



Medicaid Managed Care Educational Forum

May 7, 2013

Medical

- Prior to an elective service
- Within two (2) business days of an urgent or emergent service
- PAs may be obtained/determinations are communicated
 - Telephone
 - Fax
 - Secure Portal

Prior Authorizations

Clinical Information is reviewed utilizing
McKesson InterQual[®] Criteria

You may access “Pre-Auth Needed?” through
Provider Web Portal at:

www.kentuckyspirithealth.com for a procedure,
medication, or revenue code.

KSHP can receive ANSI X12N 837 professional, institution or encounter transaction and generate ANSI X12N 835 EOP.

For more information on electronic filing and clearinghouses KSHP has partnered with, contact:

Kentucky Spirit Health Plan
c/o Centene EDI Department
1-800-225-2573, extension 25525

or by e-mail at:

EDIBA@centene.com

- Check member eligibility
- View and submit claims
- View and submit claim adjustments
- View and submit PAs
- View payment history

Top Claim Denial Reasons

Denial Code	Description
EX18	Duplicate Claim
EX46	Service billed Non-Covered
EXA1	Authorization not on file
EXKA	Provider Medicaid ID Required
XL6	Bill primary insurance and resubmit with EOB
Exya, EXx9	CMS/National Correct Coding Initiative
EXON	Non-par Clinical & Pathology Lab Services not reimbursable
EX35	Benefit maximum has been reached

- Provider Portal
 - Obtain claim status
 - Submit claims
 - Submit corrected claims
- EDI
- Corrected Claims
 - Clearly marked as “Re-Submission” or “Corrected Claim”
 - If mailing include original claim number and EOP

Claim Dispute Form

- Does not require claim to be corrected
- Must include detailed reason for dispute
- Provide sufficient identifying information and supporting documents
- Claim Dispute Form is located on KSHP Website at www.kentuckyspirithealth.com. Mail to:

Kentucky Spirit Health Plan
Attn: Claim Dispute
P. O. Box 3000
Farmington, MO 63640-3800

- UB-04 and HCFA-1500 forms must meet CMS red ink printing requirements.
- You are highly encouraged to submit your forms electronically via our Web Portal www.kentuckyspirithealth.com
- Do not include medical records at original claim submission.

Available at www.kentuckyspirithealth.com and include:

- Quick Reference Guides
- Frequently Asked Questions
- Eligibility Verification
- ERA/EFT Enrollment
- Prior Authorization
- Medical Necessity Appeals
- Provider Manual
- Billing guides
- Forms

Contact Information

- Provider Relations Territory Listing -
<http://www.kentuckyspirithealth.com>
- Prior Authorization
 - Telephone 1-866-643-3153
 - Fax 1-855-252-0567
- Paper Claims-Mail to:
 - Kentucky Spirit Health Plan
 - Attn: Claims Department
 - P. O. Box 4001
 - Farmington, MO 63640-4401

- **Claims Disputes- Mail to:**

Kentucky Spirit Health Plan
Attn: Claim Dispute
P. O. Box 3000
Farmington, MO 63640-3800

- **Retrospective Reviews- Mail to:**

Kentucky Spirit Health Plan
Attn: Administrative Appeals Department
201 East Main Street, Suite 500-A
Lexington, KY 40507

What it means to providers

- All Kentucky Spirit members' last date of eligibility with Kentucky Spirit is July 5, 2013
- Kentucky Spirit has made the appropriate/corresponding change with regard to authorizations
- Claims submissions and reconsiderations continue as normal (with dates of service through 7/5/13), 365 days to submit claims, 24 months to appeal
- Call center will continue to be available during the run out period

Behavioral Health

Prior Authorization

PA forms are located at: www.cenpatico.com

Outpatient service requests are faxed to:
866-694-3649

Inpatient services are obtained through
telephonic review, call 855-790-5056

Web Portal Claim Submission -Set up a user account at www.cenpatico.com

- Check eligibility
- Status of previously submitted claims

EDI Clearinghouse Submission

Paper Claim Submission

Mail to: Cenpatico
PO Box 7100
Farmington, MO 63640-3815

Top Reasons for Denials

- Incorrect provider information
- Codes do not match the authorization
- More units than were authorized
- Mid-Level providers in the rendering provider field
- Incorrect payor ID on electronic claims
- Member Medicaid Number should be in box 1A
- Facility ID should be in box 24
- Resubmitting a denied claim without correcting the claim appropriately

Billing instructions by specific provider type can be found in the Cenpatico Provider Manual at:

www.cenpatico.com

Cenpatico Claims Support Liaisons at 866-324-3632.

