



Health Plus

Your community's guardian angel since 1984

Provider News

Health Plus Tops in Provider Satisfaction

Health Plus conducts a provider satisfaction survey every one to two years as part of an ongoing effort to evaluate and improve its relationship with participating physicians and their office staff.

The survey is also a useful tool for examining trends in provider opinions and satisfaction over time.

Of the survey participants in 2008, 48% were primary care physicians (PCPs), 6% were obstetrician/gynecologists, and 15% were physicians in other specialties. Another 30% percent of the respondents were nonphysician office staff.

Seventy percent of the physician respondents are in solo private practice, and more than a third of them (35%) have panels of more than 100 members.

The following is a summary of the key issues gleaned from the survey.

OVERALL SATISFACTION

Health Plus received high marks from respondents for overall honesty in business-to-business transactions and the quality of the call center and field staff. The majority (72%) believe that the staff is capable of resolving issues in a timely and effective manner. More than half (52%) believe that Health Plus is superior to other HMOs.

Health Plus is pleased with these results and continues to research new ways to improve provider satisfaction.

CLAIMS

The overwhelming majority of respondents indicated satisfaction with Health Plus's claims processing, with 87% reporting that claims are paid accurately, and 89% indicating that payment is made in a timely manner. In addition, awareness of the availability and usefulness of INFO PLUS as a claims inquiry tool has increased steadily since 2004.

REFERRALS AND PRIOR AUTHORIZATION

Over three-quarters (78%) of physician and office staff respondents report being both aware of and satisfied with Health Plus's referral and prior authorization procedures. Sixty-five percent of PCPs are using the INFO PLUS automated system to make referrals, and 45% of specialists use the system to check the approval status of these referrals. INFO PLUS is undergoing several upgrades, and the plan expects that these improvements will encourage greater utilization of this system.

CASE AND DISEASE MANAGEMENT

Awareness of Health Plus Case and Disease Management Services among physicians and office personnel has increased steadily since 2005, with three-quarters of respondents now confirming their knowledge of these services. Nevertheless, utilization of



these programs remains low, at 30% for Case Management and 34% for Disease Management. The majority of those who use the services, however, are either satisfied or very satisfied with them. The plan will explore ways to increase participation in these programs this year and in the coming years.

CREDENTIALING AND RE-CREDENTIALING

Three-quarters of respondents rated Health Plus's credentialing process as excellent or good. Eighty percent are also pleased with the level and quality of communication they receive from our credentialing staff.

Now that the plan is processing applications through the online Council for Affordable Quality Healthcare (CAQH) system, we expect overall satisfaction to improve even more.

Meet Our New Medical Director



David Ackman, MD

Health Plus is pleased to welcome David Ackman, MD, MPH, as our new Medical Director. Dr. Ackman was formerly the Medical Director for Ambulatory Care

for New York–Presbyterian Hospital, where he oversaw a network of primary care and specialty clinics that saw more than 750,000 visits a year.

Dr. Ackman has spent most of his career in public health and health management. He served as Nassau County Health Commissioner from 2001 to 2007 and also held medical director positions at the Lutheran Family Health Center Network, Americhoice/United, and IPRO.

Dr. Ackman graduated from SUNY–Downstate, is board-certified in internal medicine, and holds a master of public health degree in health policy and management from Columbia University.

Dr. Ackman's focus will be on developing new programs in Disease and Case Management, Quality Improvement, and Provider Relations. Currently, he is spearheading a project to address the obesity problem among schoolchildren in Sunset Park, Brooklyn.

Dr. Ackman can be reached by phone at **1-718-840-4642** or by e-mail at dackman@healthplus-ny.org.

We Have a New Claims Address!

All paper (CMS 1500 and UB 04) claims must now be mailed to:

GTESS
P.O. Box 853918
Richardson, TX 75085-3918

New Medicare OTC Benefit: Things to Know

In January 2009, we launched Health Plus Elite, our new Medicare Advantage plan. The plan includes a \$50 monthly benefit that members can use for the purchase of over-the-counter (OTC) drugs and supplies. The benefit covers only medically related products, such as pain medications, antacids, vitamins, diabetic supplies, eye lubricants, and certain mineral oil products. Cosmetics, toothpaste, shampoo, and other toiletries are excluded.

