

OUR APRIL PROVIDER NEWSLETTER

ST. VINCENT IPA

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Provider/Network Updates

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey program that aims to understand the patient experience. Medicare managed care plans are required by CMS to conduct survey annually. The CAHPS survey gathers feedback from members to indicate areas of improvement for the health plan and its providers.

The survey was mailed to randomly selected members starting in March. Members are asked about their experience with quality, timeliness, and availability of care from providers. Please encourage patients to complete and return these surveys.



Compliance

Federal law prohibits payment to a person or entity excluded from federal healthcare programs. To ensure no payment is made to an excluded party, all employees, temporary employees, volunteers, consultants, governing body members, and subcontractors (such as a third-party biller) involved in IPA business must be screened prior to hire of contracting and monthly thereafter against federal databases of excluded parties. All potential matches must be investigated, and the outcome of the investigation must be documented.

Failure to follow these guidelines can be catastrophic. For examples, Windham Eye Care Practice and its Owners agreed to pay \$192,000 to for employing an excluded individual. Read more: <https://www.justice.gov/usao-ct/pr/windham-eye-care-practice-and-its-owners-pay-192k-employing-excluded-individual>.

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Claims/UM

The intent is to consistently exceed the mandated turnaround time for referral determination. How can you help?

Enter all referrals into Aerial Care, to a contracted provider, with accurate codes and diagnosis and attach all pertinent clinical information.

This allows the request to be considered clean, and reviewed against the criteria for a quick determination.

The standard requirement is 14 calendar days for routine senior requests and 5 business days for commercial requests. The goal is, for all clean referrals, to be completed within 3 days. Please note that urgent and STAT referrals, are only to be prioritized if there is an emergent medical need. These requests have a 72 hour and 24 hour requirement respectively. Your office will see the determination in real time, in Aerial Care. All referral questions can be asked in the message option on the actual referral.

Marketing/HP Updates

March 31st signifies the end of the Medicare Open Enrollment Period (OEP.) However, there are still opportunities for patients to enroll in a Medicare Advantage Plan. Patients can make changes if they qualify for any of the following Special Election Periods (SEP):

- Turning 65
- Retiring and losing employer coverage
- Qualifies for Medicare and Medi-Cal
- Qualifies for Extra Help with prescription drugs
- Recently moved
- Has a Medicare indicated chronic condition

If your patient qualifies for any of these special enrollment opportunities and needs more information, please connect them to a licensed Medicare insurance agent or contact provider relations for an agent that works with our IPA.