- MajestaCare's business unit operates independently in the following areas:
 - ✓ Member services
 - ✓ Provider services
 - ✓ Medical management (Utilization Management and Care Coordination)
 - ✓ Claims
 - ✓ Quality improvement
 - ✓ Compliance
- The Department of Medical Assistance Services (DMAS) monitor's MajestaCare's processes for regulatory and contractual compliance.

Covered Services


- Benefit outlines are available in the Provider Orientation Kit.
- Medallion II & FAMIS Benefits are also located in the Provider Handbook available online at: www.MajestaCare.com

Easy Eligibility Verification Options

- Use MajestaCare's 24/7 options
 - ✓ Call 1-866-996-9140 ; or
 - ✓ MajestaCare's secure web portal at: www.MajestaCare.com
- Providers may continue to use the Medicaid eligibility verification methods set up by the State:
 - ✓ Medicaid information is available at:
http://www.dmas.virginia.gov/pr-medical_sys.htm
 - ✓ ARS (web based) information is available at:
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>
 - ✓ The MediCall and ARS systems are available 24 hours a day, 7 days a week.


Sample ID Cards

FAMIS w/copay



A Health Plan of **CARLION CLINIC**

www.MajestaCare.com



FAMIS

Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X
 Member Name: Last Name, First Name


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

COPAYS:

Inpatient Hospital \$25	Outpatient Hospital \$5
ER (non-emergency) \$25	Doctor \$5
Vision \$5	Pharmacy \$1G / \$10B


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

FAMIS w/no copay



A Health Plan of **CARLION CLINIC**

www.MajestaCare.com



FAMIS

Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X
 Member Name: Last Name, First Name

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

COPAYS: YOUR FAMILY HAS REACHED THE YEARLY COPAYMENT LIMIT.

Inpatient Hospital \$0	Outpatient Hospital \$0
ER (non-emergency) \$0	Doctor \$0
Vision \$0	Pharmacy \$0

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


MEMBERS

Member Services 1-866-996-9140	MARCH Vision 1-888-493-4070
TTY VA Relay 711	Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140	Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS
 Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

SEND MEDICAL CLAIMS TO MajestaCare – Claims Dept. PO Box 63545 Phoenix, AZ 85082-3545 PAYOR ID: 26372	PHARMACY RxBIN 003858 RxPCN A4 RxGRP VM3A Pharmacist use only 1-800-824-0898
--	---



MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011


MEMBERS

Member Services 1-866-996-9140	MARCH Vision 1-888-493-4070
TTY VA Relay 711	Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140	Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS
 Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.


SEND MEDICAL CLAIMS TO MajestaCare – Claims Dept. PO Box 63545 Phoenix, AZ 85082-3545 PAYOR ID: 26372	PHARMACY RxBIN 003858 RxPCN A4 RxGRP VM3A Pharmacist use only 1-800-824-0898
--	---



MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

Sample ID Cards

Medallion

MajestaCare[™]
A Health Plan of **CARLION CLINIC** 

www.MajestaCare.com Medallion II

Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X
Member Name: Last Name, First Name

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

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

MEMBERS

Member Services 1-866-996-9140 MARCH Vision 1-888-493-4070
TTY VA Relay 711 Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140 Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.


PROVIDERS

Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

SEND MEDICAL CLAIMS TO

MajestaCare – Claims Dept.
PO Box 63545
Phoenix, AZ 85082-3545
PAYOR ID: XXXXX

PHARMACY

RxBIN 003858  EXPRESS SCRIPTS[®]
RxPCN A4
RxGRP VM3A
Pharmacist use only 1-800-824-0898

MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

Visit the MajestaCare secure Provider Web Portal

- ✓ Verify eligibility
- ✓ Download various forms
- ✓ Provider handbook
- ✓ Current drug formulary
- ✓ Search the directory for list of participating providers
- ✓ Submission and verification of service authorization requests
- ✓ Checking claims status
- ✓ Pulling PCP roster of assigned members
- ✓ Access to evidence-based clinical practice guidelines

www.MajestaCare.com

Provider- Medical Records

- Providers must maintain member records in either a paper or electronic format.
- Providers must also comply with HIPAA security and confidentiality of records standards.
- Provider must adhere to a ten (10) day turnaround on medical records requests.

