health MD matters
Health Plan of San Mateo Provider Newsletter
Summer 2014

From the Desk of the Medical Director

New Mental Health Benefits for Medi-Cal Members

Last year, the California legislature expanded Medi-Cal benefits to cover outpatient mental health and substance abuse treatment services. Before the expansion, Medi-Cal covered mental health services only for beneficiaries with severe impairments from certain illnesses. These were considered specialty mental health services. Beneficiaries with conditions that did not meet the criteria for these services were mostly limited to treatments delivered by primary care physicians (PCPs).

New benefits cover more members and outpatient services

The new mental health Medi-Cal benefits present a great opportunity to address prevalent and traditionally undertreated conditions. They cover services for mild to moderate distress or impairment of mental, emotional or behavioral functioning. These are conditions listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). For these diagnoses, the new benefits cover psychotherapy, psychological testing to evaluate a mental health condition, medication management, some drugs and psychiatric consultation. The only conditions that the new benefits do not cover are those considered relational problems (i.e., couples counseling).

Medi-Cal now covers screening, brief interventions and referral to treatment (SBIRT) for members with alcohol use disorders or members at risk of developing substance abuse disorders.

more on page 2

In this issue:

HealthPlan OF SAN MATEO

Mental Health Benefits

continued from cover

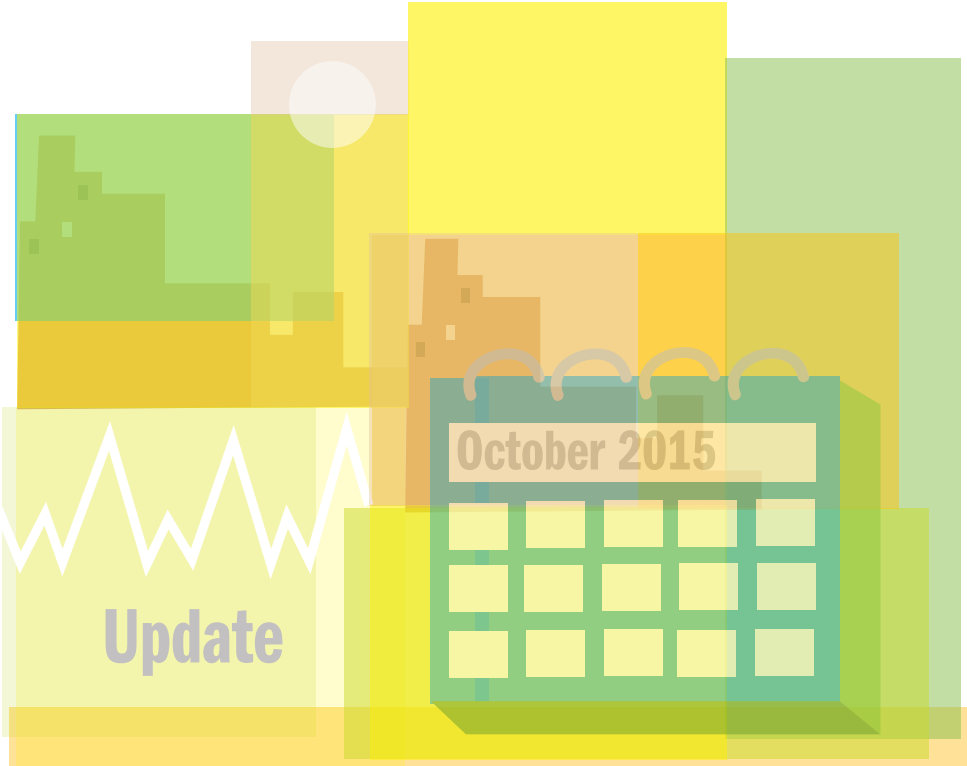
Collaboration with Behavioral Health and Recovery Services

Health Plan of San Mateo's (HPSM) long partnership with San Mateo County Behavioral Health and Recovery Services (BHRS) now benefits HPSM members with mild or moderate mental health conditions. For these less severe conditions, BHRS has a network of outpatient service providers to treat HPSM members, as well as the capacity to consult with physicians who want to address members' issues themselves. BHRS will continue to provide specialty mental health services for serious conditions.

Services start with primary care referral

The success of this benefit expansion depends on our PCPs' ability to identify members with mental health and substance abuse treatment needs. In the coming weeks, our Provider Services representatives will offer PCPs simple screening instruments. Through HPSM's collaboration with BHRS, our PCPs will have enhanced abilities to refer or treat members with these needs. A form for outreach to BHRS is now available on the provider page of the HPSM website at **www.hpsm.org**.

For more information, contact David Ries, network relations manager, at **david.ries@hpsm.org**.



