

Hinsdale Physicians Healthcare

ADMINISTRATIVE FORUMS

SAVE THE DATE!

HPH will be holding Quarterly Administrative Forums on the dates and times listed below. **It is very important that you attend the forum at one of the campuses as we will be introducing 2009 Changes and Updates. Invitations are enclosed. Please RSVP as soon as possible.**

Topic: 2009 Organizational Changes, Quality Studies & Office Awards Ceremony

Winter Meetings:

- **January 27, 2009**, Hinsdale Hospital, 12:00 Noon in Regnery Room
- **January 29, 2009** LaGrange Hospital, 12:00 Noon in the Dixon Auditorium

Please contact Provider Relations if you have any questions at 708-432-0009.

IMPORTANT ELECTRONIC SUBMISSION INFORMATION

In an effort to improve electronic claims process with EMDEON, the Hinsdale Physicians Healthcare electronic payer ID has been changed to **36385**. Providers may begin to use the new payer ID immediately. We also use Availity as a clearinghouse partner. Indicated below are our payer IDs for both clearinghouses. If you have any questions regarding this information, please contact *Frances Guerrero* at (708) 432-0009.

HPH Payor ID Numbers:

- Emdeon Payor ID: 36385
- Availity Payor ID: NAHIN

HPH On-Call

Hinsdale Physicians Healthcare (HPH) no longer has an On-Call List. However, in the event that a member is admitted emergently and the member has not established themselves with a PCP or the PCP is not on staff, **HPH requires that you call your Case Managers** to ensure that contracted HPH providers are available to see patients admitted to Adventist Hospitals.

HPH Case Managers are:

Robbi Sobczyk, RN

Lagrange & GlenOaks Hospitals

Phone: (708) 245-2910

Cell: (708) 296-6451 (For Urgent Issues Only)

Robbi.Sobczyk@namm-il.com

Maureen Olson, RN

Hinsdale & Bolingbrook Hospitals

Phone: (630) 856-7019

Fax: (630) 856-5652

Maureen.Olson@namm-il.com

EZ-NET CONNECTION

HPH highly encourages providers to register for NAMM's free internet service, EZ-NET. Access to EZ-NET enables your office to view eligibility, authorizations, and claims status 24 hours a day, seven days a week. The information viewed through EZNET will provide you with real time data, without making unnecessary phone calls.

Please be reminded, if you currently have access to EZNET and have not used your login within 60 days of activation, your password must be

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reset. This can be done by contacting your Provider Relations Representative.

If you **do not** have access to the free internet service and would like to sign up, please contact *Frances Guerrero*, Provider Relations, at (708) 432-0009.

Anesthesia Claim Adjudication Change

In an effort to improve the service we provide, we will be implementing a system feature which will automatically calculate anesthesia base units and time. The implementation of this feature will ensure accurate and timely processing of anesthesia claims and will become effective with 2009 dates of service.

This change will generate a change in the way providers will see claim information on the EOB. The quantity field will change to only reflect "1" rather than the total number of base and time units. **Please note this will not affect the pricing of the claim or payment.**

Example below (not accurate unit calculations):

Procedure Code	Qty	Contract Value
00800	7	\$ 175.00
00800	1	\$ 175.00

Legislative Updates

Autism Spectrum Disorder Mandate

SB 934 was signed into law as pa 95-1005 with an immediate effective date as of 12-12-08. This new law requires coverage for individuals under age 21 for the treatment of autism spectrum disorders, to the extent that treatment is not already covered by the plan or policy. Coverage is subject to a maximum of \$36,000 per year, but not subject to any visit limits.

Generic Updates

Effective 1-1-09 the following drug is available in a generic form:

- **Imitrex** - generic sumatriptan for both the tablet and injection formulations. Imitrex is a migraine medication belonging to a class of drugs known as triptans.

