



CoventryCares of Louisiana

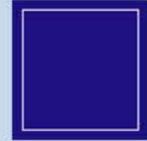
Provider Medicaid Training

Subject to State Approval

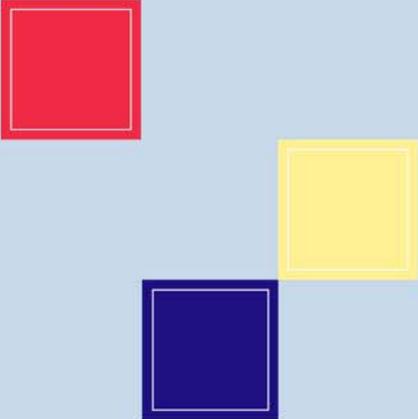


AGENDA

- Coventry Overview
- CCN Information
- The Coventry Difference
- Member Information
- Provider Information
- Claims and Customer Service
- Requirements & Responsibilities
- Electronic Health Records



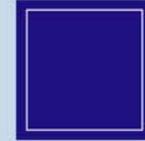
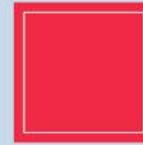
Coventry Overview



- Coventry of Louisiana
 - Commercial business ~ 75,000 members
 - In market since 1998
 - Licensed statewide
 - Offices in Metairie, Baton Rouge, Shreveport
 - 89 employees, 55 dedicated to Medicaid
- 

Coventry Team

- CEO - J Pegues
- Medicaid - VP/GM TBD
- Medicaid MD - TBD
- Medicaid Director of Health Services - TBD
- Medicaid Director of Community Development - TBD
- Medicaid VP of Claims/Customer Service
Joel Coppadge



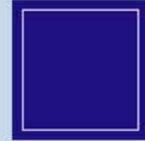
CCN Covered Populations update



- Families, Children, and Pregnant Women eligible for Medicaid
- Aged, Blind/Disabled Children and Adults, and related populations who are eligible for Medicaid
- Foster Care Children Medicaid beneficiaries who are receiving foster care or adoption assistance (Title IV-E), are in foster-care, or are otherwise in an out-of-home placement
- LaCHIP An optional group of targeted low-income children who are eligible to participate in Louisiana
- Breast and Cervical Cancer (BCC) Program



Auto Assignment of Members for GSA A



- Medicaid recipients will receive letters advising them to select a CCN and a PCP
 - November 15, 2011 letter mailed current Medicaid members
 - If they do not select a CCN by December 23, 2011, they will be auto assigned to a CCN by the Enrollment Broker
- The Enrollment Broker will consider the following when assigning recipients to a CCN:
 - Potential enrollee's geographic parish of residence
 - CCN geographic services area (preference will be given to CCNs with a service area that includes all parishes within the region)
 - Provider capacity and limitations/restrictions
 - Previous linkage with a CommunityCARE PCP (at transition from CommunityCARE to CCN)
 - Quality Indicators (when available)
 - Provider practice restrictions/limits

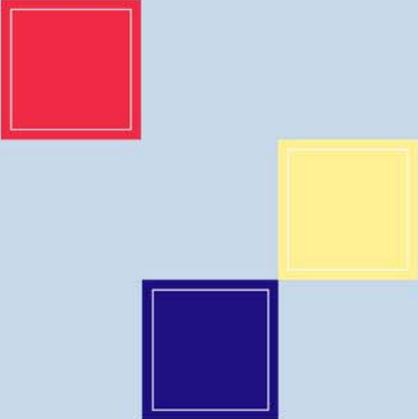




State Vendor Contact Information

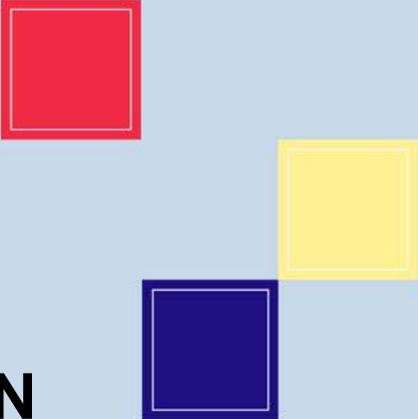
- Behavioral Health Service Vendor
 - Telephone (XXX) XXX-XXXX
 - Pharmacy Services Vendor
 - Telephone (XXX) XXX-XXXX
 - Dental Services Vendor
 - Telephone (XXX) XXX-XXXX
 - Routine Vision Services
 - Telephone (XXX) XXX-XXXX
- 

Relationship with Verity



- Coventry has entered into a partnership with Verity to build a Medicaid Managed Care Network in GSA B
 - Verity is developing our Provider Network in that region
 - Coventry and Verity will both do provider relations
 - Coventry maintains all other responsibilities
 - Claims
 - Customer Service
 - Medical Management
 - Appeals
- 

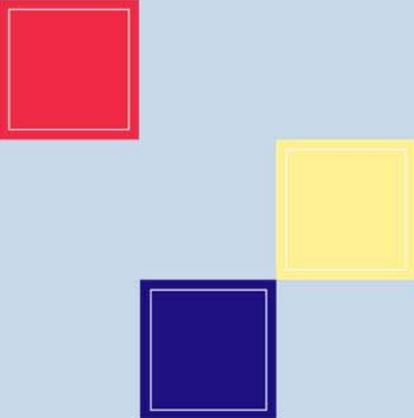
The Coventry Difference



We provide personalized service in the CCN environment

- A dedicated Medicaid Service team
 - Claims Processing Team
 - Customer Service Team
 - Provider Relations Representatives
 - A local Medical Director and Health Services Staff
 - Case Management and Concurrent Review Staff
 - Quality Management and Appeals
- 