Provider Appointment Standards

MajestaCare contractually requires its providers to comply with the following standards:

Standard Appointment Timeframes

- Appointment for emergency services shall be made available immediately upon member's request.
- Appointment for an urgent medical condition shall be made within twenty-four (24) hours of the member's request.
- Appointments for routine care shall be made within two weeks of the member's request. This standard does not apply to appointments for routine physical examinations, nor for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every thirty (30) days.
- The member cannot be billed for missed appointments.

Maternity Appointment Timeframes

- First Trimester – within fourteen (14) calendar days of request
- Second Trimester – within seven (7) calendar days of request
- Third Trimester – within three (3) business days of request
- **Medallion II Specific-** Appointments shall be scheduled for high-risk pregnancies within three (3) business days of identification of high risk member from maternity provider or immediately if any emergency exists.

Note- Medallion II and FAMIS specific requirements are noted above. Otherwise, all standards are for both Medallion II and FAMIS.

Communications

Provider Newsletters

- MajestaCare publishes periodic *Provider Newsletters* to all participating network provider. The purpose of periodic newsletters is to provide a consistent and reliable method of communication with participating network providers. The Network Newsletter will also be posted on the MajestaCare web page.

Special Provider Communications

- Special provider communications are used to distribute information updates to our provider practices, when the distribution and implementation timeline for the information (e.g., new evidence-based practice guidelines) precedes the next regularly scheduled provider communication.

Cultural Competency

MajestaCare promotes cultural competency and sensitivity education and training in an effort to eliminate health care disparities.

Providers and their staff are offered free, online cultural competency courses with your needs in mind. The *Quality Interactions*® course series is designed to help you:

- Bridge cultures
 - Build stronger patient relationships
 - Provide more effective care to ethnic and minority patients
 - Work with your patients to help obtain better health outcomes
- *To access the online cultural competency course, please visit:*
<http://www.aetna.com/healthcare-professionals/training-education/cultural-competency-courses.html>

Reporting Suspected Maltreatment of Members

- Part of MajestaCare's mission is to support members who are at a high risk for abuse, neglect, exploitation and unusual incidents.
- Providers and their staff are required to report member incidents when they witness, have been told of, or suspect an incident of physical, sexual, or mental abuse, financial exploitation, neglect or a death.

Reporting Fraud or Suspected Abuse

- MajestaCare and the DMAS maintain strict confidentiality of those providers and members who report suspected fraud and abuse.
- After reporting the incident, concern, issue, or complaint to the appropriate Department agency, the Provider must also notify MajestaCare's Special Investigations Unit (SIU).

Note- Department agencies are listed in the provider handbook.

- Report Fraud
 - ✓ MajestaCare Compliance Hotline
1-877-436-8154

Member Rights & Responsibilities

- MajestaCare educates members on their rights and responsibilities.
- Refer to the Provider Handbook for information on
 - ✓ Member Rights and Responsibilities
 - ✓ Member grievance and appeal policy and procedures and the Provider's role
- Member Handbook is available at: www.MajestaCare.com

Member Copayments

- Medallion II Members, FAMIS MOM's, Native Americans, and Alaskan Natives do not have copays.
- Every FAMIS child has a copay for their services.
- Each FAMIS member's ID Card will denote their copay amount.

Service Authorization

- MajestaCare's secure web portal supports 24/7 access to a CPT code-based application so providers can verify if a service/treatment requires service authorization.
- Service authorization is not required for emergency services.
- Authorizations are required when any service, except family planning or emergency services, is rendered by an out of network provider/vendor, even if the service is noted on our CPT code based application, as not requiring authorization.

Service Authorization Responsibilities

The member must be enrolled in MajestaCare and eligible on each date of service for payment consideration.

Primary Care

- PCPs are responsible for coordinating medically necessary services that are beyond the scope of their practice.
- MajestaCare does not require authorization for specialty E&M office visits.
- The treatment plan findings and recommendations must be documented on the patient's medical chart. Records must reflect the different aspects of patient care, including ancillary and specialty services.

Specialty Care

- Specialists are responsible for:
 - ✓ Verifying service authorization requirements for initial and ongoing treatment and obtaining the authorization when required.
 - ✓ Referring members to other specialists or providers as medically appropriate.
- Specialists must communicate to the PCP the members' plan of care.

Newborn

- Any newborn whose mother is a Medicaid/FAMIS Plus member in the health plan on his or her date of birth shall be deemed a member of the plan for up to three calendar months (birth month plus 2) even if newborn does not have an ID card.

