



Correctional**Health**Partners®

**Provider Manual for the
Multnomah County Health Department
Corrections Health**

April 2011

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Glossary of Terms

| | | | |
|--------------|---|---------------|--|
| ADA | Americans with Disabilities Act | HEDIS | Health Plan Employer Data Information Set |
| AIDS | Acquired Immunodeficiency Syndrome | HIPAA | Health Insurance Portability and Accountability Act |
| CAT | Computerized Axial Tomography | IV | Intravenous |
| CCU | Critical Care Unit | ICD-9 | CM International Classification of Diseases – Clinical Modifiers |
| CH | Corrections Health | ICU | Intensive Care Unit |
| CHF | Congestive Heart Failure | MCS | Managed Care System |
| CHP | Correctional Health Partners | NP | Nurse Practitioner |
| CPT | Current Procedural Terminology | NSAIDs | Non-Steroidal Anti-Inflammatory Drugs |
| CRNA | Certified Registered Nurse Anesthetist | PA | Physician’s Assistant |
| CRNP | Certified Registered Nurse Practitioner | PCP | Primary Care Provider |
| CT | Computerized Tomography | PET | Positron Emission Tomography |
| CTU | Central Transplant Unit | PHP | Physician Health Partners |
| DME | Durable Medical Equipment | SCP | Specialty Care Provider |
| EDI | Electronic Data Interchange | SOAP | Subjective, Objective, Assessment, Plan |
| ESRD | End-Stage Renal Disease | TIN | Tax Identification Number |
| FCHN | First Choice Health Network | TPA | Third Party Administrator |
| HCFA | Healthcare Financing Administration | TPR | Third Party Resources |
| HCPCS | Healthcare Financing Administration Common Procedural Coding System | | |

Section 1:

Introduction to Correctional Health Partners (CHP)

1

Note: Multnomah County Sheriff's Office (MCSO) adult detainees and the Department of Community Justice (DCJ) for youth detainees are referenced throughout this Provider Manual as "inmates" rather than as "patients." The use of the term inmates is determined by Multnomah County and describes individuals in need of healthcare while incarcerated in the Multnomah County jail system.

Correctional Health Partners (CHP) is a **clinically enhanced** Third Party Administrator with the expertise to effectively address and manage the unique challenges inherent in delivery of healthcare services in correctional facilities. CHP has established evidence-based clinical approaches and quality improvement techniques to directly and efficiently manage high cost, high risk medical issues through a hands-on, site-based approach.

The primary care provider (PCP) is the foundation of the care model used by Multnomah County Corrections Health and CHP. Based at each of the correctional facilities, Multnomah County Corrections Health primary care providers have the training to deliver a broad spectrum of care and are in the best position to know each inmate's medical history and needs.

When specialized care is required, the PCP refers the inmate to qualified specialty care providers belonging to a network of trusted professionals who share our values and commitment to excellent healthcare. Even when referred for specialty care, inmate treatment continues to be guided, managed and monitored by their primary care provider.

Section 2:

CHP Contact Information

Correctional Health Partners – Main Number 866.932.7185

Provider Relations

Multnomah County Account Manager 503.686.5898

Fax Line 303.605.1546

Claims

866.932.7185 and select option 3

Submit Claims to

Correctional Health Partners

Multnomah County

PO Box 13589

Denver, CO 80201-3589

Claims fax line for supplemental documentation 303.605.1553

Medical and Claims Appeals

Submit Appeals to

Correctional Health Partners

APPEALS – Multnomah County

PO Box 1648

Denver, CO 80201-1648

Care Management Authorizations

Prior Authorization and Referral – Toll Free 877.827.0656

Fax Line – Toll Free 877.827.0657

NOTE: Prior Authorization, Claims, Provider Relations and Facility / Community Resource Care Management, can all be reached at the **CHP main number 866.932.7185 using the following prompts.**

Option 3: Claims

Option 4: Care Management

Option 5: Provider Relations

Option 6: Search Company Directory

Section 3:

Multnomah County Health Department Corrections Health Overview

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A. INTRODUCTION

Multnomah County Health Department Corrections Health is responsible for the healthcare of the persons under the supervision of the Multnomah County Sheriff's Office and Department of Community Justice. State and federal laws have established legal obligations to provide healthcare for inmates during incarceration. Each of these individuals has a constitutional guarantee of healthcare equivalent to the community standard. Multnomah County Health Department Corrections Health (CH) directly provides (on-site) or makes available from outside providers (off-site) healthcare to inmates incarcerated within Multnomah County Institutions.

B. PRIMARY CARE NETWORK

Multnomah County Health Department Corrections Health maintains its own internal medical care system for inmates in order to provide primary care services within the Multnomah County institutions. The following is an overview of the Multnomah County Corrections Health primary care network.

