

## SECTION 6

### MercyCare Medical Value Plan (MVP)

#### Overview

**MercyCare Medical Value Plan (MVP)** is the product MercyCare Health Plans (MCHP) developed as part of the state wide Medicaid Expansion Plan for AFDC and Healthy Start recipients only.

Recipients must receive all Medicaid-covered contracted services from providers affiliated with the enrollee's HMO.

Services beyond those available from Mercy Health System providers will require a referral authorized by MCHP.

**Badger Care** is the state program to cover uninsured working families, and is based on family income. To be eligible, a recipient must have children under the age of 19 living with them and their income must be within the guideline limits. Recipients usually have 60 days to enroll in one of the State Contracted HMOs or they will be assigned automatically to one.

#### Identification and Verification of MVP Members

MCHP MVP members can be identified by a state issued Medical Assistance Forward Card with the HMO identification code.



MVP members may be verified by one of the following methods:

- ◆ Copy of the FORWARD card
- ◆ EDS Voice Response System at 1-800-947-3544
- ◆ EDS Dial-Up
- ◆ EDS Eligibility Hot Line at 608-221-9254
- ◆ MCHP Customer Service at 1-800-895-2421

Providers can request exemptions or disenrollments by calling EDS Contract Monitors at 1-800-760-0001 for one of the following:

- ◆ Ninth month pregnancy – length of exemption is two full months past the estimated date of confinement.
- ◆ Transplants including liver, lung, heart-lung, pancreas-length of exemption is permanent.

### **Provider Change of Status**

Providers serving MCHP MVP members must be Medicaid certified unless they are treating members in emergency situations. MCHP may deny payments for non-emergency services provided by non-certified providers. If payments are made in error to non-certified providers, MCHP reserves the right to recoup payment. A listing of Medicaid Primary Care Physicians is listed at the end of this section. Please call the Medicaid Coordinator for Network Medicaid Specialists at 608-752-3431.

When a provider leaves your office, MCHP is required to notify the members who have seen that provider. Please contact MCHP Provider Relations at least 45 days prior to departure.

### **Covered Benefits**

MCHP is responsible for providing or referring for all **medically necessary** covered services to MCHP MVP members. All non-Emergency covered services must be provided by contracted MCHP providers.

### **Other Covered Services**

- ◆ Transportation to and from any medical appointment
- ◆ HealthCheck preventive screenings. (Please refer to the HealthCheck Guidelines located in this section)

### **Non-Covered Services**

Service categories not covered by MCHP MVP are dental and chiropractic services. MCHP MVP members can ONLY be billed the state fee for service for **non-covered services** if the member signs a statement of financial responsibility specific to the situation.

### **Emergency Room Care**

Members should call their PCP within 48 hours of a visit to the ER, in order to arrange follow up care. Follow up care is only covered if it is provided by a participating MVP provider.

## Medical Management Policies

**MVP Drug Formulary** – MCHP MVP uses the MCHP Clinical Formulary. Drugs not on this list must be prior authorized with MCHP before being prescribed. Please fax prior authorization to the MCHP Quality Health Management Team at 608-758-7726 to prior authorize. If you do not already have this formulary, please contact your Provider Relations Representative at 1-800-752-3431 or 752-3431 locally.

**Referral Process** – As with all MCHP products, MCHP MVP members **MUST** be seen by MVP in plan providers.(Mercy Health System Providers) **All referrals to out-of-plan providers not prior approved by MCHP Quality Health Management Team will be denied as PROVIDER LIABILITY.**

**Pre-Certification** – The previous state prior-authorization policies are replaced by the current MCHP Pre-Certification Procedure List, including abortions, sterilizations and hysterectomies. Please call 1-800-757-6825 or 757-6825 locally to pre-certify ALL inpatient admissions and the procedures listed on the Pre-Certification Procedure List. Please refer to Section 13 for a complete Pre-Certification List.

