

Provider News

Quality Assurance Season Begins

The New York State Department of Health (NYSDOH) Quality Assurance Reporting Requirements (QARR) annual data collection effort begins in February. Health Plus Quality Improvement (QI) representatives might be contacting you to schedule medical record reviews. This yearly quality-of-care survey is a requirement for all health plans and is allowable under HIPAA privacy regulations.

The HIPAA privacy rule permits a provider to disclose protected health information (PHI) to a health plan for quality-related purposes, provided that the health plan has a current or past relationship with the individual who is the subject of the information and the requested PHI pertains to the relationship.

The NYSDOH has issued the following statement regarding health plan access to confidential



Representatives from Health Plus Quality Improvement (QI) might be contacting you in the coming weeks to schedule medical record reviews.

medical records for quality monitoring and reporting purposes:

"Providers who contract with managed care organizations should be made aware that there are no statutes or regulations

that prohibit internal or external medical record review by a designated plan staff person or plan review agent for the purpose of monitoring and/or evaluating the care being delivered."

As an agent for both Medicaid and Medicare, Health Plus is responsible for ensuring that our members receive all necessary and appropriate care, with timely screenings when indicated.

Health Plus will work with you and your staff to make sure that the QARR process is as quick and easy as possible.



E-prescribing Brings Rewards

New York Medicaid Incentive Program Pays Providers to Use E-prescriptions

New York State Medicaid has just launched a new monetary incentive program for providers who prescribe electronically (e-prescribing). The long-term goals of the program are to enhance patient outcomes and reduce unnecessary medication errors and high pharmacy costs. Eligible Medicaid prescribers can now receive 80 cents per dispensed Medicaid e-prescription.

midwives, and other licensed medical professionals are eligible to participate. For the purposes of the incentive program, e-prescriptions must be created electronically and transmitted via encrypted electronic data interchange systems in a nonfacsimile format that is compliant with Medicare Part D requirements and New York State Pharmacy Regulations.

The e-prescription must originate from your computer system (via an electronic health record, electronic medical record, or stand-alone e-prescribing software) and must be transmitted to the retail pharmacy's computer system. You can use an intermediary or e-prescribing network to transmit the e-prescription.

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Eligible providers can get 80 cents per dispensed Medicaid e-prescription.

WHAT MAKES A PRACTICE ELIGIBLE?

To be eligible for incentive payments, you must be legally authorized to prescribe in New York State, have an **individual** National Provider Identifier (NPI) number, and be enrolled in the New York Medicaid Fee-for-Service (FFS) program as a billing practitioner. Group, practice, and facility level NPI numbers **cannot** be used with e-prescriptions in New York Medicaid.

Physicians, nurse practitioners,

Need to Contact Us?

For general provider inquiries:

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

For more specific inquiries:

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Well Visits

Preventive care is an important tool for monitoring one's health, beginning in the first days of life. Health Plus works to ensure that all member children receive regular and timely medical evaluations consistent with the American Academy of Pediatrics (AAP) guidelines for pediatric preventive care.

All newborns should be evaluated two to three days after discharge. Subsequently, all babies should get six physical exams, or **six well-child visits, within the first 15 months of life.** For **children older than 15 months, adolescents, and adults,** Health Plus covers **one well visit per calendar year.**

Documentation is key to justifying the assignment of an E/M visit code in addition to a preventive medicine visit code.

WELL VISIT DOCUMENTATION

Preventive/well visit services are comprehensive in nature and include:

- Medical/family/social history, review of systems, risk factors assessment.
- Age- and gender-appropriate comprehensive physical exam, with BMI (body mass index) assessment.
- Appropriate immunizations and lab/diagnostic screening as needed.
- Age-appropriate counseling (nutrition, exercise, depression/mental health, HIV, tobacco, alcohol, substance abuse), risk factor reduction/intervention, guidance.
- Management of previously diagnosed conditions or minor health problems.