CAP DEDUCTIONS and SANCTIONS

In the Capitation for October 2008, HPH has processed Deductions due to claims that were initially submitted to the Health Plans and were paid directly by the Health Plans and were paid under your HPH capitation. Also, HPH has processed Cap Deductions due to sanctionable offenses under the Sanction Policy. These cases were reviewed and approved by the Utilization Review Committee. Please remember to submit ALL claims to HPH for BCBS HMOIL & BADV, Unicare HMO, Humana HMO members. HPH is responsible for forwarding any claims onto the Health Plans for processing. Please contact Provider Relations at (708) 432-4000 if your billing staff has any questions in regards to claims processing.

Diabetic Monitors and Supplies

Blue Cross Blue Shield of Illinois will continue to provide FREE glucose meters to diabetic members. There are various Accu-Chek, FreeStyle and Precision monitors available. The Accu-Chek meters can be ordered by the member by calling 888-355-4242. The FreeStyle and Precision meters can be ordered by the member by calling 866-224-8892.

Quality Management Updates

THANK YOU!

All of the Quality projects for 2008 have come to a close. The Quality Management Department would like to thank you again for all of your cooperation and assistance in our efforts to increase the project outcomes and patient compliance in 2008.

Preventive care outreach to members is becoming the focus of many disease management programs across the health industry. **Preventive care includes:**

- **Asthma Action Plans**
- **Influenza Vaccinations**
- **Childhood Immunizations**
- **Colon Cancer Screening**
- **Breast Cancer Screening**
- **Cervical Cancer Screening**
- **Diabetes Testing**
- **High Blood Pressure Monitoring**
- **Cardiovascular Monitoring**

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In order to meet this change in preventive care, NAMM will partner with your office(s) to focus on **Quality Outreach** as an adjunct to the Quality Projects. The intent of the Quality Outreach is to:

- **Identify members who meet preventive care criteria**
- **Contact those members for follow-up**
- **Order necessary tests**
- **Monitor test results to assure that levels are within normal ranges**

Therefore, when you receive the **Quality Outreach** lists, please take that opportunity to **CALL** your patients to schedule appointment(s). Together we can ensure that we provide the appropriate care needed to proactively maintain our members' health or manage their chronic illnesses.

BCBS Site Visits - BCBS site visits have already begun for 2009. If you are contacted by BCBS to arrange a site visit, and you are concerned about passing the audit, contact your Quality Management Specialist. The specialist will schedule a pre-audit with your office.

QM Presentations - If your office is interested in a QI presentation for clarification of any of the Quality or HEDIS projects, or to train new staff, please contact your Quality Management Specialist for an appointment.

HIPAA- The release of patient information to respond to QM projects is covered under the following:

Practitioners are permitted under the HIPAA Privacy Regulations to disclose Personal Health Information (PHI) to health plans for HEDIS data collection and other QI activities/projects without authorization from the patient when both the provider and health plan have or had a relationship with the patient and the information relates to that relationship (45 CR 164.506 c (4))

MEDICAL MANAGEMENT

MILLIMAN CARE GUIDELINES CRITERIA
NAMM Referral Coordinators and Case Managers use Milliman Care Guidelines, 13th edition and internally developed guidelines identified and

approved by the Medical Group (as appropriate) to make determinations when reviewing referrals and cases. Milliman Care Guidelines specific to a determination is available to you upon request. If you would like a copy of particular criteria, please contact your Referral Coordinator.

DENIAL DECISION

The decision to deny a requested service/referral, is made by a Medical Director or PODS Leader. As always, any practitioner/PCP with a referral or service denial can discuss the determination with the Medical Director or PODS Leader making the denial determination. Please contact your Referral Coordinator if you need additional information regarding the denial.

REFERRAL TURNAROUND TIMEFRAMES

The turnaround timeframe for **routine referrals** for BCBS and Humana members is **5 calendar days from the receipt of the request through notification of authorization status to the patient. Urgent referrals must be processed within 72 hours.** Emergent Referrals after hours should be called to NAMM when the office re-opens. If you have any additional questions, please contact your Referral Coordinator.

