



E. L. KATZ  
CONSULTING

# Pharmacists and Medicaid Managed Care Organizations

*Welcome to the Overview for Pharmacists*

April 10<sup>th</sup>, 2024

*This session will be recorded and slides will be made available*



*UPMC for You*  
Affiliate of UPMC Health Plan

Geisinger  
Health Plan

  
**AmeriHealth** Caritas  
Pennsylvania

  
Health Partners Plans  
Health Partners

 **Keystone First**

 **UnitedHealthcare**  
Community Plan

  
**HIGHMARK**  
WHOLECARE

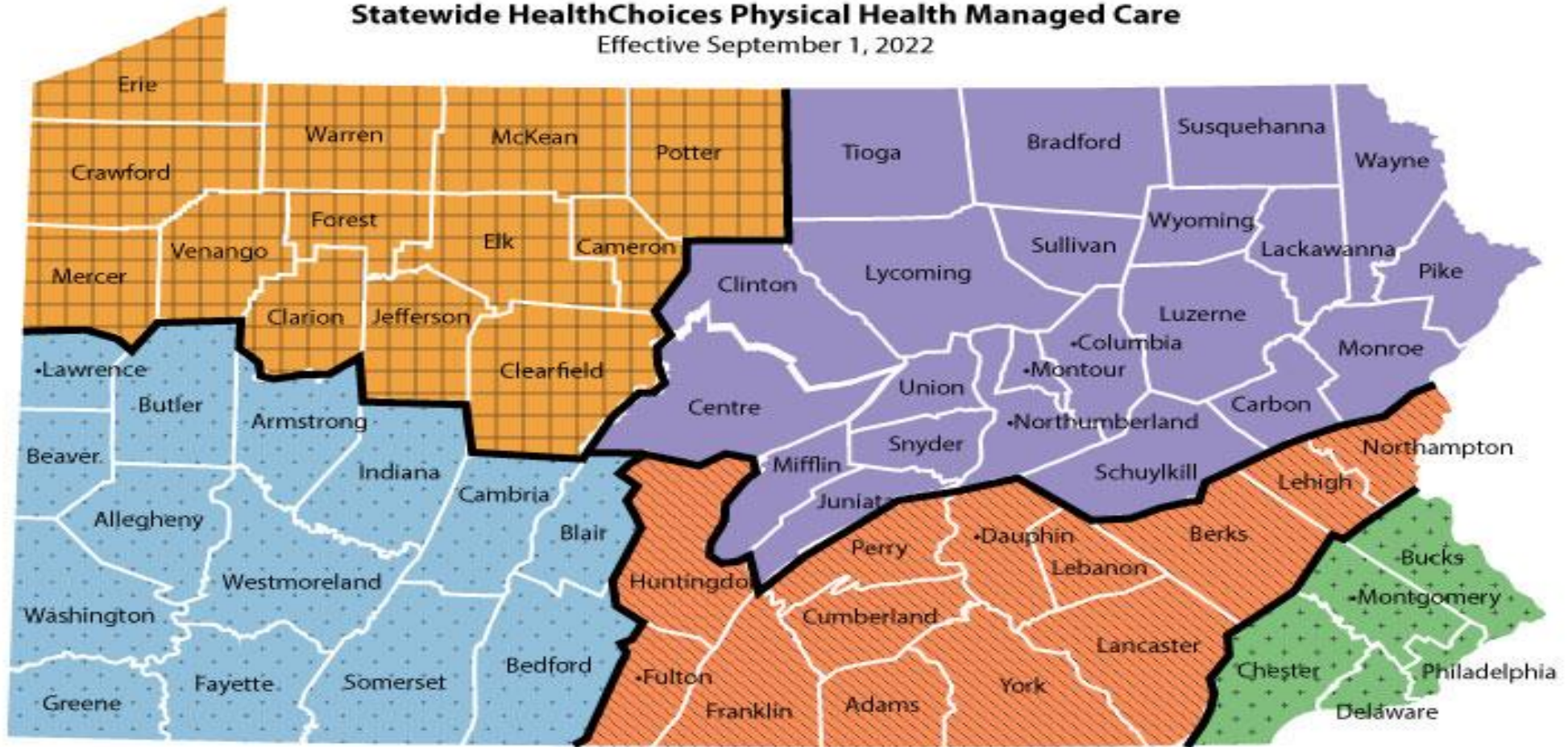
# What is HealthChoices?

