

Provider News



Over 20 years
of caring for
New Yorkers'
most precious
possession—
their health.
1984–2008

2007 QARR— Our Best Year Yet!

Health Plus must submit performance data to the Office of Managed Care at the New York State Department of Health every year. The data, which are used to evaluate plan performance, are known as the Quality Assurance Reporting Requirements (QARR).

We are routinely among the top New York managed care plans for QARR and quality and are proud to say that 2007 proved to be our best year yet! **You, our providers, have made these results possible, and we would like to share with you some of the details.**

WHERE WE'VE IMPROVED

We improved on most measures from 2006 to 2007 and are at or above the statewide average (SWA) for many of them.

A care area in which we excel is preventive care for children and adults, as demonstrated by several measures. We are above SWA on (among other measures): ■ *Adolescent BMI screenings.* ■ *Lead testing.* ■ *Adolescent substance abuse usage screenings.* ■ *Breast cancer screenings.* ■ *Children's (2 to 6 years old) access to PCPs.* ■ *Children's (7 to 11 years old) access to PCPs.*

Another area in which we do very well

is diabetes management. We are above SWA on HbA1C tests in diabetes control and LDL screenings in diabetes control, and we have fewer poorly controlled diabetic cases, among other measures.

WHAT WE'RE WORKING ON

While we are proud of rendering high-quality care to our members in many areas, we realize that there is still room for improvement in other areas. For example, we would like to improve our service in such measures as *Chlamydia Screenings* and *Adults Living with Illness*, as these seem to be our weak spots right now.

Keeping Up Good Results

Dear Health Plus Providers,

Our Medical Management Department takes its mission of ensuring quality services to our members and providers quite seriously. Consequently, we are very pleased to share with you that the annual New York State Department of Health Quality Assurance Reporting Requirements (QARR) showed a marked increase in almost all measures.

This is directly attributable to the high quality of care rendered by you, our providers, as well as your improved documentation.

To continue this positive trend, we have implemented several initiatives. First, since claims are used to calculate some QARR results, we have hired a coding specialist and support staff to assist our physicians with the correct coding.

Furthermore, our Health Education and Community Outreach Department has been working closely with hospitals, clinics and other community organizations to educate populations served by the plan on a host of medical and self-help topics.

Finally, internal communications among all areas of Medical Management (Quality Improvement, Health Services, Behavioral Health, Health Education and Community Outreach, as well as Provider Relations) have been strengthened. This will result in improved care and better service to our provider and member communities.



Sincerely yours,
Richard D.
Weinberg, RPA,
MPS
Vice President,
Health Services
Management

Dealing with Depression

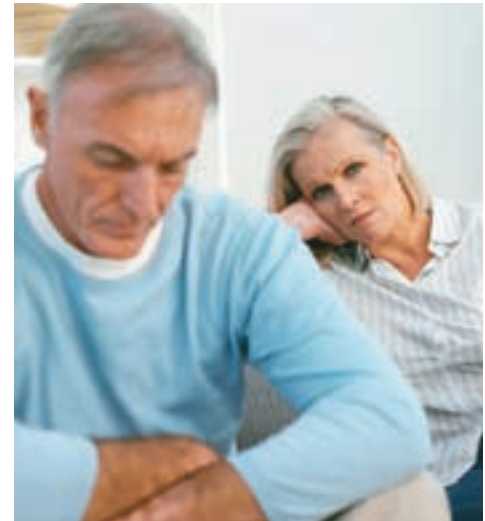
Depression reportedly affects 1 in 10 adults in the U.S. Undiagnosed depression leads to increased morbidity and mortality and a reduced quality of life. Timely diagnosis and treatment are critical.

Various screening tools for depression are available for use in the primary care setting. Some tools are posted on the Health Plus website at www.health-plus-ny.org (click "Providers," then "Educational Resources," then "Behavioral Health").

Compliance issues are common, so follow-up is important. Based on NCQA standards, adequate depression management includes **at least three visits with the prescribing or treating practitioner during the first three months following the start of therapy.** Typically, antidepressants should be continued for at least six months for maintainable results.

SEEING A SPECIALIST

In problematic cases, a referral to a mental health specialist is indicated. Members may be referred to any participating behavioral health provider



without prior authorization. For referral assistance, physicians can call the Health Plus Behavioral Health Department at **1-800-727-0910** on weekdays, 9 a.m. to 5 p.m., or our 24-hour behavioral health member advice line at **1-866-223-9500**.

