

JULY 2009

Health Plan News

Blue Star Report

Hinsdale Physicians Healthcare (HPH) achieved nine out of nine available blue stars on Blue Cross Blue Shield's 2008 Blue Star Report. HPH will receive one Blue Star for each of nine QI projects for which HPH's results were at or above the specified threshold designated by Blue Cross Blue Shield Quality Study. The Blue Star Medical Group/IPA will soon be released on the BCBSIL Website and linked to the online Provider Finder. Your continued efforts are appreciated in assisting Hinsdale Physicians Healthcare earn this recognition

Annual Satisfaction Surveys

Physician Survey: Blue Cross Blue Shield of Illinois HMO will be mailing out the Annual Primary Care Physician Satisfaction Survey in early August 2009. This survey is used by BCBSIL to analyze physician satisfaction with activities and to evaluate physician experience with primary hospital services.

Please take the time to complete and return this survey to BCBSIL within 10 business days of receipt. This is another method for HPH to understand how to better serve our physician network to meet the changing needs of the delivery of health care services to HMO Members. HPH welcomes helpful feedback from its physician network.

Member Survey: The Blue Cross Blue Shield of Illinois HMO Member Satisfaction Survey has been finalized and is scheduled for mailing in early August 2009. The Survey also contains instructions in Spanish for members that are primarily Spanish-speaking.

Pharmacy

HPH has achieved a 69.2% prescription generic utilization rate from Blue Cross Blue Shield for 1st Quarter of 2009. This generic prescription rate earns HPH the highest amount of incentive available under the contract. Your continued efforts are appreciated in keeping the top tier status. Please be reminded that generic prescription percentage is one criteria within the Bonus Pool.

Provider Relations Updates

Summer Administrative Forum

HPH will be holding Quarterly Administrative Forums on the dates and times listed below. **We highly encourage all office staff to attend our forum at one of the four campuses. Please RSVP as soon as possible.**

Topics: New Electronic Referral Process to be implemented November 2009 and Quality Studies

Dates are as follows:

- Monday, July 27, 2009 Adventist Bolingbrook Hospital
12:00 PM – 1:00 PM, Inspire Conference Room
- Tuesday, July 28, 2009 Adventist Hinsdale Hospital
12:00 PM – 1:00 PM, Regnery Room
- Wednesday, July 29, 2009 Adventist LaGrange Hospital
12:00 PM – 1:00 PM, Dixon B Auditorium
- Thursday, July 30, 2009 Adventist GlenOaks Hospital
12:00 PM – 1:00 PM, Lecture Room

If you have any questions, please call Provider Relations at (708) 432-0009.

School and Sports Physicals Coverage

BCBS HMOI and BCBS Blue Advantage

School Physicals are a covered benefit. Sports Physicals are not a covered benefit. For more information regarding benefits and coverage, please call BCBS HMO Customer Service at (800) 892-2803.

UNICARE HMO

Coverage for School and Sports Physicals are contingent upon the member's benefit plan. Please call UniCare Customer Service at (888) 234-8855.

HUMANA HMO

School and Sports Physicals are not a covered benefit.

Utilization Management

Milliman - Guiding the Decisions

Hinsdale Physicians Healthcare and NAMM use Milliman Care Guidelines© (MCG) to provide direction and consistency in making decisions regarding your members' inpatient and outpatient services. Milliman has guidelines to help make decisions about:

- when to refer members to specialists
- when certain diagnostic testing is appropriate
- when surgery is indicated
- standards for inpatient stays
- outpatient therapies
- appropriateness of home health care

These **guidelines** are not intended to replace the decisions of our physicians or medical directors. They are also not intended to replace any guideline that our physician leadership has created with our specialty physicians for your members.

MCG are created with the input of physicians, nurses, and therapists nationwide. They are evidence-based and updated annually.

To learn more about the Milliman guidelines or for detail on a specific procedure or service, contact Maureen Olson, Robbi Sobczyk, Teri Rajkowski, or Gary Lund. We will be happy to share the guidelines with you.

Standing Referrals:

BCBS HMO Members and Providers can request a standing referral for ongoing treatment and care.

Members having a disease or condition requiring an ongoing course of treatment from a specialist or other health care provider may request a standing referral from his/her Primary Care Physician. The Primary Care Physician should request the referral specifying duration, type, and frequency of specialist services to complete an ongoing course of treatment.

An example of a course of treatment that would be appropriate for a standing referral is ongoing Allergy Injections.

Once approved, a standing referral remains valid for the specified time period. You may request a standing referral by including the treatment detail in the note section of your electronic referral submission or by calling the Referral Department directly.

Quality Management

The Results Are In....