1. Multnomah County Detention Center (MCDC) and Multnomah County Inverness Jail (MCIJ) each have its own medical clinic.
2. Each facility has one or more physicians or mid-level providers (PA, NP) acting as the primary care provider (PCP) for the inmates housed at that facility.
3. Dental services are limited to urgent and acute treatment. Emergency care or care beyond the capabilities of the Multnomah County Corrections Health dentist is provided by off-site dental providers.
4. Multnomah County Corrections Health contracts pharmacy services and providers prescribe medications within the parameters of the Corrections Health formulary. Medication is administered by medical staff.
5. Corrections Health mental health and substance abuse treatment focus on safety and stabilization for people in jail who suffer from mental health illness and substance abuse problems.
6. MCDC and MCIJ have 30 infirmary beds combined. The infirmary beds are used to provide care to inmates that do not require hospitalization but cannot take care of themselves in the general population.
7. Women's health services are provided at both adult jail facilities. The Juvenile Detention Facility does not have an OB / GYN clinic on-site. These services are provided to the youth off-site.

Section 3:

Multnomah County Health Department Corrections Health Overview (...continued)

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C. MULTNOMAH COUNTY OFF-SITE SPECIALTY CARE NETWORK

The off-site medical care services managed by CHP include specialty, subspecialty, tertiary and ancillary care including but not limited to acute care hospitals, and other medical facilities, advanced imaging and diagnostic centers, oral surgery and emergency care that are not available through the Corrections Health primary care network. Correctional Health Partners also manages specialist consultations and other services as appropriate and authorized. CHP has contracted with First Choice Health Network (FCHN) to be its PPO network for the off-site medical care network. FCHN will be responsible for provider contract issues, including provider relations concerns. Please use your existing contact numbers for FCHN. CHP is responsible for all claims payment and authorization issues. PRIOR AUTHORIZATION FROM CHP IS REQUIRED FOR ALL SPECIALTY SERVICES EXCEPT FOR EMERGENCY CARE.

D. ELIGIBLE INMATE POPULATION

Multnomah County has the sole responsibility for determining the eligibility of an inmate for services funded by the county. An inmate must reside at a county institution. The eligibility of an inmate will begin and end on the date and time of booking and date and time of release. Individuals being housed at Multnomah County institutions under the United States Marshall Service are not included in the eligible population.

E. MULTNOMAH COUNTY JAIL FACILITIES

To the extent possible, Multnomah County seeks to minimize the distance to which inmates must be transported for outside medical care. Listed below are the current Multnomah County institutions.

| MULTNOMAH COUNTY INSTITUTIONS | POPULATION | LOCATION |
|--|------------|--------------|
| Multnomah County Detention Center (MCDC) | Adult | Portland, OR |
| Multnomah County Inverness Jail (MCIJ) | Adult | Portland, OR |
| Donald E. Long Juvenile Detention Home (JDH) | Youth | Portland, OR |

Section 4:

Correctional Health Partners Programs

A. INTRODUCTION

The CHP Care Management Program coordinates medically necessary, high quality and cost effective healthcare services to deliver the most value possible to the purchaser, the provider and the recipient of healthcare services. The Care Management Program has been developed around the pivotal role of the primary care provider (PCP) in organizing and coordinating inmate care through the use of an extensive network of specialty and ancillary providers and the multi-disciplinary resources of CHP's Care Management staff who work closely with PCPs to facilitate care that promotes appropriate inmate outcomes. The primary goal of the program is to provide an ongoing and judicious blending of cost effective and "best practice" clinical choices focused on delivering the right care, in the right place, at the right time.

The Care Management Program is comprised of the following key components.

- Care Management Prior Authorization / Utilization Management
- Care Management Inpatient Utilization

B. CARE MANAGEMENT (REFERRAL AND PRE-CERTIFICATION)

The Care Management Authorization Program supports a referral and prior authorization process customized for Multnomah County. The program coordinates closely with Multnomah County schedulers to minimize associated transport and security costs.

All prior authorization activities are integrated through the use of CHP's Managed Care System (MCS) Online Referral System. Multnomah County Corrections Health network providers can access this system to submit requests for services. The authorization decisions are available for review in MCS by any contracted provider with appropriate security access.

Office hours are Monday through Friday from 7:00 AM to 4:00 PM Pacific Standard Time (PST) excluding holidays. Phone line hours are Monday through Friday from 7:30 AM to 3:30 PM Pacific Standard Time (PST).

1. Prior Authorization Procedure

a. Role of Primary Care Provider

The primary care providers (PCPs) working at each of the Multnomah County institutions manage preventative healthcare and treat acute illness in the inmate population. The Corrections Health PCPs are the gatekeepers for all healthcare. All requests for services must be approved by the PCP and submitted for payment authorization to CHP by the PCP.

Authorization is required for all consultations, elective and urgent services performed on an inpatient or outpatient basis.

Section 4:

Correctional Health Partners Programs

(...continued)

b. Role of the Specialist

When a specialty care provider (SCP) is requested to assist in the care of an inmate, it is important for the SCP to keep the PCP apprised of findings and recommendations in a timely fashion. Only the Multnomah County Corrections Health PCP may request authorization for SCP services.

C. CARE MANAGEMENT INPATIENT UTILIZATION

CHP inpatient utilization care managers work on-site at hospitals to assist in the clinical management of an inmate's care. The team is comprised of nursing staff, care managers and a medical director who are closely integrated with the prior authorization team.

The Inpatient Utilization Team conducts daily review on every inmate. The team applies Milliman Care Guidelines for concurrent and retrospective analysis. They also review all cases for any evidence of quality of care concerns and delays in care.