Claim Reconsideration

- Corrected Resubmissions
- Adjustment Requests

- Retroactive Authorization
- Mail requests to the following address:

Cenpatico
Care Management
504 Lavaca St., Ste. 850
Austin, TX 78701-2939

- If authorization contains unused visits and end date has expired, call the Cenpatico Service Center representative to extend the end date
- If dissatisfied with response to Resubmission, appeal in writing to:

Cenpatico Appeals

PO Box 6000

Farmington, MO 63640-3809

- Appeals must be received within twenty-four (24) months of the date on the EOP

Contact Information

Ryan Rhoads, Manager of Network Operations at

rrhoads@cenpatico.com

- Phone: 859-226-4490
- Cell: 859-455-6221

Leigh Ann Hayes, Provider Relations Specialist at

lhayes@cenpatico.com

- Phone: 859-226-4704

Cenpatico Customer Service – 855-790-5056

Claims Support – 866-324-3632

Resources and contact information available at www.Cenpatico.com including:

- Quick Reference Guides
- Frequently Asked Questions
- Eligibility Verification
- ERA/EFT Enrollment
- Prior Authorization
- Appeals
- Provider Manual/Billing Guides

Dental

Prior Authorization

Submit electronically at www.mcna.net or mail to:

MCNA
200 West Cypress Creek Road, Suite 500
Fort Lauderdale, FL 33309
FAX: (954) 730-7875

Authorization requests faxed or submitted through a clearinghouse will not be accepted.

Claims may be submitted in three ways:

- Mail
- Electronically on MCNA's Online Provider Portal at <http://portal.mcna.net>
- Electronically through a clearinghouse

Top Claim Denial Reasons

- Duplicate claim/service
- Non-Par provider
- Non-Par facility
- Services incurred after coverage terminated
- Coverage for a procedure is limited to once in a 12 month period

For complaints/appeals:

1-877-375-6262 or in writing to:

MCNA Dental Plans,
Attn: Provider Complaints & Appeals
200 West Cypress Creek Road
Suite 500
Fort Lauderdale, FL 33309

Information Resources

Mercedes Linares, Director of Provider Relations
Morgan Stumbo, Provider Relations Representative
1-800-494-6262 ext 166

Customer Service: 1-800-494-6262, Option 6
Fax: 954-318-1505

MCNA Provider Portal at: <http://portal.mcna.net/>

Access Provider Manual at:
<http://manuals.mcna.net/kshp/>

Pharmacy

- Kentucky Spirit utilizes US Script as PBM
- US Script processes approximately 165,000 KSHP Rx claims/month.
- US Script processes approximately 450 KSHP RX requests per week.
- 99%+ of KSHP RX PA requests are completed within 24 hours.

KSHP's complete Drug Formulary can be found at:

www.kentuckyspirithealthplan.com

Success Stories

63 year old member who has multiple health issues (thyroid cancer, hypertension and heart disease) and no family support structure

During the case management assessment it was noted that her home was very unsafe due to floors collapsing and the bathroom was completely unusable.

She was enrolled in Case Management and Disease Management.

Due to the safety issues with her home, our staff assisted member to apply with the housing authority and she was approved for a grant to make the necessary repairs.

Member now reports that she has quit smoking, walks more often, has an increased appetite and has not had any recent episodes of chest pain.

Through the collaborative efforts of the member, case management staff and the health coach, this story had a positive ending.

10 year old member with life threatening disease – Congenital Neutropenia.

As a part of an aggressive case management cost savings initiative, she was identified as high risk and enrolled in Case Management.

Mother was very involved but needed extra help with care coordination.

A medication review was conducted that identified a large amount of waste with her daily injections.

The case manager prompted a collaborative relationship between the health plan, the Primary Care Physician, the hematologist, the drug manufacturer and the mother of the member.

The result is a lower cost alternative, curtailing medication waste that provides this child with the right medication in the safest, most appropriate manner.