IMPROVE PERFORMANCE MEASURES

Don't make Category II Codes Optional…these codes support nationally established performance measures that have an evidence base as contributing to quality patient care.

A provider's office who uses Category II Codes:

- Decreases the need for record abstraction and chart review
- Facilitates data collection about the quality of care rendered
- Describes clinical components that may be typically included in evaluation and management services
- Describes clinical laboratory or radiology tests and other procedures
- Identifies processes intended to address patient safety practices
- Ensures services reflect compliance with state or federal law

Sample of Category II Codes useful for basic performance measures:

- 0500F-0503F Prenatal/Postpartum
- 2000F Blood pressure measured
- 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
- 3008F Body Mass Index (BMI) documented
- 3015F Cervical cancer screening results documented and reviewed
- 3017F Colorectal cancer screening results documented and reviewed
- 3044F-3046F Most recent hemoglobin A1C levels
- 3066F Documentation of treatment for nephropathy
- 3074F-3080F Most recent systolic and diastolic blood pressure readings

- If you should have questions regarding the use of these codes please contact, PHP's Certified Coder and Nurse, Jan Konchalski, RN, AHFI, COC, CPC, CPC-P, CRC, CRPC, CPEDC at (260) 432-6690, ext. 355 or (800) 982-6257, ext. 355.

Visit us on the web!
phpni.com

MEDICAL RECORD REQUEST FOR THE HHS RISK ADJUSTMENT DATA VALIDATION PROGRAM (HHS-RADV)

The Department of Health and Human Services (HHS) is required to annually validate the accuracy of risk adjustment data submitted by a health insurance company with risk adjustment covered plans in the individual or small group health insurance markets through the validation of medical records. This process is known as the HHS Risk Adjustment Data Validation (HHS-RADV) program.

For this audit, CMS will select a statistically valid sample of enrollees covered by Physicians Health Plan (PHP) during the benefit year 2016. This audit is to verify that diagnosis codes reports to CMS are accurate, properly documented, and coded with accurate levels of specificity.

The 2016 HHS-RADV medical record review process begins in early June 2017 and requires your immediate attention and compliance so that Physicians Health Plan is not penalized for failure to validate medical records pertaining to your patient(s). Compliance with this request is applicable to all providers, whether or not the provider has a contractual agreement with the health insurance company.

In the event your practice is selected for this RADV audit, PHP will request and collect the needed medical records and signature attestations. Please send all medical records requested directly to PHP using one of the following methods:

| EMAIL	MAILING ADDRESS	FAX
providerservices@phpni.com	Physicians Health Plan ATTN: QUALITY DEPT 8101 W Jefferson Blvd Fort Wayne IN 46804	(260) 969-2421

When submitting medical record, please note that CMS requires the following information on medical records to consider it valid:

- Last Name
- First Name
- Date of Birth
- Gender
- Signed by the attending practitioner

We ask that you respond as quickly as possible to this request and thank you in advance for your cooperation. If you should have any questions regarding this process, please feel free to contact PHP's Provider Services Department at (260) 432-6690, ext. 304.
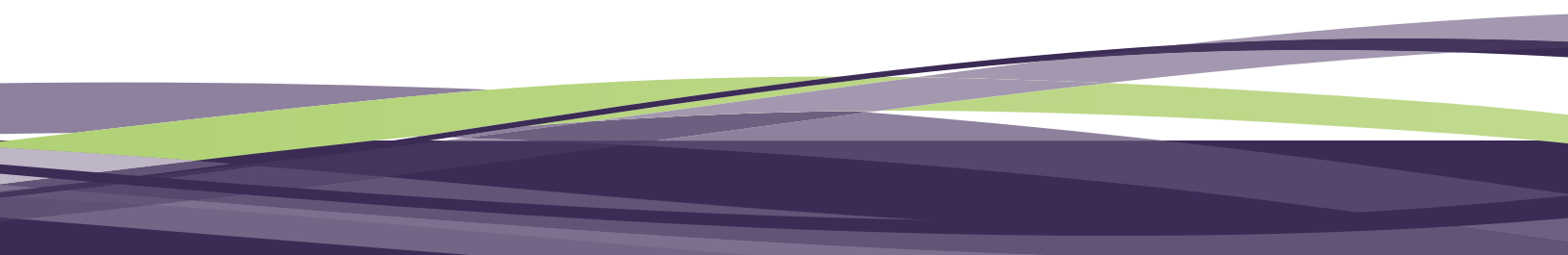
PLACE OF SERVICE – ARE YOU CODING CORRECTLY?

Do you know what the rule is for choosing the appropriate place of service for claims submission?

The place of service to be used by a physician and/or other supplier will be the same setting in which the beneficiary received the face-to-face service.

REVENUE AND CPT CODE REQUIREMENTS FOR FACILITY SERVICES

With the everchanging climate of healthcare, the advent of the Affordable Care Act and essential health benefits, the challenge to process claims appropriately has increased.   In effort to ensure appropriate benefit and claim payment, PHP has updated our facility billing requirements.