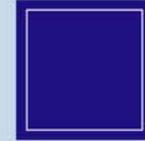
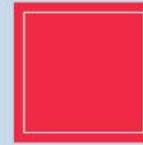
The Coventry Difference



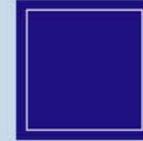
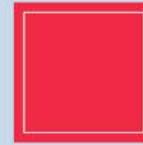
- Coventry partners with you in the member's care
 - No referrals
 - Members have direct access to in-network specialists
 - Personal service to your practice
 - Provider Relations Representatives make regularly scheduled appointments with your Practice to discuss issues, perform orientations, educate, and work with your Practice to resolve issues
 - 24 hour Interactive Voice Response System & our provider website - www.directprovider.com
- 

The Coventry Difference

- Outstanding Claims and Customer Service
- On-site Concurrent Review at high volume facilities
- Enhanced Medicaid Benefits
 - Adult Flu Shots
 - Routine Adult Immunizations
 - Disease Management Programs
 - Doc Bear Club
 - Pregnancy Programs
 - Text4baby
 - 17P Program
 - High Risk Pregnancy Program
 - Physician and Member Advisory Boards
 - Member ID Card, The Bear Facts newsletter, website
 - Preventive health education mailings
 - Social Workers on staff



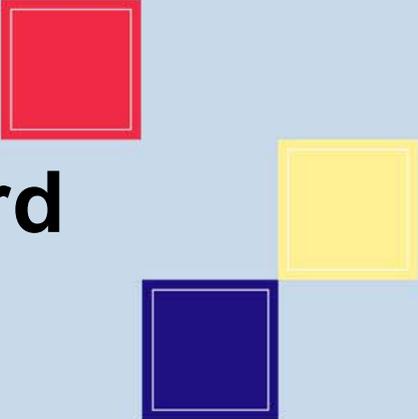
The Coventry Difference



- Five Outreach Coordinators In The Community
 - Coventry has visited community based organizations in all 64 parishes of Louisiana
- FQHCs/RHCs
- Community Service Organizations
- After School Programs
- Recreational Facilities
- Youth/Teen Programs
- Special Needs Organizations
- Aged/Blind/Disabled Programs
- Faith-Based Organizations
- Programs Supporting Public Education
- Daycare/Head Start Programs



Coventry Member ID Card



- Each member receives a Coventry Member ID card
- Members will be educated to carry the card at all times and present it with every office visit
- The Coventry ID Card includes:
 - Coventry ID #
 - Member's name
 - Primary care physician's name and telephone number
 - Effective date



Coventry Sample ID Card



The image shows a sample Coventry ID card with a yellow background and a blue header. The card is divided into three main sections. The top left section contains the CoventryCares of Louisiana logo and address. The top right section contains contact information. The middle section contains a blue banner with a reminder to update the address. The bottom section contains the member's name and address. The right side of the card features a vertical blue bar with the CoventryCares logo and address, and a pink-bordered box containing membership details and phone numbers.

COVENTRYCARES
of Louisiana

3838 N. Causeway Blvd., Suite 3350
Metairie, LA 70002 • 1.877.906.4133

**Be Sure To Update Address
With Your Case Worker!**

JOHN DOE
#1 HEALTHY WAY DRIVE
METAIRIE, LA 70002

COVENTRYCARES
of Louisiana

3838 N. Causeway Blvd., Suite 3350 Metairie, LA 70002

Membership Card

Name: John Doe
Coventry ID #: 123145678
Date of Birth: 1/1/2006
Medicaid ID #: 999999999
Primary Care Provider: PRIMARY CARE PROVIDER
PCP Phone: (555) 555.5555
Effective Date: 1/1/2011

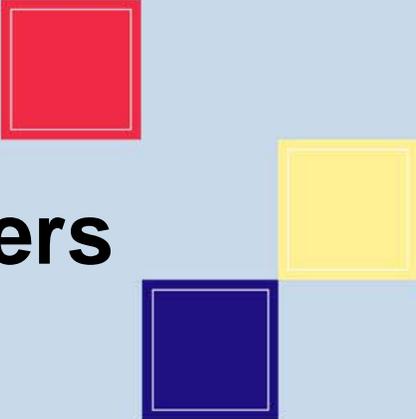
**Important CoventryCares
of Louisiana Phone Numbers**

Customer Service
1.877.906.4133

Transportation
[X.XXX.XXX.XXXX]

24-Hour Nurse Line
[X.XXX.XXX.XXXX]

