

PROVIDER UPDATE

A NEWSLETTER FOR PHYSICIANS HEALTH PLAN'S NETWORK PROVIDERS

WINTER 2017

COMMUNITY INVOLVEMENT – TIME, TALENT AND DOLLARS

Founded in 1983, as a not-for profit health insurance company, Physicians Health Plan of Northern Indiana (PHP), focuses on providing affordable access to quality healthcare, and maintaining a commitment to Northern Indiana communities.

November 17, 2016, PHP was awarded the Outstanding Philanthropic Corporation in Northeast Indiana (100+ employees) by the Association of Fundraising Professionals Northeast Indiana Chapter. This was a memorable honor, as we faced stiff competition from prominent, very large competitors..

PHP is committed to building and supporting activities and civic initiatives to ensure the best possible quality of life for individuals and families. It's one of our core values. What does that mean? In the first 10 months of 2016, PHP

sponsored 115 not-for-profit agencies and provided roughly \$700,000 in financial support. Following is a partial list of PHP's sponsorships::

*Alzheimer's Association
Community Harvest Food Bank
Healthier Moms and Babies
Ronald McDonald House of NE Indiana
Big Brothers Big Sisters of NE Indiana
Crosswinds
Mental Health America of NE Indiana
Turnstone
Cancer Services of NE Indiana
Girls on the Run of NE Indiana
Neighborhood Health Clinic - Ft. Wayne
Vera Bradley Foundation for
Breast Cancer
Super Shot - Ft. Wayne*

PHP offers financial support, as well as employees their time and talents. PHP's Community Involvement Committee, comprised of non-management staff works with organizations in our community to provide PHP staff the opportunity to volunteer with groups such as: The Rescue Mission/Charis House, Toys for Tots, Kate's Kart, United Way of Allen County, Department of Veterans Affairs/VA Northern Healthcare, Visiting Nurse and Hospice Home, and the American Heart Association.

DEMOGRAPHICS – *Is your practice information up to date?*

PHP uses your notifications to update our online Provider Directory. Have you had any changes in practice location, fax number or phone number? Are you accepting new patients? What are your office hours? These are just a few of the items that the Center for Medicare and Medicaid Services (CMS) requires in our Provider Directory. **Please take a minute to review the practice information we have on our provider directory at phpni.com.**

If you have a needed change, please feel free to notify Provider Network Services by fax at (260) 432-0493 or email at phpprovsvc@phpni.com.

- 2 Appointment Access
- 2 Utilization Review & Quality Improvement Plan
- 3 Experimental Investigational – Non Covered Services
- 4 Optum
- 4 New Procedure Codes - 2017



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APPOINTMENT ACCESS

PHP uses the following standards to measure the care, services and satisfaction of our covered members. Offices are expected to provide care in accordance with the covered members needs and expectations for their medical and behavioral health care.

Medical Appointment Access	Measure
Emergency	Immediate access 24/7 or refer to ER or 911
Urgent	Within 24 hours or refer to Urgent Care Center, ER, or 911, as appropriate
Non-Urgent (<i>Symptomatic or chronic</i>)	Within 72 hours
Routine/Preventative Care	Within 10 business days
Office Wait Time	Preferred not to exceed 15 minutes before taken to the exam room
After Hours	All covered individuals should have access to medical help or advice after business hours through their primary care physicians

Behavioral Health Appointment Access	Measure
Emergency	Immediate access 24/7 – ER, 911 or crisis center
Emergency – Non-Life Threatening	Within 6 hours or refer to crisis center, ER, or 911 as appropriate
Urgent	Within 48 hours or refer to crisis center, ER or 911, as appropriate
Routine	Within 10 business days
After Hours Coverage	Emergency accessibility to a licensed clinician for consultation after hours 24/7 Covered individual is referred to the on call practitioner, pager or cell phone
Out of Office Coverage	Arrangement for coverage when you are unavailable via a pager, phone, another provider or on-call physician services

UTILIZATION REVIEW AND QUALITY IMPROVEMENT PLAN

What is the purpose of UR/QI?

PHP maintains a utilization review and quality management program to promote objective and systematic measurement, monitoring and evaluation of services and work processes. The Utilization Review and Quality Improvement Plan is a part of your provider contract. The plan establishes procedures based on professionally recognized standards to assess and monitor the health services delivered to our members to assure continuity and satisfaction.

The UR/QI Plan, provides information regarding:

- Objectives
- Responsibilities

- Minutes and Reports
- PHP Statement of Confidentiality and Non-Discrimination
- Staffing for Utilization Review/Case and Quality Management
- Orientation and training of PHP's Medical Management Team
- Access to Medical Management Department
- PHP Conflict of Interest Policy
- Plan evaluation
- Utilization Review protocols and activities
- Quality Improvement steps and methods

PHP's UR/QI Plan is available online in the provider portal at www.phpni.com.

EXPERIMENTAL INVESTIGATIONAL – NON COVERED SERVICES

At this time the following services are considered experimental and investigational in nature, and as such, are excluded under the member's benefit plan.

- 31591** - *Laryngoplasty*
- 43284** - *Under Laparoscopic Procedure of the Esophagus*
- 43285** - *Esophagogastroduodenoscopy*

Drug Screening – Presumptive versus Definitive

Please be advised that PHP only covers definitive drug screenings. Definitive testing is defined as follows:

- Definitive – Quantitative or quantitative methods that identify possible drug use or non-use, and identify specific drugs and associated metabolites.

As such all services for CPT Code 80305-80307, will be denied as a non covered service.



OPTUM

As part of PHP's annual commercial (HIX) HCC Risk Adjustment process, we have partnered with Optum, a healthy services company, to conduct reviews of the medical records of our members. This chart review is to ensure that all ICD-10 codes submitted via claims — and encounter data — are validated by supporting documentation, and, to identify any areas for improvement in the identification and documentation of diagnosis codes.

You may be contacted by an Optum representative to obtain medical records and schedule. The release of these records supports PHP's quality assurance and utilization review in accordance to the UM/QM and/or UR/QA Plan that is included in your participation agreement.

QUESTIONS?

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PHP CLOSING SCHEDULE

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

- February 20th (staff training day)
- May 29th
- July 4th
- September 4th
- November 23rd & 24th
- December 25th & 26th

Please route to:

- Physician
- Office Manager
- Nurse
- Billing Department

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NEW PROCEDURE CODES - 2017

Mammography

Please be aware that mammography codes have changed. Five CPT Codes (77051, 77052, 77055, 77056 and 77057) have been deleted and replaced with the following codes:

77065 – *Diagnostic mammography*, including computer-aided detection (CAD) when performed describes bilateral diagnostic mammography with 2-view study of each breast

77066 – *Diagnostic mammography*, including (CAD) when performed, bilateral, describes bilateral diagnostic mammography

77067 – *Screening mammography*, bilateral (2-view study of each breast), including CAD when performed described bilateral diagnostic mammography with 2-view study of each breast

Ultrasound – Abdominal Aorta

76706 – Ultrasound, abdominal aorta, real time with image documentation screen study for abdominal aortic aneurysm (AAA).

For questions about newsletter content, please contact Customer Service 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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