All facilities services must be submitted with both revenue and CPT codes. All claims received without this information will be rejected as inappropriate billing and the claim will need to be refiled. Please keep in mind there is a one year filing limit from the date of service.

If you should have any questions or concerns about this change, please contact our Provider Services Department at (260) 432-6690, ext. 304 or 528, or at (800) 982-6257, ext. 304 or 528.
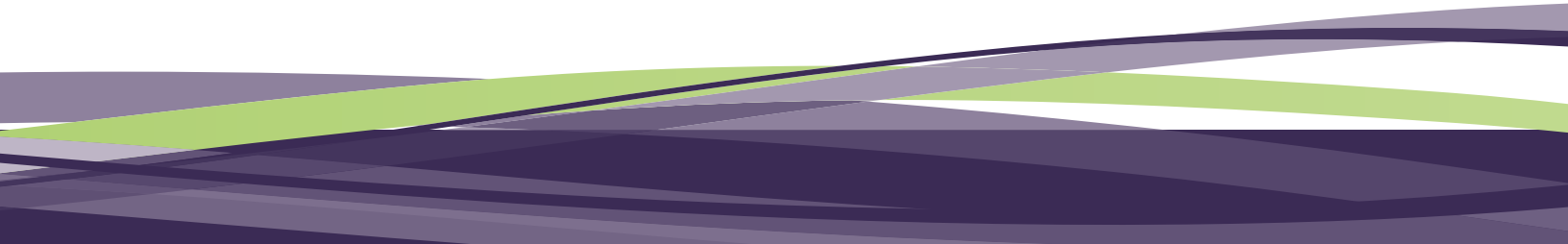
HEDIS MEASURES

Did you know PHP reviews HEDIS® (Healthcare Effectiveness Data and Information Set) data to ensure consistencies with performance measures. These measures are used by plans to compare how a plan performs in quality, access to care, and member satisfaction.

Why is HEDIS® important? HEDIS® allows us to monitor how we are performing compared to other health plans and identify areas of improvement. PHP wants to ensure that we are offering quality preventive care and service to our members.

How can HEDIS® help your office?
• Monitor patient's health, prevent further complications and identify issues that may arise with their care
• Identify patients who have not received preventive screenings
• Understand how you compare with other providers and the national average

What can you do to improve HEDIS® scores?
• Perform services in a timely manner
• Code for all services that are performed
• Remind patients to schedule preventive exams (www.phpni.com provides a listing of services that PHP covers as preventive)
• Remind patients if follow up tests or orders are needed
• Place outreach calls to patients who have missed services

PHP WEBSITE ACCESS

Are you aware that you can obtain eligibility, claim status, benefit information, and medical policies online? PHP's Provider Web portal offers all these services and more! To obtain access, please complete the Provider Website User Set-up form (below). Once complete, fax the form to PHP's Provider Services Department.

PROVIDER WEBSITE USER SET-UP

Please complete this form to allow access to secure information on the Provider portal at www.phpni.com. A separate form must be completed for each representative for which you are requesting access. This form must be submitted at least 10 business days prior to when the user needs access to the site.

Fax completed forms to Belinda Steele at (260) 432-0493. Please contact Belinda at (260) 432-6690 or 1-800-982-6257, extension 302, with any questions.

Provider Setup Information

Provider Name:_____

Group Name:_____

Tax ID #:_____

Vendor #:_____

User Last Name:_____

User First Name:_____

User E-mail Address:_____

User Phone Number:_____

PHP
PHYSICIANS HEALTH PLAN
THE INSURANCE YOUR HEALTH DESERVES

FOR OFFICE USE ONLY

Username:_____

Password:_____

Date password was sent:_____

Who sent password:_____

Employer Group: YES   NO

DRUG SCREENING
PRESUMPTIVE VERSUS DEFINITIVE

Please be advised that PHP will only cover one presumptive or definitive drug screenings. As such the first claim received will be processed in accordance to the members benefit plan, all subsequent services submitted on the same day will be denied.

For questions regarding the eligibility of a service, please contact our Customer Service Department at (260) 432-6690, ext. 11 or (800) 982-6257, ext. 11.

PHP CLOSING SCHEDULE

PHP will be closed on the following days. For your convenience, our Medical Management Department does have 24-hour voicemail that can be utilized for precert and admission information.

July 4th
September 4th
November 23rd & 24th
December 25th & 26th

Please route to:
- Physician
- Office Manager
- Nurse
- Billing Department

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For questions on any item in this newsletter, please contact our Customer Service Department at (260) 432-6690, ext. 11 or (800) 982-6257, ext. 11.

WE'D LIKE TO HEAR FROM YOU
PHP strives to keep providers up-to-date on industry changes and regulations. We'd also like to be a resource in addressing your medical practice business needs and concerns. Please send suggestions for potential future articles to: providerservices@phpni.com, or call (260) 432-6690, ext. 11.

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