COVENTRYCARES
of Louisiana

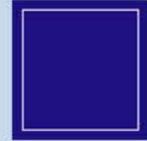


What Coventry Offers Members

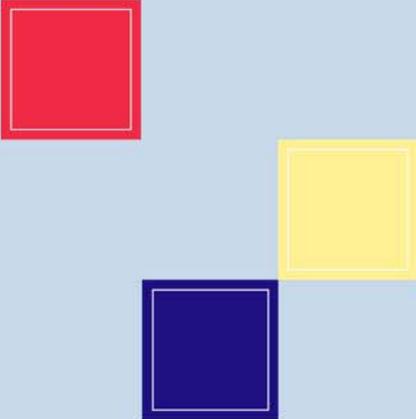
- Assured access to care
 - Care Coordination through a Medical Home
 - Concurrent Review Nurses review all hospital stays:
 - Facilitate discharge planning
 - Interface with case management to assure smooth transition at discharge
 - Case Management to assist members with:
 - Special or complex needs
 - Catastrophic injuries or illnesses
 - Pregnancy management “Healthy Mom, Happy Baby”
 - High risk pregnancy program
 - Pre-transplant evaluations
 - Integration with Behavioral Health vendor
 - MyOnline Services – website portal where members can:
 - Locate a participating provider
 - Health information
 - *Coventry WellBeing*, including ePhit Personal Health Improvement & KidsHealth
- 

Mandated Benefits

- Inpatient Hospital
- Outpatient Hospital
- Lab and Radiology
- Physician Services
- Maternity Services
- Family Planning
- Medical Transportation
- DME & Medical Supplies
- EPSDT & Well Child Visits
- Home Health services



Coventry Additional Benefits



- A pair of prescription eyeglasses (from an authorized list of frames) every two (2) years from an authorized vision provider.
 - A portable baby crib for moms who have met the determined pre/post-natal number of visits to their medical provider.
 - Doc Bear Club for Kids (to include after-school programs and birthday cards).
 - Access to KidsHealth®, an online health library.
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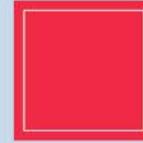
Transportation

Covered:

- Doctor Visits
- Pharmacy
- Vision Visits?
- Hospital

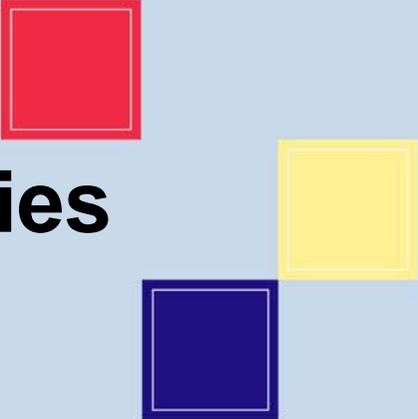
Excluded:

- Behavioral Health Visits
- Dental Visits
- Non-medical transportation



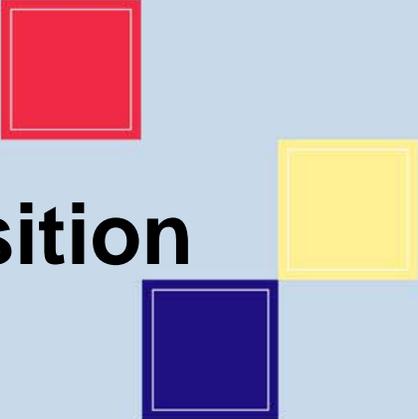
| | |
|---|---|
| Hours of Service (48 hour notice) | 24/7 |
| Types of Transportation | Taxi Bus Vouchers Handicap accessible vans Mileage reimbursement |
| Service area | Members' service area |
| To schedule transportation (Prefer 3 day notice) | 1-XXX-XXX-XXXX 1-XXX-XXX-XXXX TDD/TTY |





Member Rights and Responsibilities

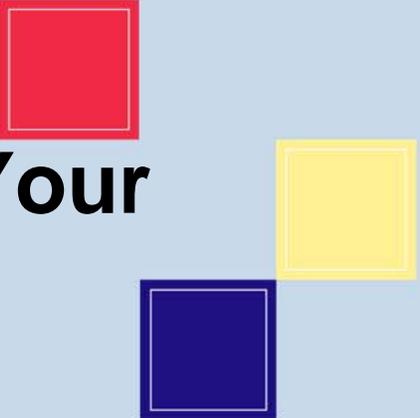
- Member Rights
 - Right to choose health care providers
 - Right to participate in health care decisions
 - Advance Directives
 - Member Responsibilities
 - Providing accurate and complete medical information
 - Following prescribed treatment
 - Keeping appointments
- 



Your Partner Through the Transition

- Communication to members and providers to identify members receiving or scheduled for care
 - Health Services staff available for extended hours to assist with transitioning Inpatient and Outpatient services
 - Provider Relations representatives are available by telephone and on-site visits
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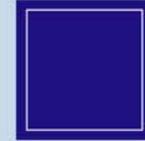
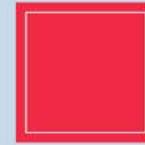
How We Educate and Update Your Office



- **Coventry website** – www.xxxxxxxx
- **Provider Website** – www.directprovider.com.
 - member eligibility
 - check claims
 - policies & procedures
 - medical criteria
- **Fax Blasts** – On-going Provider education
- **Provider Manual & Quick Reference Guide**