In order to take advantage of this benefit, members will need a prescription from their primary care physician, specialist, or any licensed practitioner who can prescribe under New York State law. Prescriptions can be written with multiple refills to facilitate access to the benefit and prevent disruption of service.

Members with a prescription in hand or on file will be able to access their monthly benefit when they present their Health Plus Elite member ID card at any participating network pharmacy.

As an alternative, members can purchase the Medicare-approved items with their own funds and mail the

itemized receipts to: Health Plus Elite, Inc., Member Services Department, 241 37th St., Brooklyn, NY 11232.

Health Plus Elite will reimburse them for expenses up to \$50 per month.

There is no monthly carryover, so unused portions of the \$50 **cannot** be applied to the following month. Any unspent amounts are forfeited for that month.

If you have any questions about this new benefit, please speak to your Provider Relations Associate or call our Provider Care Center at **1-800-450-8753**.

We Pay for Pharyngitis Testing

Health Plus reimburses physicians above capitation for rapid strep testing in private offices or hospital clinics. There are several CLIA-waived rapid strep A tests on the market (**CPT code 87880QW**) that can be performed during an office visit.

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, Director of Network and Provider Field Services **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**



Care for People with HIV —New QARR Measure

New York State has added comprehensive treatment for people living with HIV/AIDS to its list of quality measures to be reported this year. This comprehensive care measure includes five components of recommended treatment and preventive care for people living with HIV/AIDS. These components were derived from the quality-of-care indicators used by the New York State Health Department's AIDS Institute.

The five components include (for services rendered during the 2008 measurement year):

1. Engaged in Care—The percentage of members ages 2 and older who are receiving ongoing primary care for their HIV, as evidenced by at least two outpatient visits for primary and preventive care services, occurring at least 182 days apart. *CPT codes for outpatient preventive medicine or well-child visits can be used to bill for these services.*

2. Viral Load Monitoring—The percentage of members ages 2 and older who have had two viral load tests performed at least six months apart. *The CPT codes to identify a viral load test are 87534–87536.*

3. Syphilis Screening—The percentage of members 19 and older who have had one syphilis test. *The CPT codes to identify syphilis screening are 86592–86593.*

4. Cervical Cancer Screening—The percentage of eligible members who have had a cervical cancer screening.

5. ARV Therapy and Undetectable Viral Load Outcomes—The percentage of members ages 2 and older (randomly selected from the eligible population) who are receiving anti-retroviral therapy and whose viral load tests indicated poor viral load outcomes, with either: a) a viral load of more than 400 copies, b) no reported result in the medical record for the most recent test, or c) no test performed during the year.

SERVICES AVAILABLE THROUGH HEALTH PLUS

The Health Plus Quality Improvement team is ready to support physicians in the attainment of these new care standards, which have the potential to reduce the level of HIV/AIDS-related morbidity and mortality among our members.

The Health Plus network includes HIV specialist PCPs in all five boroughs and Nassau County. Consult your printed or online provider directory (under “HIV/AIDS Providers”) for more details. You can refer our members who test positive to these providers for specialized treatment services.

In addition, Health Plus provides HIV Case Management Services through

Check for Signs of Acute HIV Infection

The initial phase of HIV infection is associated with high levels of circulating virus, making patients more likely to transmit HIV.

To increase detection of acute HIV infection (AHI), Health Plus and the New York City Department of Health and Mental Hygiene recommend testing any patient with recent high-risk behavior (e.g., unprotected sexual intercourse, intravenous drug use) and any of the following:

- Flu-like symptoms.
- Weight loss.
- Gastroenteritis.
- Myalgia/arthralgias.
- Lymphadenopathy.
- Oral/genital/rectal ulcers.
- Aseptic meningitis.

Use of HIV rapid testing enables providers to inform patients of their status within 30 minutes.