- **HealthChoices** is the name of Pennsylvania's **Medical Assistance** or **Medicaid** program. PA has been employing the HealthChoices managed care model for over 25 years.
- Medicaid is an entitlement program primarily based on income, jointly administered and financed by the state & federal government. The **Department of Human Services** (DHS) manages HealthChoices in Pennsylvania. Each state Medicaid program is different.
- Through **Medicaid Managed Care Organizations** (MCOs), eligible individuals in Pennsylvania receive access to high quality **physical** and **behavioral** medical care, as well as **Long Term Services & Supports (LTSS)** for qualifying individuals, known as Community HealthChoices.
- **PAMCO** is the organization of Physical Health MCOs. **These are the MCOs you will be working with throughout the credentialing and contracting process.**

The terms, *Medicaid*, *Medical Assistance*, and *HealthChoices* all have the same meaning in PA

# Statewide HealthChoices Physical Health Managed Care

Effective September 1, 2022



### HealthChoices Northwest

AmeriHealth Caritas PA, Geisinger\*\*, Health Partners\*\*, UPMC



### HealthChoices Northeast

AmeriHealth Caritas PA, Geisinger, Health Partners\*\*, UPMC\*\*



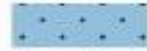
### HealthChoices Southeast

Geisinger\*\*, Health Partners, Keystone First, United, UPMC\*\*



### HealthChoices Lehigh/Capital

AmeriHealth Caritas PA, Geisinger\*\*, Health Partners\*\*, Highmark Wholecare (formerly Gateway), UPMC

