

In Brief

Information for Presbyterian Practitioners
Winter 2006 - 2007

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 **PRESBYTERIAN**

Excellence x 3: Presbyterian Achieves National Recognition

by Susan Sotak, NCQA Coordinator, Presbyterian Health Plan



Thanks to the efforts of practitioners and providers, Presbyterian Health Plan (PHP) has once again achieved NCQA's (National Committee of Quality Assurance) rating of "Excellent" for its Commercial (HMO/POS), Medicaid (Salud) and Medicare Advantage (Senior Care) managed care products. NCQA awards the Excellent rating to managed care organizations that provide service and clinical quality that meets or exceeds rigorous requirements for consumer protection and quality improvement. PHP has maintained an NCQA Excellent rating for all three products since 2004.

An NCQA review includes the following processes:

- Quality Management and Improvement
- Utilization Management
- Credentialing and Recredentialing
- Member Rights and Responsibilities

Each year, NCQA evaluates Presbyterian Health Plan using results from their latest site and NCQA HEDIS® (Health Employer Data Information Set) report, which includes customer satisfaction survey data and measures of clinical care. With everyone's help, PHP and its network of providers are being recognized for improving the quality of care and service to our members.

Thanks to every network practitioner and provider for their work in helping us to achieve this rating for another year. Evidence shows that health plans with an Excellent NCQA rating do more to measurably improve the health of their members. Presbyterian has again "earned the letter" for improving the health of individuals, families and communities.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). For more information go to www.NCQA.org.

Thank You to Our Top Pres Online Users

by Bert Larence
Manager, Provider Services

In June, the Provider Services CARE Unit initiated a monthly initiative to recognize the TOP Pres Online users within our provider and practitioner communities. We wanted a way to thank our providers for partnering with us in making Presbyterian's e-business tools part of their daily business operations. We have been excited to see that providers are just as proud of their accomplishments, as offices are posting their certificates in areas where patients and employees can view them.

We are pleased to announce a new enhancement to our initiative. Our Pres Online Provider Web page at <http://www.phs.org/healthplan/providers/presonline.shtml> has been updated to show our TOP Pres Online users, and each provider name on that list has been configured to link directly to their office's Web site. Thank you for partnering with us in adopting our e-business solutions.

Getting an NPI is Free – Not Having One Can be Costly

by Bert Larence
Manager, Provider Services

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all healthcare providers acquire a National Provider Identifier (NPI) by May 23, 2007. After that date, providers may use only their NPIs to identify themselves in standard transactions where the NPI is required.

Without an NPI, a provider will not be able to:

- Submit claims for payment
- Access information from a Health Plan
- Receive payments from a Health Plan

Presbyterian Health Plan (PHP), as well as the Centers for Medicare and Medicaid Services (CMS), recommend that healthcare providers apply for their NPI as soon as possible. PHP, as well as other health plans, will be requiring your NPI on all claims, whether submitted electronically or on paper. Health plans have asked that you obtain and share your NPI with them by December 31, 2006.

Providers who have not yet obtained their NPIs may apply online at <https://nppes.cms.hhs.gov> or may also call the Enumerator for an application. The phone number for the Enumerator is 1-800-465-3203 or TTY 1-800-692-2326. If you file electronically, it is estimated that you will get your NPI that same day. If you file a paper application, it is estimated that applicants will receive their NPI within 10 days after a properly completed application is received.

Once you have received your NPI, you should protect this number. Covered providers should share their NPI with any entity that would need to identify the provider in a standard transaction. For example, you should share your NPI with any provider with whom you do business, health plans, and organizations where you have staff privileges.

You can send your NPI information to Presbyterian in one of the following ways:

- If you applied for and received your NPI electronically, you can forward it to us via the e-mail address: provcare@phs.org and list NPI in the subject line.
- If you applied for and received it via paper, you can forward a copy of it to the following address:

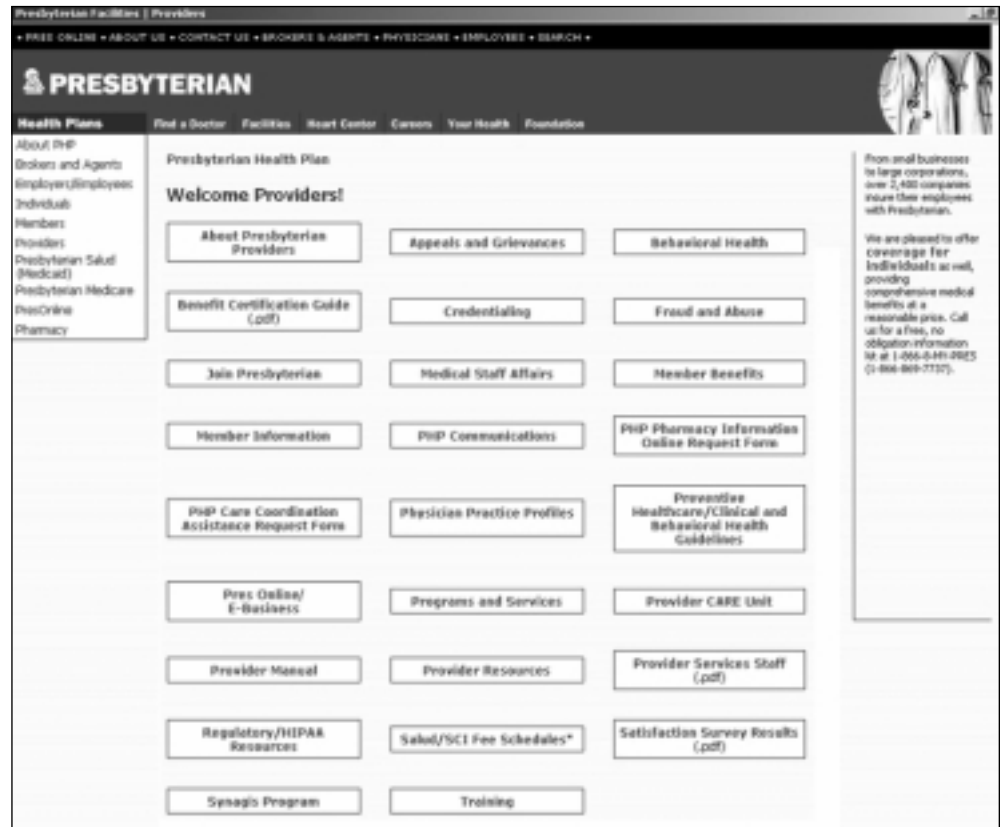
Presbyterian Provider CARE Unit
P.O. Box 25283
Albuquerque, NM 87125-5283

If you have already provided us with a copy of your NPI, we thank you for your quick attention to the new HIPAA regulation, and assisting us in preparing for the May 23, 2007, deadline.

The Provider Page – A Completely New Look!

by Bert Larence
Manager, Provider Services

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) continue to work on enhancing our Web site so that you may locate more information in a quick and timely manner, thus allowing you additional time to spend with your patients and our members. With that, Presbyterian Provider Services is happy to announce that the “Provider’s Page” at www.phs.org has a new look. Presbyterian took to heart your comment that although the page was informative, it was very busy and, at times, difficult to find the needed information. We have condensed the page and added links so that you may narrow your search to the information you are seeking. We will continue to enhance this page to provide you with resources to assist you in conducting your business and care for your patients. We would appreciate your input on any changes that you feel would be beneficial. Please share your ideas with our new e-Business Coordinator, Adam Roberts, (505) 923-8726, or by email at aroberts2@phs.org.



Benefit and Technology Updates

by Helen Hordes
Senior Clinical Project Coordinator

This communication includes information on recent benefit and/or technology decisions made by the Benefit Interpretation Committee (BIC).

All Product Lines

Percutaneous Neuromodulation therapy is similar to PENS and TENS but differs in the type of needles used and the variation in frequencies. It is considered investigational and is **not** covered at this time.

Total Hip Resurfacing is an alternative to conventional total hip replacement. It is covered when considered to be appropriate by the treating physician. At the present time this procedure is not performed in New Mexico.

Apheresis/Plasma Exchange/Plasmapheresis is covered for continued worsening (progression) of symptoms of acute central nervous system demyelination that may result in paralysis, blindness or disability. Specifically, this includes conditions associated with multiple sclerosis, Devic's syndrome and transverse myelitis, which have failed to respond to high dose steroids or other conventional intensive treatment including interferon, mitoxantrone, or natalizumab.