ICD-10 Conversion Update

Congress Delays Implementation until October 2015

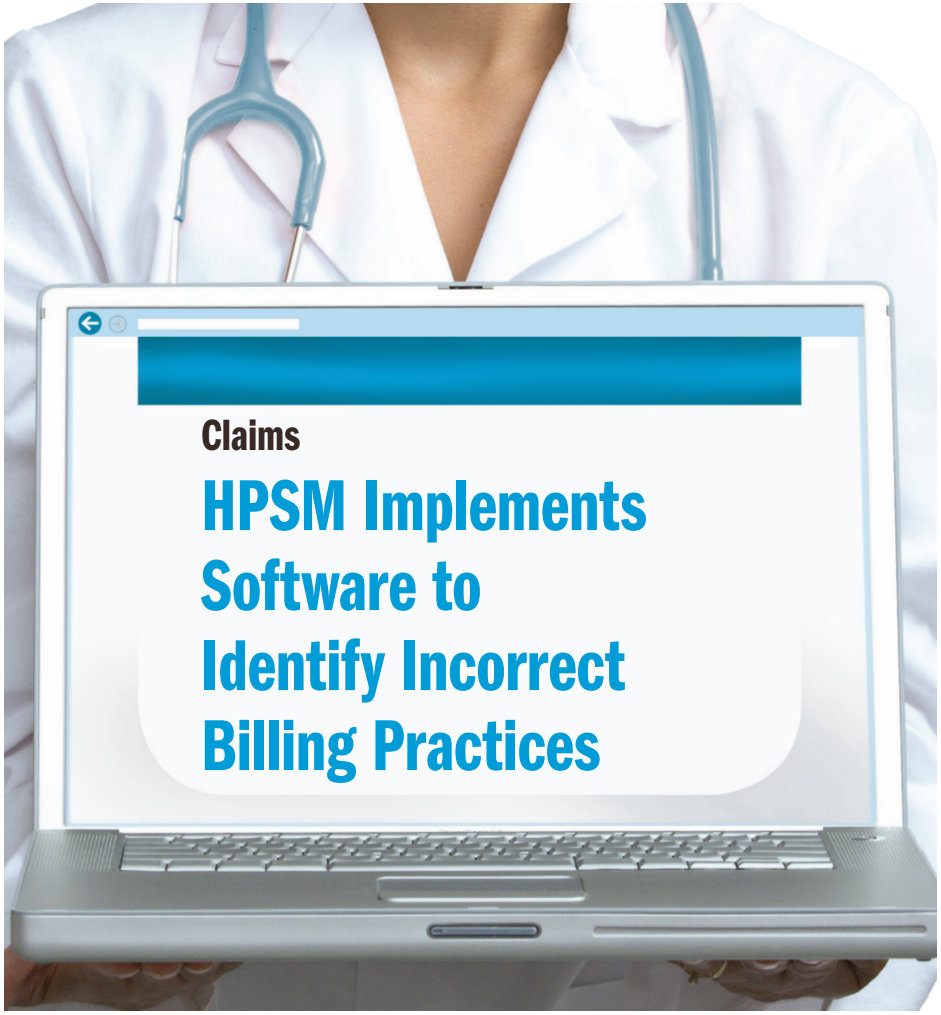
In April, Health Plan of San Mateo (HPSM) sent an announcement to all providers informing them of the recent bill that was passed to delay ICD-10 implementation by one year. The delay changed the compliance date from Oct. 1, 2014, to Oct. 1, 2015, at the earliest.

While the new compliance date is not fixed yet, it will not be before Oct. 1, 2015. HPSM will inform providers when news of a firm date for implementation is received.

Implementation delay extends time for preparation

HPSM is using the extra time created by the extended compliance date to help providers and their staff complete testing of their claims systems and processes. HPSM continues to be available to network providers who want to test and validate data to make certain their systems are functional and accurate.

If you have questions on sending test claim files to HPSM, please call our Provider Services department at **650-616-2106.**



Every year millions of health care dollars are improperly spent because of incorrect billing practices that lead to fraud, waste and abuse. The Centers for Medicare & Medicaid Services (CMS), which oversees the Medicare program, requires plans with Medicare lines of business such as Health Plan of San Mateo (HPSM) to implement measures that help prevent, detect, and correct fraud, waste and abuse. HPSM has started to work with two software programs to meet this CMS requirement.

Claims editing software

HPSM is working on the implementation of Verisk Health's claims editing software. This software identifies incorrect practices such as submitting duplicate claims, unbundling, up-coding, bill-splitting and using invalid procedure codes. Claims with these errors will be identified and denied payment with notification to providers. This system is based on nationally recognized payment and coding guidelines supported by CMS Medicare rules and regulations and the National Correct Coding Initiative.