In addition, members can self-refer to any participating behavioral health provider. Once a referral has been made, the behavioral health provider must call the Health Plus Behavioral Health Department at **1-800-727-0910** for authorization of further services.

Need to Contact Us?

For general provider inquiries:

Health Plus Provider Care Center and INFO PLUS 1-800-450-8753

For more specific inquiries:

Cleo Dixon, Vice President, Network Management and Provider Relations 1-718-491-6770

Gary Cowan, Provider Relations Senior Manager 1-718-491-7495

Brooklyn, Staten Island, Queens private-office providers and Health Centers

Stacey Ross, Provider Relations Manager 1-718-491-7509

Svetlana Kats, Provider Relations Field Supervisor 1-718-491-7513

Belinda Kavanagh-Lantimo, Provider Relations Field Supervisor 1-718-567-3251

Bronx hospitals, Manhattan and Bronx private-office providers and Health Centers

Saman Mey-Yin, Provider Relations Manager 1-718-840-4309

All network hospitals (except Bronx), Nassau private-office providers and Health Centers

Leroy Houston, Provider Relations Manager 1-718-491-7556

Nina Stone, Provider Relations Field Supervisor 1-718-840-4314



Family Health Plus: Pharmacy Changes

Health Plus providers should have received a letter from the New York State Department of Health (DOH) informing of the pharmacy benefits change for Family Health Plus (FHP) managed care enrollees. Effective Oct. 1, the pharmacy benefits for our FHP members will be “carved out” of the Health Plus pharmacy benefit package. Pharmacy benefits for FHP members will be administered and paid by the Medicaid fee-for-service program through eMedNY.

MEDICAID NOW PAYS FOR FHP PHARMACY BENEFITS

Benefits covered by a new Medicaid program beginning Oct. 1 include:

- Prescription drugs.
- Insulin and diabetic supplies currently covered as a pharmacy benefit by Medicaid (insulin syringes, blood

You can find useful, up-to-date information on our website, www.healthplus-ny.org.

glucose test strips, lancets, alcohol swabs, etc.).

- Smoking cessation agents, including OTC products.
- Select OTC medications covered on the Medicaid Preferred Drug List (Prilosec OTC, loratadine, Zyrtec, etc.).

- Hearing aid batteries.
- Enteral formulae with prior authorization (**1-866-211-1736**).

There is no transitional process and, therefore, no grandfathering provisions. Hence, if an FHP member is on a non-Medicaid formulary medication, his or her prescribing physician must either change the drug or make a request for a non-formulary medication from Medicaid.

With the exception of controlled substances, existing prescriptions must be filled within 60 days and are valid for six months from the original prescription date. Only five refills are permitted.

Prescriptions for FHP enrollees will be subject to Medicaid’s Preferred Drug Program, Clinical Drug Review Program, and the Mandatory Generic Drug Program. Prescriptions will also be subject to all Medicaid program requirements.

In some cases, providers will have to request prior authorization for coverage of some drugs by phone at **1-877-309-9493** or online at <https://newyork.fhsc.com> or www.nyhealth.gov/health_care/medicaid/program/pharmacy.htm.

WHAT ISN'T CHANGING

J-Code medications, or drugs administered in the physician’s office, remain in the Health Plus pharmacy benefits package. J-Code medications include injectable and biological drugs that are necessary for diagnostic or treatment purposes but that ordinarily cannot be self-administered by a patient.

Drug co-payments for FHP members for all drug and supply categories will not change.

DOH has mailed its letter and Medicaid benefit identification cards to all FHP enrollees. FHP members currently using a Medicaid card for other

benefits will be able to use the same card to access pharmacy benefits beginning Oct. 1. FHP members who presently use their FHP managed care ID card to access pharmacy benefits must, on Oct. 1, switch to the Medicaid card to obtain pharmacy benefits.

Want to Refer a Member?

Health Plus is committed to providing our members with access to the highest-quality care, including specialty care when needed. When the need arises, primary care physicians (PCP) should refer their patients to a specialist and obtain prior authorization from Health Plus before a visit.

Prior authorization is required for all specialty visits except:

- Emergency care.
- OB/GYN care.
- Mammography.
- Family planning.
- Optometry.
- Mental health or substance abuse treatment (initial outpatient visit).
- Routine dental care.

■ The following services offered by New York City Health Department clinics: HIV counseling and testing, immunization, lead screening, dental care, and TB treatment.

