

The Network Advisor

November 2011



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A Communication for Participating Providers



Medicare encounter reports now available on your FTP site!

Encounter Reports for **Medicare** primary care providers under capitation agreements are now accessible on the provider's secure FTP site. This new electronic transmission process began in August 2011 and allows for the timely review and reconciliation of encounter submissions to effectively support consistency in reporting as well as to facilitate early identification of any issues. The enhanced process will positively impact provider satisfaction, potentially increase revenue and improve MRA scores, HEDIS® measures and CMS STARS ratings.

For more information, please call 954-331-6473

Are you ready for the change to 5010 transactions?

January 1, 2012 is an important date in the world of health care! All, health care providers, payers and other health care companies will adopt the 5010 HIPAA X12 standard for electronic transactions.

These transactions include claims and electronic remits:

- Health Care Claim: Professional or Institutional (837)
- Health Care Eligibility Benefit Inquiry & Response (270/271)
- Health Care Claim: Payment / Advice (835)
- Health Claim Status Request & Response (276/277)
- Health Care Services Review- Request for Review & Response (278)

Coventry Solution:

We have completed claim system coding updates to accommodate 5010 data elements for all transactions, and are currently conducting trading partner testing for claims, ERAs, and acknowledgments. Prior to January 1, 2012, Coventry's strategy is to migrate each trading partner to the 5010 format which will support a dual production model (accepting 4010 & 5010 transactions independently).

The following 5010 Real-Time transactions are now live through Emdeon Office 3.0. Eligibility Inquiry/Response, Claim Status Inquiry/Response, and Authorization Request/Response.

The time is now!

Provider offices must:

- Communicate with their clearinghouse, billing service or vendor to discuss how they will be upgrading systems to accommodate version 5010 transactions
- Determine how to send test transactions to ensure their billing systems are ready
- Identify possible modifications to current workflow and business processes
- Identify any staff training needs

5010 Claim Data Changes:

- Billing provider address cannot be a PO Box or rural route number.
- If a PO Box is appropriate for the remit address, it must be sent in the Pay To loop.
- Billing provider address and service facility location address must include a 9 digit zip code.
- If the patient can be identified by a unique member identification number, the patient is considered to be the "insured". The patient is reported as the insured in the insured data fields and not in the patient fields. All Coventry members have unique ID numbers and therefore, must follow this new rule.

Any questions or inquiries can be directed to Coventry at 5010ICD10Inq@cvtv.com

Moving to ICD-10 in Fall 2013

The entire health care industry will transition from ICD-9 CM to ICD-10 based on dates of service on and after October 1, 2013. This change will require business and system changes. Everyone who is covered by the Health Insurance Portability and Accountability Act (HIPAA) must make the transition; not just those who submit to Medicare and Medicaid. For more information, please e-mail us at 5010ICD10Inq@cvtv.com

Prevention

The best protection this flu season

Coventry Health Care offers the influenza and pneumonia vaccine to members as a covered benefit. As the flu season approaches we encourage you to remind your patients of the importance of these preventive measures. Patients may choose to receive the flu vaccine in your office or at any one of our pharmacy partners, i.e. Walgreens, CVS, Publix, Target and Wal-Mart at no cost to them.

New Medicare Part D Pharmacy Review Process

Coventry has a new process for reviewing and authorizing all Part D requests for Medicare beneficiaries.

All providers should call the **Coventry PDP (Medicare) Clinical Call Center** directly with their requests and have their information ready and available for review. A pharmacist will be available as needed.

