



# About CoventryCares of Kentucky

- **CoventryCares of Kentucky is a managed care plan that services Medicaid eligible individuals in all 120 Kentucky counties**
- **CoventryCares current membership is slightly above 200,000**
- **CoventryCares employs locally based staff, including individuals who live and work in each of the eight Medicaid regions**
- **CoventryCares employs Kentucky licensed doctors, nurses, social workers and other professional services to provide locally based decisions on healthcare delivery**

# About CoventryCares of Kentucky

**CoventryCares of Kentucky offers innovative programs for Medicaid members that:**

- **Improves care coordination to improve health outcomes**
- **Focuses on making health care simpler**
- **Educates members on health conditions and illness prevention**
- **Promotes wellness and healthy lifestyles**
- **Reduces inappropriate use of services**
- **Utilizes and partners with organizations in the community who help support our members**

# Member Benefits and Services

## Health Benefits

- **Case management and disease management programs for members with chronic health conditions like asthma, diabetes, or heart disease**
- **Behavioral Health services**
- **Dental, vision, home health, pharmacy and other ancillary services**

## Special Services and Programs

- **Doc Bear Club for Kids**
- **24-Hour Nurse Line**
- **Crib Incentive Program**
- **Others**



# Early Signs of Improving Member Health

- **Increased immunization rates for adolescents from 41% to 55%**
- **Lead screenings for children has risen from 34% to 58%**
- **HgA1C (diabetes) testing improved from 6% to 57%**
- **Well child visits for ages 3, 4, 5 and 6 have gone from 2% to 53%**
- **Preventive services for members ages 45-64 increased from 27% to 92%**

# Provider Services

## CoventryCares of Kentucky Provider Relations Team

Supervisor	Holly Garcia	502-719-8785	<a href="mailto:hxgarcia@cvty.com">hxgarcia@cvty.com</a>
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# Vendor Information

Service	Vendor	Phone	Web
Chiropractic	American Specialty Health (ASH)	800-972-4226	<a href="http://www.ashcompanies.com">www.ashcompanies.com</a>
Dental	Avesis	800-643-1132	<a href="http://www.avesis.com">www.avesis.com</a>
Pharmacy	ESI/Medco	800-922-1557	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Behavioral Health	MHNet	888-604-6106	<a href="http://www.mhnet.com">www.mhnet.com</a>
Radiology	National Imaging Assoc. (NIA)	877-907-2363	<a href="http://www.niahealthcare.com">www.niahealthcare.com</a>
Pain Management	TRIAD	800-550-0540	<a href="http://www.triadhealthcareinc.com">www.triadhealthcareinc.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>

# Access to Information and Updates

- **Websites**
  - [www.directprovider.com](http://www.directprovider.com)
  - [www.coventrycaresky.com](http://www.coventrycaresky.com)
- **Provider manual**
  - **Online and hard copies available upon request**
- **CoventryCares of Kentucky Customer Service Line**
  - **Available Monday – Friday; 7:00 AM – 7:00 PM (Eastern)**
- **Provider Relations Representatives**
- **Fax blasts (can receive by email)**
- **Provider Newsletter (coming in June 2013)**

# DirectProvider.com

**Directprovider.com is the web-based provider portal to access a wealth of information regarding business activities with Coventry.**

- **Real-time - *Direct***
- **No fees**
- **User-friendly functionality**
- **Robust Information**
  - **Including benefits accumulators**
  - **Medical content**
- **Coventry designed and maintained**
- **Online remittance advices**
- **More control**
  - **Administrative functionality**
- **Quick Access to Forms, Manuals, SmartSheets**
  - **Better information for Authorization**
- **CoventryCares of Kentucky Drug Formulary**
- **Authorization and referral submission**
- **Eligibility and Benefit Inquiries**
- **Download and print Remittance Advices**
- **Submit claim adjustment requests**
- **Viewable Member ID Cards**
- **Business Related Documentation**
- **Secure Messaging**
- **HEDIS Reporting**
- **HIPAA Compliant**

# Prior Authorization Requirements

**Please provide the following information for each service request for authorization:**

- **Member name**
- **Ordering provider**
- **CoventryCares of Kentucky Medicaid number**
- **Date of birth**
- **Expected date of service**
- **Diagnosis**
- **Service requested**
- **Significant medical information related to the diagnosis and service requested**
- **Name of provider/facility rendering service**

**For a comprehensive listing of authorization requirements by HCPCS and CPT codes, please visit [www.directprovider.com](http://www.directprovider.com) and refer to the authorization directory**

# Claim Issue Resolution

If you feel an error has been made in your payment or in the manner in which you have been paid you may:

- Visit [www.directprovider.com](http://www.directprovider.com)
- Call Customer Service: 855-300-5528
- Call your Provider Relations Representative
- Send a written inquiry to:

**CoventryCares of Kentucky**  
**P O Box 7812**  
**London, KY 40742**

# Provider Appeal Process

- **An appeal is a mechanism which allows the provider the right to have actions taken by the health plan when the provider experiences:**
  - **A claim for reimbursement or request for authorization of service delivery denied or not acted upon with reasonable promptness**
  - **A grievance by any rule or policy or procedure or decision by the health plan**
- **Appeal may be clinical or administrative in nature.**
  - **Clinical appeals result from health plan actions that were based, in whole or in part, on medical judgment (i.e., medical necessity determination; experimental or investigational determinations; cosmetic determinations)**
  - **Administrative appeals result from health plan actions that are not clinical. Issues for review as administrative complaint or appeals can include, but are not limited to, health plan policy, procedure, claims payment, or any non-clinical aspect of health plan functions**
- **Appeals will be reviewed by appropriate health plan personnel based on the matter at issue and the resolution letter will include the credentials of the professional who reviewed the appeal**

