

# PreferredOne<sup>®</sup>

## UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

February 2009

### Chronic Back Pain Program

John Frederick, MD, Chief Medical Officer

The Minnesota legislature healthcare community is presently engaged in Health-Care Reform (HCR). The State government has requested guidance from the medical community for input on a number of issues in this process. Many organizations and individuals, including PreferredOne, have been involved in giving input. Four of the areas being addressed are healthcare homes, baskets of care, outcomes measurement, and public reporting of provider performance.

An example of a situation where the present approach to healthcare is not working well is improving outcomes for patients with chronic back pain. PreferredOne has observed that the rate of surgery for patients with chronic back pain is increasing. We have also observed that the outcome for surgery on some of these chronic back pain patients is not very good. This is a national observation as well as local. I will note that back surgery for other situations, such as in those patient's with acute neurological deficit or instability, should not be lumped in with the chronic back pain problem.

PreferredOne piloted a program in 2008 and will broaden it in 2009 that tries to address this concern. It has been observed that patients with chronic back pain frequently respond well to an aggressive rehab program for their back pain. Even if the rehab program is not completely successful in relieving the chronic back pain, the patients that end up going to surgery have improved surgical outcomes after surgery.

The PreferredOne program will incorporate the same ideas as the HCR efforts to try to improve the care of these members. In early 2009 PreferredOne will identify patients whose claims data indicates that they may potentially have back surgery recommended for their chronic back pain in the next twelve months. We will work with these members and their treating physicians to get these patients into selected back rehab programs before they have been identified as surgical candidates. Outcomes of the back rehab programs will be measured and the best performing programs will be recognized and rewarded.

I would like to hear from primary care physicians and rehab programs that would like to work with PreferredOne in this endeavor. A number of rehab programs have already been identified, but I am interested in hearing from others that feel they have a value for patients with chronic back pain. Any primary care physicians that are working well with effective rehab programs for chronic back pain programs are also asked to give input. Please call me at 763-847-3051 with your questions and ideas.

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## Coding Update

### **Maternal Depression Screening for Mothers During Infant C & TC Exam**

The Minnesota Department of Human services will soon issue a Provider Update with instructions for pediatricians who see an infant enrolled in Minnesota Health Care Programs (MHCP) under age one. The instructions explain how to report a Maternal Depression Screening on the mother when an infant is having Child & Teen Check-up (C & TC) or ill visit.

While PreferredOne does not have an MA product, we will accept the suggested code 99420 on a separate line at the time of the E/M visit. The maternal depression screening will be bundled into the reimbursement for the E/M visit (no separate reimbursement for the screening).

Follow Medical Assistance guidelines for submission when they are published.



### **Coding for Home Health Services Under Uniform Guidelines**

For some time PreferredOne has written articles describing the community standard billing for home health services. As of July 09, all Home Health providers must use the approved HCPCS code set agreed to by payers and providers as published in the Minnesota Uniform Companion Guides 837I and 837P. Home Health services must be submitted on the 837I (UB04).

The only exception is for PCA & Homemaking Services which must be reported on the CMS 1500 (837P) with a separate line item for each day of service.

Many of our PreferredOne Home Health Providers are already using the community standard billing codes for Home Health services. If you have questions regarding the approved HCPCS code set on your contract, please contact Christine Dols at 763-847-3031:

Medicare's G codes are insufficient to describe the level of time that group purchasers require for proper case management. For commercial products, the AUC Medical Code Tag work group developed the Home Health Codes from the HCPCS HIPPA code sets.

Two important things to remember:

1. Per diem is defined as all inclusive services per patient encounter
2. Industry standard skilled nurse visit is a visit up to 2 hours

### **Approved Home Health HCPCS Code Set**

Skilled Nurse Visit (up to 2 hours)

RN	Per diem	T1030
LPN	Per diem	T1031
RN	Up to 15 minutes	T1002
RN	Complex up to 15 minutes	T1002 TG
RN	Shared 1:2 Ratio	T1002 TGT
LPN	Up to 15 minutes	T1003
LPN	Complex up to 15 minutes	T1003 TG
LPN	Shared 1:2 ratio	T1003 TT

