

Provider Connection

NEWS FOR MEDCOST'S PPO NETWORK PROVIDERS

December 2011



In This Issue...

- 2 MedCost Welcomes New Groups
- 2 Baseline Assessments Help to Manage Health Care Needs of Members
- 3 MedCost ICD-10 Webinar- Mark Your Calendars for Wednesday, March 28, 2012
- 3 INCLUSIVE HEALTH to Work with Area Hospitals to Increase Awareness of the Federal Option
- 3 Holiday Schedule

The implementation deadline for 5010 transaction standards is **January 1, 2012**, less than a month away. As you run dual processes with your clearinghouse and software vendors to ensure compliance with the new 5010 requirements, here are some key changes to keep in mind to avoid your claims being rejected:

- **Provider's Billing Address/Pay To** – The Provider's Billing Address (Loop 2010AA – N301 or N302) can no longer contain a post office box or lock box, but instead must be the physical (street) address associated with your National Provider Identifier (NPI). If you would like to receive your payment at a post office box or lock box, enter that information as the Pay-to Address (Loop 2010AB - Pay-To Address Name). Providers with more than one office location need to ensure that their software or clearinghouse vendors offer the capability of sending the physical address as the Provider's Billing Address for each batch of claims. You do not need to wait until the transition to 5010 to implement this new requirement. The physical address can be submitted in 4010 transactions today. It is important to file your claims with the correct address information.
- **Subscriber Definition Change** – [Loop 2000B (Subscriber) versus Loop 2000C (Patient)] – If dependents have a unique member number, the dependent must be listed as the Subscriber (Loop 2000B).
- **Patient Status Code** – (Loop 2300 – CL103) – This is specific to Institutional claims only. Patient Status Code was only required when filing inpatient claims in 4010, but is required for all claims (Inpatient and Outpatient) in 5010.
- **NPI** – (Loop 2310B) – This field is required with 5010 and should be populated only with NPI numbers. For the Professional Rendering Provider, the NPI Number location is Segment NM109 where NM108 = xx and data element 67. For the Institutional Rendering Provider NPI Number, the location is Segment NM109 where NM108=xx and data element 67.

MedCost

For additional information, you may wish to request a companion guide from your clearinghouse vendor.

MedCost Welcomes New Groups

The following new employer groups recently began or soon will be accessing the MedCost Preferred network (not a complete list):

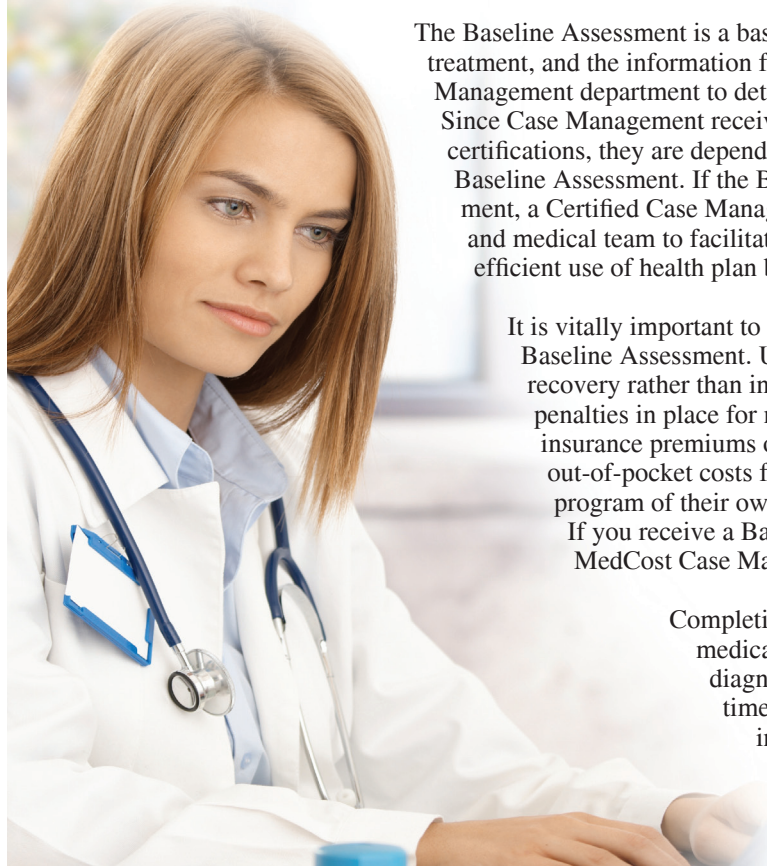
Company Name	Group #	Employees	Claims Administrator	Eligibility Number
Comporium Communications	289	930	Primary Physician Care	704-523-2758
Wade Manufacturing, Inc.	7588	194	MedCost Benefit Services	800-795-1023
K2 Solutions Health Benefit Plan	386	160	Preferred Benefit Administrators, Inc.	888-524-2777
Inman Mills	IMI10	500	CWI Benefits	855-466-2601
Murphy Medical Center	3590	482	MedCost Benefit Services	800-795-1023
Spartanburg Regional Health Services	SRHS	4500	HealthSCOPE Benefits, Inc.	866-967-6831