CHP's care managers are assigned to inpatient admissions according to geographic location. Inpatient concurrent reviews will be conducted either on-site at the hospital facility or via telephonic review depending on the geographic location.

1. Inpatient Utilization Procedure

a. Emergency Admissions

Inpatient facilities must notify CHP of emergency admissions within one (1) business day of admission. Notification of admission should be called or faxed to the following numbers.

Phone: 866.932.7185 and select option 4

Fax: 866.373.1367

Office hours are Monday through Friday from 8:00 AM to 5:00 PM Pacific Standard Time (PST) excluding holidays.

b. Elective Admission Requirements (Acute, Rehabilitation, Skilled Nursing Facility)

All elective admissions require prior authorization. Each hospitalization is authorized based upon Milliman Care Guidelines, Multnomah County Corrections Health guidelines and criteria adopted by CHP. The review process considers the diagnosis, plan of treatment, procedure to be performed and any other pertinent information obtained from the referring physician.

Section 4: Correctional Health Partners Programs

(...continued)

c. Admission and Concurrent Review (Acute, Rehabilitation, Skilled Nursing Facility)

A CHP care manager reviews all cases within one (1) working day of admission or notification of admission. The focus of the review is on coordination of the discharge plan, cost effective utilization of resources and impact on quality of care. The CHP care manager coordinates their reviews with facility-based utilization staff, discharge planners and social worker staff to facilitate discharge. The review process includes.

- A review of medical necessity criteria for admission to acute care and rehabilitation facilities
- A review of continued stay criteria to assess the need for continued inpatient care, including a review of severity of illness, intensity of delivered services and appropriateness of the inmate's level of care
- Planning for a timely, medically appropriate discharge by coordinating the plan between the PCP, attending physician, specialty consultants, facility healthcare team, behavioral health practitioners and ancillary providers beginning at the point of admission
- Arrangement of post-discharge services
- Performing a quality review based upon identification of any sentinel events or quality indicators
- Notification to CHP departments regarding reinsurance, transplants and potential complex case management case

If information obtained on a case does not meet medical necessity for admission or continued stay at the current level of service, the CHP care manager will contact the attending physician to obtain additional information and the plan of care.

If the attending physician is not willing to transition the inmate to an indicated lower level of care and the CHP care manager cannot obtain medical necessity information to authorize the current level of care, CHP's medical director will be contacted to discuss the case. CHP's medical director may contact the attending physician and / or specialty consultants to discuss the issue further. When CHP's medical director and the attending physician agree on the plan of care, the agreed upon services will be authorized. If, after discussion with CHP's medical director, there is still not an agreement on the course of treatment, the CHP medical director may issue a denial letter. The process for appealing these decisions is described in this Provider Manual, Section 6, page 20.

Section 4: Correctional Health Partners Programs

(...continued)

d. Discharge Planning

The CHP care manager assists the attending physician and the hospital's utilization staff in the discharge planning process. They also coordinate and communicate information regarding the discharge plans to the hospital utilization staff. CHP's nurse care manager ensures that the treating providers are aware of all contracted network providers for any subsequent referrals.

CHP's discharge planning process specific to Multnomah County inmates includes coordinating with Multnomah County schedulers in advance of the inmate's targeted discharge date. This ensures arrangements for secure transport back to the correctional facility is in place, and that the criteria-based length of stay goal is achieved and not adversely affected by delayed transport.

e. Daily Conference Call

In an effort to proactively manage the inpatient care of inmates, a daily conference call is conducted to review every hospitalized inmate. CHP's medical director, and the lead providers at the Multnomah County infirmaries participate in a call with the CHP inpatient care manager to review the appropriateness of continued admission.

Section 5:

Claims

A. CLAIMS FORMS

CHP accepts the following claims formats.

- CMS-1500
- UB-04
- Approved HIPAA 837 electronic format, including files received from claims clearinghouses

CHP will not interpret claim form information from provider statements or superbills.

When completing claims, providers should reference the following in choosing correct codes that accurately reflect the billed activity.

- CMS-1500 Physician's Manual
- UB-04 Billing Manual
- Physician's Current Procedural Terminology (CPT)
- ICD-9-CM Code Book
- Healthcare Financing Administration Common Procedural Coding System (HCPCS)

B. CLAIMS SUBMISSION

All original claims must be submitted to CHP's Claims Department within sixty (60) days of the date of service or the timely filing requirements specified in the provider's contract in effect on the date of service to the inmate. In order to ensure prompt payment, it is recommended that providers submit claims as soon as possible after the date service was rendered. Claims submitted beyond the timely filing period will be denied.

**Submit Claims to
Correctional Health Partners
Multnomah County
PO Box 13589
Denver, CO 80201-3589**

CHP will determine if sufficient information has been submitted to allow proper consideration of the claim. If the claim information is not sufficient, the claim will be denied with an appropriate explanation given in writing to the provider. The claim may be resubmitted with complete information and the "Claims Adjustment / Appeals Request Form" (Appendix A) in this Provider Manual.

Section 5:

Claims

(...continued)

If you have questions about a certain claim or are interested in the status of the claim, please call 877.888.0062 or email CLAIMS@PHPMCS.com.