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## **Network Management**

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When patients have been approved for more than a per diem visit add the following 15 minute codes as appropriate as a separate line item per day. As an example, if a patient is approved for 10 hours of care per day report the following:

1/1/09 T1030 (RN per diem up to 2 hours)	1 unit
1/1/09 T1002 (RN up to 15 minutes)	32 units ( 4 units per hr X 8 hours)
Home Health Aide Visit	T1021
Home Health Aide Extended up to 15 minutes	T1004
Physical Therapy Visit	S9131
OT visit	S9129
Respiratory Therapy Evaluation	<del>S5190</del> S5180
Respiratory Therapy Visit	S5181
Speech Visit	S9128
MSW Visit	S9127

All of the above services must be submitted on UB04 (835I) with revenue codes 041-044x and 055x- 060x as appropriate for the Revenue Description.

Home Health Services that are required to be reported on the CMS 1500 (837P) are listed below. These services must be prior authorized by PreferredOne and are allowed only on the basis of member benefits and prior UM approval. These services are primarily for State Programs.

PCA (Personal Care Services), per 15 minutes	T1019
PCA Shared 1:2	T1019-TT
PCA Shared 1:3 or more	T1019-HQ
PCA Temporary Service Increase	T1019-U6
RN PCA Supervision	T1019 UA
Homemaker, per 15 minutes	S5130

### **Home Infusion Services Must Be On CMS 1400 (837P)**

Infusion services are reported using HCPCS "S" codes and should be reported on a per diem basis, As a reminder Nursing visits for IV therapy are:

Home Infusion, per visit up to 2 hours	99601
Each additional hour	99602

The submission of approved code sets does not guarantee payment.

The Minnesota Administrative Uniformity Committee has a web site containing a great deal of information regarding the guides, meetings, tag group work, etc. We encourage you to visit this website for information. [www.health.state.mn.us/auc](http://www.health.state.mn.us/auc)

## ***Medical Management***

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### **Administrative Uniformity Committee (AUC) 2008 Year in Review & 2009 Planning**

#### **AUC Mission**

To develop agreement among Minnesota payers and providers on standardized administrative processes when implementation of the processes will reduce administrative costs

#### **Accomplishments**

1. Met all timelines
2. Created process to handle comments and technical changes to guides
3. Created form to address new administrative simplification requests (SBAR)
4. Created companion guides and handled all comments and technical changes for:
  - Eligibility – 270/271
  - Claims – 837I, 837P, 837D, NCPDP
  - Remittances – 835
5. Created Medical Code Standards
6. Created 11 best practices
7. Created Eligibility Implementation tracking tool
8. Revised AUC Website ([www.health.state.mn.us/auc](http://www.health.state.mn.us/auc))
9. Created Project logo
10. Reviewed legislative impacts
11. Developed 11 policies and procedures to clarify processes, roles, & responsibilities
12. Posted AUC FAQs online
13. Continued quarterly issue of *AUC News & Announcements*
14. Worked with MDH to reach out to specific market segments to discuss unique data content requirements necessary to exchange electronic health care transactions (e.g. workers' compensation, property and casualty, auto carriers, pharmacies)
15. Participated in over 19 industry educational forums
16. Created alerts to inform Minnesota's providers, payer and vendors about 62J.536
17. Responded to NPRM for next HIPAA transaction version
18. Reviewed/addressed/responded to numerous work requests and SBARs
19. New member additions:
  - United Health Group
  - Aetna
  - CVS Pharmacy
  - Silverscript Insurance Co. *Page 5...*

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- Olmsted Medical Center
- Sanford Health (Provider)
- Sanford Health Plan
- MN Chiropractic Assoc.