In some cases of acute infection, the patient is infected but has not mounted an antibody response. In cases where AHI is strongly suspected, retesting several weeks later or ordering a test for HIV RNA would be appropriate.

If AHI is confirmed, patients should be counseled to avoid sex and/or needle sharing during this initial phase of infection and to use condoms consistently thereafter.

EnvisionCare, a company that specializes in high-quality management of complex member cases. All outpatient HIV-positive members are contacted and receive ongoing support from EnvisionCare, with backup and care coordination provided by our Health Services representatives.

For more information about how to refer members for HIV Case Management, please call our Provider Care Center at **1-800-450-8753** to reach our Health Services Department.

Help Stop Childhood Obesity

Nearly half of all elementary school children (43%) and Head Start children (42%) in New York City are overweight or obese. High rates of obesity and overweight are responsible for the increase in type 2 diabetes in adolescents and also increase the risk for other chronic diseases in adulthood, such as heart disease and certain cancers.

A doctor's role in reversing this trend cannot be overstated; a few minutes and simple advice can help parents keep their children more active and eating healthier. Parents can:

- Reduce screen time (television, Internet, and computer games).
- Encourage active games, sports, or other physical activity after school.
- Replace soft drinks (soda, juices, and juice drinks) with water or other non-sugar beverages.
- Reduce fast food consumption.
- Keep healthy snacks available, such as fruits and vegetables.

Doctors can play a major role in addressing childhood obesity by taking a few minutes to give simple advice to parents.

- Replace whole milk with low-fat or skim milk for children older than 2.
- Introduce new foods as a fun activity—allow kids to choose a new fruit or vegetable and involve them in washing and preparing it for the family meal.
- Check the web for ideas. Websites such as www.mypyramid.gov and www.eatingwell.com have great meal, beverage, and snack ideas for kids. The Mypyramid site includes a nutrition game—"Blast Off"—for children ages 6 to 11 years.



HOW PROVIDERS CAN HELP

To help identify and assist overweight children, Health Plus asks all pediatricians and family practitioners to calculate the body mass index (BMI) for all of their patients ages 2 to 17, explain the concept of a healthy weight range to parents and children, and show them where they fall within that range by plotting the BMI on a growth chart.

In addition to calculating a child's BMI, a new QARR/HEDIS quality assurance measure requires that each child and his or her parents

receive nutrition and physical activity counseling. Counseling must include documentation of at least one of the following:

- Discussion of current nutrition and physical activity behavior.
- Counseling or referral for nutrition and physical activity education.
- Distribution of nutrition and physical activity education materials.
- Anticipatory guidance for nutrition and physical activity.

Documentation should be in the

form of a checklist or notes in the child's medical record.

HEALTH PLUS OFFERS SUPPORT

Health Plus's panel includes nutritionists, who can provide in-depth dietary and lifestyle counseling to members. To find participating nutritionists in your area, please visit our website, www.healthplus-ny.org, and click "Providers," then "Find a Provider." You can also consult your printed Health Plus provider directory, contact your Provider Relations Associate, or call our Health Services department at **1-800-450-8753**. Referral forms can also be found on our website.

A free pamphlet, titled *Helping Children Reach a Healthy Weight: Proven Tips for Parents*, was created by the New York City Department of Health and Mental Hygiene. This pamphlet and additional information about weight control, diet, and physical activity are available on our website, www.healthplus-ny.org (click "Providers," then "Educational Resources," then "Weight Control").

Reduce Adult Obesity

More than half of adult New Yorkers are overweight (34%) or obese (22%).

The new Quality Assurance Reporting Requirements (QARR) measure on prevention and treatment of adult obesity requires that members ages 18 to 75 have their body mass index (BMI) measured at least once per year. For members under age 19, the measure must include plotting of the BMI on a growth chart and calculation of a percentile value, as

Overweight adults need basic information on how to reduce and manage their weight.

described in the companion article on childhood obesity (see page 4).