The comprehensive exam during a

preventive visit is not the same as the comprehensive exam required for a problem-oriented evaluation and management (E/M) sick visit. If a problem-oriented exam is rendered during a preventive visit encounter, both services should be reported with the applicable CPT codes. The sick-visit service should be reported with a problem-oriented

sick-visit E/M code, and Modifier 25 should also be appended to the preventive medicine visit code.

MORE TIME FOR SUBMISSION

Health Plus is pleased to announce that we have extended the deadline for submission of 2009 well visit claims to March 31, 2010.

| CPT codes | Narrative description |
|--------------------|---|
| 99381-99385 | Initial preventive/well visits—new patient |
| | 99381—Age younger than 1 year |
| | 99382—Early childhood (ages 1 to 4 years) |
| | 99383—Late childhood (ages 5 to 11 years) |
| | 99384—Adolescent (ages 12 to 17 years) |
| | 99385—Adolescent (ages 18 to 20 years) |
| 99391-99395 | Follow-up preventive/well visits—established patient |
| | 99391—Age younger than 1 year |
| | 99392—Early childhood (ages 1 to 4 years) |
| | 99393—Late childhood (ages 5 to 11 years) |
| | 99394—Adolescent (ages 12 to 17 years) |
| | 99395—Adolescent (ages 18 to 20 years) |

| ICD-9-CM codes | Narrative description |
|---------------------------|--|
| V20.2 | Routine infant checkup/exam—infants 29 days old and older |
| V20.31 NEW CODE | Routine newborn checkup/exam—newborn to 7 days old |
| V20.32 NEW CODE | Routine newborn checkup/exam—newborn 8 days to 28 days |
| V70.0 | Routine adolescent and adult health checkup/exam |
| V70.3 | General medical exam for: <ul style="list-style-type: none"> ■ Camp ■ School admission ■ Sports competition |
| V70.5 | General exam for preschool children, school children and students |
| V70.6 | Health examination in population surveys |
| V70.8 | Other specified general medical examinations |
| V70.9 | Unspecified general medical examinations |

Immunizations

New Child and Adolescent Measures for 2010

Each year, the National Committee for Quality Assurance (NCQA) requires managed care organizations to report Healthcare Effectiveness Data and Information Set (HEDIS) performance measure results. For childhood immunizations, HEDIS measures assess the percentage of children 2 years of age who have had the following vaccinations by their second birthday:

- Diphtheria, tetanus, and acellular pertussis (four doses).
- Polio (three doses).
- Measles, mumps, and rubella (one dose).
- *Haemophilus influenzae* type b (two doses).
- Hepatitis B (three doses).
- Chickenpox (one dose).
- Pneumococcal conjugate (four doses).

For 2010, the following vaccinations will be added to the HEDIS measure:

- Hepatitis A (two doses).
- Rotavirus (two or three doses).
- Influenza (two doses).

IMMUNIZATIONS FOR ADOLESCENTS

In addition, a new 2010 measure will assess the percentage of adolescents 13 years of age who have received the following vaccinations by their 13th birthday:

- Meningococcal vaccine (one dose on or between the member's 11th and 13th birthdays).
- Tetanus, diphtheria toxoids, and acellular pertussis vaccine (one dose) **or** tetanus and diphtheria toxoids vaccine (one dose) on or between the member's 10th and 13th birthdays.

Please see our website, www.healthplus-ny.org, for more information about billing for vaccines.

Medical records should indicate the date, antigen, and mode of transmission for each vaccination administered. A certificate of immunization indicating the dates and types of all vaccinations received can also be included in the member's medical record.

A note that the member is up-to-date with vaccinations without indicating the specific antigens and dates of ad-

ministration does not provide sufficient documentation of immunization history for HEDIS reporting.

Please see the Health Plus website, www.healthplus-ny.org, for further information about how to bill for vaccines and vaccine administration.



E-prescribing

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As the prescribing practitioner, you are responsible for the review of clinical edits and for final sign-off on the e-prescription before it is transmitted to a retail pharmacy. This responsibility cannot be delegated to nonqualified office staff—for example, an employee or agent who cannot legally prescribe in New York State. Only e-prescriptions dispensed in the retail setting are eligible

for the incentive program.