CHP will process all “clean” paper claims within forty-five (45) days of receipt and within thirty (30) days of receipt of “clean” electronic claims. “Clean” claims are defined as claims for eligible inmates that contain all the necessary information and have a prior authorization on file. Payment of valid provider claims will be made from funds supplied by Multnomah County Health Department Corrections Health. CHP does not use its own funds to pay valid provider claims.

C. GENERAL CLAIMS INSTRUCTIONS

Claims forms that do not include all required data elements may be delayed or denied. The data fields and information required for accurate completion of each type of claim form are described below.

1. Paper Claims Forms Requirements

Office hours are Monday through Friday from 8:00 AM to 5:00 PM excluding holidays. Phone line hours are Monday through Friday from 8:30 AM to 4:30 PM.

- CMS-1500 Claims Submissions

All claims for professional services, including laboratory services performed by an independent laboratory, must be filed on the CMS-1500 universal billing form, unless filing electronically. These forms are available through the U.S. Government Printing Office at 202.512.1800. CHP providers must include, at a minimum, the information included in the CMS table in this manual, which can be found on page 14.

- UB-04

All CHP hospital and facility claims, including laboratory services performed by a hospital, must be submitted using the UB-04 billing form. These forms are available through the Standard Registry Forms at 303.860.8000. Professional and / or technical components of hospital-based physician services must be billed separately on a CMS-1500 claim form. Providers must include at a minimum, the information included in the UB-04 table included in this manual, which can be found on page 16.

PLEASE NOTE: CMS-1500 claims must list the place of service (POS), Box 24b for proper payment. See POS codes for CMS-1500 on the CMS-1500 table of this manual. Time units are also required when applicable for anesthesia claim submissions.

UB-04 claims require Type of Bill (TOB) information.

Section 5:

Claims

(...continued)

2. Imaging Requirements

Black ink must be used to complete claim forms. The following list of items cannot be scanned.

- Colored inks or crayons
- Faint printing caused by worn or poor quality typewriters or printers
- Highlighters (used to mark claims or attachments)

Claims that cannot be scanned will be returned. If field completion is not required, leave the field blank.

3. Claims with Multiple Claim Lines

Claims consisting of more lines than allowed on the form must be split and each page fully completed and totaled. Incomplete claims forms will be returned.

4. Required Attachments

Always affix required attachments behind the specific claims form that requires an attachment for proper adjudication. If several claims require the same attachment, a separate photocopy of the attachment must accompany each claim. Examples of required attachments, depending on the issue, might include claims vouchers, EOBs, denial letters, invoices, notes, written communications, etc.

5. Multiple Occurrences of the Same Procedure (on the Same Day)

Claims for more than one (1) occurrence of the same procedure on the same date should be reported on one (1) billing line using multiple units of service. Charges for the procedure should equal the unit procedure price times the number of units of the service provided. DME providers should use the total number of units, not the number of cases.

6. Electronic Claims Submission

CHP encourages providers to submit claims electronically. Electronically transmitted claims are adjudicated more efficiently and expeditiously.

Electronic Network Systems, Inc. (ENS) is CHP's preferred clearinghouse. For more information or assistance on electronic claims submission, please contact ENS 303.973.5371 or ENSHealth.com.

Section 5:

Claims

(...continued)

7. Diagnosis Coding

CHP accepts only those diagnosis codes published in the International Classification of Diseases, Clinical Modification (ICD-9-CM). ICD-9-CM codes must be entered clearly on the claim form and must include all digits and characters. All providers, including DME and ambulance providers, are required to enter diagnosis information on claims submitted.

Some procedures are appropriate only when specific conditions are present. Providers must ensure that the diagnosis entered supports the validity and appropriateness of the services provided.

8. Procedure Coding

CHP uses the CPT / HCPCS codes to identify services provided to inmates. In order to ensure that claims are processed promptly and accurately, please use only codes that are valid on the date of service. CPT and HCPC code lists are updated at least annually, so the most recent versions of these manuals should be used. Codes that are no longer valid will be denied with a remark stating that the procedure code is not valid.

9. Third Party Resources

Federal and state regulations require that all available third party resources be pursued prior to reimbursement by CHP. Third Party Resources (TPR) is the term used by CHP to describe inmate coverage other than Multnomah County Health Department's that may pay for medical services.

For Multnomah County inmates, TPR is uncommon, but can occur. Please follow the instructions below when filing a claim for an inmate who has TPR.

- Providers must attach documentation showing claims processing results from the TPR to CMS-1500 or UB-04 claims forms. Attach a copy of the Explanation of Benefits (EOB), denial notice, benefits exhausted statement or a copy of the check or voucher used for claim payment from the TPR. Letters or notices from a TPR refusing payment because of claim preparation errors or failure to provide sufficient processing information are not acceptable as proof of TPR denial
- Providers must complete the appropriate TPR data fields / form locators on the claim form submitted to CHP. If an EOB applies to more than one claim, a copy of the EOB must be attached to each claim submitted

10. Resubmission of Denied Claims (for Incorrect or Incomplete Information)

Denied claims can be resubmitted to CHP for reprocessing if they were denied due to incorrect or insufficient information. Resubmission of denied claims must be received by CHP within forty-five (45) days of the date of the denial as recorded on the remittance voucher. Claims that are paid incorrectly must be resubmitted as described below.

