

Select Health of South Carolina Progress Notes



Inside this Issue:

2 Changes to HIPAA
Focusing on Quality
Languages Spoken
by Members

3 ACE Inhibitors
Provider Survey
Updates

4 Provider Updates

Summer 2010

 **Select Health**
of South Carolina, Inc.
An AmeriHealth Mercy Company



CMO Update

Working to Improve Maternal & Child Health

By Fred M. Volkman, M.D., FAAP

In 2006, 15.4 percent of live births were born preterm in South Carolina and between 1996 and 2006; the rate of

infants born preterm increased more than 25 percent.

About 8 percent of live births were born to women receiving late or no prenatal care in South Carolina. The annual societal impact on medical, educational and lost productivity associated with preterm births in the United States is well over \$26.2 billion. **South Carolina's statistics on maternal child health are some of the worst in the country.**

Unlike other high risk or chronic conditions, the timeline for impacting a pregnancy is brief. In an effort to improve the health of this vulnerable and high risk population, Select Health created a maternal child

program, Healthy Moms and Babies. With almost 800 births each month, this program is designed to mitigate or prevent preterm birth and adverse outcomes. When there is a NICU admission, we manage that admission from the physician and member perspective.

Our 18 nurses and support staff have either hospital OB experience, NICU or both. On the high risk maternity side, physician support is provided by the Medical University of South Carolina's Maternal Fetal Medicine Department. As a board certified pediatrician, I support our NICU dedicated nurses.

Our program is a unique integrated services model. We identify high risk pregnancies, work in conjunction with practices to educate the moms about the most appropriate care, facilitate access to that care, perform case management as needed and then provide hospital to home support for our NICU graduates.

Source: *March of Dimes*

Maternal Child Program Highlights:

- Our nurses will call members daily to monthly, depending on needs.
- They encourage blood sugar checks according to physician orders and stress the importance of keeping appointments.
- We will send blood pressure machines and scales, if needed.
- Co-pays are waived on any pregnancy related medications.
- We were the first plan in South Carolina to offer 17 hydroxyprogesterone (17P), which has been proven to impact certain preterm births.
- We partner with Alere for home health services for patients on bed rest or who live long distance from an office.
- Breast pumps are sent to new moms, upon request.
- Our effort and success has been acknowledged by the March of Dimes.

Although South Carolina has one of the highest premature rates in the country, Select Health's maternal child program is an example of the value we bring to the Medicaid population of our state. ■

New NaviNet Feature: Clinical Summary Reports

We are pleased to implement our exclusive Member Clinical Summary Report through our online NaviNet Provider portal.

This new tool allows you to capture and share the most relevant demographic and clinical facts about the healthcare of a First Choice or First Choice Kids member. This report comes in a user-friendly format (PDF or Continuity of Care Document (CCD)) that is timely, accurate and complete.

The Member Clinical Summary Report returns: demographic information, medications, chronic conditions, gaps in care, ER visits, inpatient admissions and office visits.

The valuable information returned in these reports represents a tremendous opportunity for improving both quality and continuity of care. For more information, contact your Contract Management Representative.

Case Management

Select Health's case management programs could benefit your First Choice or First Choice Kids patients. Our programs include:

Intensive Case Management – Our nurses work one-on-one with members who have complex medical issues.

Healthy Moms and Babies – This program is designed to improve health outcomes of our prenatal members and their babies.

Disease Management programs: Breathe Easy (asthma management), **In Control** (diabetes management), **Living Well** (heart failure management), **Sickle Cell, Emergency Room** and **Rapid Response** (short-term needs).

If you have members that would benefit from one of our case management programs, please call 1.888.559.1010, ext. 55251. ■

Changes to HIPAA

The American Recovery and Reinvestment Act of 2009 (ARRA), which was signed into law on February 17, 2009, makes a number of modifications to HIPAA that affect how health plans and healthcare providers can use and disclose member/patient protected health information (PHI).

The portion of ARRA known as the Health Information Technology for Economic and Clinical Health Act expands and strengthens the current HIPAA privacy and security protections, especially as health information is transferred electronically. ARRA amends HIPAA to protect health information with the following key provisions:

- Creates new notification duties in the event of a breach of unsecured PHI.
- Requires an accounting of disclosures made through an electronic health record (EHR).
- Allows individuals to request non-disclosure of health care services that have been paid out-of-pocket in full.

- Strengthens the level of individual control over information contained in an EHR.
- Expands the definition of a business associate (BA) and applies HIPAA rules directly to BAs and other non-HIPAA covered entities.
- Imposes restrictions on certain marketing, fundraising and the sale of PHI.
- Increases civil monetary penalties for HIPAA violations and adds new enforcement provisions.

The majority of the privacy provisions became effective on February 17, 2010. However, the Secretary of the Department of Health and Human Services, as well as other relevant agencies, will be providing guidance through the regulatory rule-making process on the expanded privacy and security requirements.