Billing patterns comparison

The second software program is Fraud Finder Pro. This is a comprehensive tool that looks at provider billing activity over time. It reviews a provider's current and previous billing patterns and compares them to patterns for a group of providers of the same specialty within HPSM's network. HPSM staff will use findings from this analysis to follow up with providers to offer education and assistance to help reduce denied claims. **However, the tool will also identify patterns of abusive or possibly fraudulent billing, which would require further investigation and possible referral to regulatory agencies.**

HEALTH MATTERS MD is published as a provider service for the participating physicians of HEALTH PLAN OF SAN MATEO, 701 Gateway Blvd., Suite 400, South San Francisco, CA 94080. Telephone: 650-616-0050, website: www.hpsm.org. Information in HEALTH MATTERS MD comes from a wide range of medical experts. Models may be used in photos and illustrations.

CUN30443

Save Staff Time and Money: Use Electronic Access

Providers can receive processed claims information and payments faster by using Health Plan of San Mateo's (HPSM) electronic remittance advice (ERA) and electronic funds transfers (EFT) processes.

What is ERA?

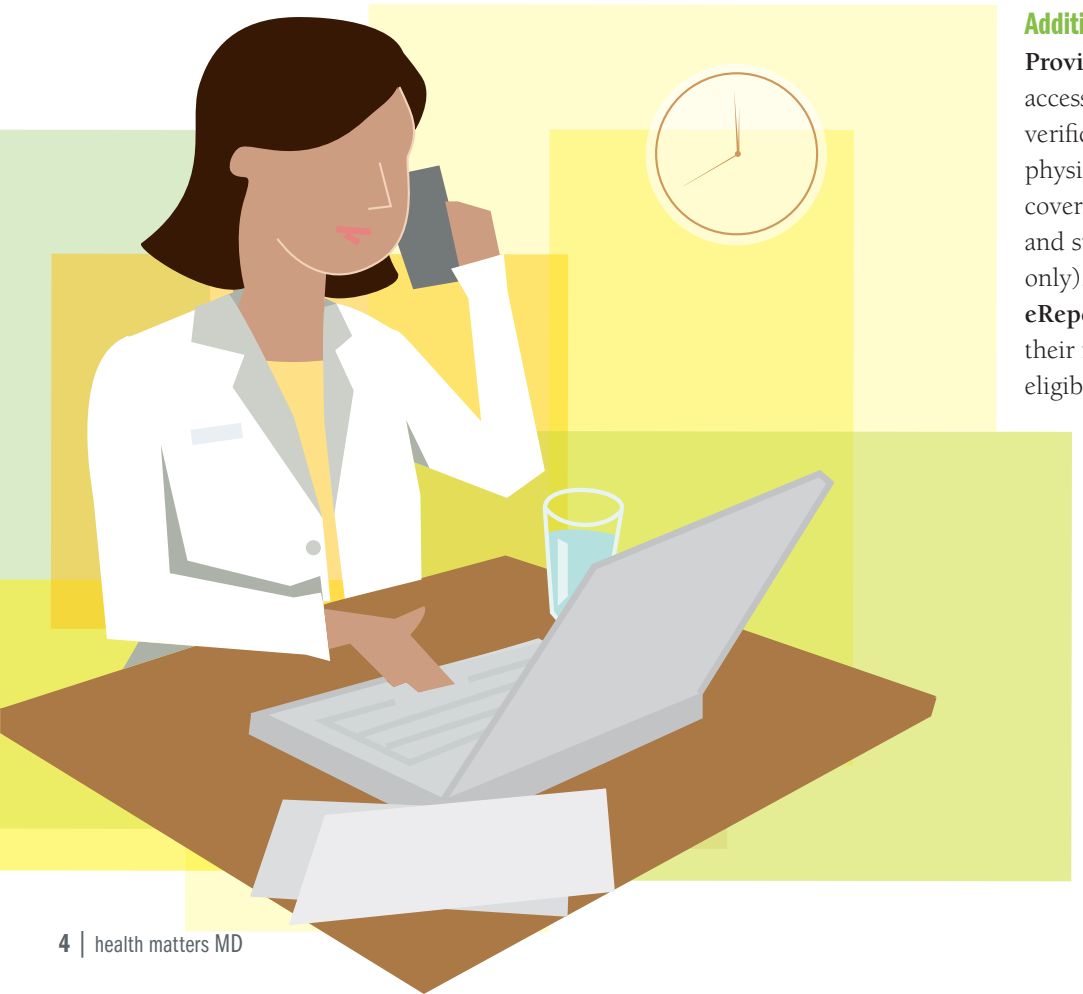
ERA is an electronic version of a payment explanation that provides details about a provider's claims payments and denials. The ERA industry- and HIPAA-compliant standard is known as the ASC X12 835 file format. In order to use ERA, providers must have billing software that can accommodate the 835 file format.