- A brief cover letter explaining the reason for the resubmittal must accompany the claim
- A resubmission can be a photocopy of the original claim that is clearly marked "RESUB" on the face of the claim, resigned with an authorized signature and redated
- A resubmission can also be a newly completed claim form. A copy of the remittance voucher listing the originally submitted claim as denied must be attached to the resubmitted claim
- If one or more items on the original claim have been paid, and other items denied, a legible photocopy of the original claim may be used to resubmit denied lines. Correct information clearly and accurately. Mark out all information for claim lines that have been paid by drawing a heavy, black line through the entire line(s). Total charges must be adjusted to reflect the amount being resubmitted. Mark the claim as a "RESUB" and resign and redate the claim form
- After the resubmission is researched, the provider will receive either a remittance voucher with the adjudicated claim or a letter of explanation that states why the original reimbursement decision was not changed
- Paid claims that are resubmitted without the documentation described above will be denied as duplicates. Denied claims cannot be adjusted unless corrected and resubmitted

11. Adjustments To Paid Claims (Incorrect or Incomplete)

Claims which appear in the claims paid section of the remittance voucher may be adjusted in the event of underpayments, claims paid at zero or overpayments. Adjustment requests must be received by CHP within forty-five (45) days of the date on the remittance voucher, and should include the following.

- A copy of the remittance voucher
- A copy of the original claim and any supporting documentation
- A letter from the provider explaining the reason for reconsideration

Section 5:

Claims

(...continued)

D. CMS-1500 CLAIMS SUBMISSIONS – REQUIRED INFORMATION

All claims for professional services, including laboratory services performed by an independent laboratory, must be filed on the CMS-1500 universal billing form or in the appropriate field if filing electronically. CHP providers must include, at a minimum, the following information, if required, on all claims.

| CMS-1500 Box Number | Data Element | Required |
|---------------------|---------------------------------------|---|
| 1 | NA | NA |
| 1a | Inmate's ID Number (eSWIS number) | YES |
| 2 | Inmate's Name | YES |
| 3 | Inmate's Birth Date / Sex | YES |
| 4 | Insured's Name | YES, if applicable |
| 5 | Inmate's Address | NO |
| 6 | Inmate's Relationship to Insured | NO |
| 7 | Insured's Address | NO |
| 8 | Inmate's Status | NO |
| 9 | Other Insured's Name | YES, if inmate has third party insurance coverage |
| 9a | Other Insured's Policy or Group # | YES, if inmate has third party insurance coverage |
| 9b | Other Insured's Date of Birth / Sex | YES, if inmate has third party insurance coverage |
| 9c | Employer's Name or School Name | YES, if inmate has third party insurance coverage |
| 9d | Insurance Plan Name or Program Name | YES, if inmate has third party insurance coverage |
| 10 | Is Inmate's Condition Related To | YES |
| 10d | Reserved for Local Use | NO |
| 11 | Insured's Policy Group or FECA Number | YES |
| 11a | Insured's Date of Birth | NO |
| 11b | Employer's Name or School Name | NO |
| 11c | Insurance Plan Name or Program Name | NO |
| 11d | Other Health Benefit Plan | YES |

Section 5:

Claims

(...continued)

| CMS-1500 Box Number | Data Element | Required |
|---------------------|---|---------------------------------------|
| 12 | Inmate's or Authorized Person's Signature | YES |
| 13 | Insured's or Authorized Person's Signature | NO |
| 14 | Date of Current Illness, Injury or Pregnancy | YES, if accident |
| 15 | First Date of Similar Illness | NO |
| 16 | Dates Unable to Work | YES, if Workers' Comp |
| 17 | Name of Referring Physician or Other Source | YES, if applicable |
| 17a | ID Number of Referring Physician | YES, if applicable |
| 18 | Hospitalization Dates Related to Current Services | YES, if applicable |
| 19 | Local Use | NO |
| 20 | Outside Lab Charges | YES, if applicable |
| 21 | Diagnosis Code | YES |
| 22 | Medicaid Resub | NO |
| 23 | Prior Authorization Number | YES, if applicable |
| 24a | Date of Service | YES |
| 24b | Place of Service | YES |
| 24c | Type of Service | NO |
| 24d | Procedures, Services, Supplies | YES, modifier required, if applicable |
| 24f | Charges | YES |
| 24g | Days or Units | YES |
| 24h | EPSDT Family Plan | NO |
| 24i | EMG | YES |
| 24j | COB | NO |
| 24k | Local Use | NO |
| 25 | Federal Tax ID Number | YES |
| 26 | Inmate's Account Number | NO |
| 27 | Accept Assignment | NO |
| 28 | Total Charge | YES |
| 29 | Amount Paid | NO |
| 30 | Balance Due | NO |

Section 5:

Claims

(...continued)

| CMS-1500 Box Number | Data Element | Required |
|---------------------|---|----------|
| 31 | Signature of Physician | YES |
| 32 | Name and Address of Facility Where Services Were Rendered | YES |
| 33 | Physician's, Supplier's Billing Name, Address, Zip Code and Phone # | YES |