# Provider Appeal Process

- **Appeals and any relevant supporting documentation should be sent to:**

**CoventryCares of Kentucky  
Attention: Appeals  
9900 Corporate Campus Drive, Suite 1000  
Louisville, KY 40223**

- **Appeals may also be submitted via telephone by contacting an Appeals Coordinator at (888) 470-0550**
- **Within five (5) business days of our receipt of your appeal, you will receive a letter acknowledging receipt of the appeal**
- **Appeals will be responded to in writing within 30 calendar days of CoventryCares' receipt. Responses will be sent via fax if requested and a fax number is provided**
- **A provider has one (1) year from the date of service or incident to file an appeal**

# Provider Appeal Process - Expedited

- **Expedited requests are available when waiting the usual time frame for a decision would seriously jeopardize the life or health of a member (or their unborn child); or a member's ability to attain, maintain, or regain maximum function**
- **Expedited Request should be made directly to the Appeals Department at 888-470-0550**
- **Expedited Requests after-hours (5:00 PM-Eastern) can be initiated through the 24-Hour Nurse Line at 855-620-3924**
- **Request for Expedited Review that meet the criteria will have determinations made within 72 hours or earlier**

# Contact Information

- **Customer Service** (855) 300-5528
- **Authorizations (Phone)** (888) 725-4969
- **Authorizations (Fax)** (855) 454-5579
- **Provider Relations (Phone)** (855) 454-0061
- **Provider Relations (Fax)** (855) 454-5584
- **Concurrent Review (Phone)** (888) 470-0550
- **Concurrent Review (Fax)** (855) 454-5043
- **Case Management (Phone)** (888) 470-0550
- **Case Management (Fax)** (855) 336-6054
- **Retro Eligibility Review (Fax)** (855) 336-6054

# Claims Processed for Kentucky Medicaid

Date Processed	Average Days from Date of Service to Date Received	Average Days from Date Received to Date Processed	Average Days from Date of Service to date processed	Auto Adjudication Percentage
November-11	8.2	4.9	13.1	48.9%
December-11	13.1	4.1	17.2	75.6%
January-12	21.4	4.4	25.7	68.8%
February-12	32.3	3.2	35.5	71.7%
March-12	27.1	2.0	29.1	83.1%
April-12	27.4	2.5	29.9	83.3%
May-12	30.2	2.6	32.8	80.7%
June-12	31.2	2.6	33.7	78.7%
July-12	33.7	2.7	36.4	75.5%
August-12	34.0	2.4	36.4	78.8%
September-12	31.3	2.6	34.0	79.3%
October-12	50.0	2.2	52.1	81.0%
November-12	39.3	2.5	41.8	79.8%
December-12	39.0	3.1	42.1	80.0%

# Timeliness of Claim receipt

Average days to receive a claim from a Provider - Nov 2011 through Dec 2012

Paid Claims		All Claims - (Accounts Receivable)	
Inpatient:	26.2 days (last six months 32.2 days)	Inpatient:	38.7 days (last six months 47.8 days)
Outpatient:	9.1 days (last six months 12.4 days)	Outpatient:	26.7 days (last six months 31.4 days)
Physician:	4.8 days (last six months 7.3 days)	Physician:	30.3 days (last six months 37.7 days)

# Reasons Claims are rejected

COVENTRY IS NOT THE PRIMARY CARRIER	38.9%
DUPLICATE CLAIM	26.6%
SERVICES NOT AUTHORIZED	8.1%
MEMBER NOT ELIGIBLE ON DATE OF SERVICE	6.7%
ITEMIZED BILL REQUIRED. RESUBMIT WITH ITEMIZED BILL	6.4%
CORRECTED CLAIM/AND OR DOCUMENTS REVIEWED, NO CHANGE TO ORIG ADJUDICATION/NO ADJUSTMENT REQUIRED	3.1%
PROVIDER DOES NOT HAVE A KENTUCKY STATE MEDICAID PROVIDER ID	2.8%
PRIMARY CARRIER LIABILITY PLEASE SUBMIT TO MEDICARE FOR PAYMENT	2.0%
RESUBMIT WITH VALID NDC NUMBER AND UNIT OF MEASUREMENT QUALIFIER	1.5%
THIS SERVICE FORWARDED TO MHNET FOR PROCESSING	1.2%
AMOUNT PREVIOUSLY PAID	1.1%
BILLED CLAIM DOES NOT MATCH AUTHORIZATION	0.7%

# Success Stories

- **Member diagnosed with cancer was traveling 90 miles round trip to receive treatments; the financial strain from buying gas was putting the member's ability to get the treatments into jeopardy; Coventry connected the member with local support groups who provide lodging and other resources so the member could keep the appointments; case managers continue to monitor the member's progress**
- **A member was charged a "program fee" by a provider for a surgery; CoventryCares was made aware of the fee and contacted the provider to educate them on the appropriate legal provisions around charging Medicaid recipients anything; the member was refunded their \$500**
- **A new mother who was being discharged from the hospital with her newborn was having difficulty finding a car seat; CoventryCares case managers were able to locate a car seat from a local resource; mother and baby made it home safely**

**Thank you**

**from**

