

Minutes **Healthy Start Coalition of Flagler and Volusia Counties, Inc.
Coalition Meeting (Medicaid Managed Care Group) Summary**

Date/Time: Thursday, April 23, 2015 - 9:00 – 10:30am

Location: Florida Health – Volusia, Conference Room 516C, 1845 Holsonback Drive, Daytona Beach, FL.

Attendees: Penny Allred (OB/GYN Health Center), Tonya Boswell (Palm Coast/Port Orange OB/GYN), Thomas Bryant III (DOH-Volusia), Shinece Carr (SMA-Healthy Start), Sharon Clarke (Magellan Complete Care), Fayshonda Cooks (United Healthcare), Stacey Davis (Sunshine Health), Kathy Diaz (Florida Health – Volusia), Jane Duggan (Halifax Health), Scott Etarro (Choice Counseling), Barika Grayson (Magellan Complete Care), Cindy Harris (OB/GYN Heath Center), Christopher Hill (Daytona Beach Women’s Center), Alex Harrell (Florida Hospital Memorial Medical Center), Lisa Izzo (Florida Health-Flagler), Pauline Lundstrom (Sunshine Health), Erica Marinelli (Palm Coast/Port Orange OB/GYN), Adrian McWilliams (Molina Healthcare), Melody Monk (Agape Birth and Wellness Center), DeWeece Ogden (AHCA), Brandi Patterson (Molina Health Care), Cher Philio (Halifax Health/Healthy Communities), Glorida Questell (Florida Hospital Memorial Medical Center), Carrie Raper (Sunshine Health), Sylvia Riofrio (Molina Health Care), Sue Rohe (Daytona Beach Women’s Center), Ron Rondeau (Florida Health-Volusia), Sonya Ross (Sunshine Health), Arian Santana-Gonzalez, Jodie Smith (Molina Health Care).

Staff Present: Peggy Cage, Carmen Diaz, Rosha Loach, Dixie Morgese, and Sue Snow.

Agenda Item	Summary/Discussion	Action	Follow-Up	Date
Welcome and Introductions	A meeting was convened on Thursday, April 23, 2015. Introductions were made and Dixie Morgese reviewed the agenda with the members present.	Information Only	N/A	N/A
Discussion – Current Status of Providers	The providers submitted a list of general issues (<i>see below</i>) that they are still seeing with the managed care plans. The questions were addressed and a discussion was held with the members present.	Information Only	N/A	N/A
Discussion – Issues Resolution from Last Meeting	<p>GENERAL ISSUES:</p> <ol style="list-style-type: none"> 1) Plans are inconsistent with requirements for billing the same services. It is difficult to manage and bill each plan a different way. Most are not following the same process we used when billing Medicaid. 2) Plans we are not contracted with are not paying for Public Health Services at CBR. 3) (HMS issue) Services provided on same encounter are being 			

Agenda Item	Summary/Discussion	Action	Follow-Up	Date
<p>Any additional issues Access Authorizations/payments Other</p>	<p>split when billed. Payors will deny certain services when related services are not linked on same claim. (Ex: Vaccines w/multiple admin codes, IUD and Nexplanon device without reporting insertion on same claim, etc.).</p> <p>4) Unbundling Administration of vaccines with office visits. Pays lesser amount (Administration Fee) Denies Visit fee.</p> <p>5) SAME GROUP TAX ID FOR ALL DOH CHD'S. Payments & claim correspondence incorrectly routed, received late or not at all.</p> <p>6) Confidential Teens-No response as to whether claims are processed confidentially by Managed Care Plans.</p> <p>Flagler County Health Department said things were getting better and they filed 19 complaints on-line with the ACHA website after the last meeting was held. FCHD continues to work with ACHA to address all of their issues. FCHD said there are times where ACHA wants to close the complaint without completing. FCHD is going back to the plans regarding covering CBRs and working them out. A complaint was filed with ACHA regarding paying the lesser of the two. FCHD said most HMO plans are a 3 year standard contract and not per facility. There is no flexibility – need to send term letter to renegotiate.</p> <p>Molina Health Care said they are working on getting the providers re-credentialed by May 31, 2015 since their take-over of First Coast Advantage.</p> <p>All state agencies use the same tax id number and are currently being worked on. Providers were told billing would stay the same code, requirements change yearly.</p> <p>ICD-10 will begin in October and everyone was told that the denial rate will go up in October. MGMA should provide training or ACHA. Issues still continue with getting switched out of one HMO to another. ACHA will follow-up on these concerns.</p> <p>Ms. Morgese recommended that if anyone is having issues with</p>			