E. UB-04 CLAIMS SUBMISSIONS – REQUIRED INFORMATION

All CHP hospital and facility claims, including laboratory services performed by a hospital, must be submitted to CHP using the UB-04 Billing Form, or in the appropriate field if filing electronically. Professional and / or technical components of hospital-based physicians and CRNA's must be billed separately on a CMS-1500 claim form. CHP providers must include, at a minimum, the following information, if required, on all claims.

| UB-04 Box Number | Data Element | Required |
|------------------|-------------------------|----------|
| 1 | Provider Data | YES |
| 2 | NA | NA |
| 3 | Inmate's Control Number | YES |
| 4 | Type of Bill | YES |
| 5 | Federal TIN | YES |
| 6 | Statement Covers Period | YES |
| 7 | Covered Days | Optional |
| 8 | Non-Covered Days | Optional |
| 9 | Co-insurance | NO |
| 10 | Lifetime Reserve Days | NO |
| 11 | Lab CLIA | NO |
| 12 | Inmate's Name | YES |
| 13 | Inmate's Address | NO |
| 14 | Birth Date | YES |
| 15 | Sex | YES |
| 16 | Marital Status | NO |

Section 5:

Claims

(...continued)

| UB-04 Box Number | Data Element | Required |
|------------------|---|---|
| 17 | Admission Date | YES |
| 18 | Admission Hour | YES |
| 19 | Admission Type | YES, required for inpatient, recommended for outpatient |
| 20 | Admission Source | YES |
| 21 | Discharge Hour | YES |
| 22 | Inmate Status | YES, required for inpatient |
| 23 | Provider Medical Record Number | YES |
| 24-30 | Codes used to identify conditions related to the claim that may affect processing | YES, if applicable |
| 31 | DRG Code | YES |
| 32-36 | Occurrence Codes and Dates | YES, if applicable |
| 37 | Control Number | NO |
| 38 | Name and Address of Responsible Party | NO |
| 39-41 | Value Codes and Amount | YES, if applicable |
| 42 | Revenue Codes | YES |
| 43 | Revenue Codes Description | YES |
| 44 | HCPCS / Rates | NO |
| 45 | Service Date | YES, if different from Box 6 |
| 46 | Service Units | YES |
| 47 | Total Charges by Revenue Code | YES |
| 48 | Non-Covered Charges | YES |
| 49 | Not Used | NO |
| 50 a-c | Payor | YES |
| 51 a-c | Provider ID Number | YES |
| 52 a-c | Release Information | YES |

Section 5:

Claims

(...continued)

| UB-04 Box Number | Data Element | Required |
|---------------------|--|-----------------------------|
| 53 | Assignment of Benefits Certification Indicator | NO |
| 54 | Prior Payments | YES |
| 55-57 | Estimated Amount Due | NO |
| 58 a-c | Insured's Name | YES |
| 59 a-c | Inmate's Relationship to Insured | YES |
| 60 | Inmate Identifier | YES |
| 61a | Group Name | YES |
| 62a | Insurance Group Number | YES |
| 63a | Treatment Authorizations | YES |
| 64 | Employment Status Code | NO |
| 65 | Employer's Name | NO |
| 66 | Employer's Location | NO |
| 67 | Principal Diagnosis Code | YES |
| 68-75 | Other Diagnosis Codes | Optional |
| 76 | Admitting Diagnosis Code | YES, required for inpatient |
| 77 | E-Code | NO |
| 78 | | NO |
| 79 | Procedure Coding Method | YES |
| 80 | Principal Procedure | YES |
| 81 | Other Procedure Code | YES, if applicable |
| 82 | Attending Physician ID Number | YES |
| 83 | Other Physician ID Number | Optional |
| 84 | Remarks | Optional |
| 85 | Provider Representative | YES |
| 86 | Date | YES |

F. FIRST LEVEL CLAIMS APPEALS

A claims appeal relates solely to disagreements regarding claims payment that cannot be resolved in the above processes. The claims appeals process consists of a series of reviews that respond to disputes over claims filed by providers.

The First Level Claims Appeal for consideration and resolution of the claim(s) must be sent in writing to CHP within forty-five (45) days of the initial claim determination to

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PO Box 1648
Denver, CO 80201-1648**

Appeals must include the following.

- A copy of the original, signed claim and copies of all required claims attachments
- A copy of the remittance advice that provides proof of original timely filing
- Copies of any other correspondence from both CHP and the provider regarding the claim
- "Claims Adjustment / Appeals Request Form" (Appendix A)
- A letter explaining the circumstances and reason for the appeal

If the required documentation is present but additional information is needed to review the appeal, additional information will be requested in a letter from CHP to the appealing provider. If the requested information is not received within thirty (30) days of the date of the written request, the appeal will be denied.

After an initial appeal determination by CHP is made the provider will be notified about the determination either by a remittance voucher or letter from CHP. The notification will include information about the provider's right to and procedure for filing a Second Level Appeal.

G. SECOND LEVEL APPEALS

Providers can submit a Second Level Appeal if the provider feels an adverse decision was made regarding an appeal as referenced above. The results of this appeal are final and binding.