Coventry Provider Relations Representatives

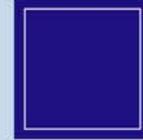


| Name | Area | Telephone | Email |
|---------------------------|------------|--------------------------|--|
| Karen Gulotta, Manager | South LA | 800-245-8327 ext 2132 | krgulotta@cvty.com |
| Rhonda Pena | Central LA | 800-245-8327 ext 2113 | rlpena@cvty.com |
| Sharon Bolton | North LA | 800-245-8327 ext 2706 | skbolton@cvty.com |



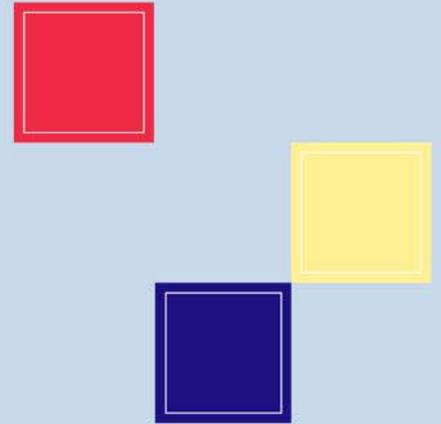


directprovider.com



- **Check Claims Status and Payment & History** - 3 years of history
- **Member Eligibility & Benefits** - accepts both Coventry and the State member numbers
- **Member ID cards** - PDF format
- **Remittance Advices** - PDF format
- **Authorization Requirements** - InterQual® Smart Sheets
- **Medical Technology Assessments**
- **Secure Messaging** – email directly to Customer Service
- **Online Claims Adjustment Requests**
- **Online Appeal Requests**
- **Forms, Documents, Policies & Procedures**





- Member eligibility verification capability
- Not a current user? Register today!
www.xxxxxxx or www.directprovider.com
- For more information or training, please call your Provider Relations Representative.



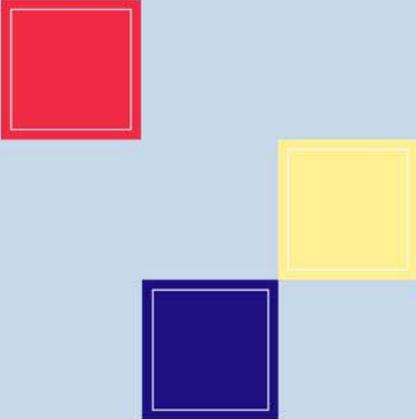
Prior Authorization

To request Prior Authorization call
Medical Management
(XXX) XXX-XXX

For a copy of the Coventry Prior Authorization Guide, please visit
our websites:

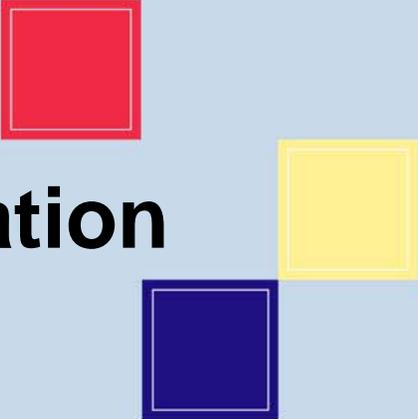
www.directprovider.com or www.XXXXXXX

Claims & Customer Service



- Experienced in Medicaid managed care, servicing over 470,000 Medicaid managed care enrollees in 8 states not including Louisiana.
- Our CSO Team is dedicated to Medicaid and delivers consistent results
 - Located in Newark, Delaware
 - Over 150 employees
 - Dedicated Louisiana Claims and Customer Service Team
 - Additional cross trained Medicaid staff to support the anticipated high call and claim volumes





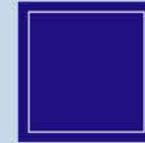
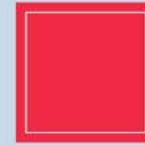
Customer Service Hours of Operation

Beginning 12/1/11, Customer Service will be available
8 a.m. – 5 p.m. CST for open enrollment questions.

Effective 1/1/12, Customer Service will be available
Mon. - Fri. 7 a.m. – 7 p.m. CST
Telephone: (800) 906-4133, (TTY:711)



How to Reach Customer Service



Interactive Voice Response (IVR)

- IVR Uses:
 - Verify Member Eligibility
 - Verify PCP Assignments
 - Obtain Member ID#
 - Status Claims
 - Verify Authorizations
- How to Use:
 - Call 877-906-4133 (TTY: 711)
 - Follow automated prompts
 - Enter tax identification number (TIN)
 - Enter Member's Coventry number
 - Say "Agent" to speak to a representative

In addition to the above, providers have twenty-four (24) hour access to information about member benefits, claims and authorization status through Directprovider.com



Medicaid Claims & Customer Service Results



Customer Service Results:

| Customer Service | 2010 Results | 2011 YTD Results | State Requirement |
|-----------------------------------|--------------|------------------|-------------------|
| Average Speed of Answer (seconds) | 14.6 | 14.0 | <180 |
| % of Calls Answered in 30 seconds | 86.9 | 87.3 | 90% |
| Abandoned Rate | 1.4% | 1.3% | <5% |
| Telephone Quality | 98.0% | 97.6% | N/A |
| First Call Resolution | 93.7% | 93.9% | N/A |

Claims Processing Results:

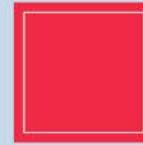
| Claims | 2010 Results | 2011 YTD Results | State Requirement |
|---------------------------------------|--------------|------------------|-------------------|
| % of Claims processed in 15 days | 95.1% | 96.7% | >90% |
| % of Claims processed in 30 days | 99.7% | 99.6% | >99% |
| Financial Accuracy (\$ error / total) | 99.7% | 99.6% | N/A |



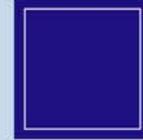
Provider Satisfaction

According to the AMA study, released as part of its annual National Health Insurer Report Card (NHIRC) that examined the accuracy and timeliness of claims processing by the nation's seven largest health insurers. *“Coventry Health Care Inc. had the most accurate claims processing.”*

- Overall Provider Satisfaction Results
 - Medicaid Customer Service Team - 96%
 - Medicaid Claims Timeliness - 91%
 - Medicaid Claims Accuracy – 87%
- Provider statements:
 - “Overall, customer service is excellent.”
 - “You’re doing great!”
 - “You are already keeping it good. We are very satisfied”



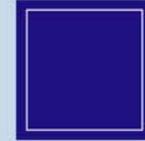
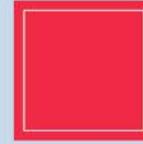
Claim Submission



- Electronic Submission
 - Use Payor ID# 25133
 - Follow your clearinghouse's instructions
 - Emdeon is Coventry's clearinghouse
 - Emdeon phone number- 1-800-845-6592
 - Review the R022 and R059 reject reports
 - For technical assistance, contact your software vendor
 - Electronic Submission improves payment turnaround time
- Paper Submission:
 - Coventry of Louisiana
 - P.O. Box 7796
 - London, KY 40742



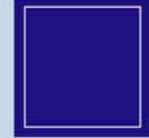
Coordination of Benefits (COB)



- Coventry of Louisiana is the payor of last resort, with mandated exceptions to pay as primary
- Timely filing parameters begin on the date of the primary's remittance advice
- Claims with EOBs from primary insurers must be submitted within 12 months from the date of the primary insurer's EOB
- Authorization is not required unless Coventry of Louisiana is acting as the primary carrier
- Electronic COB submission is accepted



Claim Disputes

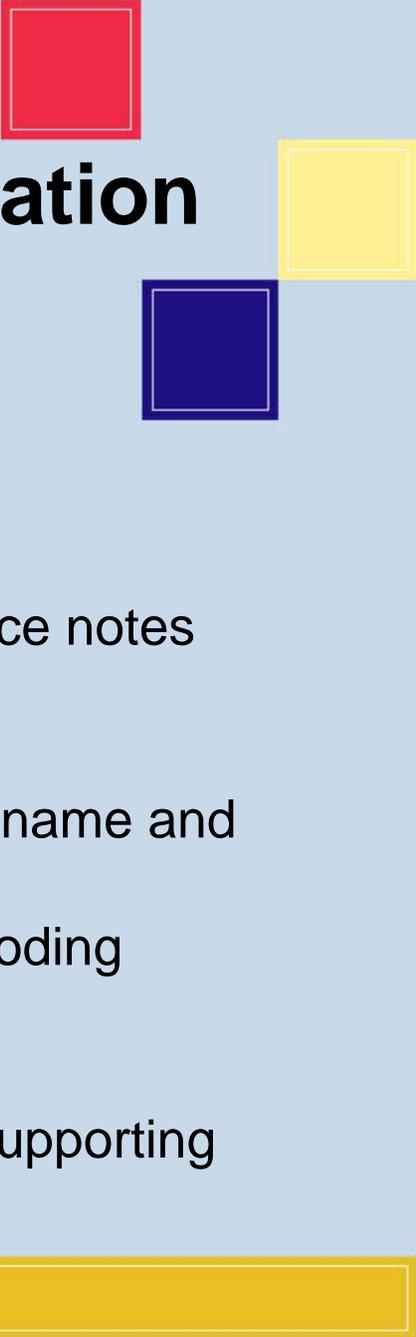


- If you feel an error has been made in payment or the manner in which you have been paid, you may:
 - Call Customer Service at 1-877-906-4133 or Send a written inquiry to:

Coventry of Louisiana
P.O. Box 7796
London, KY 40742
 - Paper claims resubmitted with questions or corrections must have reconsideration or correction written on them
 - Handwritten corrections must be initialed



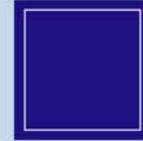
Claim Dispute Required Documentation



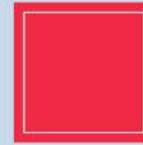
- Timely filing denial
 - Need proof of timely submission and follow up
- Correct coding denial
 - Documentation to support coding including office notes
- Denials for additional detail
 - May need to submit NDC detail including drug name and dosage
 - May need to submit office notes or corrected coding
- General payment or denial inquiries
 - Please specify your question and supply any supporting documentation

Appeals Address

Coventry of Louisiana
Attn: Appeals Department
3838 N. Causeway Blvd.,
Suite 3350
Metairie, LA 70002



Useful Information



Medicaid Claims Filing

Coventry
PO Box 7796
London KY, 40742

Electronic Payor ID

25133

Customer Service

(800) 906-4133, (TTY: 711)