This process has been designed to:

- Ensure **FIRST CALL RESOLUTION**
- Create a Medicare “**Center of Excellence**” where representatives have been thoroughly trained on Medicare policies and procedures
- HIPAA Verification Information

- Member ID
- Medication Name
- Caller’s Information
- All relevant clinical information including previous treatment failures

Coventry PDP (Medicare) Clinical Call Center

Phone# 1-800-551-2694

Monday-Friday 8am-9pm (EST)

Additional information on formulary and quantity limits can be found at:

<http://chcflorida.coventryhealthcare.com/health-care-solutions/prescription-coverage/index.htm>

Partnering with Walgreens

Coventry Health Care has partnered with Take Care ClinicSM at select Walgreens to provide non-emergent health care services for members. These convenient, high-quality affordable clinics can serve as an alternative to the Emergency Department for non-emergent health care needs. With many locations in Tampa and South Florida, Take Care Clinics:

- Are staffed with Board Certified Family Nurse Practitioners.
- Do not require appointments.
- Are open 7 days a week and have evening hours of operation
- Offer simple “touch screen” technology to expedite the sign in process.
- Provide treatment for patients 18 months or older*.
- Provide immediate access to on-site pharmacy services.

Take Care Clinic providers diagnose and treat many common, non-emergent issues including: strep throat, bronchitis, ear infections, urinary tract infections, skin conditions, minor injuries, common infections and more.

Take Care Clinics commitment to quality and continuity of care

- Patient records are documented in an electronic medical record system and can be made available to the patient’s physician upon request to facilitate continuity of care.
- Nurse Practitioners deliver care that exceeds HEDIS[®] commercial averages for quality**.
- Use of evidence-based frameworks and expert review of clinical policies supports the delivery of consistent, high-quality care.
- Collaborating physician chart review by community-based providers ensures quality care, patient safety and state scope of practice compliance.
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If you or your staff would like information on Take Care Clinic, please call **1-800-470-3555** or visit www.chcflorida.com to download a Take Care Clinic fact sheet to share with your patients.



HEDIS[®] Spotlight –*Initiatives to Increase Awareness*

Coventry Health Care's has launched a national initiative to increase awareness of specific patient care and documentation issues assessed in the Healthcare Effectiveness Data Information Set (HEDIS[®]) survey. Each year, Coventry participates in the HEDIS[®] data abstraction process with the cooperation of our network provider offices. A collection of findings are used to assess compliance with recommended preventive schedules and other clinical guidelines.

In this and future issues of *The Network Advisor*, specific HEDIS[®] measures will be highlighted. Provider offices are asked to share this information with staff members and work to facilitate treatment protocols and documentation practices that are in line with the recommendations. The HEDIS[®] measures are:

Postpartum Care:

Initiative Goals: To increase the number of members who complete a postpartum visit on or between 21 and 56 days after delivery.

The expectant member will receive a postcard to be completed by the provider during the office visits; reflecting a minimum of **seven** prenatal care visits. A postcard will be mailed to the new mom to be completed by the provider documenting completion of a postpartum visit on/or between the 21st and 56th day after delivery.

Breast Cancer Screening:

Initiative Goal: To increase the percentage of women 40-69 years of age who have a screening mammogram.

A mammogram is the single most effective way to detect breast cancer, and early detection is the key to this often fatal disease.

Our members' health and well being is of the utmost importance. In our effort to improve services the following has been initiated:

- **Member outreach calls**
Personalized educational and motivational messaging to schedule a breast cancer screening. A follow-up letter is sent 14 days after the call.
- **Customer Service Call Intervention**
Customer service representatives are alerted on gaps in care during member telephonic contact. Members are informed that a breast cancer screening is needed, and if needed, customer service reps assist with scheduling an appointment.
- **Provider outreach mailings**
Providers receive informative lists of members who have not had a mammogram. This assists providers in notifying their patients and to schedule a screening mammogram.

¹HEDIS[®] is a registered trademark of the National Committee of Quality Assurance (NCQA)

HEDIS® Spotlight ...continued

Diabetic Retinal Exam (DRE):

Initiative Goal: To increase the number of diabetic members who complete an annual Dilated Retinal Examination.

In order to detect disease and prevent blindness, it is recommended that all patients with diabetes, aged 18-75 years, obtain an annual dilated retinal examination by an eye care professional or have evidence of a negative retinal examination from the prior year.