Service Authorization Process

- Submit service authorization requests to MajestaCare via one of the options below:
 - ✓ Via the web-portal
 - ✓ Via fax
 - ✓ Via phone
- Please submit the following with each authorization request:
 - ✓ Member Information, i.e., correct and legible spelling of name, ID number, date of birth, etc.
 - ✓ Diagnosis Code(s) for the condition being treated or evaluated
 - ✓ Treatment or Procedure Codes that are being authorized
 - ✓ Anticipated start and end dates of service(s) if known
 - ✓ All supporting relevant clinical documentation to support the medical necessity
- Include an office/department contact name, telephone and fax number

Process for PCP Referrals to Specialist

- PCPs are required to coordinate or refer services within the MajestaCare network when the care or treatment exceeds the PCP's scope of practice.
- PCPs are not required to submit referrals to MajestaCare when sending a member to an in-network specialist.
- All routine or elective services referred to out-of-network providers or vendors **do** require service authorization.

Decision Timeframes

MajestaCare will communicate a decision of a request based on the following:

- Urgent pre-service requests are completed as expeditiously as the member's condition requires and within 72 hours from receipt of the request
- Non urgent/routine pre-service requests are completed within 14 days calendar days from receipt of the request
- Urgent concurrent requests are completed within 24 hours from receipt of the request
- Post-service requests are completed within 30 calendar days from receipt of the request
- Some extensions can apply if additional information is required to process the request.

Care Coordination Program

- MajestaCare's Care Coordination teams are comprised of clinicians, licensed clinical social workers, licensed clinical professional counselors, registered nurses, and non-clinical professionals working closely with members to facilitate and communicate the delivery of physical health, behavioral health and substance abuse services/treatment.
- The Care Coordination teams are responsible for reaching out and communicating with the member's community based service provider(s) in an effort to promote continuity of care and to avoid duplication of services.
- Providers can refer members for care coordination support by contacting the Care Coordination Department directly.

Quality Management

- Our Quality Management (QM) Department is an integral part of our medical management processes and internal operations.
- The primary goal of our QM program, is to improve the health status of members or maintain current health status when the member's condition is not amenable to improvement.
- Our experienced quality management staff review and trend services to determine compliance with nationally recognized standards, as well as recommend and/or promote improvements in the delivery of care and service to our members.

Quality Management

- Our continuous QM process enables us to:
 - ✓ Assess current practices in both clinical and non-clinical areas
 - ✓ Identify opportunities for improvement
 - ✓ Select the most effective interventions
 - ✓ Evaluate and measure on an ongoing basis the success of implemented interventions, refining the interventions as necessary

- MajestaCare's QM activities include but are not limited to:
 - ✓ Medical record reviews
 - ✓ Site reviews
 - ✓ Peer reviews
 - ✓ Satisfaction surveys
 - ✓ Performance improvement projects
 - ✓ Provider profiling

Claims Submission

- MajestaCare accepts claims submitted on CMS 1500 and UB04 forms.
- MajestaCare processes 90% of “clean claims” within 30 days from receipt.
- A clean claim is defined as a claim that can be processed to adjudication without obtaining additional information from the provider of service or from another party.
- Newborn’s temporary ID number is the first 9 digits of the mothers Medicaid ID number followed by a 3 digit suffix indicating the birth order of the child. The first newborn number will be 001, then 002 and so on for each additional child born. Please contact MajestaCare if you’re unsure of this process.
- MajestaCare’s Provider Handbook has detailed information on the processes and timeframes required to submit initial and corrected claims; how to submit electronic claims; and how to check the status of claims via the web portal.

National Drug Code (NDC)

- An NDC is a unique 11-digit, three-segment number assigned to drugs by the Food and Drug Administration (FDA). The Deficit Reduction Act of 2005 (DRA) requires Medicaid agencies to collect NDC numbers on pharmaceuticals.
- Primary Care Providers, Specialty Care Providers, Outpatient Hospital Departments, Federally Qualified Health Centers, Rural Health Centers, and all other outpatient providers administering drugs to patients are required to submit NDC codes.
- NDC codes have an assigned HCPCS code. It is important that claims be submitted with the most accurate information when billing for injectable medications that are administered in the office during a member's visit.

