

Managed Provider Relations Overview

Geralyn D. Molinari
Director, Managed Provider Relations Unit
Office of Managed Health Care
Division of Medical Assistance and Health Services
Department of Human Services

Presentation Topics

- Provider Relations Overview
- Summary of Provider Inquiries CY 2015 2016
- Provider Improvement Projects
 - MCO Policy Guidance Implementation
 - Provider Education

Overview Managed Provider Relations

- Addresses provider inquiries and/or complaints as it relates to Managed Care Organization (MCO) contracting, credentialing, reimbursement, authorizations and appeals, and conducts complaint resolution tracking/reporting
- Provides education and outreach for MCO contracting, credentialing, claims submission, authorization, appeals process, eligibility verification, TPL, MLTSS transition and other Medicaid program changes
- Addresses stakeholder inquiries related to the network credentialing process, network access, and payment compliance.

Managed Care Organization Provider Relations Unit Requirements

- Create an annual provider manual; apply updates, as necessary;
- Offer provider education and outreach;
- Provide a call center for claims troubleshooting for providers;
- Establish a process for claims and utilization appeals; and,

Managed Care Organization Network Requirements

- Establish network of providers to serve needs of enrolled members
- Certify that provider network meets the standards of the MCO contract
- Establish network of MLTSS service providers

Managed Care Organization Claim Submission Requirements

- Capture and adjudicate all claims submitted by providers
- Support NJ FamilyCare encounter data reporting requirements
- Comply with "Health Claims Authorization, Processing and Payment Act" (HCAPPA) for all Medical Services
- Ensure Coordination of Benefits (exhaust all other sources of payment before NJ FamilyCare pays)

Provider Relations Inquiry Process

If provider and/or member is unable to resolve payment issue or other administrative issue with MCO – OMHC will reach out to the MCO on behalf of the Provider and/or member

Provider must submit claim detail for follow-up

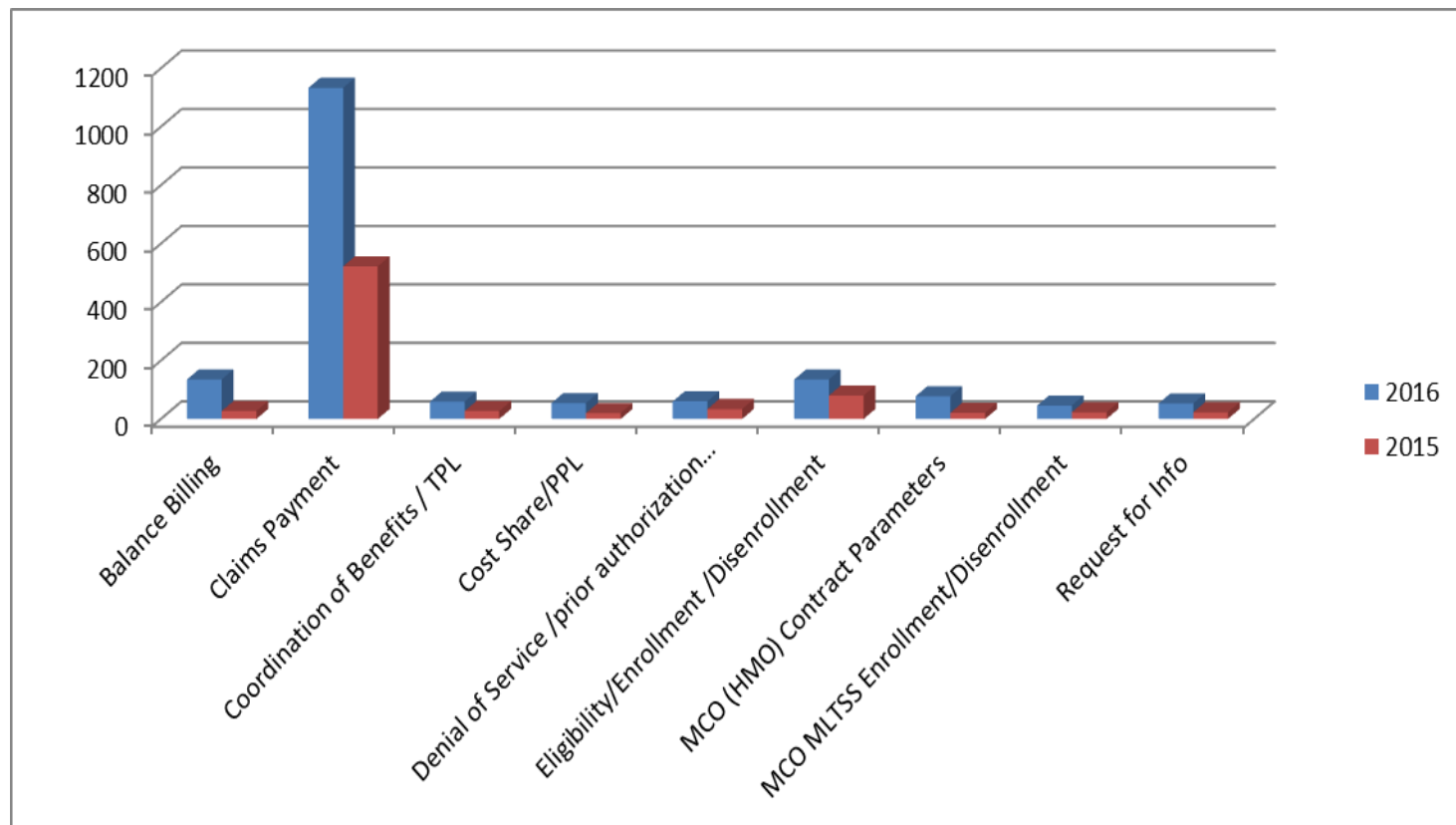
OMHC will review and reach out to the MCO on behalf of the Provider/Member if applicable.

