

# Select Health of South Carolina Progress Notes



## Inside this Issue:

2 Steps to Prepare for HIPAA 5010 Preventive Health Guidelines PDL Updates

Fall 2011

3 Answering Your Fraud and Abuse Questions

4 Coding Corner Progress eNotes: Sign Up Now!



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



## CMO Update

Helping You Identify Gaps in Care  
By Fred M. Volkman, M.D., FAAP

Select Health wants to help put information in your hands at the point of care.

By using NaviNet, we can

help you identify recommended services for your First Choice members before they come in for a visit. Linking the clinical information delivery to a routine office function alerts you to gaps in recommended care at a time when you can take action with a patient.

For example, when you check a First Choice patient's eligibility through NaviNet, the system not only checks eligibility but also determines if there is an unmet care need, such as an overdue mammogram. You can then print out the care gap information and put it into the patient's chart for discussion and scheduling during the next office visit.

To encourage our primary care practitioners to take advantage of this feature, **Select Health is providing an innovative payment reimbursement campaign.** The Care Gap Bonus Campaign is an opportunity for primary care practices to earn bonus payments when Care Gap Alerts are reviewed through NaviNet.

Here are the campaign details:

- Review Care Gap Alerts to receive additional compensation.
- For each Care Gap Alert that is reviewed, Select Health will pay \$10.
- This campaign will run throughout October and November 2011.

We believe that the valuable information in these alerts represents a tremendous opportunity for improving both quality and continuity of patient care. If you have any questions or feedback about this NaviNet feature or the campaign, please contact your Select Health Contract Management Representative. ■



## Provider Cultural Assessment

As a company focused on coordinating care for our community's most vulnerable citizens, Select Health of South Carolina has an uncommon appreciation for the need to provide culturally and linguistically appropriate services to our members. As part of that commitment, we are assessing our provider network's ability to deliver culturally appropriate care to our First Choice members, and we need your help with this initiative.

The assessment tool was adapted from the National Health Law Program's Language Access Questionnaire for Managed Care Contractors that Receive Federal Funding. It is designed to gather linguistic information from our provider network including the languages spoken by the practitioner and office staff, language services offered through the practice, and the general description of population groups served by the practice office.

The assessment tool can be found on our website at [www.selecthealthofsc.com/first-choice/provider/index.aspx](http://www.selecthealthofsc.com/first-choice/provider/index.aspx) under News and Information. You can also download a copy of the assessment tool from NaviNet. Please send the completed assessment to Jill Lemay, senior cultural competency coordinator, via fax at 843.569.7228 or e-mail at [jillian.lemay@selecthealthofsc.com](mailto:jillian.lemay@selecthealthofsc.com).

Thank you in advance for your participation in this important project! ■



CLAS  
Promoting Cultural Access to Healthcare



## Preventive Health Guidelines

Select Health makes every effort to keep you informed of the plan's Preventive Guidelines as they are updated. The Quality of Clinical Care Committee reviews and approves the guidelines every two years or as updates become available.

The Preventive Health Guidelines represent current professional standards and recommendations. Our First Choice website offers a providers section to include updated preventive guidelines for adults and children. To view the guidelines, visit [www.selecthealthofsc.com/firstchoice](http://www.selecthealthofsc.com/firstchoice), and click on the Provider tab. The guidelines are listed under Clinical Information.

If you do not have internet access and would like a copy of the guidelines, please contact your local Contract Management Representative. ■

## Steps to Prepare for HIPAA 5010

### 1. Initial Actions

Contact your software vendor(s)

- Does your license include regulation updates?
- Will the upgrade include the 999 and 277CA?
- Will the upgrade include a "readable" error report produced from the 999 and 277CA transactions?
- Purchase relevant transaction Implementation Guides (i.e., TR3s).

### 2. System Analysis

- Evaluate the impact to your practice and begin planning for training and transition.
- Consider the impact this may have

on patient registration, billing, appointment scheduling, claims reconciliation, etc.

### 3. Testing

(Jan. 1, 2011 through Dec. 31, 2011)

- Direct submitters should contact the Medicare Administrative Contractor (MAC) Help Desk to coordinate testing procedures.
- All others should contact your respective third party vendors for their testing process.

### 4. Production

(Must be compliant on Jan. 1, 2012)

- Contact your vendor(s) to ensure that each vendor product has been approved for production.

### Implementation Timeline

#### 2009

January 16: Final rule published  
March 17:

- Rule in effect
- Conduct internal analysis

#### 2010

January: Begin internal testing (Level I)

#### 2011

January:

- Begin testing with trading partners (Level II)

- Begin accepting new 5010/D.0 versions; 4010A1/5.1 continues

December: Complete partner testing and dual process

#### 2012

January 1:

- Cut-off date for 4010A1/5.1 transactions
- Full compliance

*The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

## PDL Updates

We've made some updates to our 2011 First Choice Preferred Drug List.