Commercial and Presbyterian Salud

Subtalar Arthroereisis is a surgical procedure that uses an implant to prevent pronation of the foot. Implants commonly used include the Maxwell-Brancheau Arthroereisis (MBA) implant, the STA peg and Kalix® device. This procedure is only covered for children from ages 6 to 18 with severe ankle instability when criteria are met and no other treatments have been effective. Benefit Certification is required. Providers should bill with HCPCS Code S2117.

Presbyterian Senior Care, Presbyterian MediCare PPO, and SCI Plans

Subtalar Arthroereisis is not covered. Medicare does not cover this procedure and SCI does not cover children.

Accessing Medical Criteria and Benefit Interpretation Manuals at www.phs.org

In order to provide you with the most updated benefit and technology information, the Medical Criteria and Benefits Interpretation Manuals are available on the Presbyterian Web site.

- Log on to www.phs.org;
- Click on Health Plans;
- Click on Providers;
- Scroll down to Provider Resources;
- Click on Benefit Interpretation Manuals or Medical Criteria -
 - The Benefit Interpretation Manuals link contains Benefit Alerts and Benefit Interpretation Manuals for Commercial, Medicare Advantage, Medicare Supplement, and SCI plans.
 - The Medical Criteria link contains Presbyterian Health Plan and Presbyterian Insurance Company, Inc. medical criteria for certain health services.

At Presbyterian Health Plan and Presbyterian Insurance Company, Inc., benefit changes and clarifications are issued through the Benefit Interpretation Committee (BIC). In addition, Presbyterian's Technology Assessment Committee (TAC) reviews new technology and new uses of existing technology to make recommendations about coverage. TAC is chaired by a PHP Medical Director and consists of participating primary care and specialty practitioners, invited experts, and PHP Health Services management staff. PHP uses an independent technology assessment firm's (Winifred Hayes, Inc.) recommendations, as well as current medical literature including clinical trials, to support the decisions of TAC. PHP also relies on decisions made by CMS to provide guidance related to investigational and established medical procedures. When an item is listed as being "investigational," this means that PHP determined, based on review of the above resources and/or decisions from TAC, that the technology is not currently an evidence-based, proven effective treatment methodology.

If you have any questions please contact Dr. Charles Baumgart at (505) 923-5766 or e-mail him at cbaumgar@phs.org.

Continuity and Coordination of Care among Practitioners and Providers

by Presbyterian Health Plan's Behavioral Health Department

Continuity and coordination between physical and behavioral health is an important aspect in the delivery of quality health care, as behavioral and medical disorders can interact to affect an individual's health. Mechanisms must exist to provide appropriate clinical information to practitioners along the continuum of care.

Any information that in the judgment of the Primary Care Practitioner (PCP) or Behavioral Health Practitioner/Provider (BHP) may be necessary for continuity of care, which might include:

What should and should not be shared with another practitioner/provider?

	PCP to BH Provider	BH Provider to PCP
Do share	<ul style="list-style-type: none"> - Acknowledgement of BHP's: <ul style="list-style-type: none"> • attempt to coordinate care • preferred method of communication • contact information - Treatment of chronic conditions - Serious concerns/changes in mood/affect/thoughts observed during office visits, not warranting immediate intervention - Any medication changes made by the PCP - Concerns/observations regarding medication interaction/side effects prescribed by the BHP - Patient is no longer on your panel 	<ul style="list-style-type: none"> - Admission to any BH service. Include date and reason. - Diagnosis (all 5 axes) - Brief treatment plan - Significant change in treatment plan - Concerns/observations regarding medication interactions/side effects prescribed by the PCP - Any medication changes made by the BHP - Discharge from a BH service. Include date and reason.
Do not share	<ul style="list-style-type: none"> - Any medical information deemed irrelevant to coordination of care 	<ul style="list-style-type: none"> - Progress or therapy notes.

What are the documentation requirements?