Certain items on the New York State Department of Health List of Medicaid-Reimbursable Drugs require prior authorization, and it is important to obtain this authorization before transmitting the e-prescription.

All checks are made out to you, the individual prescriber, and sent to the payment address associated with your individual NPI number. Therefore, it is imperative that you ensure the accuracy of the information in your Medicaid enrollment file. If you have

questions concerning your enrollment file, please call the eMedNY Call Center at **1-800-343-9000**.

REFILLS

The e-prescription incentive program covers one original fill and up to five refills within 180 days, provided that the refilled item is picked up by or delivered to the beneficiary. **Therefore, you can earn up to \$4.80 for each e-prescription.** The 180-day limit for refills is calculated from the date the e-prescription was written.

Financial Benefits of Medical Home

This year, as part of a New York State Medicaid initiative, Health Plus will increase payments to office-based providers and Article 28 clinics that have been accredited by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes (PPC-PCMH).

Accreditation means an increase in payments.

For most Health Plus providers, reimbursement will be through enhanced capitation based on the level of accreditation achieved (level 1, 2, or 3). Level 1 is basic and can be achieved without using electronic health records (EHR). Level 2 requires some electronic functions, and level 3 requires a fully functional EHR.

For more information about how to become a PPC-PCMH, please call NCQA Customer Support at **1-800-839-6487** or visit the NCQA website, www.ncqa.org. Since New York Medicaid is a sponsoring organization, Health Plus providers will receive a 20 percent discount from NCQA toward the cost of the PPC-PCMH application.

If you are seeking more information about the Medicaid PPC-PCMH initiative, please call **1-518-473-2160**.

ONLINE ASSESSMENT TOOL AVAILABLE

If your practice is interested in learning more about how to prepare for PPC-PCMH accreditation, the American College of Physicians (ACP) has created an online evaluation tool known as the *Medical Home Builder* (MHB). Through an interactive interface, the MHB guides practices in self-evaluation of the following seven key areas (also known as the ACP *Practice Biopsy*):

- Patient-centered care and communication.
- Access and scheduling.
- Organization of practice.
- Care coordination.
- Transitions in care.
- Use of technology.
- Population management.
- Quality improvement and performance improvement.

The MHB generates a color-coded printout of the *Biopsy* results, which



helps practices focus on functions that need attention and identifies the necessary benchmarks for meeting NCQA standards.

For more information and a demonstration of the MHB tool, or to sign up for a free live webinar, please visit www.acponline.org.

Health Plus Launches Special Needs Plan

Following the introduction of the Health Plus Elite (HMO) Medicare Advantage Prescription Drug Plan in 2009, Health Plus is expanding the program this year with new transportation, dental, hearing aid, and nonprescription drug benefits. In addition, Health Plus launched a Special Needs Plan (SNP) for New Yorkers with Medicare and Medicaid on Jan. 1.

Pursuant to Centers for Medicare and Medicaid Services requirements, all SNP members will complete a health

risk assessment (HRA) within 60 days of enrollment. The HRA results will be used by Health Plus to devise an individualized care plan for each member within 90 days of enrollment. You will receive a copy of this care plan with all supporting documentation and have an opportunity to provide input as needed. The care plan will be updated yearly or more often, as dictated by the member's medical conditions.

We hope that the care plan will serve

as a useful tool to help you and your patients manage their care. We hope that you will discuss the care plans with your patients, who will also receive a copy sent to them directly.

Dual-eligible SNP members cannot be billed for any plan cost-sharing for Medicare Part A and B services. Therefore, providers must accept Health Plus payment as payment-in-full or bill Medicaid directly.

With this new, more comprehensive package of benefits for Health Plus Elite Medicare Advantage Prescription Drug and Special Needs Plan members, Health Plus hopes to enhance the health and well-being of Medicare-eligible and Medicaid-eligible New Yorkers by improving their access to high-quality, cost-effective health care.