Provider Relations

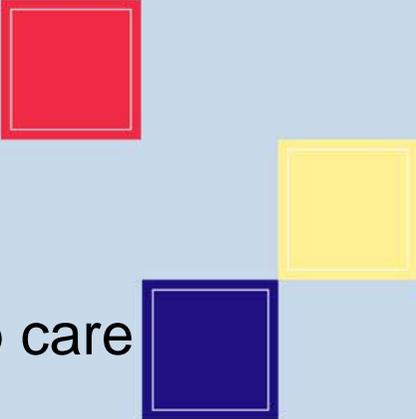
Telephone: (800) 255-8327,
Fax: (866) 290-0904

Appeals Address

Coventry
Attn: Appeals Department
3838 N Causeway Blvd
Suite 3350
Metairie, LA 70002



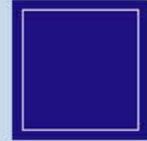
PCP Responsibilities



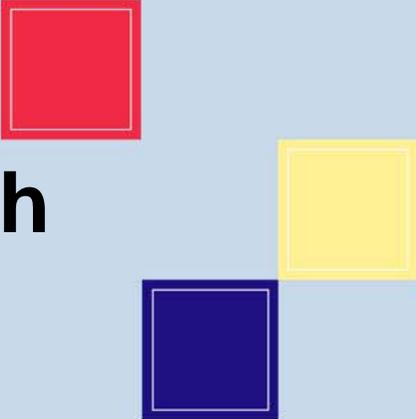
- Manage all needs of members including follow up care
 - Coordinate referrals
 - Maintain continuity for each member
 - Maintain a current and complete medical record
 - Offer hours of operation no less than for commercial members
 - 24/7 telephone coverage to direct emergent or urgent care
24/7
 - Adhere to EPSDT periodicity schedule for members
 - Cooperate with Coventry quality initiatives
 - Achieve Patient Centered Medical Home
- 

Medical Record Standards

- Accurate and legible
- Safeguarded
- Readily available for review
- Member demographics
- Services provided
- Medical History
- Documentation of each visit
- EPSDT, Immunizations
- Advance Directives

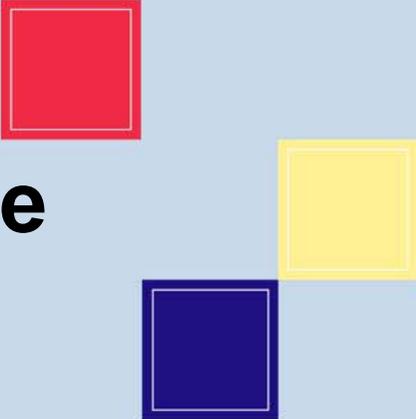


Identification of Members with Special Needs

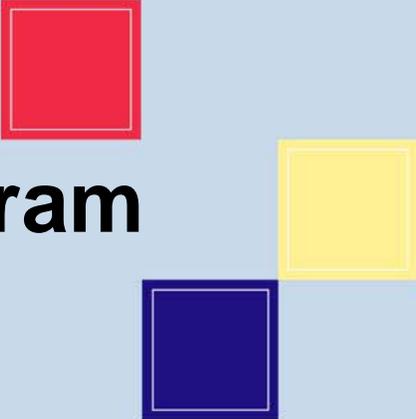


- Assess Special Needs Members within 90 days of identification
 - Mental disability
 - Physical disability
 - Health or ability to fully function in society at risk
 - Require individualized health care requirements
 - PCP identification
 - Historic claims data
 - Refer to Case Management for assessment
 - Direct access to specialists
- 

Patient Centered Medical Home



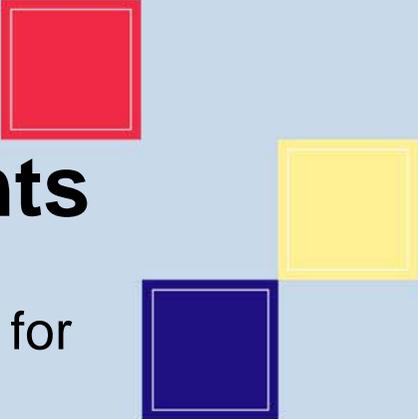
- System of care led by PCP
 - National Committee on Quality Assurance (NCQA) Physician Practice Connections®-Patient-Centered Medical Home (PPC®-PCMH) recognition or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Primary Care Home (PCH) accreditation
 - Quality P4P
 - Timetables
 - Plan due by March 31, 2012
 - 20% of PCP practices at NCQA level 1 or JCAHO PCH by December 31, 2012
 - 30% of PCP practices at NCQA level 1 and 10% of PCP practices at Level 2 or JCAHO PCH by December 31, 2013
 - 10% of PCP practices at NCQA level 1, 40% of PCP practices at NCQA level 2 and 10% of PCP practices at NCQA level 3 or JCAHO PCH by December 31, 2014
- 



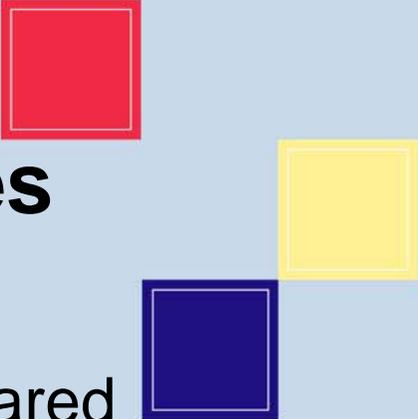
Chronic Care Management Program

- Programs
 - Asthma
 - COPD
 - CHF
 - Diabetes
 - High Risk Pregnancy
 - Identification of Members
 - Medical and Pharmacy Claims
 - Lab Results
 - HRAs
- 