Breast Cancer Screening

2007	2008	2009	HMO 2009
70%	70%	70%	70%

Cervical Cancer Screening

2007	2008	2009	HMO 2009
28%	Outreach Only	71%	70%

Quality Management Tips

During the past few weeks we have delivered several of the chronic care management projects to your office:

- Asthma Project
- Diabetic Flowsheet Project
- Management of Members with Cardiovascular Conditions Project

These projects are more than just data collection. The goal of these projects is to provide you with tools to help manage the ongoing care of your patients with these conditions. Here are some recommendations that will help you to optimize your success:

- **START NOW**
- Use the Diabetic Flowsheet.
- Flag patient charts identified for the projects.
- Make sure the patient gets their annual flu shot.
- Use every visit as an opportunity for prevention and education.
- Repeat the blood pressure toward the end of the visit if too high upon arrival.
- Repeat labs that are not in the optimal range.
- Call your patients for a follow-up visit. A gentle nudge from their doctor means a lot!
- Call Mary Sosnowski at (708)432-1646 if you need assistance.

Customer Service

April 2009 was the inauguration of the First Call Resolution Customer Service Department at NAMM. This Department is part of a larger effort to enhance our services by providing a personalized assistance experience for our clients and greatly improve customer service.

NAMM Customer Service Representatives are ready to assist you and are trained to handle your questions about claims and eligibility with a goal to provide first call resolution. Our hours of operation are Monday through Friday from 8:00 a.m. to 5:00 p.m.

Waits are longer during peak call hours which are typically between the hours of 10:00 a.m. and 2:00 p.m. and we suggest, if possible, calling during non-peak call hours for quicker service.

We also offer the following alternatives to making a call to Customer Service:

Electronic Access to Information:

Many general questions regarding claims status or member eligibility may be resolved by accessing information through EZNet. EZNet is an on-line HIPAA compliant way to access your information 24 hours/7 days a week free of charge. Information available through EZNet includes verification of member eligibility, claims status/payment, and referral authorization status.

If a member does not appear in EZNet, please complete the Eligibility Verification form and fax it to (708) 432-0159. This will decrease your hold time when calling customer Service. Responses are faxed back within 48 hours.

Appealing a Claims Payment Decision:

In the event you believe that your claim was incorrectly processed, you may appeal the payment decision in writing and fax it to (708) 432-0105.

Your written appeal should include the claim number, patient information and detailed explanation on why you are appealing the payment decision. Supporting documentation such as a copy of the medical record may be requested in the appeal review process.

Claims Department Update

The NAMM Claims Department is committed to the timely and accurate processing of your claims. A common factor in delay or denial of payment relates to providers billing a procedure code and modifier combination inappropriately. We are providing the following information to assist you in avoiding some common mistakes in procedure and modifier coding:

Modifier 50 is used to report a bilateral procedure performed at the same session on an anatomical site. We have attached documentation from CMS which outlines the correct billing for bilateral procedure using modifier 50.

TIP – When reporting a bilateral procedure, report the service on one line and use modifier 50. When submitted appropriately, reimbursement for the surgical procedure is 150 percent of the fee schedule amount. **DO NOT** bill the procedure on 2 separate lines.

Modifier 22 – There is confusion concerning the proper use of modifier 22. This modifier may be appropriate when the work required to provide a service is substantially greater than typically required. Documentation **MUST** support the substantial additional work and the reason for the additional work. In many cases there are other codes that should be billed to account for the increased work. This could be an additional procedure code, an add-on code, or a different procedure code altogether. This modifier is not appropriate for an E/M service.

TIP - When submitting modifier 22 with your service **you must include an operative report** as well as a concise statement indicating the substantial additional work.

Modifier 59 is a modifier that is often used incorrectly. Its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes. NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. Modifier 59 should **NOT** be used to bypass an NCCI edit unless the proper criteria for use of the modifier is met.

TIP - Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used and a copy of the **documentation must be submitted with your claim.**

Contact Us

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Upcoming Meetings

PODS MEETINGS SCHEDULE August 2009

HPH would like to remind physicians to attend one of the monthly scheduled PODS meetings. Inpatient Utilization Statistics, Quality Study Information, Year to Date Bonus Targets, 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:
August 19, 2009 at 7:00am
Regnery Room
Adventist Hinsdale Hospital

GlenOaks PODS:
August 20, 2009 at 7:30am
Private Dining Room
Adventist GlenOaks Hospital

Bolingbrook PODS
August 24, 2009 at 7:30am
Palmer Room
Adventist Bolingbrook Hospital

LaGrange PODS:
August 26, 2009 at 7:30am
Dixon C Room
Adventist Bolingbrook Hospital

HPH WEBSITE

www.hinsdalephysicianshealthcare.com