High-Touch Diabetes Care

Health Plus Partners with Neighborhood/New York Diabetic Supply

Successful diabetes management requires a consistent self-care program. Nevertheless, physician time and resource constraints make it difficult to provide the ongoing monitoring and support many diabetics need.

Health Plus is working to bridge this resource gap by partnering with Neighborhood/New York Diabetic Supply. This new program will offer training and support for Health Plus members with diabetes using Neighborhood's high-touch approach.

Neighborhood's goal is to provide specific, goal-oriented diabetes self-management education that supports the physician's care and treatment regimen.

HOME VISITS

When a physician refers a member to the program, Neighborhood will contact the member and schedule a convenient time to have a diabetes trainer visit his or her home.

The visit typically lasts about 45 minutes and encompasses the following services:

- Making sure the member has a glucose meter that is appropriate should he or she have any vision or dexterity limitations and recommending an alternate brand if needed.
- Delivering the member's initial order of testing supplies and teaching him or her how to calibrate, use, and maintain the glucose meter the member selected, including providing a simple meter how-to card in case he or she needs reinforcement.
- Teaching the member how to use a lancet device with minimal discomfort while drawing a sufficient blood sample to get a valid meter reading.
- Providing the member with a helpful self-test logbook, along with instructions on how to record blood sugar readings. A new logbook is provided each time a member reorders

supplies. Members are encouraged to bring their logbooks to each physician appointment.

A diabetes trainer visits each member's home.

FOLLOW-UP PHONE CONTACT

Health Plus members enrolled in the program are matched with a Neighborhood diabetes customer care representative, who will remain the member's contact person throughout and, hopefully, will become a trusted resource. Matches can be made according to

language preference, and Neighborhood currently employs representatives who speak English, Spanish, Portuguese, Russian, Cambodian, and Haitian Creole, with more languages being planned.

After the initial home visit, follow-up phone calls are made once a quarter, at a minimum, to handle member questions about replenishing supplies, regular testing, and other diabetes care and monitoring issues.

We hope that you will recommend Neighborhood's program to your Health Plus members with diabetes. To refer members for enrollment, please call Neighborhood directly at **1-866-784-5647**.



Hypertension Management



- Prehypertension can be diagnosed with a systolic blood pressure of 120–139 mm Hg or diastolic blood pressure of 80–89 mm Hg.
- For adults over age 50, a systolic BP of greater than 140 mm Hg is a more important cardiovascular disease (CVD) risk factor than diastolic BP.
- Patients whose blood pressure is more than 20 mm Hg above the systolic goal or 10 mm Hg above the diastolic goal may require initiation of drug therapy using two agents, one of which will usually be a thiazide diuretic.

To address the first three recommendations, the National Heart, Lung, and Blood Institute (NHLBI) has developed the DASH eating plan. DASH (which stands for Dietary Approaches to Stop Hypertension) provides a step-by-step guide to reducing sodium, saturated fat, trans fat, and cholesterol while increasing the intake of fruits, vegetables, whole grains, and fat-free or low-fat milk products.

The DASH plan includes recipes, meal plans, and other helpful hints for patients.

The New York City Department of Health and Mental Hygiene (NYC DOHMH) recommends the following three strategies for managing hypertension in the primary care setting:

- Educate patients with hypertension and prehypertension about healthy lifestyle changes, including increased physical activity and a low-sodium diet.
- Use thiazide diuretics as the initial drug of choice for most patients.
- Set a target blood pressure of **<140/90** for most hypertensive patients and **<130/80** for those with diabetes or kidney disease.

These recommendations were established by the National Institutes of Health (NIH) through its Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC). The JNC produces periodic reports on the latest evidence-based approaches for the prevention and management of hypertension.

DIAGNOSIS AND TREATMENT

Following are some of the key diagnostic and treatment recommendations:

- In-office blood pressure measurements should include two readings, five minutes apart, with the patient sitting in a chair. Results should be noted in the patient's medical record.
- Elevated readings should be confirmed in the contralateral arm.

