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**CareSource**[®]



Managed Care Organization and Provider Forum

Region 3

June 24, 2013

Humana

- Headquartered in Kentucky
- Fortune 100 company
- Leading national healthcare company
 - 12 million medical members
 - 8 million specialty members
- 50 year history, including 40 years combined experience in Medicare and Medicaid
- Leader in complex chronic condition management, home based care and urgent care
- Ranked #1 Major Payer by Athenahealth
- NCQA accredited with a Commendable rating

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- Community-based nonprofit health plan
- 2nd largest Medicaid plan in the nation
- Over 900,000 Medicaid members in Ohio
- 23 years of experience in providing access to care for Medicaid members.
- #3 - "Dayton Area Top 100 Companies" list
- #10 - *Training Magazine's* Top Training Organizations
- URAC and NCQA Accredited


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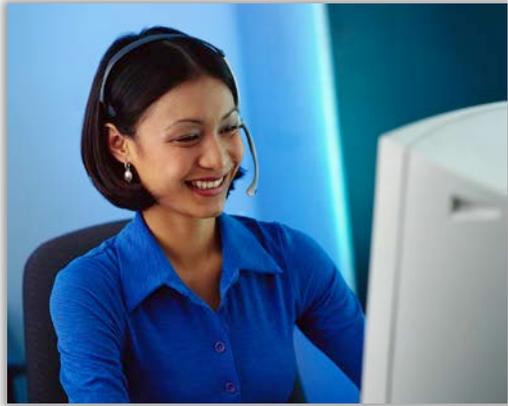
Humana-CareSource Alliance

- A strategic solution to make the healthcare system work better for members eligible for both Medicare and Medicaid
 - Brings together the strengths and resources of two distinct but aligned entities
 - Mission-based and member-focused
 - Nationally recognized and accredited

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Contact Information



- Provider Services
 - Monday – Friday 8am – 6pm (EST)
 - Contact us at: 1-855-852-7005
 - Provider/Clinical Appeals
 - P.O. Box 823
 - Dayton, OH 45401
 - Fax #: 1-855-262-9793
 - Member Appeals
 - P.O. Box 4760
 - Louisville, KY 40204
 - Fax #: 1-855-262-9794

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Provider Services

- Electronic Funds Transfer now available
- Web-based transactions and electronic claims submission
- Check claim status online
- Submit and check appeals online
- Access Provider Membership List
- Access Clinical Practice Registry
- Primary Insurance Information
- Check benefit history online
- 24-hour automated member eligibility verification
- Paperless referral system

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Provider Benefits

- Quick claims payment with more than 96% of clean claims paid within 30 days.
- Provider Portal - Web based access to view member eligibility, claims, member benefit limits, member profile, panel listings, care treatment plans, EOB's, and other beneficial information.
- 24-hour automated member eligibility verification
- Online Formulary Search Tool - The interactive tool allows users to search medications and automatically determine if the drug is covered by Humana-CareSource. Members and providers can access the tool on the Medicaid Pharmacy Searchable Drug Formulary web page.
- Interpreter Services provided for members at no cost to contracted Physician groups; however, hospitals are excluded.

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Provider Portal Features

- **Claim History for Vision Benefits**
- **Claim Appeal Submission**
- **Payment History** – Search for payments by Check Number or Claim Number
- **Case Management Referrals** – The case management form is automated on our Portal for efficiency in enrolling Members
- **Benefit Limits** – Providers can track benefit limits electronically in real-time before services are rendered for: Chiropractic, Occupational Therapy, Physical Therapy, Speech Therapy
- **Care Treatment Plans** – Providers now have the option to view care treatment plans for their patients on our Provider Portal
- **Monthly Membership Lists** – PCPs can view and download current monthly membership lists
- **Member Profile** – Comprehensive view of patient medical/pharmacy utilization
- **Upcoming Enhancements** - Online Claim Submission; Rolling out June, 2013

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Provider Relations Representatives

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Claims

- Fast, weekly claims payment with more than 99% of clean claims paid within 30 days
- Utilize industry standard logic for coding edits
- HIPAA 835 formatted Explanation of Payment (EOP)
- Consistently high claims auto-adjudication rate
- Timely filing period is 365 days
- Electronic Funds Transfer and Electronic Remittance Advice claims payment option
- Electronic Data Interchange (EDI): Electronic claims submission
 - **Humana-CareSource Payer ID: KYCS1**