For more information, visit the American Medical Association website at www.ama-assn.org to view or download new provisions to the HIPAA Privacy Regulations. ■

Languages Spoken by Members



Here are the top 10 languages (other than English) spoken by First Choice and First Choice Kids members:

1. Spanish
2. Russian
3. Chinese
4. Yiddish
5. Portuguese
6. Vietnamese
7. Haitian
8. Samoan
9. Arabic
10. Ukrainian

Select Health is witnessing an increase among limited English proficiency (LEP) members. Is your practice equipped to meet their cultural and linguistic needs? As with any patient, it is important to take the time to understand their unique cultural needs and preferences—especially when it relates to beliefs around health and illness. This can prevent unnecessary medical mistakes and help a patient to become more compliant with a prescribed treatment plan.

If the member requests language assistance and you do not have a certified interpreter on staff, don't forget to call us for free telephonic interpretation services. You can access an interpreter in over 170 different languages by calling Member Services at 888.276.2020. For access after hours, please contact the Nurse Help Line at 800.304.5436.

For more information, please contact Cultural Competency Coordinator Jill Lemay at jillian.lemay@selecthealthofsc.com. ■



Focusing on Quality

Select Health of South Carolina has successfully maintained a Quality Improvement program since 1997. This program uses continuous quality improvement processes to monitor and evaluate the healthcare services used by our members.

Every year, we set goals to improve member health outcomes and services and conduct activities to meet the goals. It is our philosophy that the delivery of quality of care and services is the foundation to achieve desired health outcomes and provides the most efficient use of health resources.

The Quality Improvement Summary is an annual assessment of the effectiveness of the Quality Improvement program. We look at all aspects of the quality program including clinical and service quality studies. The evaluation includes recommendations for improvement for the following year and identifies resources needed to accomplish the proposed goals and objectives.

To review Select Health's 2010 Quality Improvement Program and the 2009 Summary, please log in to NaviNet from the the Provider section of the Select Health website. ■

It's On Our Website

Make sure to check out the Provider section of our website to find information and documents like member rights and responsibilities, medical records review standards, authorization forms and much more!

Also from our website, you can sign up or log in to NaviNet to access eligibility and claims status verifications as well as clinical alerts for First Choice and First Choice Kids members.

www.selecthealthofsc.com/firstchoice

ACE Inhibitors Reduce Mortality in Systolic Heart Failure

By William D. Burnham, M.D., F.A.A.F.P.
Medical Director, Select Health of South Carolina

The five-year mortality rate for systolic heart failure was 60 percent in 1950 and did not change for the next 40 years. Common knowledge in the 1980s held that angiotensin-converting enzyme (ACE) inhibitors had no role in the management of systolic dysfunction.

Now, of course, ACE inhibitors are the standard of care in systolic heart failure and, as a result, the mortality rate has dropped 50 percent. And yet, we have not accomplished all that should be possible. In the Institute of Medicine Report on Quality, published in the New England Journal of Medicine in 2003,

more than one-third of systolic heart failure patients were not taking ACE inhibitors.¹

ACE inhibitors modify cardiac remodeling, alleviate symptoms, enhance overall well-being and reduce the risk of death and hospitalization. The American College of Cardiology, in conjunction with the American Heart Association, recommends ACE inhibitors for all systolic heart failure patients that do not have contraindications.²

Increasing compliance sounds easy, but the devil is in the details. Hospitals have employed discharge “care maps” that require the prescription of an ACE inhibitor before discharge occurs. Office charting systems should include medication prompts based on diagnosis.

Case managers at Select Health take the effort one step further by examining the pharmacy records of heart failure patients to identify members who are not on ACE inhibitors. When these members are identified, our case managers reach out to the member and their primary care provider.

We are committed to improving the health of our heart failure patients. An essential part of this effort is ensuring that every systolic heart failure patient is taking an ACE inhibitor. ■

Sources:

1. NEJM 2003; 328(26):2635-45
2. <http://circ.ahajournals.org/cgi/content/full/112/12/e154>

Provider Survey Results

Each year, we survey our practitioner community to assess our strengths and opportunities in a variety of areas including overall provider satisfaction, claims reimbursement process, utilization management and provider relations representatives.

We are pleased to report that nine out of 10 network providers indicated they were “very satisfied” or “satisfied” with Select Health—a consistent response year after year. Here is a summary of some of the results:

- **Overall Provider Satisfaction:** Overall, 92.4% of respondents reported that they were very satisfied or satisfied with Select Health. The vendor national average for overall satisfaction is 87.8%.
- **Claims Reimbursement Process:** Overall, 90.3% of respondents replied they were very satisfied or satisfied with the claims reimbursement process. These components included ease of claims submission process, accuracy of claim payments, timeliness of claims payment, claims customer service knowledge and timeliness of telephone response to our customer service line. Select Health continues to focus on even greater results by expanding and improving our claims reimbursement process to include electronic funds transfers and self-service options.
- **Utilization Management (UM):** The UM process continues to excel with an overall satisfaction rate of 89.1%. This compares to a national average of 86.7% and includes rating elements such as ease of the referral and pre-authorization submission process and timeliness of UM decisions.