**Abortions, Sterilizations and Hysterectomies** – must be prior authorized by calling MCHP at 757-6825 locally or 1-800-757-6825. The current state and federal consent forms must be filled out completely and accurately within the established timelines and sent to MCHP Quality Health Management Team prior to services being rendered. Consent forms need to be signed by recipient 30 days prior to services being rendered, and signed by the physician after services are provided. **A copy of this completed consent form must be forwarded to MCHP.**

◆ **HealthCheck** – MCHP MVP members are mandated to participate in the HealthCheck Program. HealthCheck is Wisconsin's Early and Periodic Screening Diagnoses and Treatment Program (EPSDT). It is a comprehensive preventive screening of children through the age of 21 who are on Medicaid. Please refer to the HealthCheck Guidelines located in this section

## Coordination of Care

MCHP MVP members are expected to access primary care with their chosen Primary Care Physician. Any specialty care should be at the direction of the members PCP. **All referrals to out-of-plan providers not prior approved by MCHP Quality Health Management Team will be denied as Provider Liability.**

## Billing Policies

**Claims Submission Policy** – Claims must be submitted to MCHP within 90 days of date of service.

**Claim Filing Procedures** – Billable services should be itemized and submitted on HCFA 1500 forms with the appropriate codes approved by MCHP (CPT-4, ICD-9 **to the 5<sup>th</sup> digit**) for procedure and diagnosis showing provider's regular billed charges and not the fee schedule amount for services rendered to members.

Billable facility charges should be itemized and submitted on UB-92 forms with appropriate codes approved by MCHP (Revenue and ICD-9 **to the 5<sup>th</sup> digit**) for procedure and diagnosis showing provider's regular billed charges and not the fee schedule amount for services rendered to members.

<b>For MercyCare MVP Claims Only Send Claims To:</b>	<b>MercyCare MVP P.O. Box 2770 Janesville, WI 53547-2770</b>
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**Newborn Claims** –Providers should bill newborn claims and other charges including hospital and professional charges for the baby under the baby's name. If they are not in the MCHP system, the claim will sent be back stating they are not in the system yet.

**Immunizations** – MCHP MVP is mandated to comply and report immunization data. In order to meet these requirements, providers must document and accurately bill for recommended childhood immunizations. Submit claims to MCHP MVP with the appropriate immunization CPT code. **DO NOT** bill the administration CPT code or J codes.

**Coordination of Benefits** – MCHP MVP members are subject to the following coordination of benefit policies:

**MCHP MVP Secondary to Other Insurance** – MCHP MVP members are subject the same coordination of benefits rules as fee for service, and MCHP MVP is the payor of last resort. Secondary claims must be submitted with the other carrier explanation of payment within 90 days from the primary carrier payment.

**Subrogation** – If a MCHP MVP members' illness/injury may be covered by a third party insurer, (i.e. auto, homeowner, or liability) you may choose to bill the third party carrier. If the third party carrier denies the claim within 90 days of date of service, you may bill MCHP MVP. If the third party carrier denies the claim beyond 90 days from date of service, MCHP MVP will not be liable for the claim.

**Provider Appeal Process** – As a MCHP MVP provider, you may file an appeal when a claim submitted to MCHP is denied for payment or if the Medicaid allowed amount of a claim submitted is not paid. **You must follow this appeal process in order to make ANY changes to a previously submitted claim.** Outlined below is the provider appeal process:

- ❖ Notify MCHP Provider Relations Representative, **in writing, within 90 days of the initial payment/denial notice.**
- ❖ MCHP will review the appeal and notify provider, in writing, within 45 days of the receipt of the request.
- ❖ If provider is not notified of the decision within 45 days, or is not satisfied with the response, the provider will be advised of his/her right to appeal to the EDS Contract Monitor within 60 days of MCHP's determination.

## **Reimbursement**

**MCHP MVP EOP's** – are issued to you on a separate EOP from your commercial products.

MCHP MVP EOP's have the same EOP codes as our commercial product lines.

**HealthCheck Reimbursement** – When documented and billed appropriately, HealthCheck visits are reimbursed at a higher rate than normal exam visits. You must bill the appropriate Healthcheck CPT Code. Please refer to the HealthCheck Guidelines located in this section

Laboratory and immunization charges are billed and paid for separately from a HealthCheck exam.