AN EASY PROCESS

Our automated INFO PLUS system, available online or by phone, can be used to obtain authorization for a specialty visit. The following information is required for authorization:

- The referring PCP's Health Plus provider ID number.
- The referring PCP's PIN.
- The specialist's Health Plus provider ID number.
- The member's Health Plus ID number.
- The primary complaint and diagnosis code.
- The month/year of service.
- The number of visits desired (six maximum).



INFO PLUS can automatically confirm the authorization and provide an approval code, authorization period (usually six months), and number of approved visits (usually six). Written confirmation of the approval will then be faxed within 24 hours to both the referring PCP and the specialist.

For online INFO PLUS access, go to www.healthplus-ny.org, click "Providers," and then "INFO PLUS." To access the system by phone, call **1-800-450-8753** and press **1** as soon as the voice mail message starts.

Search the directory:

To find a specialist in the Health Plus network, consult your printed directory or visit our online provider directory at www.healthplus-ny.org (click "Providers," then "Find a Provider").

Or call our Provider Care Center at **1-800-450-8753** and speak to one of our representatives.



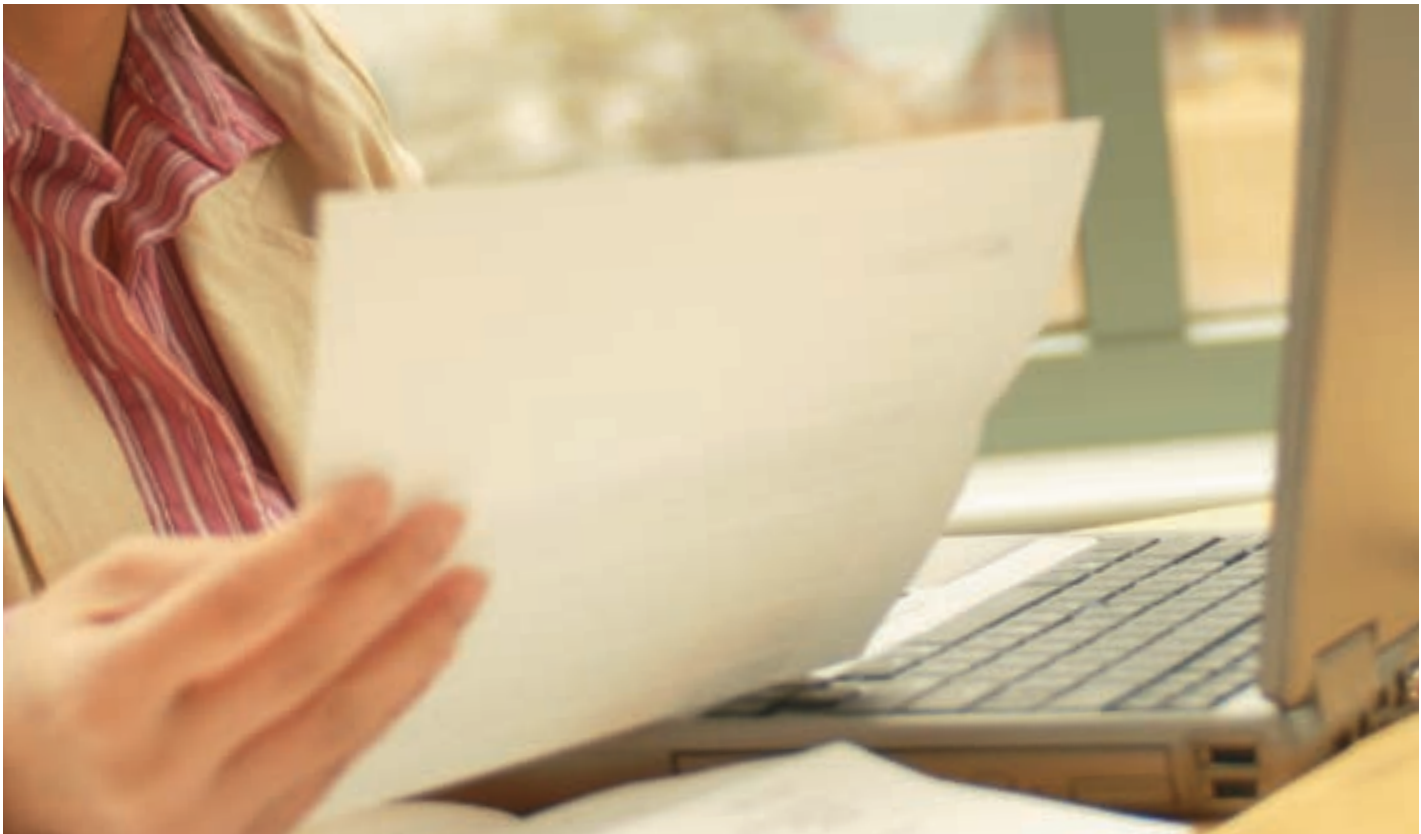
Expanded Coverage for New York Children

Gov. Patterson, along with the State Assembly and Senate, passed an expansion of New York State's Child Health Plus program. Under the new guidelines, effective Sept. 1, families with income of up to 400% of the poverty

level will qualify for subsidized health insurance.