The BMI can be calculated using the following formula:

Weight (pounds) x 703

Height (inches) x Height (inches)

An online BMI calculator can be found at www.nhlbisupport.com/bmi.

Adults with a BMI of 25 or more should receive the following weight management tips:

■ Avoid high-calorie beverages,

including soda, juices, and juice drinks.

- Eat less fast food.
- Eat more fruits and vegetables.
- Limit portion sizes.
- Incorporate physical activity into daily life.

Adults who are overweight or obese should also receive information about their risk for chronic disease and the benefits of weight loss.

The initial goal of weight-loss therapy is a 10% reduction in body weight over six months. Gradual weight loss (1 to 2 pounds or 1% body weight per week) is more likely to be sustained over time and reduces chronic

disease risk and symptoms. A combination of a reduced-calorie diet and moderate to vigorous physical activity is the best strategy for safe and successful weight loss and maintenance.

These and other helpful recommendations are summarized in the April/May 2007 edition of *City Health Information* in an article titled "Preventing and Managing Obesity in Adults," available on our website, www.healthplus-ny.org (click "Providers," then "Educational Resources," then "Weight Control").

Comprehensive Diabetes Care

Diabetes is common among obese and overweight people. Members ages 18 to 75 with type 1 or 2 diabetes should receive the following:

- Hemoglobin A1c screening—recommended twice a year for people with stable glycemia, quarterly if not stable; treatment goal is 7% or less.
- Dilated eye (retinal) and comprehensive foot exams—annually.
- Medical attention for nephropathy.
- LDL-cholesterol screening—recommended annually; treatment goal is less than 100 mg/dL.
- Blood pressure screening (targets <130/80; <140/90).

Health Plus's Disease and Case Management Services are available to support your medical management of members with diabetes. To refer a member for these services, call **1-800-450-8753** and ask for our Health Services Department.

Case and Disease Management referral forms are also available at www.healthplus-ny.org (click "Providers," then "Forms"). Fax completed forms to **1-718-360-1314**.



Medical Record Documentation

Keeping Your Medical Records Accurate

Concise medical record documentation is critical to providing patients with quality care as well as to receiving accurate and timely reimbursement for furnished services. It chronologically documents the care of the patient and is required to record pertinent facts, findings, and observations about the patient's health history, including past and present illnesses, examinations, tests, treatments, and outcomes.

Medical record documentation also assists physicians and other health care professionals in evaluating and planning the patient's immediate treatment and monitoring his or her health care over time.

FOR PAYMENT

Health Plus may require reasonable documentation that services are consistent with the insurance coverage provided in order to validate:

- The site of service.
- The medical necessity and appropriateness of the diagnostic and/or therapeutic services provided to patients.
- That services furnished have been accurately reported.

PRINCIPLES TO FOLLOW

To ensure that medical record documentation is accurate, the following principles should always apply:

- The medical record should be complete and legible.
- The documentation of each patient encounter should include:
 - › The reason for the encounter and the relevant history, physical examination findings, and prior diagnostic test results.
 - › Assessment, clinical impression, or diagnosis.
 - › Medical plan of care.
 - › Date and legible identity (signature) of the observer.

- The rationale for ordering diagnostic and other ancillary services should be easily inferred.
- Past and present diagnoses should be accessible to the treating and/or consulting physician.
- Appropriate health risk factors should be identified.
- The patient's progress, response to treatment, changes in treatment, and revision of diagnosis should be documented.
- The Current Procedural Terminology (CPT) and International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes reported on the health insurance claim form or billing statement should be supported by the documentation in the medical record.

New Coding Guidelines Enhance Our Payment Policies

Health Plus has implemented nationally recognized enhancements to our claims payment policies. These enhancements follow the guidelines set forth by the national Correct Coding Initiative (CCI) and additional policies from well-recognized sources.

More information regarding these enhancements is available on our website at www.healthplus-ny.org (click "Providers," then select the "Claims Policy & EDI" option from the drop-down menu).