### **Expectations**

As a contracted MCHP MVP Provider, the following contractual expectations apply:

- ❖ PCP coordinates all care to obtain the maximum continuity of care.
- ❖ Specialty Care providers agree to communicate with member's PCP.
- ❖ Providers are culturally sensitive to MCHP MVP members needs.
- ❖ Family Planning services provided to minors is confidential.
- ❖ Allow State or Federal representatives reasonable access to evaluate compliance with state Medical Assistance contracts.
- ❖ Provider must make available requested records for provider appeals within 10 working days.
- ❖ Provider agrees to respect advance directives of MCHP MVP members.
- ❖ Provider agrees to maintain Medical Assistance certification status and remain in good standing with MCHP credentialing requirements.
- ❖ Provider agrees to utilize only CLIA certified laboratories.

## MERCYCARE MVP MEDICAID HEALTHCHECK GUIDELINES

### What is HealthCheck?

HealthCheck is Wisconsin's Early and Periodic Screening Diagnosis and Treatment Program (EPSDT). It is a comprehensive preventive screening of children through the age of 21 who are on Medicaid. Legislation mandates that HMO's must achieve an 80% screening rate. MCHP encourages all physicians who do well-baby and well-child exams to perform complete HealthCheck exams and bill as HealthCheck exams. The allowable frequency of these screenings is based on recommendations from the American Academy of Pediatrics.

❖ Birth to first birthday	6 screenings @ 2 mos intervals
❖ First birthday to second birthday	3 screenings @ 4 mos intervals
❖ Second birthday to third birthday	2 screenings @ 6 mos intervals
❖ Third birthday to twenty first birthday	1 screening per year

To be recognized as a comprehensive screen according to the Medicaid definition, the provider must **assess** and **document** all of these components:

- ✓ A comprehensive health and development history
- ✓ A comprehensive unclothed physical exam (done by a health professional and must talk with parents regarding what to expect; nutritional assessment)
- ✓ An age-appropriate vision test
- ✓ An age-appropriate hearing test
- ✓ An oral assessment plus direct referral to dentist beginning at age three
- ✓ Appropriate immunizations (vaccines are provided free of charge to providers)
- ✓ Appropriate laboratory tests (blood leads must be performed from 6 months to 6 years of age)

Every year, MCHP must report how many HealthChecks were performed for our recipients by our own doctors and by agencies e.g. WIC. We are required to meet our 80% guidelines or the State will penalize us for non-compliance.

### **How do I Bill a comprehensive HealthCheck screen?**

- ❖ Bill the appropriate preventive CPT code (99381-99385 or 99391-99395)
- ❖ HealthChecks exceeding the periodic schedule will not be reimbursed. (Sick visits do not qualify as a HealthCheck).
- ❖ Bill immunizations with the appropriate CPT code. DO NOT bill the administration CPT code or J codes.

### **HealthCheck Outreach and Case Management**

HealthCheck exams are provided by community based agencies, school -based providers as well as primary care physicians. MCHP has contracted with area community based services such as county health departments and WIC agencies. We encourage agencies and physicians to communicate and work together to provide the best health care possible.

# **MERCYCARE MEDICAL VALUE PLAN (MVP) & EDS CONTACT SHEET**

## **MERCYCARE CUSTOMER SERVICES**

For Benefit Interpretation and Claims Inquiry  
1-800-895-2421

## **MERCYCARE PRE-CERTIFICATION**

For ALL Inpatient and Select Outpatient Procedures  
1-800-757-6825  
or  
757-6825 (local)

## **MERCYCARE DRUG PRIOR AUTHORIZATION**

For prior authorization of prescriptions  
not listed on the drug formulary  
fax the Quality Health Management Team at 608-758-7726

## **MERCYCARE MEDICAID COORDINATOR**

Call for policies and procedures  
1-800-752-3431 ext 3033  
or 741-3343 (local)

## **ALL BEHAVIORAL HEALTH SERVICES**

1-800-757-6825  
or  
757-6825 (local)

## **EDS CONTRACT MONITORS**

For exemptions call 1-800-760-0001

## **EDS VOICE RESPONSE**

For member eligibility call 1-800-947-3544

## **EDS HOT LINE**

For member eligibility call 608-221-9254