No specific documentation is required for release of information to another practitioner for the continuity of the patient's treatment. Written authorization of the patient is required before information related to substance abuse treatment is released. Presbyterian's Coordination of Care Form meets the documentation and authorization requirements and may be accessed through the Provider Web page at <http://www.phs.org/healthplan/providers/behavioral.shtml>. The form is a valuable tool, not only for practitioner-to-practitioner communication, but also for practitioner-patient discussion of the benefits of care coordination. The reasons for coordinating care should be explained to members so that they take an active role in managing their care and sharing critical information. If the member prefers not to release information, the form allows the practitioners to document this and remain in compliance with the standard.

Indicators for Referrals to ValueOptions of New Mexico

by Presbyterian Health Plan's Health Services Department

In July 2005, the State of New Mexico entered into a contract with ValueOptions of New Mexico to provide behavioral health care services to all New Mexico SALUD! enrollees. ValueOptions of New Mexico is often referred to as the behavioral health Statewide Entity (SE).

To ensure that Presbyterian Salud members receive the behavioral health services they need, we would like to remind you to refer to ValueOptions of New Mexico for any of the 18 indicators listed in the New Mexico Administrative Code (NMAC). The NMAC citation is 8.305.9.10, "Coordination of Physical and Behavioral Health Services Benefits." The citation is available in its entirety at <http://www.nmcpr.state.nm.us/nmac/parts/title08/08.305.0009.htm>.

Following are common indicators for a referral to ValueOptions of New Mexico for behavioral health services or for a referral directly to a behavioral health provider by a Primary Care Practitioner:

1. suicidal/homicidal ideation or behavior;
2. at-risk of hospitalization due to a behavioral health condition;
3. children or adolescents at imminent risk of out-of-home placement in a psychiatric acute care hospital, residential treatment facility, or treatment foster care placement;
4. trauma victims including possible abused or neglected members;
5. serious threat of physical or sexual abuse or risk to life or health due to impaired mental status and judgment, mental retardation, or other developmental disabilities;
6. request by member, parent or legal guardian of a minor for behavior health services;
7. clinical status that suggests the need for behavioral health services;
8. identified psychosocial stressors and precipitants;
9. treatment compliance complicated by behavioral characteristics;
10. behavioral, psychiatric and/or substance abuse factors influencing a medical condition;
11. victims or perpetrators of abuse and neglect;
12. non-medical management of substance abuse;
13. follow-up to medical detoxification;
14. an initial PCP contact or routine physical examination indicates a substance abuse or mental health problem;
15. a prenatal visit indicates a substance abuse or mental health problem;
16. positive response to questions indicates substance abuse, observation of clinical indicators or laboratory values that indicate substance abuse;
17. a pattern of inappropriate use of medical, surgical, trauma, urgent care or emergency room services that could be related to substance abuse or other behavioral health conditions; and
18. the persistence of serious functional impairment.

A Presbyterian Salud member may access behavioral health services through direct contact with ValueOptions of New Mexico, a referral from Presbyterian Salud, a referral from his or her primary care or other healthcare practitioner, or by going directly to a behavioral health provider.

If you have any questions or concerns about referrals to ValueOptions of New Mexico, please contact Jean Calhoun, Health Services Clinical Director, at 923-6718. You may also contact ValueOptions at 1-888-251-7511.

Patient Safety Synopsis

by Presbyterian Health Plan's Health Services Department

Winter 2005-2006 – Have a Safe and Comfortable Hospital Stay. This article provides tips and reminders about what members can do to help ensure their hospital stay is safe and comfortable. These tips include asking for help, especially with such activities as getting out of bed and standing up. Frequent walks and proper breathing techniques are recommended to inhibit the formation of blood clots and to help keep the lungs clear of congestion. Patients are reminded to confirm personal and medical information is correct, such as their patient identification bracelet, drug allergies, and medications.

Spring 2006 – Why We Need to Wash Our Hands. In this article, we describe the volume of germs that are typically present on our hands and how quickly and easily they can be spread. We also explain that the combination of warm water, soap, and frequent hand washing can effectively slow the spread of germs. The article also includes steps on proper hand washing technique.

Fall 2006 – Your Health, Your Safety, Your Well Being. This article provides results of a recent patient safety survey that was sent to contracted hospitals and facilities within the Presbyterian Healthcare Services network. A chart within the article shows the progress Presbyterian is making to improve processes at our facilities to keep members safe and to involve them in decisions about their care.