UM AVAILABILITY

As a reminder, your Referral Coordinator and Case Manager are available Monday through Friday from 8:00 a.m. to 5:00 p.m. to discuss UM decisions. Any calls received in voicemail after hours will be responded to within one (1) business day of receipt. Collect calls will be accepted **ONLY** in regard to UM decisions.

AFFIRMATION STATEMENT

The Affirmation Statement is an annual requirement by the HMOs for all UM staff, physicians, Medical Leadership and members. Current members will receive a copy of the Affirmation Statement in a mailing from their HMO, as applicable. New members will receive notification in their Welcome Letter.

The statement is as follows:

*UM decisions are based on medical necessity, which includes appropriateness of care and service, and the existence of available benefits.

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*This organization does not specifically reward practitioners, health plan staff, or other individuals for issuing denials of coverage, care or service.

*Incentive programs are not utilized to encourage decisions that result in under-utilization.

*Our Medical Group also affirms that there is no conflict of interest between the Medical Group/IPA and its UM decision makers.

December 2008 UTILIZATION STATISTICS

	<i>Admits/1000 YTD</i>	<i>Days/1000 YTD</i>
<i>Bolingbrook Hospital</i>	57.2	249.7
<i>Hinsdale Hospital</i>	58.5	252.0
<i>LaGrange Hospital</i>	58.2	238.6
<i>Glen Oaks Hospital</i>	44.5	160.9

PODS MEETINGS SCHEDULE

February 2009



HPH would like to remind physicians to attend one of the monthly scheduled PODS meetings. Inpatient Utilization Statistics, Quality Study Information and Pharmacy Program directives are discussed only in PODS Meetings. These meetings are an opportunity to discuss your specific issues. As a reminder, there is a monetary stipend for attendance.

Hinsdale PODS:

February 18, 2009 at 7:00am
Regnery Room
Hinsdale Hospital

GlenOaks PODS:

February 19, 2009 at 7:30am
Private Dining Room
GlenOaks Hospital

LaGrange PODS

February 25, 2009 at 7:30am
Dixon C
LaGrange Hospital

HPH/NAMM TEAM

Andrea Gruca	708.432.4022
<i>NAMM Executive Director</i>	Andrea.Gruca@namm-il.com
Frances Guerrero	708.432.0009
<i>Sr. Provider Relations Rep.</i>	Frances.Guerrero@namm-il.com
Teri Rajkowski	708.432.4041
<i>Referral Coordinator</i>	teri.rajkowski@namm-il.com
Kristin Glavin, RN	708.432.1646
<i>QM Specialist</i>	Kristin.Glavin@namm-il.com
Vickie Chirico, RN	708.432.1642
<i>QM Specialist</i>	Vickie.Chirico@namm-il.com
Maria Peglow	708.432.2002
<i>Medical Review Coordinator</i>	Maria.Peglow@namm-il.com
Linda Meyers, RN	708.432.4012
<i>Director, Medical Management</i>	Linda.Meyers@namm-il.com
Tammy Wald, RN	708.432.0031
<i>Director, Referral Department</i>	Tammy.Wald@namm-il.com
Sue Bonano, RN	708.432.4014
<i>Director, Quality & Compliance</i>	Sue.Bonano@namm-il.com
Robbi Sobczyk, RN	708.245.2910
<i>CaseManager/Lagrange/GlenOaks</i>	Cell: 708.296.6451
Robbi.Sobczyk@namm-il.com	(For Urgent Issues Only)
Maureen Olson, RN	630.856.7019
<i>Case Manager, Hinsdale/Bolingbrook</i>	Fax: 630.856.5652
Maureen.Olson@namm-il.com	
PsychHealth	800.753.5456
CUSTOMER SERVICE	708.432.4053

HPH EDI Payor ID Numbers:

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Availity Payor ID: NAHIN

www.hinsdalephysicianshealthcare.com

CLAIMS ADDRESS:

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P.O Box 7789
Westchester, Illinois 60154-7789**