A provider, or its designee, may file a Second Level Appeal in writing, within forty-five (45) calendar days from the initial adverse appeal determination. Appeals will be acknowledged in writing within five (5) business days of their receipt. A member of the CHP management team, who exceeds the initial team member that rendered the adverse determination in corporate rank, will facilitate the Second Level Appeal. The provider will be notified in writing of the Second Level Appeal determination within thirty (30) calendar days of receipt. Notice will include specific reasons for this determination.

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Section 6:

Medical Necessity Appeal Process

A. DESCRIPTION OF THE APPEAL PROCESS

When a request for prior authorization of services is denied as described under this Provider Manual, Section 4, Page 5, CHP will send the provider a denial letter indicating the reason why the service was denied. If a provider does not agree with the decision, an appeal request may be mailed to CHP within forty-five (45) days of receipt of a denial letter. If a request for services has been denied and the provider would like to appeal this decision, the provider must send a letter with identifying information including the inmate's name and Multnomah County inmate's ID number, and the reason and / or additional information that the provider would like considered in the appeal process. The appeal is reviewed by a CHP medical director not involved in the original decision. CHP will notify the provider of the outcome of the review. A second level appeal decision by Multnomah County Health Department Corrections Health is final.

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When a request for inpatient services is denied, CHP will send the provider a denial letter indicating the reason why the inpatient service was denied. If the provider does not agree with the decision, an appeal request may be mailed to CHP.

B. TYPES OF APPEALS

1. First Level Appeal – Reconsideration

- a. Expedited 72-Hour Appeal
- b. Standard First Level Appeal

2. Second Level Appeal – Final

C. DESCRIPTION OF FIRST LEVEL – EXPEDITED 72-HOUR APPEAL

An expedited appeal review is available for cases where the time frame in the standard appeal could seriously jeopardize the life or health of the inmate; could jeopardize the inmate's ability to maintain their level of functioning; for an inmate with a disability, create imminent and substantial limitations on their existing ability to live independently; or subject the inmate to severe pain that could not be managed adequately without the care or treatment. The decision on an expedited appeal will be made as quickly as possible, but in no event more than seventy-two (72) hours after the request. The decision will be communicated verbally to the provider the same day the decision is made and in writing within two (2) working days of the decision.

Section 6:

Medical Necessity Appeal Process

(...continued)

D. DESCRIPTION OF THE STANDARD APPEAL PROCESS – FIRST LEVEL

Upon receipt of the appeal letter from the provider, the CHP medical director will complete the first level review. The CHP medical director reviewer will decide to either uphold or overturn the initial denial based on medical necessity criteria, the Multnomah County Health Department Corrections Health benefit plan and all comments, documentation, records and other supplemental information submitted by the provider regarding the appeal. CHP will notify the provider of the decision within thirty (30) days of receipt of the appeal request.

E. UPHELD DENIAL

If the denial is upheld, the decision will be communicated to the requesting provider by CHP within thirty (30) calendar days of the date the appeal letter was received. Notification that the denial was upheld will include instructions for the Second Level Appeal process.

The information in the notification will include the specific reason(s) for the adverse determination including rationale, and the internal rule, guideline, protocol or other similar criteria used to make the adverse determination.

F. OVERTURNED DENIAL

If the denial is overturned the requesting provider will be notified of authorization via mail or electronically within thirty (30) calendar days of the date the appeal was received by CHP.

G. SECOND LEVEL APPEAL (FINAL)

The provider can request a Second Level Appeal in writing if the provider disagrees with the finding of the First Level Appeal. A request for Second Level Appeal must be made within thirty (30) days from the date of the notice of the decision on the First Level Appeal. The Multnomah County Health Department Corrections Health chief medical officer will conduct the Second Level Appeal, and will make the final and binding determination after reviewing the information related to the issue. The Second Level Appeal process will take into consideration all materials outlined above including any additional documentation from the First Level Appeal. CHP will notify the provider of the decision within thirty (30) days of receipt of the Second Level Appeal request.

Section 7:

Provider Communication Process

The CHP provider communication process is designed to track and trend issues brought to CHP's attention by participating providers, Multnomah County or CHP staff.

CHP will review the concern, ensure corrective action, and act as a liaison between the provider and contracted ancillaries or Multnomah County to assure that all perspectives are represented. The issues are logged and monitored until appropriate conclusion is achieved.

A. THE TYPES OF CONCERNS REVIEWED

- Informal – Any verbal communication with CHP from a provider or Multnomah County staff that addresses concerns with CHP or a contracted provider
- Formal – Any written communication, including email, to CHP from Multnomah County or a contracted provider that addresses concerns with CHP, Multnomah County or a contracted provider
- Educational Opportunities and Non Compliance Issues – Any incident of a CHP contracted provider referring out of CHP's network or failure to comply with CHP policies

B. CONCERN CATEGORIES

Concerns may be submitted and logged as one of the following categories.

