



ProviderFocus

A Publication of The Health Plan • 4th Quarter 2015

Part D Prescriber Enrollment

Any physician or other eligible professional who prescribes Part D drugs must either enroll in the Medicare program or opt out, in order to prescribe drugs to their patients with Part D prescription drug benefit plans. Medicare Part D may no longer cover drugs that are prescribed by physicians or other eligible professionals who are neither validly enrolled, nor opted out of Medicare. All prescribers should enroll before January 1, 2016 to allow for the processing of applications and to ensure enrollees get their prescriptions.

Inside this issue ...

Psychological Testing	2
2015 Practitioner Experience Survey	2
Coordination of Care	3
Member Rights	3
Low Dose Computed Tomography (LDCT)	4
Prenatal Incentive Program	4
Survey Says... ..	5
Patient Discharge Status Codes	5
THP – All Lines of Business	6



Medicare

THP to Offer SilverSneakers® Fitness Program in 2016

We are proud to announce that, beginning January 2016, THP will be offering the SilverSneakers Fitness program at no cost to all eligible SecureCare participants who are 65 years of age and older. These members can work out indoors at more than 13,000 fitness locations and there are also options to go outside the traditional fitness locations, with classes including tai chi, yoga and walking groups offered at local parks and recreation centers. In cases where your patients do not have access to the above options, there is a program supplying at-home training in general fitness, strength, walking and yoga. However, for members who are able to get out of the house, SilverSneakers strongly recommends the gym for the psychological and physical benefits of socialization. In addition, SilverSneakers participants have access to meal plans and recipes, and health and wellness inspiration on the SilverSneakers website.

Please partner with us in encouraging your SecureCare patients to explore SilverSneakers! Regular physical activity is known to prevent or manage type II diabetes, osteoporosis and high blood pressure. It can also help with improvement of strength, balance and agility. Members should have received information via U.S. mail or they can call the number on the back of their The Health Plan card for details. In addition, they can go to silversneakers.com and sign up. Thank you for your valuable support of healthy aging and the value of prevention.

Should you have any questions, please contact our Customer Service Department at: 740.695.7659.

Behavioral health

Psychological Testing

The WISC-V and other IQ and Achievement Testing may be used clinically and are typically supported for neurocognitive assessments and when it is necessary to utilize a more lengthy cognitive measure to gain behavioral data that is otherwise unavailable. For many requests and diagnoses, these uses are not specified and often not supported. This level of testing may also not be indicated as there are other ways to collect cognitive functioning information that are equally effective. We are charged as a health organization with distinguishing between clinical issues and psycho-educational issues. Schools typically determine the cognitive functioning of youths who may be at risk, and results of school tests are typically available with consent.

With regard to the BASC-3, CPT code 96101 requires 1:1 administration. It is presumed that the psychologist is not present for the teacher portion, thus not meeting 96101 requirements. The SR and PR portions are administered in the presence of an evaluator and involve 1:1 assuredness.

We trust this information is helpful in clarifying typical health coverage authorization for the most appropriate and effective clinical coverage, as well as psycho-educational evaluation outside the mental health system.



2015 Practitioner Experience Survey

Provider education

There were 3,101 practitioner experience surveys mailed to primary care physicians (PCP), behavioral health practitioners and secondary care physicians (SCP) in 2015. We received 289 responses for a return rate of 9.3 percent. This was a 1.6 percent decrease over 2014. The return rate remains low.

The survey is conducted to identify areas that we can improve in medical management. The results are analyzed and compared to the prior year.

All questions regarding referrals, criteria, medical director, care/case management and disease management were all above the 90 percent benchmark and remain consistent.



Provider education is provided through seminars, newsletters and the website on various medical management programs. Providers have direct access to our medical directors for case discussion, pre-authorization and new technology reviews.

You may call the Medical Management Department for any issues or with questions at 740.695.3585 or 1.800.624.6961, ext. 7644 or 7643 or Behavioral Health Services at 740.695.7896 or 1.877.221.9295.

Better serving the patient

Coordination of Care

The goal of continuity and coordination of care is the seamless transition of patient care from one setting to another. It includes all areas of the members care and all of the providers involved in that care. The primary care provider (PCP) is the most vital connector. The member relies on the PCP for guidance in all their health care decisions, therefore knowing all specialists and other office information is key.

“We also strongly encourage the specialist providers to mail or fax medical updates to the PCP for the inclusion in the member's chart.”

We encourage our members to keep their PCP informed of any change in their medical condition including visits to an intermediate skilled or rehab facility, an inpatient or outpatient center, emergency room or urgent care visit, VA clinic, health fair, mental health provider or any specialist, as well as any testing, medications or treatments that were recommended.

We also strongly encourage the specialist providers to mail or fax medical updates to the PCP for the inclusion in the member's chart. If your office has not received these reports, we encourage you and your staff to contact these entities to include the information in the patient's medical record.

