



Health Plus news provider

Your community's guardian
angel since 1984

Adolescent well-care visits

Underutilized but sorely needed

A recent study conducted here in New York City found that many low-income adolescents are not receiving adequate counseling on risk behaviors and have not had a private and confidential visit with their doctor.¹

To address this problem, the New York State Department of Health has issued preventive care standards for adolescents (ages 14 to 18) enrolled in Medicaid and Child Health Plus. In compliance with these standards, Health Plus measures the percentage of adolescent members age 14 to 18 who receive at least one well-care visit and **all** of the following services from their primary care physician (PCP) each year, as indicated in their medical record:

- Body mass index (BMI) calculation. For more information on calculating and interpreting BMI in teens, visit the CDC website at www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm.

- Nutrition and exercise assessment, counseling, or education.
- Counseling or education on sexual activity, associated risk behaviors, and preventive actions.
- Assessment for depression.
- Assessment, counseling, or education about the risks of tobacco, alcohol, and substance use.

Tools for evaluation

Several screening tools are available to assist providers in evaluating and counseling adolescents on the above topics. One such tool is the *Health Survey for Adolescents*, a brief questionnaire developed by IPRO that can be used during

an adolescent well-care visit. The tool is available on our website at www.healthplus-ny.org. Choose "Providers," then "Educational Resources," and then "Adolescent Health."

Other tools are available from the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS) program.

Health Plus pays PCPs a fee-for-service incentive if they see their adolescents once a year for a preventive visit.

1. Fairbrother G., Scheinmann R., Ostheimer B., et al., "Factors That Influence Adolescent Reports of Counseling By Physicians on Risky Behavior," *Journal of Adolescent Health*, 2005, 37(6):467-476.

A claim or encounter with one of the following codes is counted as a well-care visit.

CPT codes	ICD-9-CM codes
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

let us know...
... if you move!

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Fax your address changes to:
1-718-504-9602
or e-mail to:
providers@healthplus-ny.org

Health Plus
335 Adams St., Suite 2600
Brooklyn, NY 11201

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Evaluate breastfed newborns and support breastfeeding mothers

The recently updated American Academy of Pediatrics (AAP) policy on breastfeeding recommends that breastfed infants be seen by their pediatrician or another knowledgeable and experienced health care professional within three to five days of birth.

The visit should include a physical examination (particularly for hydration and jaundice), evaluation of weight and elimination patterns, and direct observation of breastfeeding, including position, latch, and milk transfer.

A weight loss of greater than 7% of birth weight indicates potential

breastfeeding problems and a need for further evaluation to determine if an intervention to improve milk production and transfer is indicated.

After the initial visit at 3 to 5 days, the infant should be seen again at 2 to 3 weeks of age to further evaluate breastfeeding success and the infant's weight gain.

The full list of the revised AAP recommendations for breastfed infants can be found at <http://aappolicy.aappublications.org>. Click on "AAP Policy Statements" and then the letter "B" to find the breastfeeding link.

To assist you in your efforts to support breastfeeding mothers, Health Plus will authorize newborn home visiting services provided by the Visiting Nurse Service, and home breast pumps if you complete a referral and submit it to our Health Services Department.



CIR reminder: All immunizations given to children and adolescents less than 19 years of age must now be reported to the Citywide Immunization Registry (CIR) within 14 days. For more information, visit the CIR website at www.nyc.gov/health/cir or call 1-212-676-2323.

New VFC requirements

The New York City Health Department has recently issued new procedures and requirements for the Vaccines for Children program (VFC).

This year, the department is transitioning from hard-copy Doses Administered Reports (DARs) completed by providers to automatic DARs generated by the Citywide Immunization Registry (CIR). This will eliminate the provider burden of producing manual reports and will improve vaccine accountability.

The new process

Providers will be required to report all VFC doses to the CIR,

which will generate the automatic DAR and calculate subsequent vaccine shipment amounts based on the number of reported doses.

Beginning Sept. 1, 2006, the amount of vaccine shipped to each provider will be based exclusively on the number of VFC doses reported to the CIR. Providers who do not report all VFC vaccine doses to the CIR will have their shipments reduced or discontinued.

Health Plus will not reimburse providers for vaccines purchased to replace the amount originally supplied by VFC.

Include more information

In addition to the information currently reported to the CIR (for example, vaccine type and dates,

first and last name, date of birth, and gender), providers should now include each child's VFC eligibility status and other key information, such as address, telephone number, medical record number, and Medicaid number.

CIR reporting can be accomplished online, electronically, or by mail. More information is available on the CIR website at www.nyc.gov/health/cir or by calling 1-212-676-2323.

Ordering VFC vaccine

Providers should call 1-212-447-8175

or fax orders to 1-212-442-5194.

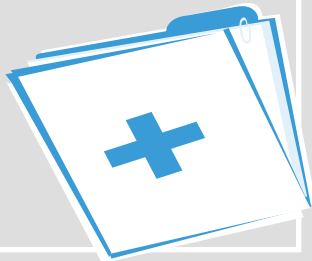


Remember to examine breastfed infants within days of their birth.