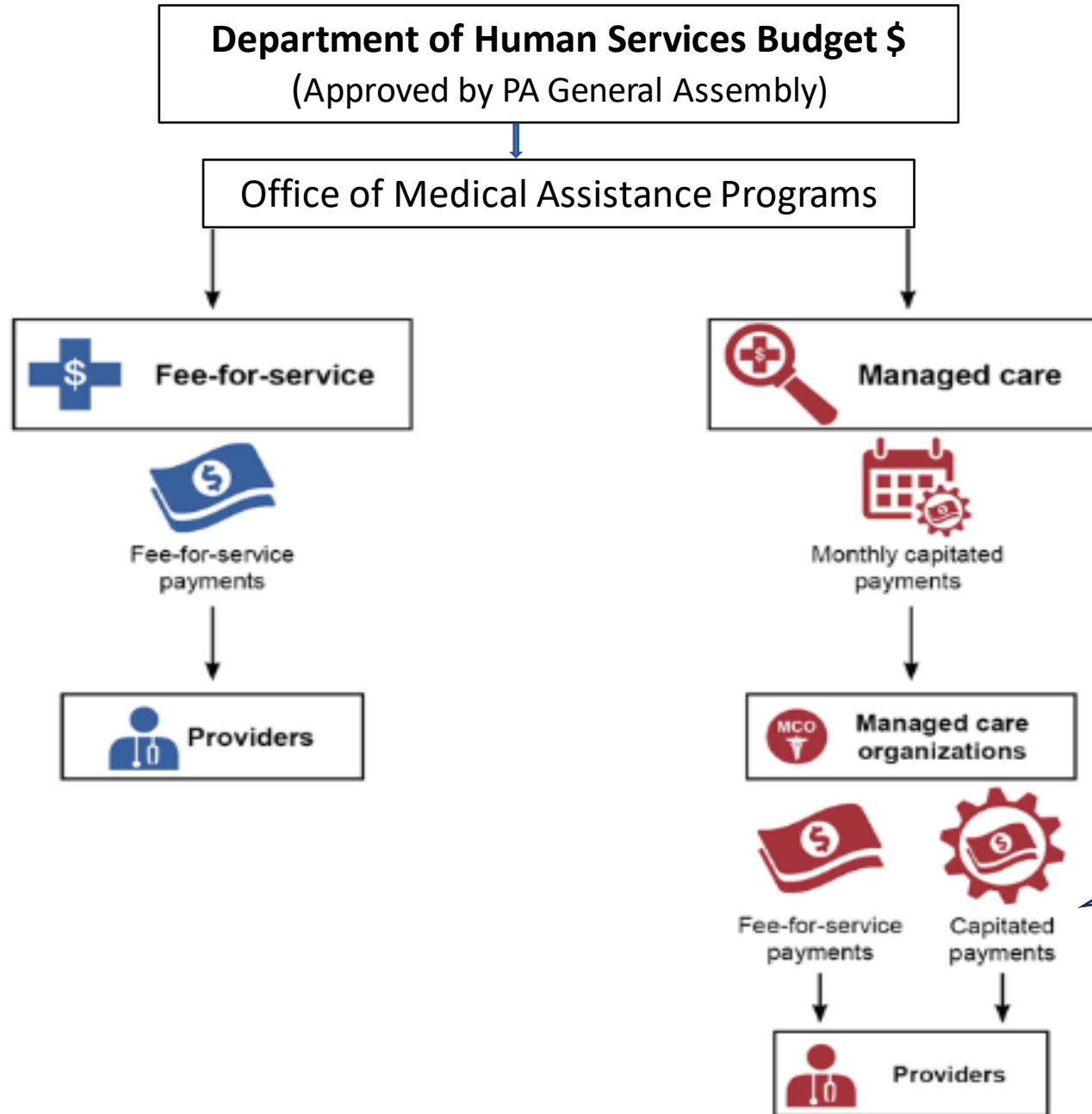


### HealthChoices Southwest

AmeriHealth Caritas PA\*\*, Geisinger\*\*, Health Partners\*\*, Highmark Wholecare (formerly Gateway), UPMC

\*\* New MCO in Zone

# How are MCOs Paid?



Pennsylvania's MCOs are ranked among the **HIGHEST QUALITY MANAGED CARE PLANS IN THE NATION** by the National Committee for Quality Assurance (NCQA)

This is a general payment overview. Payment arrangements to providers will vary, and will be determined by your MCO specific contract.

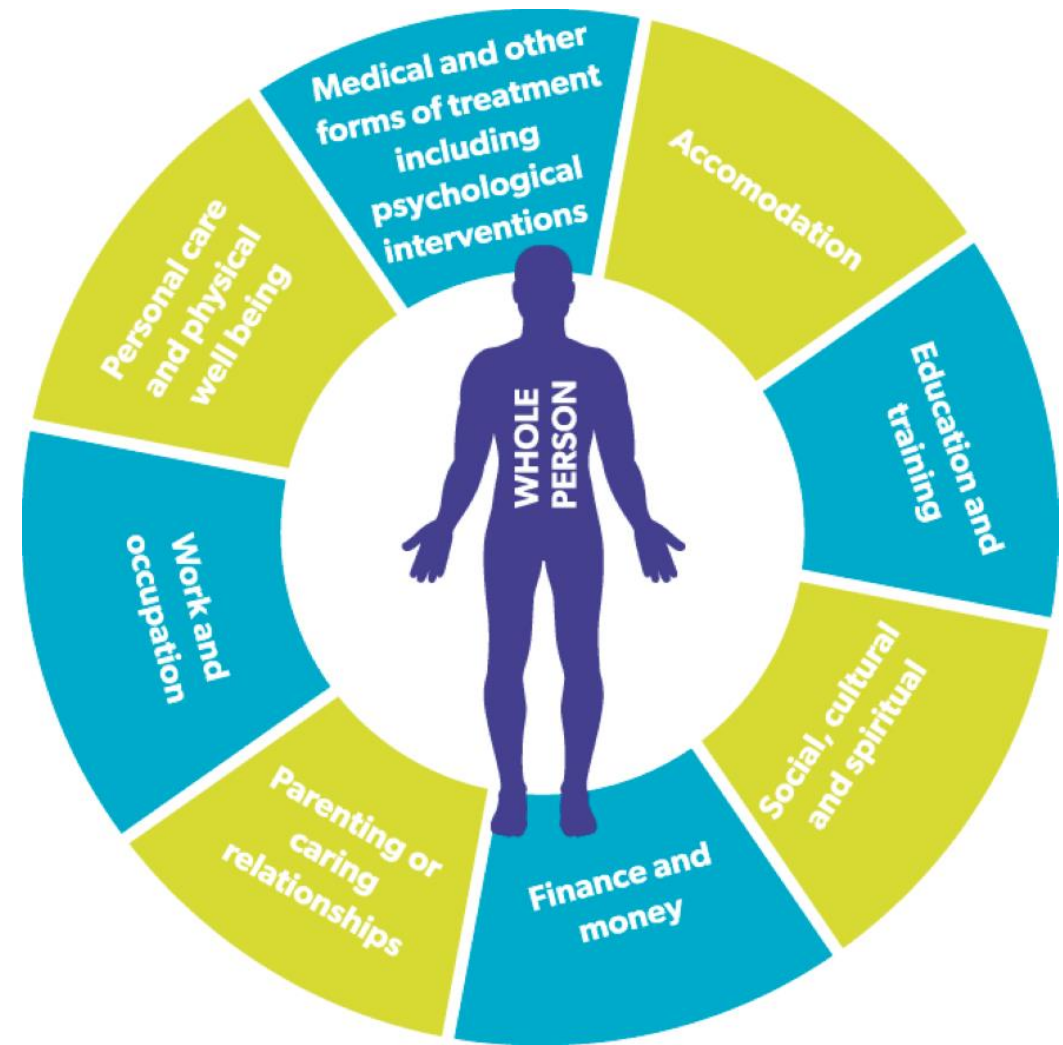
# What is a Medicaid Managed Care Organization?