### **2009**

1. Monitor Final Rules for transactions
2. Continue working on companion guides/best practices
3. Track implementation readiness for all transactions
4. Liaison for MN Dept of Health Reform work
  - Baskets of Care
  - Study of Uniform Claims Review Process
5. Possible review of 62J.52 by Leg TAG for any inaccurate or conflicting references
6. Request member input on other areas for simplification

### **Quality Management Update**

#### **Clinical Practice Guidelines**

PreferredOne is a sponsor of the Institute for Clinical Systems Improvement (ICSI) and promotes clinical practice guidelines to increase the knowledge of both our members and contracted providers about best practices for safe, effective and appropriate care. Although PreferredOne endorses all of ICSI's guidelines, it has chosen to adopt several of them and monitor their performance within our network (**Exhibit A**). Additionally, to address behavioral health conditions, we have adopted two treatment guidelines developed by Behavioral Healthcare Providers (BHP). The guidelines that PreferredOne has adopted include ICSI's clinical guidelines for Coronary Artery Disease and Asthma and BHP's clinical guidelines for Depression and ADHD. The performance of these guidelines by our network practitioner's will be monitored using HEDIS measurement data, PreferredOne's disease management vendor's data, and BHP's annual evaluation.

All of the ICSI guidelines that we have adopted can be found on ICSI's website at [www.icsi.org](http://www.icsi.org). The most recent revisions to ICSI's Coronary Artery Disease guideline was April 2007 and the Asthma guideline in January 2008.

#### **Quality Management (QM) Program**

The mission of the QM Program is to identify and act on opportunities that improve the quality, safety and value of care provided to PreferredOne members, both independently and/or collaboratively, with contracted practitioners and community efforts, and also improve service provided to PreferredOne members and other customers.

PreferredOne's member and physician website will be updated in the near future to offer the following program documents:

- 2009 PreferredOne QM Program Description, Executive Summary
- 2008 Year-End QM Program Evaluation, Executive Summary *Page 6...*

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To access these documents, log into the Provider site, and then click on the Quality Management Program link under the Information heading.

If you would like to request a paper copy of either of these documents please contact Heather Clark at 763-847-3562 or e-mail us at [Quality@PreferredOne.com](mailto:Quality@PreferredOne.com).

### Minnesota Community Measurement & D5

MN Community Measurement is a community-based nonprofit organization dedicated to improving the quality of health care in Minnesota and surrounding border communities. Its work centers on collecting health care performance data on clinics and publicly reporting the results. The goal of this effort is to provide objective information for consumers to use in making health care decisions.

Currently MN Community Measurement reports on the quality of care for patients with diabetes in addition to a variety of other health conditions. The D5 is a set of five treatment goals that, when achieved together, represent the gold standard for managing diabetes. Reaching all five goals greatly reduces a patient's risk for the cardiovascular problems associated with diabetes. A clinic's D5 is based on the number of diabetes patients, ages 18-75, who reached all five goals, which are:

- Maintain Blood Pressure
- Lower Bad Cholesterol
- Control Blood Sugar
- Be Tobacco Free
- Take Aspirin Daily

For more information on D5 please visit [www.theD5.org/catalog](http://www.theD5.org/catalog).

### Update on HEDIS Technical Specifications

NCQA has introduced several new measures for the 2009 Healthcare Effectiveness Data Information Set (HEDIS). HEDIS measures are nationally used by all accredited health plans and PreferredOne also has an obligation to the Minnesota Department of Health to collect HEDIS data on an annual basis. Two of the new measures for 2009 are related to BMI assessment in adults and BMI assessment and counseling for children. These measures are hybrid measures that can be collected both from administrative data and chart information. What you may not realize is that the burden of collecting this information from your clinic records could be lessened if practitioners were to use appropriate CPT Category II codes when submitting their billing statements. The two BMI measures have appropriate codes that may be submitted on the HCFA that would assist us in collecting this information administratively through claims data are as follows:

#### Adult Body Mass Index (BMI) Assessment

This measure examines the percentage of members 18-74 years of age who had an outpatient office visit and has their BMI documented.

ICD-9-CM Diagnosis	HCPCS
V85.0-V85.5	G8417-G8420

#### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:

This measure examines the percentage of members 2-17 years of age who had an outpatient office visit and who had evidence of BMI percentile assessment, counseling for nutrition and counseling for physical activity.