- Quality of Care – Concern involving any CHP healthcare professional that may result in a situation that is detrimental to an inmate's well-being. These complaints will be forwarded through the Clinical Quality Review Process to analyze trends and determine appropriate actions
- Quality of Service – Concerns involving any CHP healthcare professional as well as CHP itself. For example, concerns regarding access time frames (i.e., length of time to obtain a routine appointment, authorization, etc.) or concerns in which the communication between two or more parties is incomplete, inaccurate, brusque or unnecessary
- Policy – Any concern filed regarding the policies of another provider, Multnomah County, CHP or PHP
- Billing – Any concern related to payment of services

The CHP account manager communicates the issue to the party to whom the concern pertains in order to reach a resolution. The time frame for resolution is within fifteen (15) days and is based on Multnomah County guidelines. The issues reviewed are trended over time and used as a tool to guide educational initiatives or process changes either to the internal staff or external customers. For additional information or to contact the CHP client services manager please call 503.686.5898.

Section 8: Pharmacy

The Multnomah County Health Department Corrections Health has developed a list of medications that comprise the official Corrections Health formulary. This formulary is dynamic and was developed by Corrections Health. Corrections Health reviews new information and trends in pharmaceutical management and may make changes to the formulary as the need presents itself. Compliance with the Corrections Health drug formularies, as applicable, is required.

The current Corrections Health formulary can be found on CHP's website, CHPdelivers.com.

Section 9: Security Issues

Each inmate transported outside the correctional facility for medical care presents a risk to the general public. You can help to minimize the risk by seeing the patient is not left alone and by managing information particularly about future appointments. By following the check list below you will minimize the risk at your location.

- Physicians and hospital staff should avoid discussion of future appointments, hospitalizations or any schedule that involves movement of the inmate
- Inmates should not be left alone in an unsecured room
- Medications should not be provided to inmates beyond the inpatient confinement. All prescriptions must be given to the Multnomah County Sheriff's Office
- Escape risk can additionally be reduced if the facility can provide
 - Closed parking, not accessible to others
 - A secure entrance
 - For outpatient visits, a secure room, away from other patients and with restroom facilities
 - For inpatient confinements, a secure room / unit
- Approach the inmate with the same respect you would give any other patient
- Operate within your security comfort level. If there is uncertainty about security policy and procedure, ask the accompanying correctional officer. He / she will assist as needed
- Expect the security staff to stay in the exam room, or within visual contact, but out of hearing distance. Security staff understands the importance of confidentiality. The exception is for female inmates who are transported by male security staff. These staff will remain within hearing distance, but not have visual contact. Security takes priority over confidentiality. If there is uncertainty regarding safety being alone with the patient, ask the security officer for his / her opinion
- In taking a history, special attention to any inconsistencies is recommended. An inmate's agenda may be different than it appears
- Focus as much as possible on objective findings, including inconsistencies and note in reporting
- For outpatient visits, the back of the consult sheet must be completed with a brief written SOAP note indicating findings, assessment and plan
- Consult reports or discharge summaries will be provided to CHP within five (5) working days
- The inmate's facility provider should be contacted if more information is needed regarding the patient or the facility's capabilities in terms of diagnostic testing or treatment

Section 9: Security Issues (...continued)

- Do not tell the inmate that a specific medication is being prescribed unless it is on the Corrections Health formulary
- Do not prescribe items that are out of the ordinary (i.e., mattress, shoes, button-up shirts, etc.)
- The inmate may not be given a specific return appointment date. They may be told they should be seen in two, three or four weeks, etc, but specific appointment dates create security risks
- The cost of transportation and associated security for inmates is significant. It is expected that the Provider will make every effort to work with Multnomah County to facilitate efficient transportation, such as
 - Schedule outpatient appointments for more than one inmate around the same time
 - Avoid rigid appointment times or return dates
 - Limit waiting times
 - Provide advance notice of inpatient discharges to allow Corrections Health to appropriately plan for transportation
 - Provide flexible surgery schedule to allow Multnomah County Sheriff's Office efficient time to transport patient
- Risk and cost are significantly reduced when the provider can do on-site services at an identified prison facility

Appendix A

Claims Adjustment / Appeals Request Form

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COMPLETE A SEPARATE REQUEST FOR EACH RECIPIENT AND / OR CLAIM, AND INCLUDE THE FOLLOWING.

- 1. A copy of the claim in question
- 2. A copy of the voucher
- 3. Medicare / Third Party Liability – A copy of the Explanation of Benefits
- 4. Other necessary documentation

PROVIDER NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

ALL FIELDS BELOW MUST BE COMPLETED

INMATE IDENTIFICATION NUMBER

DATE OF SERVICE

INMATE NAME

VOUCHER DATE

BILLING PROVIDER TAX IDENTIFICATION NUMBER

VOUCHER NUMBER

PLEASE DESCRIBE THE REQUEST BELOW. DESCRIPTIONS MUST INCLUDE ANY PROCEDURE CODES / UNITS / AMOUNTS, ETC.

SIGNATURE (AUTHORIZED PROVIDER)

DATE

TO BE COMPLETED BY CORRECTIONAL HEALTH PARTNERS

REPROCESS TO PAY

REPROCESS TO DENY

VOID ORIGINAL CLAIM

REPLY

REVIEWED BY

DATE

MAIL TO

Correctional Health Partners
APPEALS – Multnomah County
PO Box 1648
Denver, CO 80201-1648