Health Plus will assume the task of enrolling uninsured children into this expanded program through a series of initiatives between September and January.

If you would like to work with Health Plus to enroll your patients into this program, call the Marketing Department at **1-718-630-0199**.



Online Credentialing Is Here!

Redundant paper credentialing and re-credentialing applications are history! Health Plus is pleased to announce that it has joined forces with the Council for Affordable Quality Healthcare (CAQH) and is now processing credentialing and re-credentialing applications online, through the Universal Credentialing Datasource® (UCD) system.

CAQH is free and readily available to all providers.

This system allows providers to enter and manage all of their credentialing information online.

IT'S SIMPLE!

To take advantage of this system, you must register with CAQH and then authorize Health Plus to access your data. If you haven't registered with CAQH yet, here's what you need to do:

1. Call the CAQH Help Desk at **1-888-599-1771** or e-mail them at **help@caqh.geoaccess.com** and ask for registration information. You will receive a mailing from CAQH, complete with your CAQH provider ID.
2. Once you have received your CAQH provider ID, log on to the CAQH website at **www.caqh.org/cred**.
3. Create your username and password and complete the registration process.

Once you have registered, you can enter your data. The initial data entry might be time-consuming, but you need to do it only once. The information then becomes available for all of your participating plans to access. Plans cannot access your data, however, unless you authorize them to do so. You can either authorize each plan individually or create a global authorization.

If you have already registered and entered your information into the UCD but have not

authorized Health Plus to access your data, please do so as soon as possible.

EASY UPDATES

With your profile complete, all you have to do is confirm or update your data electronically every three months. Updates become immediately available to your entire health plan network.

Moreover, Health Plus and other plans will never ask you for updated malpractice insurance information or require you to submit a re-credentialing application. They will simply obtain all information from the UCD.

About 80% of our network providers already have their information entered in the UCD. We will notify CAQH of network providers who still need to join. CAQH will contact them directly.

We are happy to participate in this service. It will greatly streamline both our processes and yours.

HIV/AIDS: Health Plus Cares

New York City is the epicenter of the HIV/AIDS epidemic in the United States and has more confirmed cases than Los Angeles; San Francisco; Washington, D.C.; and Miami combined.

PATIENTS NEED TO GET TESTED

Health care providers must encourage their patients to get tested. Results are available in 20 to 30 minutes with a rapid HIV test, which permits timely treatment and partner notification and enhances risk-reduction behavior.

Health Plus providers: If you're interested in offering HIV rapid tests to our members, you can purchase one of the FDA-approved, CLIA-waived test kits and be reimbursed by Health Plus. You must obtain a CLIA certificate of waiver and have a copy of the certificate on file with Health Plus. More information is available on the CDC website at www.cdc.gov/hiv/rapid_testing.

If Health Plus members are uncomfortable being tested in your office, they can self-refer for free, confidential (or anonymous) rapid testing at any New York City Department of Health STD clinic by calling 311.

OUR HIV SERVICES

Prevention is key. To that end, our Outreach Department conducts regular education classes throughout the communities we serve. In addition, our member newsletters include information on HIV/AIDS and materials encouraging HIV testing.

Should a member test positive for HIV, he or she can be referred to one of the New York State-designated AIDS centers, experienced HIV providers, or HIV specialist PCPs available in our network in all five boroughs. See your



printed or online provider directory (under "HIV/AIDS Providers") for more details.

Health Plus provides HIV case management services through EnvisionCare, a care management company that provides services tailored to the needs of each member living with HIV or AIDS. In addition, we have a full-time, certified HIV nurse case manager who personally handles the most complex cases.

Lastly, our Health Services representatives advocate for members who are

having difficulty obtaining the range of services they need.

For more information about how to refer members for HIV case management, please call our Provider Care Center at **1-800-450-8753** and press **6** to reach our Health Services Department. Or you can download and print a case management referral form from our website, www.healthplus-ny.org (click "Providers," then "Referral Info. & Forms"). Fax the completed form to **1-718-360-1314**.