MCOs are requested to respond to member and/ or provider within 10 business days

OMHC forwards a Quarterly Report to MCO to ensure all inquiries are resolved.

MCO forwards OMHC a copy of communication to Provider and/or member to confirm resolution of inquiries

Managed Provider Relations Inquiries CY 2015 vs CY 2016



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Provider Improvement Projects

Date Initiated	Project	Summary
11/2014	Fee for Service Assisted Living Payment	Process individual requests from Providers when member is approved clinically and financially for AL services but not enrolled in an MCO. Forward to account Coordinators office to ensure SPC 62 is assigned and Provider claims will process
12/2016	Hospice Payment	Ensure all MCOs follow Federal Guidelines for Payment of Hospice room and Board at 95% of Nursing Facility rate for residents in a NF while receiving Hospice services
1/2017	TBI – summary of Outstanding Claims : Re: COB	As result of TBI Workgroup –December 2016 Guidance OMHC is working with MCO and individual providers to ensure Providers receive payment for MLTSS services delivered after July 2014 – due to previous denials for Medicare coverage or TPL –



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Provider Improvement Projects

Date Initiated	Project	Summary
1/2017	NF/SCNF – Payment processing	Follow-up with individual MCOs to insure implementation of seamless NF/SCNF claims payment processing
2/2017	Coordination of Benefits	Follow-up with individual MCOs to insure implementation of Coordination of Benefits Guidance (January 2016)
4/2017	MCO Denials for Medical Detoxification	Individual reports sent to MCOS based on report from the Office of Hospital Reimbursement and DMAHS Quality Management

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Provider Education

Education Committee – joint effort Medicaid Fraud Division
DMAHS and MCOs:

- Adult Day Health Providers
- DME Providers
- Home Health Providers
- Pharmacy Provider

Stakeholder Meetings as, requested:

- Brain Injury Alliance
- Home Care and Hospice Association
- Hospital Association
- LeadingAge NJ

State Resource for Managed Care Providers: Office of Managed Health Care (OMHC) Managed Provider Relations Unit

Below is link

http://www.state.nj.us/humanservices/dmahs/home/mltss_resources.html

- Resources for Providers:
- [DMAHS Provider Relations Inquiry Information](#)
- [Provider Relations Inquiry Request form – single case](#)
- [Provider Relations Inquiry Request form – multiple cases](#)