

NAMMM *Behind the Scenes*

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Upcoming Meetings

PODS MEETINGS SCHEDULE September 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:
September 16, 2009 at 7:00am
Regnery Room
Adventist Hinsdale Hospital

LaGrange PODS:
September 23, 2009 at 7:30am
Dixon C Room
Adventist Bolingbrook Hospital

OFFICE CLOSING

In observance of Labor Day Holiday, the NAMM office will be closed on Monday, September 7, 2009 and will re-open on Tuesday, September 8, 2009.

Emergency protocol should be followed during this time. Please utilize your HPH Directory for participating providers. Please phone in your referrals that requires Pre-authorization to NAMM as soon as possible on the following business day and the Referral Coordinators will attend to these requests.

HPH WEBSITE

www.hinsdalephysicianshealthcare.com

Hinsdale Physicians Healthcare

NAMM *Illinois*
North American Medical Management

NAMMM *Monthly Bulletin*

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Referral Update

EZNet Access

Hinsdale Physicians Healthcare (HPH) is preparing to transition from a telephonic referral request to an electronic submission process via the EZNet website. Before the end of this year, HPH will be integrating the use of an electronic referral process with EZNet serving as the internet based tool for the submission process. It is required that all providers have access to EZNet prior to going live with the electronic referrals. Provider offices will be contacted by Frances Guerrero, Provider Relations to discuss EZNet user status within their practice.

EZNet is an internet based website tool provided by NAMM that is available to all HPH Providers free of charge. EZNet Access is available 24 hours a day/7 days a week. EZNet direct access is an efficient and easy way for your office to verify eligibility, confirm co-pays, check claim status and review authorizations.

To Become an EZNet User:

1. Providers must have internet access.
2. Fill out the attached Login Worksheet and once complete, fax to (708) 432-0183.
3. Providers will be notified via email, fax, or phone once login and password is set up.

Formal hands-on training for provider offices on electronic referral submission process will be offered. Dates and training locations will be communicated to all providers. Provider offices can do their part to assist the organization in a smooth transition by ensuring all staff members have individual and active log-in access to our EZNet website. Staffing changes and password resets should be identified NOW so that your office is prepared for this exciting change.

Should you have further questions and concerns, please feel free to contact Provider Relations at (708) 432-0009.

Health Plan Updates

Blue Cross Blue Shield ABMS Patient Safety Physician Education Quality Initiative Project (Physicians only)

This is a web-based program through BCBS that provides a self-paced educational experience offered to all HPH physicians, excluding Chiropractics, Podiatry, hospital-based physicians and Oral Surgery. Effective July 21, 2009, participation in this project is now a mandatory requirement. Physicians who completed this project in 2008 are automatically "grandfathered in" for the 2009 requirement and will be eligible for the incentive payment. This project also offers 20 hours of CME credit. HPH will reimburse participating physicians for the \$55 fee associated with the project. In addition, potential QI incentive fund/bonus can be earned based upon the participation of the physicians who have completed the program by October 31, 2009.

Once complete, please fax a copy of the certificate of completion to your Quality Specialists, Mary Sosnowski, RN or Kristin Glavin, RN at (708) 432-0205

Blue Cross Blue Shield HMO "Away from Home Program"

It's that time of the year again and students are heading off to college. It is an excellent time to discuss the Blue Cross/Blue Shield of Illinois policy pertaining to members temporarily living outside of the service area.

Care provided to members while out of area is not the medical group's responsibility. **The medical group is not responsible to either approve or deny these services.** BCBS manages the care of these members. This means that referrals should not be written for members that are temporarily living out of area (Example -College Students). Members should be directed to contact the Blue Cross/Blue Shield Away From Home Program to apply for entry into the program. Once accepted into the program BCBS staff will help the member to coordinate their care.

Utilization Management

As much as we would like all of our members to receive all their healthcare needs within the HPH network, this is occasionally not possible:

Managing Out-of-Network Referrals

ALL requests for out-of-network referrals are reviewed by the Medical Director. An out-of-network referral request should not be submitted based on the request of the member. Always remember to check your HPH roster to determine if an in-network provider is available for your member. Many HPH providers are willing to see your pediatric members instead of sending the patient to a tertiary facility. Out-of-network referrals should only be considered when the services requested cannot be provided by an in-network provider or facility.

Managing Out-of-Network Hospitalizations

You can help manage out-of-network hospitalizations, too. When you are notified that a member is in an out-of-network emergency room or has been admitted to an out-of-network hospital, please contact the attending physician to determine if the member is stable for transfer. If stable to transfer, please arrange for the transfer immediately. Notify your NAMM Utilization Management Nurse for assistance if necessary.

Quality Management

It's in the Mail...

The 2009 BCBS **PCP Satisfaction Survey** is being mailed this month. Please take this opportunity to give valuable feedback to the HMO regarding your satisfaction with Hinsdale Physicians Healthcare and the HMO's administrative processes.