For improved continuity and coordination of care, we suggest the following:

- Concise documentation in the medical record to show that PCP/specialist consultation has occurred.
- Mail or fax medical updates to the PCP and other specialists involved in the patient care.

For improved continuity and coordination of care for our behavioral health members, our behavioral health providers are encouraged to discuss with their patients the importance of sharing their behavioral health care issues with their PCP. A release form is available by calling Behavioral Health Services at 1.800.624.6961, ext. 7301.



Member Rights and Responsibilities

We would like to remind all provider offices that the member rights and responsibilities can be found in the Provider Procedural Manual, Section 3. If you would like a copy please contact the provider relations customer service representatives at 1.740.695.7901 or call 1.800.624.6961, ext. 7901.

Low Dose Computed Tomography (LDCT)

Lung cancer screening

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer screening counseling and shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventive service benefit under the Medicare program only if all publish criteria is met. <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>



Also, the radiologist and the radiology imaging facilities have criteria as well and a registry for the certified low dose imaging facilities is developed. The Health Plan will require a copy of the facilities certification prior to approval of these services.

If your facility has received your certification for the LDCT, please forward a copy to our Provider Relations Department to update your files.

Medicaid

Prenatal Incentive Program

The Health Plan's goal is to provide quality education to our pregnant members. March of Dimes information is mailed to all pregnant members during their first and third trimesters. The Health Plan recently began offering a value added service for our prenatal program for Medicaid members. Medicaid members can download this brochure from THP's website at https://www.healthplan.org/sites/default/files/documents/resources/medicaid/THP%20PrenatalBrochure_0815.pdf. The member takes the form to the obstetrics provider at each date of service and the provider signs the form. After the postnatal visit, the form is



submitted to THP. These members can then qualify for CVS Select gift cards up to a maximum of \$150. **These gift cards can be used to purchase health-related items**

only. When members present the form to your office, please be sure to complete it in its entirety. We must have the EDC date and your signature, as well as all the appropriate dates for prenatal and postnatal care. If you have any questions about any member incentive programs offered by THP, please call 1.855.577.7124 to speak to an outreach representative.

Survey Says...



The results for the annual CAHPS member satisfaction surveys are in for The Health Plan's Medicare products. The overall ratings and composite scores are shown in the table below. Items in the table marked with an asterisk indicate that the rate is below the national average. The Health Plan is committed to providing high quality of care to our members, and as a result of the survey The Health Plan focuses on areas of needed improvement.

	SecureCare St.Clairsville	SecureCare Massillon	SecureChoice PPO
Response Rate	56.0%	55.1%	49.8%
Overall Ratings			
The Health Plan	88.2%	90.0%	88.3%
All Health Care	83.7%*	83.1%*	86.8%*
Personal Doctor	89.8%*	88.7%*	92.6%*
Specialist Seen Most Often	81.6%*	87.9%*	91.8%
Composite Scores			
Getting Needed Care	93.2%	93.3%	94.4%
Getting Care Quickly	82.4%	82.3%	82.7%
How Well Doctors Communicate	95.5%	96.1%	96.5%
Customer Service	95.5%	95.2%	96.2%
Coordination of Care	90.2%	90.7%	91.5%
Drug Coverage	82.0%*	81.3%*	86.3%*
Getting Needed Prescription Drugs	93.4%	96.1%	96.0%

HIPAA billing standards

Patient Discharge Status Codes

A patient discharge status code is a two-digit code that identifies where the patient is at the conclusion of a health care facility encounter or at the end time of a billing cycle. It belongs in Form Locator 17 on a UB-04 claim form or its electronic equivalent in the HIPAA compliant 837 format.

The Health Plan evaluates the Patient Discharge Status Code against the facility provided census. The claim



code is required to match the census for processing. If the claim does not, the claim will be denied.

For these codes and additional information, please see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0801.pdf>.

THP – All Lines of Business

What we do

Some WV provider offices may think that The Health Plan is a managed care organization for WV Medicaid only. We are far more. The Health Plan offers a complete line of managed care products and services designed to provide clients with innovative health care benefits at a reasonable cost.



- Fully Insured HMO
- Fully Insured PPO
- Fully Insured POS
- Medicare Advantage Plans (SecureCare and SecureChoice)
- Self-Funded Health Plans (EPO, PPO, POS, HMO)
- Medicare Supplement Coverage
- HRA, HSA and FSA Administration
- Complete VEBA Administration and TPA Services
- COBRA Administration
- WV Medicaid
- Ohio Workers' Compensation Programs
- Self Funded Workers' Compensation Programs
- Access to many ancillary benefits such as group term life, AD & D, STD, LTD, dental, vision, prescription

A strong, regional plan with a distinct, local market focus.

If interested in any of the above products or services, please call: 1.800.624.6961

The Health Plan • 52160 National Road East • St. Clairsville, OH 43950-9306 • 1.800.624.6961 • healthplan.org



52160 National Road East
St. Clairsville, OH 43950-9306