A yearly diabetic eye exam is a covered benefit under the Coventry Health Care plan. We encourage providers to remind patients of the importance of completing a retinal eye exam.

In June 2011 the health plan implemented the following activities to support this important initiative:

- A diabetic educational flyer was sent to members regarding the requirements for the annual eye exams.
- Members who received an eye examination in 2011 were mailed a form to be completed by their eye care professional and faxed back to the Plan.
- Members receive reminder calls and are provided assistance with scheduling appointments where needed.

Osteoporosis Management

Initiative Goal: To increase the number of women older than age 67 and suffered a fracture who obtained either a bone mineral density (BMD) test or prescription for a medication to treat or prevent osteoporosis one (1) year before or within six months after the fracture.

Education is provided through mailings and phone calls to both the members and providers to encourage completion of at least one of these measures as a means to prevent further fractures and support better health outcomes.

If you need assistance with medication coverage or finding a participating BMD provider, please contact our customer service at **1-800-847-3995**.

Coventry Special Needs Program (SNP)

Care Plan Registry & CMS Regulations

As Special Needs Plan membership continues to grow, we are implementing new and improved ways to collaborate with you in meeting the needs of this plan.

One of the strengths of the Coventry SNP is a comprehensive case management program. The case manager assigned to your SNP patient will use information from a telephonic Health Risk Assessment (HRA), member claims, and lab/pharmacy data to create a customized care plan to be used in conjunction with your office's plan of treatment.

CMS regulations require the Care Plan be filed in the patient's medical records.

In addition to the creation of the Care Plan, health plan-designated case managers will monitor the SNP patient and assist in care coordination, preventive care, and delivery of services in the least restrictive environment possible. As interventions are introduced and goals are met, the case managers will update the care plan which will be available monthly for your review and feedback.

Coventry created a website that allows you access to your patients' care plans. By visiting www.SNPCarePlans.com and entering your user id and password, you will be able to download your patient's latest care plan. Please be sure to bookmark this site as a favorite on your computer.

For additional information, please contact the SNP department at 954-858-3359

NCQA adds New measures for 2012

In continuing efforts to work collaboratively and keep you informed, the measures below have been added to HEDIS® 2012 by NCQA.

1. Human Papillomavirus Vaccine (HPV) for female Adolescents

- Description: The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus by their 13th birthday.

2. Medication Management for People with Asthma (MMA)

- Description: The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications they remained on during the treatment period.

For additional information please contact us at 954-858-3635.



New Patient Safety Measures

Have you reviewed your patient's medication regimen recently? We know your time is limited, so we are here to help! The Centers for Medicare and Medicaid Services (CMS) supports medication safety and quality measures with the goal of ensuring Medicare beneficiaries receive the best and safest care possible. We have listed, for your information, the medication safety and quality measures, as defined by CMS. Periodically, we will collect data on these measures and share information with you for your patients who have been identified with opportunities for intervention. *Please note that this information is to supplement the management of your patients and is not a substitute for your professional judgment in their treatment.* These measures have been assigned three times the normal weight by CMS as they are considered to be critical for patient safety.

High Risk Medication: Medicare beneficiaries 65 years or older who received at least one prescription for a drug with a high risk of serious side effects in the elderly.

Diabetes Treatment: Medicare beneficiaries dispensed a medication for diabetes and for hypertension who are receiving an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medication which are recommended for people with diabetes.

Diabetes Medication Dosing: Medicare beneficiaries who were dispensed a dose higher than the daily recommended dose for the following diabetes treatment therapeutic categories of oral hypoglycemics: biguanides, sulfonylureas and thiazolidinediones.

Drug-Drug Interaction: Medicare beneficiaries who received a prescription for a medication during the measurement period and who were dispensed a prescription for a contraindicated medication with or subsequent to the initial prescription.

Drug Adherence: Medicare beneficiaries who adhere to their prescribed drug therapy for five drug classes: biguanides, sulfonylureas, thiazolidinediones, angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB), and cholesterol medications.