Last year HPH scored below the BCBS network in the following areas:

- IPA response rate (14.8%)
- Knowledge of how to access the HPH Utilization Management Plan
- Knowledge of how to obtain the Milliman criteria used by HPH to make utilization decisions

We understand that occasionally the surveys are completed by the office manager or nurse who may not have knowledge of UM Plans and criteria. If you have any questions that we can help clarify, please call your Utilization Management Nurse.

BCBSIL Cholesterol Medication Adherence Program

BCBSIL has developed a new program to encourage members to take cholesterol medications as prescribed by their physicians. Members who have not refilled their prescription regularly or have had a lapse in therapy of more than fifteen (15) days will be mailed a letter. Two weeks later, prescribing physicians are mailed a letter, including a list of non-adherent members, indicating medications that are overdue for a refill. Members who still do not refill their prescription will receive a second letter two months after the first letter.

Q Tip: Influenza Immunization Season

The 2009 Flu season should be an interesting one! Plans are in the works to get as many members who are at risk in for a *Flu Shot*. Targeted high-risk members include those with chronic conditions such as Diabetes, Asthma, and Cardiovascular Disease, as well as members 65 years of age and older. Many of your patients may receive immunizations outside your office. Be sure to ask them where they received it and when, then document in the chart.

HPH: HPH will be hosting 3 flu clinics during October. These clinics are free to the members. Invites to the members will be sent in September.

Bolingbrook Mon., 10/12 3-7 pm – Inspire Room
Glen Oaks Tues., 10/13 3-7 pm – Lecture Room
LaGrange Wed., 10/14 2-7 pm – Dixon B & C both sides

Project Updates

PROJECT	NEXT DUE DATE
ASTHMA ACTION PLAN & ASSESSMENT	8/31/09 First Review/Baseline
DIABETES FLOWSHEET	9/9/09 Second Review for Updates
MANAGEMENT OF MEMBERS WITH CARDIOVASCULAR CONDITIONS	8/21/09 Second Review for Updates
CONTROLLING HIGH BLOOD PRESSURE	PAST DUE – CALL YOUR QM IF YOU HAVE NOT SUBMITTED
PATIENT SAFETY PHYSICIAN EDUCATION	10/31/09

American Recovery and Reinvestment Act and the HITECH Act

President Obama signed the American Recovery and Reinvestment Act (ARRA) into law on February 17, 2009. ARRA provides substantial financial incentives that will help physicians purchase and implement Health Information Technology (HIT) systems. Beginning in 2011, Medicare physicians who implement and report meaningful use of electronic health records (EHR) will be eligible for an initial incentive payment up to \$18,000. ARRA includes a provision that will reduce Medicare payments starting at 1% for physicians who do not use EHR systems effective 2015. Additional Medicaid incentives also exist.

The table outlines how the incentives and reductions are expected to be implemented from 2011 through 2018:

MEDICARE	Incentive Payments** for Meaningful Use of Certified EHR								
Adoption and Meaningful EHR Use in:	2011	2012	2013	2014	2015	2016	2017	2018	Total
2011	\$18K	\$12K	\$8K	\$4K	\$2K	\$0	\$0	\$0	\$44K
2012		\$18K	\$12K	\$8K	\$4K	\$2K	\$0	\$0	\$44K
2013			\$15K	\$12K	\$8K	\$4K	\$0	\$0	\$39K
2014				\$12K	\$8K	\$4K	\$0	\$0	\$24K
2015					\$0	\$0	\$0	\$0	\$0
PENALTIES	0%	0%	0%	0%	-1%	-2%	-3%	-3%	

** Incentive amount will be equal to 75% of an estimate of that year's allowed Medicare charges for covered professional services but not to exceed the amounts in this chart. Eligible professionals who predominately furnish services in an area designated as a health shortage area will receive an additional 10%

Don't wait! NAMM can now help you navigate through the EHR evaluation process. Contact our new Director of Business & Solutions Development, Lana Dubinsky for more details; lane.dubinsky@namm-il.com (708) 432-0051.

To find out more about the American Recovery and Reinvestment Act of 2009 and the Health Information Technology Provision visit: <http://www.hhs.gov/recovery>

New Illinois Dependent Age Limit for Health Care Coverage

Public Act 95-0958 requires individual and group insurance policies and HMO contracts offering dependent coverage to extend coverage to unmarried dependents under the age of 26. In addition, policies must cover military veteran dependents under the age of 30. Dependents are not required to be enrolled in any educational institution to qualify for coverage.

The goal of this amendment was to make health care available to an estimated 300,000 uninsured between the ages of 19 and 25 in Illinois.

Policy renewals on and after June 1, 2009 are required to include the extended age coverage with all policies converting no later than March 31, 2010. The majority of employer groups will have this provision in place by January 1, 2010.

Customer Service Announces New Hours

Effective September 1, 2009, Customer Service will be closed daily between the hours of 12:00 p.m. - 1:00 p.m.

Representatives will be available from 8:00 am to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Monday through Friday.

Implementing a department wide lunch time will provide service where demand is greatest increasing available staff during peak call times.

As a reminder, many general questions regarding claims status, member eligibility, or referral status may be resolved by accessing information through EZNET. EZNet is available 24 hours/7 days a week.

We appreciate your support of our new hours which will allow us to provide more efficient and effective service to our customers.