- ✓ MCOs serve as the glue that binds provider & community resources with a unified health care strategy that looks at all the factors affecting the health of individuals.
- ✓ Through their reach and expertise in healthcare delivery, MCOs partner with DHS, health care providers, and community organizations throughout the Commonwealth to bring together disparate parts of the healthcare system. Strong provider networks ensure that quality providers are available to members and that they have access to a breadth of services



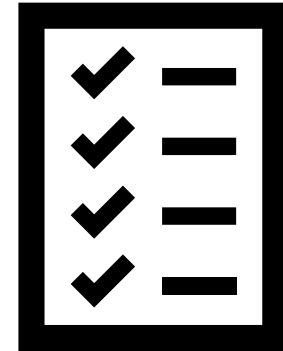
# Whole Person Care

- MCOs contract with different providers and organizations from various silos to provide patients the care they need, when they need it, and where they need it, including health-related social needs.
- MCO care coordinators organize the process for managing the health services that member's require



# Step by Step – Working with MCOs

- **Enrollment with DHS** - As a healthcare provider, enrolling with DHS is required to ensure that you can provide necessary medical services to HealthChoices (Medicaid) beneficiaries.
- Upon enrolling with DHS, pharmacists can then begin the **credentialing** and **contracting process** with the MCOs they wish to work with, and, upon completion of contracting, bill for and receive payment for the services they provide to those members.
- The DHS enrollment process can take several weeks to several months, depending on the complexity of the application and the completeness of the documentation submitted. The MCO credentialing process also takes several weeks, up to 60 days, depending on the completeness of the application.
- There was a [DHS training session](#) for pharmacists who wish to enroll as billing providers on February 15, 2024



1. Enrollment with DHS
2. Credential with MCO
3. Contract with MCO
4. Submit Claim to MCO



# MCO Contracting

- Federal law requires MCOs have a contract with enrolled providers in order to pay for services
- Each MCO will have different payment rates/conditions set forth in their contracts
- Pharmacists must contract with each MCO with which they want to do business/provide member services
- Enrollment with DHS does not guarantee payment by an MCO



# Terms you Might Hear During MCO Contracting

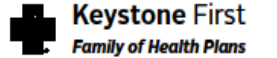
- **Fee Schedule**: Payment rates; a list of charges for the health care services provided
- **Value Based Purchasing**: These contracts link provider payments to patient outcomes, aligning incentives to improve care and reduce unnecessary costs. MCOs have a requirement to have a majority of their payments (at least 50%) in some type of value based payment arrangement.
- **Bundled Payments**: Considered a type of value-based purchasing where contracts utilize bundled payments which include all payments for services rendered to treat a patient for an identified condition during a specific time period.

