

Provider Update Summary September / October 2008

Today's Option: Representatives from Universal American presented Today's Option, a new Medicare Advantage product being launched in the Omaha market effective January 1, 2009. UniNet is in the process of negotiating a contract with Today's Option's Medicare Advantage PPO product. This product will be offered to patients residing in the four counties of Pottawattamie in Iowa, and Douglas, Sarpy and Washington in Nebraska. Universal American is a senior-focused health insurance organization with a history of collaboration with network partners in development of market-specific products and operations. Today's Option is offering two PPO products – one Medicare Advantage plan without prescription drugs and one with prescription drug coverage. Marketing of this product should begin shortly. Historically, Medicare payments to Medicare Advantage organizations were based solely on demographic-based risk factors (age, sex, county, special status). Beginning in 2004, CMS implemented the current risk adjusted payment methodology, which blends payment using the demographic model, along with risk factors associated with the individual member's health conditions. These risk factors have been developed by CMS using the Hierarchical Condition Category (HCC) model, incorporating over 3100 diagnosis codes and grouping them into 70 HCCs. HCCs are obtained from inpatient, outpatient and physician claims encounters each year. Coding must be accurate and documented in the member's patient chart. Capturing of ALL codes is important as the revenue calculation is additive and considers all codes. Provider education and coordination are key to the success of this product, and training on coding will be offered to provider offices as marketing of this product develops.

UniNet: Melanie Surber displayed the mission of UniNet, and explained the Clinical Integration programs in progress. Ongoing programs include Beta Blockage in non cardiac surgery, Outpatient DVT, Diabetes Care Connection and Asthma. Physician work groups are maintaining initiatives in Ophthalmology, Pathology, Radiology, Anesthesia and GI. Some of the newest initiatives being worked on include the OB/GYN group who is trying to improve the rate of Chlamydia screening to help address the sexually transmitted disease epidemic occurring throughout the nation. The Emergency Physician work group's focus is on reviewing imaging done for low back pain and to reduce the utilization done through the emergency room. The Surgery group is reviewing colectomy surgeries and the Cardiology group is focusing on heart failure, heart medication and heart patients in an operative setting.

Melanie also informed the group that CMS is offering a 2% bonus in 2009 to those utilizing E-Prescribing. Those not e-prescribing by 2012 will be penalized 1%. UniNet is exploring e-prescribing vendors that would allow interconnectivity within our network. Melanie asked for all to indicate the practice management system currently utilized on their registration slip. This information will help in our vendor analysis.

Cheri Kowal presented a demonstration of UniNet's website, www.uninet.com. She showed that under the "Provider Relations" section, forms for changing information and new provider membership requests could be easily accessed and sent electronically to UniNet for handling. This section also lists all UniNet-contracted insurance payors and Payor Notices which provide contact details and specific information pertinent to each payor. Hardcopies of these Payor Notices were also made available to Provider Update attendees. Cheri also showed where past Provider Update Summaries and UniNet

Newsletters were listed. Cheri referred all to the “Education” section where required UniNet educational courses could be completed electronically. Course post-tests were compiled weekly and uploaded under the “Education Completed” section and could be accessed using the provider’s password – last 4 digits of social security number and capitalized initials of first and last name. A requirement of the Credentialing / Recredentialing process is completion of the online tutorial, “UniNet 102”. Lastly, Cheri pointed out the “Calendar of Events” section which provided a monthly calendar for viewing. A color coded legend identified specific meetings, including their meeting site and time. She reminded the group that our goal was to focus on more electronic means of communication. In the future, UniNet would not be mailing Provider Update flyers, but transmitting these via email and fax, so it was important that all provide us with email addresses on the registration slip.

Cheri also briefed the group on two new direct payor contracts. The first was Aetna, effective May 1, 2008 and the second, Principal, effective September 1, 2008. Since both payors were targeting our market for new group business, offices could see more activity. While both of these payors were previously accessed under the Midlands Choice contract, our new arrangement does allow us to communicate directly with each of them. Contact names and phone numbers for each of these payors is listed on the Payor Notices on our website. While our new contracts give us easier access, the physician fee allowances are still the same as that for Midlands Choice, and will not be separated from Midlands Choice allowances on our Fee schedules.

The Midlands Choice fee schedules update October 1, 2008. If current fee allowances are needed, please send your request to UniNet Provider Relations and include your top CPT codes and charges.

Cheri also informed the group that Coventry Plan M business will migrate to Coventry’s computer operating system as of October 20, 2008. New Coventry ID cards will be generated that will no longer reference Plan M. Details of this transition can be found on Coventry’s Friday fax, distributed October 3rd, 2008.

Carol Foutch reminded the group of the over 400 changes in ICD-9CM codes for 2009. The entire list can be found at www.cdc.gov/nchs/icd9.htm. She advised that offices keep one copy of the prior year’s ICD-9 books for reference in claim denials or legal issues. Carol also informed attendees that anticipated CPT changes for 2009 include 294 new, 122 revised and 92 code deletions.

Carol reminded all of the October, 2011 date for implementation of the new ICD-10 Code Sets. This is a massive change, as ICD-9 contains 17,000 codes and ICD-10 contains more than 155,000. CMS is providing an ICD-10 two hour audio teleconference for all providers in October and November. Details can found on the CMS website. Carol discussed ICD-9 coding when diabetes is the secondary diagnosis. Some physicians are participating in NCQA for diabetes. We find that some offices are always using the basic diabetes code of 250.00. She encouraged all to look at the coding books to see what else is available to enable you to code to the highest specificity.

Carol provided a handout on maintenance of NPPES passwords, suggesting they be changed once a year. This information is for providers who have obtained National Provider Identifiers (NPIs) and have records in the National Plan and Provider Enumerations System (NPPES).