What is an EFT?

Electronic funds transfer (EFT) is a method of payment offered to providers that is convenient and saves money. The EFT process is paperless and automatically deposits claims payments directly to your savings or checking account.

Using ERA and EFT reduces paper processing, staff time and costs related to postage. In order for providers to receive EFTs, providers must first enroll in ERA. This ensures a paperless environment.

To sign up for ERA and EFT, please visit HPSM's website at **www.hpsm.org/providers/provider-resources.aspx**. Click on the "ERA-EFT" tab.



Additional resources

Provider Portal. Providers can securely access HPSM member eligibility verification, member primary care physician assignment and other health coverage information; check claim status; and submit claims (CMS-1500 format only).

eReports. Providers can securely access their remittance advice, HPSM member eligibility lists and other important documents.

If you have questions or would like access to any of these available services, please call HPSM's Provider Services department at **650-616-2106**.

CareAdvantage Cal MediConnect Plan Began in April 2014

On April 1, 2014, Health Plan of San Mateo (HPSM) enrolled 3,100 eligible residents in San Mateo County in the state's new Cal MediConnect Program. The program is being offered in only eight California counties that were selected to implement it as a Medicare-Medicaid health plan. In San Mateo County, the program is officially called HPSM CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan). HPSM providers and enrollees can refer to it as CareAdvantage CMC.

Same CareAdvantage benefits, different coverage for vision and taxi rides

Similar to our CareAdvantage (CA) members, enrollees in CareAdvantage CMC receive services that are covered by their Medicare and Medi-Cal benefits through one health plan. Members in both programs do not have a premium. CA and CareAdvantage CMC have the same benefits except for differences in their coverage for vision care and taxi rides to medical appointments. The CareAdvantage CMC vision benefit covers eyeglasses every two years with a $100 cap on eyewear. CA covers eyeglasses every year with an annual $150 cap on eyewear. For the taxi ride benefit, members in CareAdvantage CMC are covered for 30 one-way trips per calendar year; members with regular CA are covered for 14 one-way trips. And while CA members have co-pays only for pharmacy prescriptions, CareAdvantage CMC members do not have co-pays for services or prescriptions. However, this may change in 2015 for CMC members.

Additional benefit with CareAdvantage CMC: Nurse case manager

CareAdvantage CMC members are assigned to a nurse case manager who works with an interdisciplinary care team of providers. A member's care team includes his or her primary care physician (PCP); pharmacy; and long-term care providers that represent in-home supportive services, community-based adult health care, social services and nursing home services if necessary. The nurse case manager works with the care team to determine which services a member needs and assists the member in receiving the range of services needed for his or her care. This is commonly referred to as care coordination. With CareAdvantage CMC, members have access to a broader range of choices to meet their health care needs.

More information about CareAdvantage CMC benefits is available on our website at **www.hpsm.org**. For specific questions about a member's eligibility, call HPSM Provider Services at **650-616-2106**.

Quick Reference Guide

HPSM Provider Services
650-616-2106

HPSM website
www.hpsm.org

New billing software. See page 3.

HealthPlan OF SAN MATEO

Nurse Advice Line Becomes Available to All HPSM Members

On April 1, Health Plan of San Mateo (HPSM) signed a contract with NurseWise, a nurse advice line vendor, to provide triage services for all HPSM members. HPSM providers can use NurseWise for triage services for after-hours calls only, Monday through Friday from 5 p.m. to 8 a.m.; on weekends; and on designated holidays. HPSM members can reach NurseWise at **866-535-6977**.

Phone triage services direct patients to appropriate care

NurseWise is a 24-hour nurse advice line that provides patient triage support. The nurses who staff the advice line are experienced registered nurses who have the knowledge to advise patients on what to do for immediate health concerns and to direct them to the correct level of medical care. They provide self-care instructions for minor illness, encourage receiving preventive services and give information on the full range of treatment options.

The benefits of NurseWise services are:

- 24/7 access to registered nurses who assess a patient's medical needs
- Continuity of after-hours care by registered nurses who use nationally recognized clinical decision support tools
- Single-call resolution model, with a 100 percent live call answer commitment
- Care-directed advice based on provider approval and preferences
- Service from a URAC-accredited call center

Bilingual nurses are available

Over half of NurseWise's nurses are bilingual in English and Spanish. They use a phone interpreter service with patients who need assistance in other languages.

If you have any questions about this service, please call **800-225-2573, ext. 25638** (Centene Corporation). Or you can call HPSM's Provider Services department at **650-616-2106**.