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Claims

Ensuring Processing Quality

- Humana-CareSource claim analysts typically have prior claim processing experience or have worked with health care claims in a billing capacity. The average Claim Analyst has been in their position with CareSource for 5.3 years and many Analysts have more than 10 years claims processing experience.
- All new hires initially receive three weeks Claims specific training in a classroom setting with a curriculum designed to allow them to job shadow with experienced analysts. Additional classroom training and “OJT” allow us to cross-train Analysts to respond to changing business needs on a real time basis .
- Claim financial and administrative accuracy is assessed through multiple audits:
 - **Operations Quality Audit**
 - **Internal Audit End-to-End Claims Payment Audit**
 - **Prepayment Audits for New Business Implementation**

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Claims Performance Metrics

Measure	Description	Internal Target	Actual April Results
Prompt Pay % within 30 Days	% Clean Claims Paid < 31 Days	99.00%	99.17%
Prompt Pay % within 60 Days	% Clean Claims Paid < 61 Days	100.00%	100.00%
Avg. Business Days to Process	Average Business Days To Adjudicated Status	10 days or <	8.29
Pended Claims Aging	% of Received Claims Pended to '01' Status >30 Days	1% or <	0.02%
Days' Receipts on Hand	Pended claim level divided by daily average receipts over the past 13 weeks rolling	2.5 or <	0.96
Claim Appeals Resolved / Closed	% of Resolved / Closed Claim Appeals within 30 days	95.00%	100.00%

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Provider Claim Appeals

Providers may appeal claims payment denials within 365 days from date of service. Kentucky provider claim appeals are acknowledged by letter within 5 days of receipt and processed within 30 days.

Submitting Appeals:

- Online, Mail and Fax
- Humana-CareSource posts claim appeal instructions on our website, web portal and on our appeal request form.
- We ensure that our provider facing representatives receive training on these submission methods to assist our providers.

Proactive Outreach – Humana-CareSource Claims Resolution Specialists perform weekly outreach to providers meeting thresholds for denied / rejected claims and adverse billing patterns to communicate the reason(s) for denials and offer assistance on how to appropriately bill to receive payment.

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Clinical Appeals

- Member and Provider Appeals may be filed verbally, via fax, web portal, or letter
- Nationally recognized guidelines and criteria sets are utilized in appeal decisions
- All Appeals are reviewed by Registered Nurses and all decisions are rendered by Humana - CareSource Medical Directors
- Current Appeal rate: 1.8%

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Medical Management

Prior Authorizations (PA)

- Review of utilization, financial and quality data determines those services which require PA for payment
- Nationally accepted guidelines and medical policy statements are utilized for determination
- Services not approved by Medical Management staff are further reviewed by Medical Directors
- Services not approved are offered opportunity for Peer to Peer discussion

Medical Management

PA required for the following:

- Inpatient services
 - Out of network services
 - Hospice
 - Rehabilitation services
 - Some ancillary, dental, pain management, pharmaceuticals, and behavioral health
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- **Few outpatient services require prior authorization**

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Behavioral Health

- **Beacon Behavioral Health** is the delegated vendor for Behavioral health and substance abuse services
 - NCQA certified Managed Behavioral Health Organization
 - Provides a comprehensive range of behavioral health care service for Members
 - 24 hour crisis line availability
- **Services requiring prior authorization**
 - Psychological & Neuropsychological Testing
 - ECT
 - Inpatient services
 - Intensive outpatient
- Beacon assists Members and PCPs with Provider referrals and with making appointments for Members in need of therapy and/or psychiatry services

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Dental

- **Managed Care of North America, Inc. (MCNA)** is the delegated dental benefits manager
 - Leading dental benefit management company committed to providing high quality services
 - Network of dentists and oral health specialists dedicated to excellent clinical outcomes
- **Services requiring prior authorization:**
 - Orthodontia
 - Extractions
 - Oral Surgery
 - Endodontic
 - Root Canals
 - Crowns
 - Periodontal Treatment
 - Dentures

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HealthHelp

Humana–CareSource partners with HealthHelp to provide consultative services to our providers for Hi Tech Radiology Services – CT's, MR's and PET

HealthHelp's RadConsult program provides expert peer consultation and the latest evidence-based medical criteria applicable to ensure that the most appropriate high tech imaging procedure is conducted

Our providers can contact them directly to provide these consultative services

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Pharmacy

- **CVS CareMark** is the pharmacy delegate for:
Pharmacy Network, Pharmacy Benefits Manager (PBM) and Pharmacy Claims Processor
 - Most medications are available without Prior Auth
 - PA reviews not delegated to CVS CareMark
 - Utilize an **interactive formulary tool on website**
 - Allows Providers and Members ability to search for a specific medication and any applicable utilization edits
 - Hold quarterly, open public forum formulary and therapeutics meeting in Louisville.

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