Agenda Item	Summary/Discussion	Action	Follow-Up	Date
	<p>getting paid to please file their complaint on-line with ACHA.</p> <p>Additional issues reported:</p> <ol style="list-style-type: none"> 1) When we look up need for authorization on Family Planning, it says no authorization needed. We call customer service or authorization department, they say authorization is needed. Usually the call is made after the fact because payment was not received. 2) They do not recognize J codes for Family Planning service and will not pay. It is a code that has been around forever and the original Mcd never had a problem. 3) The patients keep getting switched out of one HMO to another, WHY? The patient is not aware of this problem until we inform them of the change (i.e. a United Healthcare patient for 4 months is switched to Molina Health Care, but they want back into United Healthcare). <p>SUNSHINE:</p> <ol style="list-style-type: none"> 1) Inconsistent claims processing for Nexplanon device. Some claims pay with Family planning visits, others pay for device, but deny visit. Different denial reasons given: “Global/Surgical Period”, “Denied after review of patient’s claim history, unbundled/global procedure”, “Payment included in higher intensity code billed”, “Reimbursement included in global fee”. <p>WELLCARE: <i>there was no representative at the meeting</i></p> <ol style="list-style-type: none"> 1) Paid claims at wrong CBR after increase on 7/1/2014. (Was \$125.00, now \$147.17). Reported Issues 2 months ago, has not been resolved with Wellcare Claims Unit. 2) “Unbundled procedure”-Denying visit claims when we have provided vaccines at the time of the visit (HPV, Flu, etc.). 3) Denying Nexplanon J7307 “Not on Fee Schedule”. 4) Also denying IUD and Nexplanon insertions w/code “Procedure requires Device”. Have tried billing as Family planning exam or used insertion code, both services deny. 			

Agenda Item	Summary/Discussion	Action	Follow-Up	Date
	<p>5) Have numerous denials letters from Wellcare but no denial reason on the letter. Have to verify each one individually.</p> <p>6) 180 day Timely Filing limit (Medicaid was 365 days). Unable to resubmit claims with incorrect Referral Code indicators in box 24H (HMS fix was not issued until January 2015).</p> <p>7) Many claims exceeded timely filing and revenue is not recoverable.</p> <p>8) Wellcare portal not accessible to correct/resubmit claims.</p> <p>9) Wellcare is very unresponsive and one of the providers currently has \$19,000 in unpaid claims.</p> <p>UNITED HEALTHCARE:</p> <p>1) Denying Depo Provera J1050 for “Units of Measure are Required”. Spoke with Project Team Representative Corey, he states that because we are billing as 150 ME (Milligrams) their system does not have the option to interpret that unit of measure. States they will only accept units as ML, GR, F2, UN. (Other plans pay on ME as acceptable unit).</p> <p>2) Reversing previously issued payments for unbundled Services (Admin of vaccine with office visit).</p> <p>3) UHC is the seemingly arbitrary payments. For the prenatal visit code, H1000, we have been paid (for a \$150 billed amount) \$50, \$52, or \$54.08 for clients with the same insurance, on the same date of service. Makes one wonder <u>who</u> is collecting the extra \$2 or in some cases \$4.08 across hundreds of visits?? NOT the people who performed the service.</p> <p>Recommended that the providers submit an appeal as soon as possible if they are having any issues with billing or coding.</p> <p>MAGELLAN</p> <p>1) Payment checks not accompanied by EOB, have to call each time. Delay in posting exceeds DOH policy for timely</p>			

Agenda Item	Summary/Discussion	Action	Follow-Up	Date
	<p>posting of payments.</p> <p>2) Sending their authorizations by snail mail even though nowhere on the authorization request form did it ask or have a space for an address! Have to type in a request for it to be faxed, but they insist on replying with a FIVE page approval - one of which is simply a large advertising word - MAGELLAN - which is simply eats our FAX paper for no good reason!</p> <p>Note: Magellan plans are specialty plans.</p> <p>BCBS Have 2 tax ID numbers for Flagler Health Dept. on file, (DOH & individual). They are unable to identify provider. Claims are not being processed</p> <p>The providers are also seeing issues with circumcisions being paid and are asking for payment up front. Ms. Morgese said babies are not getting circumcised. Sunshine Health has reached out to the providers to let them know that these are being covered. Sunshine Health goal is to touch base with all of the providers quarterly to address any of their concerns.</p>			
Need for future meetings	The members present recommended that these meetings continue to be held.	N/A	N/A	N/A
Other comments	<p>Ms. Morgese will follow-up on the following:</p> <p>Speak to County Health Departments MCO HMO contact list ICD-10 training information Circumcision issues Breast pumps</p>	N/A	N/A	N/A
Adjournment	The meeting was adjourned at 10:30a.m.	None	N/A	N/A