RECOMMENDED LIFESTYLE CHANGES

In an effort to increase detection of individuals at risk for hypertension, the NYC DOHMH recommends that providers screen all patients ages 18 and older and promote lifestyle modification for those with a blood pressure reading above 120/80 mm Hg, which is considered prehypertension.

The five recommended lifestyle modifications include:

1. Weight reduction.
2. Healthy diet.
3. Dietary sodium reduction.
4. Aerobic exercise.
5. Moderate or no alcohol consumption.



Encounter Data

Remember: Submission of encounter data is a state-mandated requirement that is stipulated in your contract with Health Plus. All encounter data must be submitted within 120 days of providing covered services to the member. This includes all capitated and non-capitated services.

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, In-Network Referrals, 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 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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Help Patients Renew Their Coverage

Each year, Health Plus loses members who fail to recertify for their health benefits before the established deadline. This can happen for a variety of reasons. Sometimes members change their place of residence and do not receive their recertification packages in time or they move out of the service area entirely. Members may also decide to change plans in order to continue treatment with a health care provider who is no longer part of the Health Plus network.

Although Health Plus cannot control all of the reasons for members leaving the plan, one of the most effective ways we retain members is by partnering with you, our network providers. All Health Plus primary care physicians (PCPs) receive a member roster each month, which includes their active member information and the date members are expected to renew their coverage. One sheet of the roster is titled *Urgent Action Roster: Immediate Action Required*. Members listed on this sheet must renew their coverage immediately in order to avoid disruption of benefits.

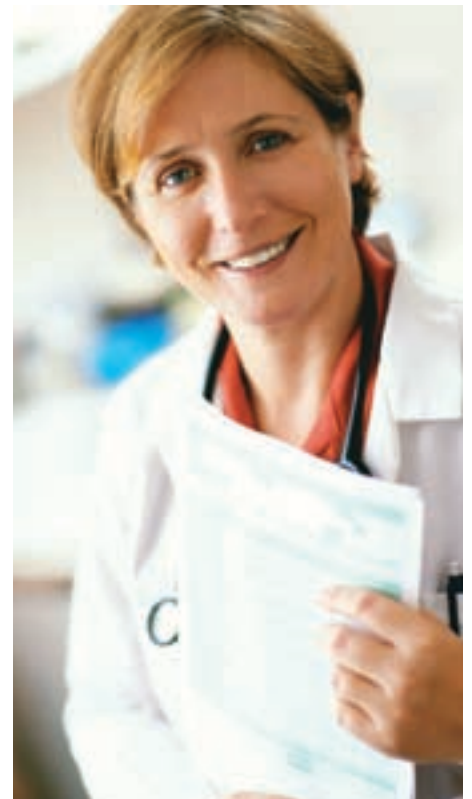
You can help us by letting members know about the importance of knowing

their insurance expiration date (listed on their Health Plus member ID card) and watching the mail for renewal information from the Human Resources Administration (HRA). If they don't receive their renewal form 90 days before their insurance is due to expire, they should call the Health Plus Marketing Call Center at **1-888-809-8009** and request assistance. Members who already have the form but need help completing it can call the same number, and a Health Plus representative will assist them with the necessary documentation and even deliver the form to HRA on their behalf.

Remind members to be aware of their insurance expiration date.

Other important tips to share with Health Plus members about the importance of timely renewal include:

- **Never ignore a letter from Health Plus or the HRA**, even if the member recently renewed his or her coverage or mailed his or her form.
- **Respond by or before the renewal date listed on the form.** Don't wait



until the last minute, because the process will be delayed, which can result in a disruption of their health coverage.

Health Plus has offices in all five boroughs and Nassau County to assist members with renewal of health coverage. For more information regarding the renewal process, Health Plus locations and office hours, and other related information, visit the Health Plus website at www.healthplus-ny.org or call the Health Plus Marketing Call Center at **1-888-809-8009**.