Quality Performance Requirements



- Providers are responsible to meet quality standards for
 - Medical Record content
 - Quality of Care Issues
 - Submission of encounters and claims
 - HEDIS/EPSTD
 - Louisiana Performance Measurement Set
 - Corrective action for non-compliance
 - Coventry will develop a Corrective Action Plan
 - Deficiency will determine the level of corrective action taken including:
 - Closing panel
 - Removal from Pay for Performance programs
 - Termination from the Network
 - Reporting to NPDB or HIPDB
- 



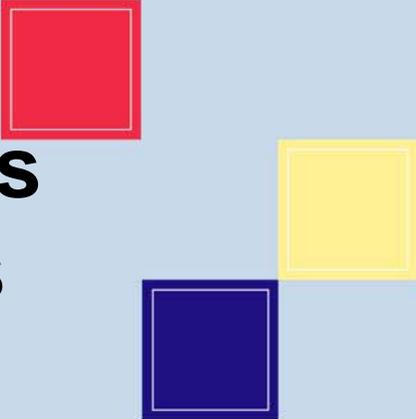
Provider Marketing Guidelines

Prohibited Activities

- Requiring providers to distribute CCN prepared communications, incentives or giveaways to members or potential members in the office or at any marketing activity
 - Allowing providers to solicit enrollment or disenrollment in a CCN
 - Recommending one CCN over another
 - Offering patients incentives to choose one CCN over another
 - Assisting patients in selecting a CCN
- 

Provider Marketing Guidelines

Health Education Materials



- Provider decision to distribute for all CCNs or no CCNs
 - If all must distribute/display at least one piece from each CCN
 - Stickers maximum 5”x7” with “the health plan is welcome here”
 - Poster on display can be no larger than 16”x24”
 - CCN donated books must be in common areas
 - Displayed or distributed materials may include CCN’s
 - Name and logo
 - Telephone number and website
 - Material size and type set must be equitable to all CCNs
 - Affiliation information must include all contracted CCNs
 - May inform members of benefits and specialty care services offered by a CCN
- 



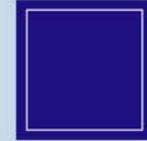
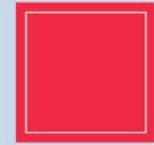
Prepare With Doc Bear!

Coventry's plan to assist providers and members for emergency preparedness

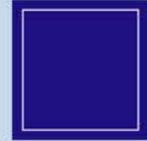
- Business Continuity Plan
- Meeting with Louisiana Department of Homeland Security
- "Prepare With Doc Bear" Brochure



Definitions



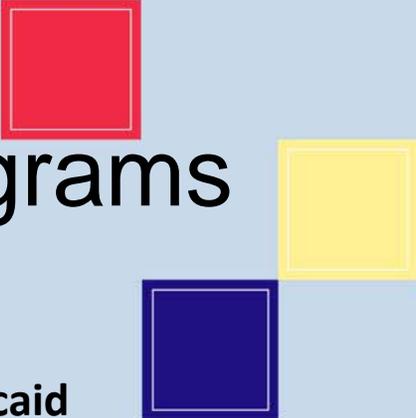
- **EMR – Electronic Medical Record**
 - An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within **one** health care organization.
- **EHR – Electronic Health Record**
 - An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across **more than one** health care organization.
- **PHR – Personal Health Record**
 - An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled **by the individual**.



Electronic Health Records



The Two EHR Incentive Programs and their Differences



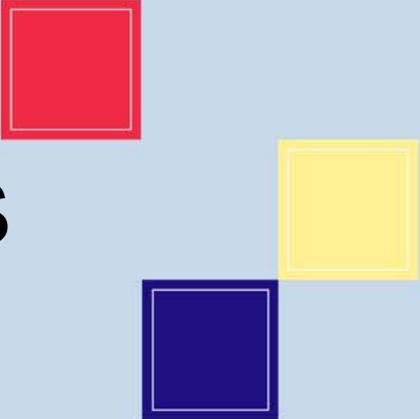
Medicare

1. Federal Government will implement (will be an option nationally)
2. Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use (MU)
3. Must demonstrate MU in Year 1
4. Maximum incentive is \$44,000 for EPs (bonus for eligible providers in HPSAs)
5. MU definition is common for Medicare
6. Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015
7. Only physicians, subsection (d) hospitals and Critical Access Hospitals (CAHs)

Medicaid

1. Voluntary for States to implement (may not be an option in every State)
2. No Medicaid payment reductions
3. Maximum incentive is \$63,750 for EPs
4. States can adopt certain additional requirements for MU
5. Last year a provider may initiate program is 2016; Last year to register is 2016
6. 5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