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





Coding Corner

60-SECOND CODING AWARENESS: 7 TOP TIPS

1. Always maintain up-to-date copies of various coding resources used in your office (e.g., CPT 2009, HCPCS 2009, and ICD-9-CM 2009).
2. Superbills should be reviewed annually to ensure that the most current ICD-9-CM, CPT, and HCPCS codes are captured.
3. All procedures/services and medical conditions documented in patient charts should be translated to CPT/ICD-9-CM/HCPCS codes and reported on claims.
4. Ensure proper reporting of ICD-9-CM codes. Where applicable, some codes must contain fourth/fifth digits when reporting patient medical conditions.
5. Ensure that the most appropriate modifiers are reported on all claims where applicable.
6. Modifiers 24, 25, 27, and 57 are E&M Modifiers **only**.
7. Ophthalmology services require the use of a modifier to indicate when the procedure/service is performed on one eye (modifier LT or RT) or both eyes (modifier 50). When submitting ophthalmology claims that contain modifiers LT, RT, or 50, bill **one unit**. Append modifier RP to indicate when eyeglasses are replaced/repared.

See the chart on this page.

CORRECT CODE: URINE TEST FOR CHLAMYDIA

For younger patients, nucleic acid amplification technology (NAAT) tests are ideal because they make it possible to test urine samples for chlamydia, thereby offering an alternative to invasive pelvic exams or urethral swabs.

For the NAAT, please use **CPT code 87110—Chlamydia Culture, Any Source** with the applicable diagnosis code that describes the reason for performing this test.

QUESTIONS?

Call any member of our Quality Improvement Department—Coding Team:

- Stacey L. Murphy, MPA, CPC, Coding Manager, **1-718-491-7473**.
- Mohammed Ahmed, Medical Auditor Reviewer, **1-718-491-8339**.
- Maria Moore, Medical Auditor Reviewer, **1-718-840-4414**.
- Virginia Moffat, Medical Auditor Reviewer, **1-718-491-8336**.

CPT/HCPCS Modifiers

Modifiers	Narrative Description
24	Unrelated E&M service by same physician during postoperative period
25	Significant, separately identifiable E&M service by same physician on same day of another procedure/service
27*	Multiple outpatient hospital E&M visit on the same date
50**	Bilateral procedure (procedure performed on both sides during same session/encounter)
57	Decision for surgery determined during an E&M visit
LT	Left side (used to identify procedures performed on left side of body/left anatomic structure)
RT	Right side (used to identify procedures performed on right side of body/right anatomic structure)
RP	Replacement/repair of lost or destroyed eyeglasses

*This modifier is **only** appropriate for outpatient hospital (facility) E&M visits. It should not be reported for services performed by rendering provider.

**This modifier must be used when an ophthalmology procedure/service is performed on both eyes during the same session/encounter.

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.

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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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Strategies to Control Asthma

The New York City Health Department estimates that asthma now affects about 260,000 adults and 170,000 children ages 17 or younger.

To minimize asthma symptoms, physicians must prescribe therapy appropriate for the level of asthma severity, adjust treatment as needed to maintain symptom control, and ensure that patients

Find materials about reducing exposure to environmental triggers on our website.

have good self-management skills. The recently updated National Asthma

Education and Prevention Program Guidelines distinguish between the initial assessment of asthma severity and the ongoing assessment of asthma control.

In summary, the NYC Health Department recommends the following general strategies for successful management of patients with asthma:

- Prescribe an inhaled corticosteroid for all patients with persistent asthma.
- Promote asthma self-management through education, joint development of treatment goals with patient and family, use of asthma action plans, and referrals to Case Management when available.

- Provide specific guidance to families on reducing exposure to environmental asthma triggers.

Providing controller medications is the focus of a new Quality Assurance Reporting Requirements (QARR) measure. People ages 5 to 56 with persistent asthma should receive at least three prescriptions for a controller medication each year.

More information can be obtained from the article titled "Managing Asthma" in *City Health Information*, November/December 2008, available on the Health Plus website, www.healthplus-ny.org (click "Providers," "Educational Resources," and finally "Asthma").