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Description	CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure	HCPCS
BMI Percentile		V85.5		
Counseling for nutrition	97802-97804	V65.3		S9470, S9452, S9449, G0270-G0271
Counseling for physical activity		V65.41	93.11, 93.13, 93.19, 93.31	S9451, H2032

PreferredOne will begin examining medical records for documentation to support these measures in 2010. We encourage practitioners to begin using the above coding specifications now in order to reduce the burden of chart review (that will need to be performed at your clinic) in the following year. If you have questions about these measures you may visit NCQA's website at [www.ncqa.org](http://www.ncqa.org) or contact us at [Quality@PreferredOne.com](mailto:Quality@PreferredOne.com).

### Minnesota Credentialing Collaborative

#### Background



To address the burden that credentialing activities place on physicians, hospitals, clinics, and health plans, the Minnesota Credentialing Collaborative (MCC) was formed with the MN Council of Health Plans, MN Hospital Association, MN Medical Association, and the MN Medical Group Management Association. After a rigorous review process, a web-based credentialing application was developed with Credential Smart as the vendor. The product is an online, and easy-to-use.

Requests for participation and questions regarding this initiative should be directed to Tracey Torgersen, program manager, MCC, [tracey@mncred.org](mailto:tracey@mncred.org), 612-360-9793. You can also look for updates at [www.mncred.org](http://www.mncred.org).

#### Goal

- Dramatically increase the efficiency and reduce the redundancy of credentialing in Minnesota

#### Current Status

- Testing on critical elements is complete. Testing continues on system enhancements.
- Training will be scheduled for February 2009
- In the first quarter 2009, the web-based application should be available statewide to all practitioners, clinics, hospitals and health plans for use with the credentialing applications.

#### How Does It Work?

Once the information is entered into the secure Web site by the practitioner or clinic, users select the destination—health plan(s) and/or hospital(s). The system electronically sends the information. The information is stored in a secure database, so users may quickly access and update the next time an application is needed.

#### What Is Not Included In This Collaborative?

- Hospital or health plan decisions regarding credentials or privileges
- Primary source verification of any information (However, this service may be purchased directly from the MCC vendor, CredentialSmart.)

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### **Benefits of the Initiative**

For practitioners and clinics:

- Decrease the amount of time required for credentialing/privileging work.
- Offer an easy and secure way for providers to submit credentialing applications electronically to health plans and hospitals
- Reduce the time it takes to create a completed, acceptable application
- Store data so future applications can be built off of existing information, rather than starting from scratch

For health plans and hospitals:

- Ensure more applications are complete by using “smart” technology that notifies the applicant if required information is missing. The system allows applications to be submitted only when all required fields are complete.
- Eliminate the need in some organizations to type applications from paper forms into the organization’s own system
- Decrease the amount of staff time needed to track down missing information
- Allow information to be sent and received electronically

### **Health & Wellness Update**

PreferredOne members who are interested in quitting their tobacco habit have access to a free tobacco cessation program. The program includes one on one phone consults with a tobacco cessation certified counselor and advice on Nicotine Replacement Therapy. Please refer your PreferredOne patients to the PreferredOne Customer Service Dept for more information.

PreferredOne offers a free maternity program to PreferredOne members called The Healthy Mom & Baby Program. The program goal is to identify member’s who may be at risk for pregnancy complications. The program includes a 24/7 maternity nurse line, access to a maternity case manager, educational mailings and e-mails. Members may self refer into the program by calling 1-866-721-2229

### **Affirmative Statement About Incentives**

PreferredOne does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization. Utilization management decision making is based only on appropriateness of care and service and existence of coverage.





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<b>Department of Origin:</b> Quality Management	<b>Approved by:</b> Quality Management Committee	<b>Date approved:</b> 6/4/08
<b>Department(s) Affected:</b> Quality Management, Network Management	<b>Effective Date:</b> 6/4/08	
<b>Procedure Description:</b> Clinical Practice Guidelines	<b>Replaces Effective Procedure Dated:</b> 4/10/08	
<b>Reference #:</b> QM/C003	<b>Page:</b>	1 of 3

## PRODUCT APPLICATION:

- PreferredOne Community Health Plan (PCHP)
- PreferredOne Administrative Services, Inc. (PAS)
- PreferredOne (PPO)
- PreferredOne Insurance Company (PIC)

## BACKGROUND:

PreferredOne sponsors the Institute for Clinical Systems Improvement (ICSI) and endorses all of their healthcare guidelines. Clinicians from ICSI member medical organizations survey scientific literature and draft health care guidelines based on the best available evidence. These guidelines are subjected to an intensive review process that involves physicians and other health care professionals from ICSI member organizations before they are made available for general use. More than 50 guidelines for the prevention or treatment of specific health conditions have been developed and are updated annually.