Please refer to the Provider Handbook for further information regarding NDC.

Claims Submission Tips

- Providers have a maximum of 365 days from the date of service for initial submission of a claim and a maximum of ninety (90) calendar days from the date of remit to file a dispute.
- Providers are required to submit valid, current HIPAA compliant codes that most accurately identify the member's condition or service(s) rendered
- Providers must label any claim resubmissions appropriately.
- Claims & Resubmissions address:
MajestaCare
PO Box 63545
Phoenix, AZ 85082

Questions, Concerns or Issues?

- MajestaCare wants to work with you and your team to answer your questions about the program, our processes, or to help you with a difficult clinical issues.
- Your Provider Services Representative can assist you in answering questions and/or to research a concern or issue you may have. Please call 1-866-996-9140.
- MajestaCare has a Claims Inquiry and Research Department to assist you with questions about your remittance or can provide instruction on how to submit an initial or corrected claim.

How do you interact with us?

- Local Personal Support
 - ✓ Provider Services Manager
 - ✓ Provider Services Liaison
 - ✓ Provider Services Phone Representatives
- Enhanced Automated Support
 - ✓ Secure Web Portal
 - ✓ Claims Inquiry & Research Department

Provider Dispute

- A provider dispute is the initial step that allows providers to express dissatisfaction with a decision based on administrative functions, contractual provisions inclusive of claim disputes.
- For disputes involving claims please call the claims inquiry department at 1-866-996-9140 and follow the prompts. Please note, disputes must be filed within ninety (90) calendar days of the remittance advice.
- For all non claim related disputes please call the provider services department at 1-866-996-9140
- These processes are designed to provide resolution to routine issues as quickly as possible.

Provider Appeals

- The provider must file an appeal no later than thirty (30) calendar days from the remittance advice or the postmark on the MajestaCare *Notice of Action*. The expiration date to file an appeal is included in the *Notice of Action*.
- For pre-service denials – Providers may file an appeal within 30 calendar days of the postmark on the MajestaCare *Notice of Action*. The expiration date to file an appeal is included in the *Notice of Action*.
- A process exists for expedited pre- service denial appeals.
- Providers may file an appeal by contacting the Appeals and Grievance Manager at 1-866-996-9140 or by submitting a request in writing. Unless the provider is requesting an expedited appeal resolution, a verbal appeal request must be followed by a written, signed appeal.
- All written requests are submitted to the health plan at the following mailing address or faxed to the following fax number:

MajestaCare
Appeals and Grievance Manager
213 South Jefferson Street
Suite 101
Roanoke, VA 24011
Fax: 860-754-1882 or 855-385-4048



Provider Grievance

- Providers may file a grievance either verbally by contacting Provider Services Department at 1-866-996-9140 or by submitting a request in writing. Unless the provider is requesting an expedited grievance resolution, a verbal grievance request must be followed by a written, signed grievance request.
- All written requests are submitted to the health plan at the following mailing address or faxed to the following fax number:

MajestaCare

Appeals and Grievance Manager

213 South Jefferson Street

Suite 101

Roanoke, VA 24011

Fax: 860-754-1882 or 855-385-4048

Additional information is located in the Provider Handbook.

MajestaCareSM
A Health Plan of **CARLION CLINIC** 

Subcontractors

- Transportation (LogistiCare)
- Vision (March)
- Prescription (Express Scripts, Inc.)
- Lab (LabCorp & Solstas)

Contact Information

Main Toll Free Line

- 1-866-996-9140; follow the prompts to reach the department you need.

Fax Numbers

- Department fax numbers are located in our Provider Handbook.

Vendor Contact Information

- Contact Information is located in our Provider Handbook.

Contact Information (Cont.)

- **Claims & Resubmissions:**

- ✓ **Electronic** - Emdeon, MajestaCare Payer ID: 26372
- ✓ **Paper Claims Address-**
MajestaCare
PO Box 63545
Phoenix, AZ 85082

- **Provider Complaint/Grievance and Appeals:**

Provider Dispute Address:

MajestaCare
Provider Services Manager
Attention: Provider Services
213 South Jefferson St., Suite 101
Roanoke, VA 24011

Provider Grievance or Appeals Address:

MajestaCare
Appeals and Grievance Manager
Attention: Provider Appeal
213 South Jefferson St., Suite 101
Roanoke, VA 24011

Questions?