Update on medical record requirements

Health Plus uses medical record reviews as one criterion for evaluating providers during the recredentialing process. During their reviews, Health Plus Quality Improvement staff check medical records for documentation of aftercare visits following hospital discharge, emergency room or urgent care, and specialty visits.

All primary care physicians (PCPs)—and specialists serving as PCPs—are required to document follow-up visits with members who have been seen in the emergency room, discharged from inpatient care, or who have come in for an urgent or specialty care visit.



Time for colorectal screenings

In recognition of Colon Cancer Awareness Month (March), Health Plus is encouraging participating providers to refer their patients age 50 and older for screening. Colonoscopy is the preferred screening method, since it examines the *entire* colon and is the only screening procedure that can remove polyps before they develop into cancer.

The New York City Department of Health recommends that all adults age 50 and older get a colonoscopy. Those at risk for colon cancer should receive a colonoscopy before age 50.

Colonoscopies are safe, usually

painless, and generally needed only once every five to 10 years.

Alternatives to colonoscopy include the fecal occult blood test (FOBT), flexible sigmoidoscopy, and double-contrast barium enema, but these tests are not considered to be as effective. Nevertheless, a positive result on one of these tests should be followed up with a colonoscopy.

The American Cancer Society states that physicians are the single most important factor in improving screening rates. Patients are much more likely to be screened if they receive a recommendation from their doctor.

More information about colon cancer screening is available from the New York City Department of Health at www.nyc.gov/html/doh/html/cancer/cancercolonscreen.shtml.

Network news

Spotlight on Hospital for Joint Diseases

This year the Hospital for Joint Diseases (HJD), located in the Gramercy Park area of Manhattan, celebrates its 10th year of participation in the Health Plus network.

HJD offers a wide range of clinical services rendered by a

multidisciplinary team of doctors, nurses, physical and occupational therapists, social workers, and nurse attendants. Its staff is diverse, culturally sensitive, and multilingual.

HJD provides the following ambulatory care clinics, serving children and adults:

- Arthrogyrosis. ● Cardiology.
- Clubfoot. ● Foot. ● Genetics.
- Hand. ● Lupus. ● Neurology.
- Neuromuscular. ● Oncology.

- Orthopedics. ● Osteoporosis.
- Rheumatology. ● Scoliosis.
- Screening and pain clinic.
- Shoulder and elbow.
- Skeletal dysplasia. ● Spasticity.
- Spine. ● Sports medicine.
- TMJ pain (temporomandibular joint).

For more information, please call Ambulatory Care Services at **1-212-598-6321** or the Center for Children at **1-212-598-6205**.



Claims denied in whole or in part for other administrative reasons may be appealed in writing within 60 business days from the date of the initial determination.

Do not resubmit the claim, as it may be denied as a duplicate.

To appeal a claims action, submit a written appeal with the following information to our Claims Correspondence Unit:

- Provider name and Health Plus provider number.
- Provider billing address.
- Contact person (name, phone number, and fax number).
- Member name and Health Plus ID number (*not* Medicaid number).
- Date of service.
- Health Plus claim number.
- Amount billed and amount paid.
- Dispute information. (Provide clear rationale for your dispute and attach supporting documentation, if necessary.)
- Provider or authorized representative name, title, and signature with date.

Please allow 30 days before checking the status of your appeal. Health Plus will decide on your appeal within 30 days of receipt and notify you in writing.

Watch your codes

ICD-9-CM codes require the highest level of specificity

As of March 1, 2006, Health Plus **requires** all claims to be submitted with the required specificity in ICD-9-CM diagnosis codes. For example, if fourth- and/or fifth-digit subclassifications are provided for a particular diagnosis, they must be assigned.

Submission of incomplete codes may lead to a delay or denial of payment.

If a claim was denied due to missing

or incorrect coding information, please send a corrected claim to our Claims Correspondence Unit **within 60 business days** of the date of the initial determination:

Health Plus
Claims Correspondence Unit
241 37th St., Suite 412
Brooklyn, NY 11232

The resubmitted form must be clearly marked as a corrected claim (notation should appear at the top of the form) in order to avoid a denial for duplicate billing.



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HEALTH PLUS NEWS PROVIDER 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 NEWS PROVIDER comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, please contact HEALTH PLUS Provider Services at the number provided. Models may be used in photos and illustrations.

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Where to find information

INFO PLUS online (Member Eligibility, Claims, Authorizations)

... log on to www.healthplus-ny.org, click "Providers" then "INFO PLUS"

INFO PLUS by phone (Member Eligibility, Claims, Optometry Benefits)

1-800-450-8753

Provider Care Center

1-800-450-8753; (Fax) 1-718-504-9602

Address Changes

(Fax) 1-718-504-9602

Disease or Case Management Referrals

(Fax) 1-718-360-1314

Domestic Violence Coordinator

1-718-491-7545

Health Education and Community Outreach

1-888-743-3508

Health Services

1-718-630-0123

Quality Improvement

1-718-491-7559

Website: www.healthplus-ny.org

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