Behavioral Healthcare Providers (BHP), a delegated entity of PreferredOne, has also developed and adopted several behavioral health clinical guidelines that PreferredOne approves in their annual work plan each year.

PreferredOne adopts the guidelines listed below for distribution in the contracted networks and performance measurement.

## PROCEDURE:

- I. PreferredOne adopts the following guidelines and supports implementation within its provider network:
  - A. ICSI Guidelines
    1. Coronary Artery Disease, Stable
    2. Asthma, Diagnosis and Outpatient Management of
  - B. BHP Guidelines
    1. Assessment Guideline for Depression
    2. Guideline for ADHD/ADD Assessment and Treatment
- II. Distribution and Update of Guidelines
  - A. ICSI Guidelines
    1. PreferredOne's adopted guidelines are distributed via the provider newsletter to the contracted network and posted on the PreferredOne Web site. Adopted guidelines are always available upon request.
    2. Guidelines are reviewed approximately every 18 months following publication to reevaluate scientific literature and to incorporate suggestions provided by medical groups who are members of ICSI. The ICSI workgroup revises the guideline to incorporate the improvements needed to ensure the best possible quality of care. When guidelines are revised PreferredOne will send out the updated guideline(s) to all practitioners via the provider newsletter.
    3. On an annual basis, practitioners are notified that all guidelines are available at [www.icsi.org](http://www.icsi.org)
  - B. BHP Guidelines
    1. BHP distributes their guidelines via their BHP annual newsletter, they include them in a mailing with initial contract, BHP Web site and they are also sent with audit request letters and results (for those who do not meet the standards specified in the guidelines)

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2. Guidelines are reviewed annually by BHP's Quality Improvement Committee in conjunction with the chart audit results.

III. Performance Measurement - baseline assessment conducted in fall of 2007, first network assessment report available in June 2008. Annual assessment to be conducted on an ongoing basis.

A. The ICSI guidelines provide the basis for measurement and monitoring of clinical indicators and quality improvement initiatives. The annual measures that will be used to assess performance for each clinical guideline adopted are as follows:

1. Coronary Artery Disease

a.

Optimal Vascular Care Measure (Minnesota Community Measurement measure)

This measure examines the percentage of patients, ages 18-75, with coronary artery disease who reached all of the following four treatment goals to reduce cardiovascular risk:

- Blood pressure less than 140/90 mmHg
- LDL-C less than 100 mg/dl
- Daily aspirin use
- Documented tobacco-free status

b. Cholesterol management after acute cardiovascular event (HEDIS technical specifications)

2. Asthma, Diagnosis and Outpatient Management of

a. Percentage of patients with persistent asthma who are on inhaled corticosteroid medication (HEDIS technical specifications)

b. Peak flow meter use (Disease Management vendor measure)

B. BHP Guidelines

1. Assessment Guideline for Depression

a. Percent of comprehensive assessments from a sample population of practitioners treating members with depression (BHP Specifications and Measurement)

b. Evidence of a medical evaluation (BHP Specifications and Measurement)

2. Guideline for ADHD/ADD Assessment and Treatment

a. Percent of comprehensive assessments based on community criteria and improvement in children and adolescents with this diagnosis (BHP Specifications and Measurement)

b. Evidence of a medical evaluation (BHP Specifications and Measurement)

IV. PreferredOne's disease management vendor, LifeMasters has adopted the two ICSI's practice guidelines as the clinical basis for its disease management programs and will ensure program materials are consistent with the practice guidelines.

## ATTACHMENTS:

ICSI Program Description

## REFERENCES:

2008 NCQA MCO Standards and Guidelines

- QI 9 Clinical Practice Guidelines
- QI 8 Disease Management

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## DOCUMENT HISTORY:

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