Look for Changes to Our Claims Policies

Health Plus is introducing new, nationally recognized enhancements to our claims payment policies.

We will continue to follow the guidelines set forth by the national Correct Coding Initiative (CCI). And we will implement additional policies from well-recognized sources that will enable you and your billing staff to more readily understand our claims payment system.

Our claims payment policy enhancements are based on nationally accepted guidelines, such as:

- Medicare’s national bundling edits, including the CCI.
- Medicare’s modifier usage.
- Medicare’s global surgery rules.
- AMA CPT coding guidelines.
- Regional Medicare policies.
- National specialty academy guidelines (coding and clinical).

WATCH FOR MORE INFO

If you are interested in more specific information regarding these enhancements, please visit our website at www.healthplus-ny.org (click “Providers,” then select the “Claims Policy & EDI” option from the drop-down menu).

Further information will be available in special educational excerpts on correct coding that will appear in future editions of *Health Plus Provider News*.

Health Plus recognizes that there may be situations in which your billing rules may be at odds with our payment



policy. Whenever you disagree with a payment decision, you have the right to appeal the determination.

Please refer to your Health Plus provider manual for specific instructions

on how to submit an appeal.

Please inform your billing entities of these new enhancements, and watch for more information on our website and in this newsletter.

Where to Find Important Information

INFO PLUS online (Member Eligibility, Claims, Authorizations)

..... log on to www.healthplus-ny.org, choose “Providers,” then “INFO PLUS”

INFO PLUS by phone (Member Eligibility, Claims,

Optometry Benefits) 1-800-450-8753 (press 1)

Provider Care Center (all provider inquiries) 1-800-450-8753

Provider Updates 1-718-504-9602 (fax)

NPI Number 1-718-233-3523 (fax)

Request a Provider Directory 1-800-450-8753

Disease or Case Management Referrals 1-718-360-1314 (fax)

Domestic Violence Coordinator 1-718-491-7545

Health Education and Community Outreach 1-888-743-3508

Website: www.healthplus-ny.org

For expert health information, Health Plus members may call
 Tele-Nurse Plus 24 hours a day, 7 days a week: 1-800-437-7587.

Coding Corner

For your convenience, below please find CPT and ICD-9-CM codes for a rapid strep test or culture (pharyngitis diagnosis) and chlamydia test (chlamydia diagnosis). Please reference the 2008 CPT, HCPCS, and ICD-9-CM books when needed.

SUPERBILLS: THINGS TO KNOW

- Superbills should be reviewed annually to capture the most current ICD-9-CM, CPT, and HCPCS codes.
- Superbills and claims should include chart documentation for each service date.
- Procedures and services documented in patient charts should be translated to CPT/HCPCS codes when reported on superbills and claims.
- Medical conditions documented in patient charts should be translated to ICD-9-CM codes and reported on superbills and claims. Report ICD-9-CM codes properly. Some codes may require the fourth and fifth digits.
- Sequence ICD-9-CM, CPT, and HCPCS codes properly on both superbills and claims.



QUESTIONS?

Call Eric Wentz, RN, Quality Improvement Director, at **1-718-491-7561** or

Stacey L. Murphy, MPA, CPC, Quality Improvement Medical Auditing Manager, at **1-718-491-7473**.

Chlamydia codes

CPT CODES	ICD-9-CM CODES
87110, 87270, 87320, 87490, 87491, 87492, 87810	078.88*, 079.88*, 079.98*, V01.6*, V02.8*, V73.88*, V73.98*

*When reporting multiple diagnoses on claims with chlamydia testing, one of these codes must be reported as the principle diagnosis.

Strep codes

CPT CODES	ICD-9-CM CODES
87070, 87071, 87081, 87430, 87650, 87651, 87652, 87653, 87880*	034.0, 462, 463

*Append a modifier QW for CLIA-waived tests to the CPT code if you don't possess a CLIA license issued by CMS.

Tom Early
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HEALTH PLUS PROVIDER NEWS is published as a community service to members of the HEALTH PLUS provider network. HEALTH PLUS Executive Offices are located at 335 Adams St., Suite 2600, Brooklyn, NY 11201. Our phone number is 1-800-450-8753.

HEALTH PLUS is a not-for-profit health care plan committed to quality health care and dedicated to the health and well-being of our culturally diverse communities through partnerships with members, providers, and community-based organizations.

Information in HEALTH PLUS PROVIDER NEWS comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, please call 1-718-840-4418.

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