Winter 2006 – Facts about Tablet Splitting. In this article, we explain the benefits of tablet splitting and the importance of precision to ensure accurate and optimal dosage. We also illustrate and describe the advantages of using a well-made tablet splitter and explain why certain tablets should not be split.

Preventive Healthcare Guidelines

by Presbyterian Health Plan's Disease Management Department

Presbyterian's preventive healthcare guidelines have been revised to include the Advisory Committee on Immunization Practices (ACIP) new vaccination recommendations for the following:

- Rotavirus
- Human Papilloma Virus (HPV) vaccine.

The preventive healthcare guidelines are available on the Provider Web page at <http://www.phs.org/resources/documents/preventive.pdf>. The immunization schedule is available at <http://www.phs.org/shots>. You may also access them by going to www.phs.org > health plans > providers > scroll to the middle of the page (approximately).

New Clinical Practice Guidelines

Presbyterian has adopted the American Heart Association (AHA)/American College of Cardiology (ACC) "Guidelines for Secondary Prevention for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2006 Update." They are available on the Provider Web page at <http://www.phs.org/resources/documents/cad-va.pdf>.

Other physical and behavioral health clinical practice guidelines are available on the Provider Web page at <http://www.phs.org/healthplan/providers/index.shtml>, or go to www.phs.org > health plans > providers > scroll to the middle of the page (approximately).

For paper copies of any of the guidelines, contact Health Services at 923-5512.

Presbyterian Health Plan Payment Guidelines Relating to Your NPI

by Bert Larence
 Manager, Provider Services

Presbyterian Health Plan and Presbyterian Insurance Company (Presbyterian) is committed to ensuring that our practitioners and providers are kept apprised of changes that affect the way in which health care is administered and reimbursed within the state.

Presbyterian would like to take this opportunity to inform our contracted practitioners and providers throughout the state of the method that Presbyterian will be using in processing and paying your claims so that we continue to pay them in accordance with your contract as it relates to the National Provider Identifier (NPI). Please refer to the matrix below, which documents how your claims will be processed when received by Presbyterian. We are hoping that this tool will assist you as a guideline in how you might apply for your NPI or how you may have to note your systems when you receive your Explanation of Payments from Presbyterian.

If you should have any questions regarding this notification, please contact your Provider Services Coordinator. If you do not know who your coordinator is, you can access that information online at <http://www.phs.org/resources/documents/regional.pdf>.

We appreciate your commitment to providing excellent care and service to our members. As always, thank you for partnering with us to improve the health of individuals, families, and communities.

Number of NPIs	Number of Tax IDs	Payment Result
If you are a contracted Presbyterian practitioner with one NPI	and one tax ID	the combination of NPI and tax ID will map in our system and pay.
If you are a contracted Presbyterian practitioner with one NPI	and work for multiple tax IDs	the combination of NPI and tax ID will map in our system and pay.
If you are a contracted Presbyterian practitioner with one NPI, two or more taxonomies	and one tax ID	your payment will map to the tax ID and taxonomy we have stored in our system and pay.
If you are a contracted Presbyterian practitioner with one NPI, two or more locations	and one tax ID	the combination of NPI and tax ID will map in our system and pay to <u>one location</u> .
If you are a contracted Presbyterian practitioner with one NPI, two or more Presbyterian Provider IDs and two or more taxonomies for two or more locations	and one tax ID	we can use the combination of NPI and taxonomy to map in our system to pay.
If you are contracted with Presbyterian as a facility with one NPI	and one tax ID	the combination of NPI and tax ID will map in our system and pay.
If you are contracted with Presbyterian as a facility with one NPI, two or more taxonomies	and one tax ID	your payment will map to the tax ID and taxonomy we have stored in our system and pay.
If you are contracted with Presbyterian as a facility with one NPI, two or more locations	and one tax ID	the combination of NPI and tax ID will map in our system and pay to <u>one location</u> .
If you are contracted with Presbyterian as a facility with one NPI, two or more Presbyterian Provider IDs, and two or more taxonomies for two or more locations	and one tax ID	we can use the combination of NPI and taxonomy to map in our system to pay.
If you are contracted with Presbyterian as a facility and the individual practitioners at your facility get NPIs, but you bill under the facility name	and you have one tax ID	we will need an NPI for the facility to map our system to pay.



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