The following employer groups recently changed claims administrators (not a complete list):

Company Name	Group #	Employees	Claims Administrator	Eligibility Number
Colony Tire Corporation	273	385	Primary Physician Care	704-523-2758
			Previous Claims Administrator - Integra Employer Health	
McRae Industries	8113	282	MedCost Benefit Services	800-795-1023
			Previous Claims Administrator - Meritain - Buffalo	

Baseline Assessments Help to Manage Health Care Needs of Members

MedCost’s Case Management handles a portion of MedCost’s covered lives. Our program closely manages and monitors the ongoing health care needs of members with catastrophic and long-term cases, such as strokes, certain cancers, spinal cord injuries, debilitating diseases and terminal illnesses, to prevent complications and improve the patient’s quality of life. A variety of criteria are used to proactively identify potential high-risk and high-dollar illnesses and injuries, including Baseline Assessments completed by the patient’s provider.



The Baseline Assessment is a basic questionnaire regarding a patient’s diagnosis and treatment, and the information from it is used to “triage” referrals that come in to the Case Management department to determine if a Case Manager needs to become involved. Since Case Management receives only preliminary information from referrals and certifications, they are dependent on the provider to give the details of a case through the Baseline Assessment. If the Baseline Assessment reveals the need for Case Management, a Certified Case Manager will work with the patient and/or their family members and medical team to facilitate the best possible quality of care and make the most efficient use of health plan benefits over the course of long-term treatment.

It is vitally important to the patient for a provider to complete and return the Baseline Assessment. Utilizing Case Management allows the patient to focus on recovery rather than insurance coverage issues. In addition, some employers have penalties in place for non-participation in case management—such as higher insurance premiums or lesser benefits—that could affect the patient’s out-of-pocket costs for care. Even if a medical facility has a case management program of their own, it’s advantageous to complete the Baseline Assessment. If you receive a Baseline Assessment and have questions, feel free to contact MedCost Case Management for help in understanding the patient’s benefits.

Completing the Baseline Assessment requires pulling a patient’s medical record and answering a few basic questions regarding diagnosis and treatment. The entire process takes very little time and could be very beneficial to everyone involved in a patient’s long-term care.

MedCost ICD-10 Webinar - Mark Your Calendars for Wednesday, March 28, 2012

The ICD-10 implementation deadline is October 1, 2013, but there's another date you should keep in mind as well—**Wednesday, March 28, 2012**. That's when MedCost will offer a free, web-based presentation to our network providers, giving an overview of the major differences between ICD-10 and ICD-9 and details on how these changes likely will affect you as a health care provider. Mark your calendars now and plan to join us to learn what you can do to ease the transition. More information, including sign-up details, coming soon.



INCLUSIVE HEALTH

Inclusive Health to Work with Area Hospitals to Increase Awareness of the Federal Option

Enrollment in the Inclusive Health - State and Federal Options continues to grow. Membership now tops 11,000 (8,163 State and 2,915 Federal), but there are still several individuals with pre-existing medical conditions who can benefit from having Inclusive Health coverage. To reach those individuals, Inclusive Health has begun running an ad campaign on Time Warner cable stations with testimonials from actual Inclusive Health members. To complement the ad campaign, Inclusive Health also will be working closely with area hospitals on an outreach project.

This outreach will be modeled on three very successful enrollment events that took place over the summer at Carolinas Medical Center – Union, Thomasville Medical Center, and Rowan Regional Medical Center. These three hospitals sent an informational flyer to their self-pay patients, inviting them to attend an enrollment event. At the event, Inclusive Health agents assisted the patients with questions, provided rate quotes, and helped with filling out applications for coverage. Inclusive Health plans to duplicate this model for reaching the uninsured through hospitals across the state. Information will be sent to all area hospitals by the first of the year, including sample letters, FAQs, an informational flyer, and a template for hosting an enrollment event.

For more information on Inclusive Health, please logon to their Web site at www.inclusivehealth.org or call the Inclusive Health Customer Service Center at (866) 665-2117.

MedCost will be closed on Friday, December 23, and Monday, December 26, in observance of the Christmas holiday. Our offices will reopen on Tuesday, December 27.

HAPPY HOLIDAYS