For additional information, please call the pharmacy department at 1-866-797-8648.



CoMorbid Case Management (CMCM) program for Medicare members

- Key highlights of the program:
 - Initiated by a Case Manager face-to-face visit to assess member in their home and develop case plan specific to their needs
 - Focuses on 9 index and their associated CoMorbid conditions:
Depression / Schizophrenia / CVA / Diabetes / Asthma / CHF / COPD / Dementia/ Chronic Pain
 - Empowers members in their wellbeing
 - Uses tools to assist members in reaching goals
 - § MDT - Multi Disciplinary Teams
 - § Including nurse case manager, pharmacy, social work, behavioral health and medical director
 - § Member tailored case plan
 - § Medication reconciliation
- To identify potential duplication of therapy, drug interactions, and gaps in care
- CMCM will support providers and their established plan of care for members
- Provider involvement includes:
 - Review of member centered case plan
 - Completion of case plan response surveys
 - Completion of satisfaction survey

New Member Information

Coventry Consumer ChoiceSM - New Consumer Directed Health Care feature for commercial members

We appreciate the care you provide for your patients who are members of health plans administered by Coventry Health Care of Florida. With the introduction of Coventry Consumer ChoiceSM (C3), Coventry members may have access to Health Reimbursement Arrangements (HRA), Flexible Spending Accounts (FSA) or Health Savings Accounts (HSA) to pay for qualified health care expenses. HRA, FSA and HSA accounts are funded arrangements that encourage members to become active participants in their health care. Coventry encourages members to seek appropriate medical care and work closely with their providers when receiving medical care and we appreciate your need for prompt payment for services.

To ensure timely, accurate payment of claims, we ask that you do the following:

1. Check the patient's ID card and verify C3 participation by calling the number on the ID card or verifying online.
2. Before you ask a patient for payment, submit claims to the address on the back of the ID card.

We will process the claim and pay it from the member's account. If the patient/member owes a balance to you, we will send an Explanation of Benefits (EOB) notifying you and the member of the amount owed. We may also send you a payment directly out of the members account for any member responsibility. If you have already collected payment from the patient you may need to refund an overpayment. You may also send a bill to the member with the amount due.

Coventry is committed to paying claims promptly and correctly. If you have questions about the new C3 product offerings or need additional assistance, please do not hesitate to contact us at the number on the back of the member's ID card.

New Member Tool: Introducing Vaxtext

Vaxtext is a vaccine reminder text message service, it is supported by the *Every Child by Two* program. When a member registers for the service, the messages on their cell phone will include:

- Reminders for your child's next vaccine
- Current information on vaccines and the diseases they help prevent
- Links to helpful resources



This is a free service provided by Pfizer. Messaging and data rates may apply. Individuals should check with their cell phone carrier about costs. To register, go to <http://vaxtext.com/>.

Provider Document Library

Access the health plan's Document Library at CHCFlorida.com to view Provider Bulletins, which contain important information for providers and their Coventry Health Care of Florida members.

- **Childhood ADHD Medication Initiatives:** Follow up care for children 6 – 12 years old prescribed an ambulatory prescription dispensed for ADHD Medication.
- **Antidepressant Medication Management Initiative:** Identifies the percentage of newly diagnosed and treated members who remain on an antidepressant medication for at least 84 days during the acute phase and at least 180 days during the continuation phase of treatment.



Provider Bulletin Encounter Data Changes & Requirements

Billed Amounts:

Coventry requires applicable total charged amounts to be submitted for all encounter submissions at both the claim header (2300 CLM02) and line level (2400 SV102).

Note: Coventry accepts zero dollar billed amounts for appropriate no charge situations.

Please refer to the Provider Bulletin:

Encounter Data Changes & Requirements found on directprovider.com & CHCFlorida.com

Keeping you Connected!

Provider Relations Contact Information

Phone	800-470-3555
Fax	866-874-4140
Email	CHCFLProviderrelations@cvty.com