# Example: Keystone First Contracting Application

- To begin the [contracting process](#), you must complete the [contracting application \(PDF\)](#).
- Keystone First will then email you a contract with instructions for signing and return. Please allow up to 14 days to receive.
- Once you receive a signed contract you can begin the credentialing process for practitioners in your practice.

[LIVE DEMO](#)

## Contract Application



Contract type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHC			<input type="checkbox"/> W9 Attached (signed within last 180 days)		
Provider type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist — provide type:			<input type="checkbox"/> Ancillary <input type="checkbox"/> Facility		
Legal entity name:					
Group NPI:			Group TIN:		
Contracting contact name:			Phone:		Email:
Credentialing contact name:			Phone:		Email:

Practice locations	Practice name (as it will appear in directory)	Address (street, city, state, ZIP)	County	Telephone number	Fax number	*MAID	**MC ID
Primary							
Location #2							
Location #3							
Location #4							
Location #5							
Location #6							

Email to [provider.contracting@keystonefirstpa.com](mailto:provider.contracting@keystonefirstpa.com) or fax to 215-863-5472.

\*Enrollment in the PA Medical Assistance Program is required in our Medicaid Product. If you are not enrolled and do not have PPID, we cannot credential you for participation. If you need to enroll, please call the Department of Human Services (DHS) at 1-800-537-8862.

\*\*Enrollment in Medicare is required in our Medicare Product. If you are not enrolled and do not have a Medicare ID, we cannot contract or credential for participation. If you need to enroll, please complete the online PECOS application through the Centers for Medicare & Medicaid Services ([www.cms.gov](http://www.cms.gov) > Become a Medicare Provider or Supplier).

# MCO Credentialing

- Each MCO will need to credential you in order to pay a claim and list you in the directory
- Once a complete initial file is sent to the MCO Credentialing Committee or Department, it is generally assigned to a Credentialing Specialist who has 30 business days to complete the file.
- If the specialist deems the file incomplete, they will reach out for the missing information (file will be discontinued if information is not provided).
- All complete file information is added to the MCO credentialing database, where verifications will then be performed for all healthcare professionals to show that they have the proper education, training, and licenses to care for patients.
- Once all primary source verification has been completed the file is submitted and will become approved the day of submission.
- Claims processing can be back dated to the date of the application submitted if the provider has an active PromiseID for the date of service.

# Example of an MCO Credentialing Checklist

- NPI
- State License Number
- Malpractice Insurance
- Education
- DEA
- Sanction Check
- CAQH (all MCOs use CAQH)
- CLIA Waiver
- Ownership Disclosure
- Promise ID (PPID) –
- NPDB (National Practitioner Database)


# Claims Overview

- MCO's pay contracted providers via claims
- A medical claim is a request for payment by a provider to a patient's health insurance company after providing care
- Claims submission process will vary by MCO
  - All MCOs generally utilize the same claims form
- Claims and Billing resources can be found on each individual MCO's website

# Claims Resources

- Pharmacists will need to use a CMS 1500 form to submit claims for payment
- Pharmacists will submit a claim **for each service, unless otherwise noted**
  - FQHCs may have a different billing approach (TBD)
- Claims and Billing resources can be found on each individual MCO's website