• **Provider Relations Representatives:** The 2009 survey shows overall satisfaction at 91.8% of respondents. This compares to a vendor national average of 88.7%. Components of this category are accessibility, knowledge, timeliness of response and problem resolution. Primary care providers assessed provider reps at a slightly higher rate (95.5%) than specialists (88.8%).

The information received from this survey allows us to develop and improve internal business processes to better meet your needs and expectations. Results from the survey are reviewed internally by the Quality Improvement Department and those departments evaluated in the survey. In a collaborative effort, a listing of identified opportunities and planned actions are developed and presented to the plan’s Total Quality Committee. A number of the identified opportunities include:

- Increasing accessibility of Select Health’s Medical Directors.
- Improving knowledge and skill sets of Member Services representatives.
- Identifying ways to improve the process of submitting pre-authorization requests.
- Enhancing provider education about policy and process updates and benefit changes through provider site visits, workshops, newsletters and our website.
- Improving response timeliness of the plan’s Provider Relations representative with network providers.

We look forward to next year’s survey to ascertain if these interventions met the needs of our provider community. As always, we welcome your input on offering superior customer service. ■

	2009 Select Health Results	2008 Select Health Results	2009 Vendor Average
Overall Provider Satisfaction	92.4 percent	96.7 percent	87.8 percent
Claims Reimbursement	90.3 percent	92.0 percent	88.2 percent
Utilization Management	89.1 percent	89.7 percent	86.7 percent
Provider Relations Representatives	91.8 percent	94.1 percent	88.7 percent

Select Health uses an outside vendor to conduct this survey with the plan’s providers to determine their satisfaction with Select Health’s services. The survey vendor uses a three-step methodology consisting of a questionnaire sent in two phases and then a telephone follow-up call for those providers who have not responded. A total of 1032 practices were surveyed with a response rate of 365 surveys returned or 35.4 percent.

Provider Updates

Lab Services



Select Health entered into an exclusive arrangement with the Laboratory Corporation of America (LabCorp) on June 1, 2010, for all referral lab services. All outpatient or office based laboratory services should now be referred to LabCorp for First Choice and First Choice Kids members. **Hospital-based laboratory services are not affected by this change.**

Recognized for its innovation, quality and customer convenience, LabCorp delivers timely, accurate results for improved patient care. With scientific expertise in esoteric testing, genomics and clinical and anatomic pathology, LabCorp performs more than one million tests on about 400,000 samples each day.

LabCorp's operations in South Carolina consist of four branch operations in Charleston, Florence, Columbia and Greenville. These locations provide courier service for the entire state of South

Carolina and offer STAT/same day testing. LabCorp also has 28 strategically

placed patient service centers (PSCs).

In addition, to meet Select Health's provider needs, LabCorp offers multiple connectivity solutions. Physician offices have the ability to order tests and receive results in several ways. LabCorp has the capability to connect to many patient health records allowing physicians to send test results to patients after physician review.

Vision Benefit

As of April 1, 2010, Select Health began covering Medicaid covered vision services previously reimbursed by Medicaid. Submit general ophthalmological evaluations, refractions and other covered vision services to the general Select Health claims address.

First Choice members have access to ophthalmologists and optometrists through our contracted vendor Vision Care Group. If you are not contracted with Select Health or Vision Care Group, please call Vision Care Group directly at 888.579.2273. If you are already

contracted to see First Choice and First Choice Kids members, you do not have to do anything. More information is available in the South Carolina Department of Health and Human Services' Physician Manual, Section 2, pages 134-156.

Facility Billing For Observation Services

Observation services must be billed with Revenue Code 762 or 769. These services should be billed with one unit/day for every 24 hours. These codes **do not** multiply.

The observation period begins when the attending physician formally admits the patient to observation status. When the observation stay must span two calendar days to equal 24 hours, observation should only be billed for one day. If more than one day is involved, make sure to include the date ranges. Observation services related to and within 72 hours of an admission are considered inpatient services and are included in the inpatient DRG payment. Do not substitute outpatient observation services for medically appropriate inpatient admissions. ■

To report suspected fraud and abuse, please contact the Corporate and Financial Investigations Unit Fraud Hotline at 866.833.9718 or the SCDHHS Fraud and Abuse Hotline at 888.364.3224.

Provider Services Contact Information	
Toll free	800.741.6605
Charleston	843.569.1759
Fax	843.569.0702
Website	www.selecthealthofsc.com
Director, Network Management: Peggy Vickery	
Director, Provider Relations: Phillip Fairchild	
Contract Management Representatives	
Lowcountry	Lisa Hart 843.569.4614
Peedee	Paige Watford 843.933.0276
Midlands	Kay Steele 803.348.5792
Upstate	Pam Peterman 864.238.2041
Upstate	Terri Woodrome 864.787.8001

PO Box 40849 | Charleston, SC | 29423-0849



Presort Standard
US Postage
PAID
Charleston, SC
Permit No 1057