Incentive Programs



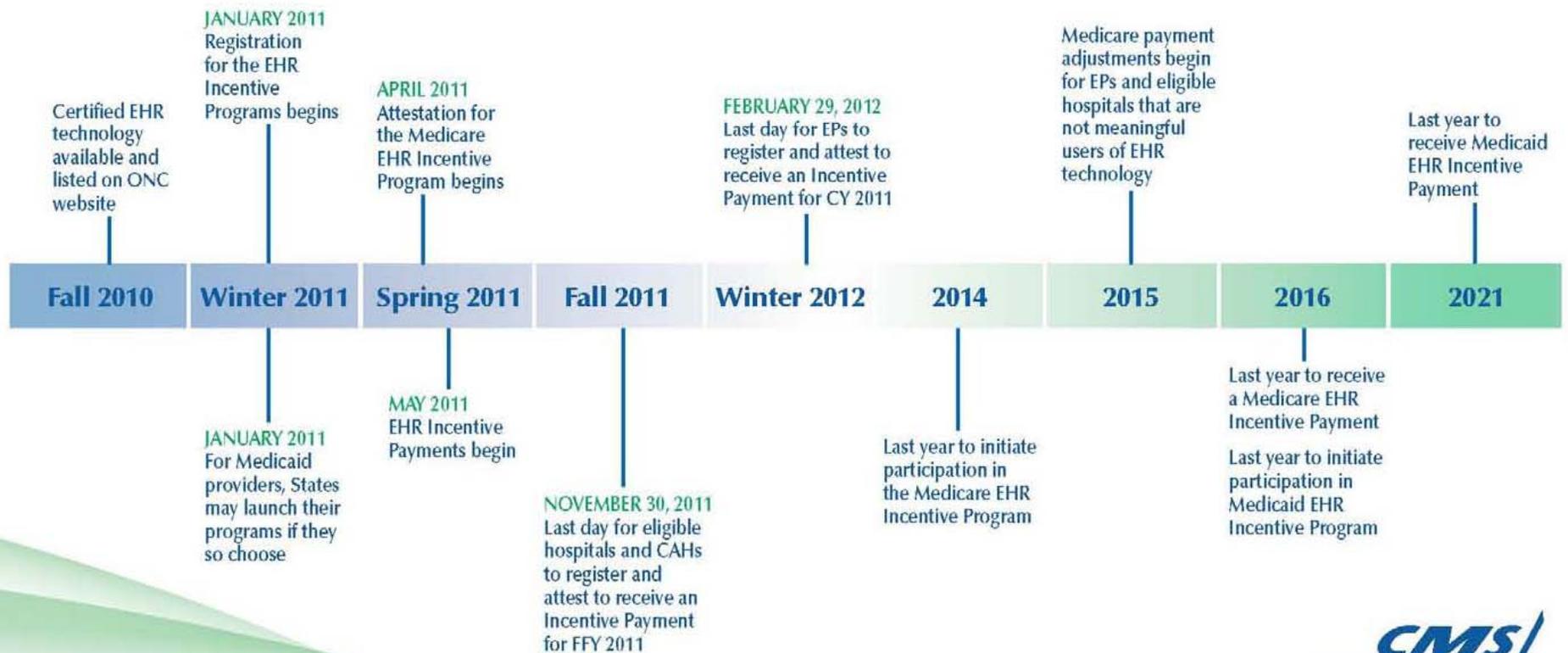
- Amount of incentives:
 - \$44,000 per provider under Medicare
 - \$63,750 per provider under Medicaid
 - Over \$27 billion over the next 10 years

Incentive Payments

| | Medicaid EP Qualifies to Receive First Payment in 2011 | Medicaid EP Qualifies to Receive First Payment in 2012 | Medicaid EP Qualifies to Receive First Payment in 2013 | Medicaid EP Qualifies to Receive First Payment in 2014 | Medicaid EP Qualifies to Receive First Payment in 2015 | Medicaid EP Qualifies to Receive First Payment in 2016 |
|---------------------------------|--|--|--|--|--|--|
| Payment Amount in 2011 | \$21,250.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Payment Amount in 2012 | \$8,500.00 | \$21,250.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Payment Amount in 2013 | \$8,500.00 | \$8,500.00 | \$21,250.00 | \$0.00 | \$0.00 | \$0.00 |
| Payment Amount in 2014 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$21,250.00 | \$0.00 | \$0.00 |
| Payment Amount in 2015 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$21,250.00 | \$0.00 |
| Payment Amount in 2016 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$21,250.00 |
| Payment Amount in 2017 | \$0.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 |
| Payment Amount in 2018 | \$0.00 | \$0.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 |
| Payment Amount in 2019 | \$0.00 | \$0.00 | \$0.00 | \$8,500.00 | \$8,500.00 | \$8,500.00 |
| Payment Amount in 2020 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$8,500.00 | \$8,500.00 |
| Payment Amount in 2021 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$8,500.00 |
| TOTAL Incentive Payments | \$63,750.00 | \$63,750.00 | \$63,750.00 | \$63,750.00 | \$63,750.00 | \$63,750.00 |



CMS Medicare and Medicaid EHR Incentive Programs Milestone Timeline

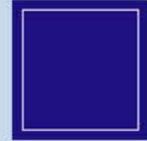




Questions??



Thank you



Our desire is to provide you with high quality service that will enable your practice or facility to operate in an efficient and productive manner.

We thank you for providing valuable services to our members. Please contact us, if we can be of assistance.