Example Only



**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA <input checked="" type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA EXCLUDING <input type="checkbox"/> OTHER		1a. INSURED'S I.D. NUMBER 123456789012345	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Abbott, Aaron		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Abbott, Aaron	
3. PATIENT'S BIRTH DATE 08   27   1984 M <input checked="" type="checkbox"/> F <input type="checkbox"/>		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1 Beverly Drive E6		7. INSURED'S ADDRESS (No., Street) 1 Beverly Drive E6	
CITY Abington STATE PA		CITY Abington STATE PA	
ZIP CODE 14219 TELEPHONE (Include Area Code) (218) 8173931		ZIP CODE 14219 TELEPHONE (Include Area Code) (218) 8173931	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other than myself or to the party who accepts assignment below.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE   authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other than myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE   authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED Signature on File DATE 06/12/2014		SIGNED Signature on File	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR   Dr Mark Jenkins		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below) (24E) ICD Ind: 9		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ CHARGES	
A. 255 11 B. 280 1 C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (English/Unusual Circumstances) MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. ICDIT New Prio. QUAL. I. RENDERING PROVIDER ID.#		23. PRIOR AUTHORIZATION NUMBER	
1 05   16   14 05   16   14 11 97804 AB 64.00 2 NPI		24. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For bill, check one box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
28. TOTAL CHARGE \$ 64.00 29. AMOUNT PAID \$ 50.00 30. Revd for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	
32. SERVICE FACILITY LOCATION INFORMATION ABC General Store 123 Main Street Suite 1020 Pittsburgh, PA 15222		33. BILLING PROVIDER INFO & PH # (412) 5551212 Plipside Media, Inc. PO Box 310442 Des Moines, IA 50331-0442	
SIGNED Ashley Wilson DATE 06-12-14		SIGNED NPI	

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

# Submitting Claims

- Claims must be received by the MCO within a maximum of 180 days after the date the services were provided
- Claims for billable services provided to members must be submitted by the provider who performed the services.
- Claims are usually submitted electronically
- Claims are usually paid by the MCO within 30 days
- Pharmacists should submit a claim as determined by MCO contract



# Documentation Requirements

## What is required for documentation?

- Providers are required to document the dates and time/duration of services provided to beneficiaries. Documentation should also reflect information on the nature of the care and service(s) provided and support the length of time spent with the beneficiary that day.
- Documentation must be accessible to MCOs upon request
- MCOs conduct annual medical record review on a random selection of providers to ensure the visits line up with the billing
- 7 years worth of records should be kept

# MCO Claims Contacts

PH-MCO Name	Contact	Title	Email	Phone	Claims Website	Notes
Amerihealth Caritas	Meghan Stroud	Director, Provider Network Management	mstroud@amerihealthcaritaspa.com	570-209-1037	<a href="https://www.amerihealthcaritaspa.com/provider/billing/index.aspx">https://www.amerihealthcaritaspa.com/provider/billing/index.aspx</a>	
Geisinger Health Plan	Kim Spath	Senior Director, Provider Engagement	kspath@thehealthplan.com	800-447-4000 and say "claims"	<a href="https://www.geisinger.org/health-plan/providers/claims-and-e-transactions">https://www.geisinger.org/health-plan/providers/claims-and-e-transactions</a>	
Health Partners (Jefferson)	Chris Ward	Director, Credentialing & Provider Data Management	cward@jeffersonhealthplans.com	215-991-4424	<a href="https://www.healthpartnersplans.com/providers/eligibility-and-claims/claim-processing-info">https://www.healthpartnersplans.com/providers/eligibility-and-claims/claim-processing-info</a>	
Highmark Wholecare	Stacey Matuga	Director, Provider Relations	SMatuga@highmarkwholecare.com	412-255-4509	<a href="https://hbs.highmarkprc.com/Availability/Provider-Portal-Transition">https://hbs.highmarkprc.com/Availability/Provider-Portal-Transition</a>	
Highmark Wholecare	Tiffany Ayers	Manager of Network Credentialing	tayers@highmarkwholecare.com	412-255-7113	<a href="https://hbs.highmarkprc.com/Availability/Provider-Portal-Transition">https://hbs.highmarkprc.com/Availability/Provider-Portal-Transition</a>	
Keystone First (part of the Amerihealth family of companies)	Kim Beatty	Director, Provider Network Management	kbeatty@keystonefirstpa.com	215-863-6614	<a href="https://www.keystonefirstpa.com/provider/claims-billing/index.aspx">https://www.keystonefirstpa.com/provider/claims-billing/index.aspx</a>	
United	Jodi Kreger	Director Physician Contracting, Network Management	jodi_kreger@uhc.com	612-383-4607	<a href="https://www.uhcprovider.com/">https://www.uhcprovider.com/</a>	
United	Jill Kirby	Manager, Engagement & Experience Team	jill_e_kirby@uhc.com	952.222.7450	<a href="https://www.uhcprovider.com/">https://www.uhcprovider.com/</a>	
UPMC	Catherine Brennan	Director, Claims	brennancv@upmc.edu	1-866-918-1595	<a href="https://www.upmchealthplan.com/providers/online/">https://www.upmchealthplan.com/providers/online/</a>	Use email first before calling with questions

# MCO Credentialing & Contracting Contacts

PH-MCO Name	Contact	Title	Email	Phone	Credentialing Website	Notes
Amerihealth Caritas	Meghan Stroud	Director, Provider Network Management	mstroud@amerihealthcaritaspa.com	570-209-1037	<a href="https://www.amerihealthcaritaspa.com/provider/services/credentialing/index.aspx">https://www.amerihealthcaritaspa.com/provider/services/credentialing/index.aspx</a>	
Geisinger Health Plan	Amy Buterbaugh	Director HealthChoices Business Unit	abuterbaugh@thehealthplan.com	724-351-1168	<a href="https://www.geisinger.org/healthplan/providers/join-our-network">https://www.geisinger.org/healthplan/providers/join-our-network</a>	
Health Partners (Jefferson)	Chris Ward	Director, Credentialing & Provider Data Management	cward@jeffersonhealthplans.com	215-991-4424	<a href="https://www.healthpartnersplans.com/providers/join-our-provider-network/provider-recruitment-form">https://www.healthpartnersplans.com/providers/join-our-provider-network/provider-recruitment-form</a>	
Highmark Wholecare	Angela Ruber	Provider Contractor	aruber@highmark-wholecare.com	412-255-7266	<a href="https://wholecare.highmarkprc.com/Join-Our-Network/Join-Our-Network">https://wholecare.highmarkprc.com/Join-Our-Network/Join-Our-Network</a>	
Keystone First (part of the Amerihealth family of companies)	Kim Beatty	Director, Provider Network Management	kbeatty@keystonefirstpa.com	215-863-6614	<a href="https://www.keystonefirstpa.com/provider/credentialing/index.aspx#becomeaprovider">https://www.keystonefirstpa.com/provider/credentialing/index.aspx#becomeaprovider</a>	
United	Jodi Kreger	Director Physician Contracting, Network Management	jodi_kreger@uhc.com	612-383-4607	<a href="https://www.uhcprovider.com/en/resource-library/Join-Our-Network/Ancillary-Facilities.html">https://www.uhcprovider.com/en/resource-library/Join-Our-Network/Ancillary-Facilities.html</a>	There is a chat feature for providers to get quick help with questions. <a href="https://www.uhcprovider.com/en/contact-us.html">https://www.uhcprovider.com/en/contact-us.html</a> UHC will not require credentialing to begin the contracting process.
United	Lavinia Nabors	Sr Clinical Program Manager	Lavinia.nabors@uhc.com	412-297-0051	Then choose "Pharmacist – Community Plan Network"	
UPMC	Andrea Farrell	Manager, Contract Management System	farrellam2@upmc.edu	412-454-5685	<a href="https://www.upmchealthplan.com/providers/requests/provider-web-request.aspx?providerType=physicians">https://www.upmchealthplan.com/providers/requests/provider-web-request.aspx?providerType=physicians</a>	

# MCO Pharmacy Contacts

PH-MCO Name	Pharmacy Contact	Title	Email	Phone
Amerihealth Caritas	Mike Colvin	Director of Pharmacy	mcolvin@amerihealthcaritas.com	215-863-5461
Geisinger Health Plan	Kevin Szczecina	Pharmacy Coordinator	kjszczecina@geisinger.edu	(570) 271-7334
Health Partners (Jefferson)	Ramesh Vangala	VP, Pharmacy	PharmacyManagement@jeffersonhealthplans.com	215-991-4020
Highmark Wholecare	Eric Yarnell	VP, Pharmacy	eyarnell@highmarkwholecare.com	412-918-8830
Keystone First (part of the Amerihealth family of companies)	Mike Colvin	Director of Pharmacy	mcolvin@amerihealthcaritas.com	215-863-5461
United	Kevin Spencer	Pharmacy Director	kevin.spencer@uhc.com	763.361.3757
UPMC	Paul Kienzle	Pharmacy Director	kienzlepa@upmc.edu	412-454-7745