The following drugs have been added and now fill without prior authorization:

- Letrozole (generic Femara) 2.5mg tablets
- Allegra allergy (new over-the-counter version of Allegra)
- Lipitor 40mg tablets

The following drugs have been removed from our Preferred Drug List and now require prior authorization:

- Simvastatin 80mg tablets
- Tekturna
- Tekturna HCT ■



# Answering Your Fraud and Abuse Questions

## What is Fraud and Abuse?

Fraud is defined as an intentional deception or misrepresentation made by either a member, provider or associate with the knowledge that the deception could result in some unauthorized benefit to the member, provider, associate or some other person.

Abuse is defined as incidences or practices that are not consistent with accepted medical or business standards and result in unnecessary costs. Abuse can evolve into fraud.

## How Big is the Problem?

According to the South Carolina Attorney General's office, the FBI conservatively estimates that ten cents of each dollar spent on Medicaid each year is lost to fraud and South Carolina spends about \$2.7 billion each year on Medicaid, combining state and federal funds. It is estimated that the state loses about \$270 million to fraud each year.

## What are Some Examples of Fraud and Abuse?

*Member fraud could include:*

- Members loaning/selling use of ID cards to non-members
- Misrepresenting facts to obtain services
- Misuse of controlled drugs
- Using multiple ID cards
- Intentionally receiving duplicative, excessive or conflicting health care services or supplies
- Re-selling items provided by First Choice

*Provider fraud could include:*

- Billing for services never rendered
- Billing for more expensive services or procedures than were actually provided
- Performing services solely for the purpose of generating insurance payments
- Misrepresenting non-covered treatments as medically necessary covered treatments
- Unexplained sudden increase in a provider's billing and payment levels
- Larger volume of prescription drugs billed than expected for the medical condition
- Medical documentation does not support service billed and/or is inconsistent with the services billed

## How Can I Help?

As a provider, be aware of the "red flags" — the warning or sense that something just isn't right with a claim or even certain behaviors that you may experience. Being aware of potential

problems and the types of fraud and abuse makes you that much more equipped to recognize incidences of suspected fraud and abuse and that helps to safeguard the integrity and stability of our plan.

## Why Should I Report?

**It's the law!** State law requires you to report Medicaid fraud and abuse if you know or have a reasonable cause to believe that a violation has occurred.

Also, you are obligated to report Medicaid fraud and abuse in accordance with the Corporate Code of Conduct.

## How Do I Report It?

If you suspect that something isn't right, these numbers are available for reporting:

- Select Health Compliance Coordinator: **1.843.529.5212**
- Corporate and Financial Investigations Unit: **1.866.833.9718**
- Corporate Compliance Hotline: **1.800.575.0417**
- South Carolina Department of Health and Human Services Fraud and Abuse Hotline: **1.888.364.3224** ■



# Coding Corner

## Private Therapy Services

As of April 1, 2011, private therapy services are limited to a combined total of 75 visits (300 hours) per state fiscal year for physical, occupation and speech therapy.

- Evaluation services are not included in this total of allowable visits.
- There is no prior authorization required for evaluation codes or for the first 12 visits (48 units) of each therapy type (PT, OT, ST) per state fiscal year.
- All therapy services after the first 12 visits per therapy type, per state fiscal year, do require prior authorization.
- These limitations do not affect therapy services provided in the outpatient hospital setting.

## State Vaccine Program

All providers who have participated in the Vaccine Assurance for All Children (VAFAC) program should have received communications from the South Carolina Department of Health and Environmental Control (SC DHEC) about changes to this program.

A new enrollment is required to continue to participate in the new Vaccines for Children (VFC) program. We encourage you to enroll in this program and to continue to provide immunizations to children eligible to receive these vaccines.

To learn more about the VFC program, please visit the SC DHEC website at: [www.scdhec.gov/health/disease/immunization/vfc-enrollment.asp](http://www.scdhec.gov/health/disease/immunization/vfc-enrollment.asp). ■

## Sign Up Now!

Our free electronic message service will help you stay informed of important news and information.

To sign up, visit our website ([www.selecthealthofsc.com/firstchoice](http://www.selecthealthofsc.com/firstchoice)) and go to the Provider section. The link "Progress eNotes Subscription" is listed under Provider Communications.

Once you sign up, you will receive an e-mail confirming your subscription. Make sure to click on the link to verify your e-mail address, and then you will be added to the electronic mailing list. ■

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.

Upstate	Pam Peterman	864.238.2041
Midlands	Kaye Steele	803.348.5792
Pee Dee	Paige Watford	843.933.0276
Lowcountry	Lisa Hart	843.569.4614
Contract Management Representatives		
Director, Provider Relations: Phillip Fairchild		
Director, Network Management: Peggy Vickery		
Website	<a href="http://www.selecthealthofsc.com/firstchoice">www.selecthealthofsc.com/firstchoice</a>	
Fax	843.569.0702	
Charleston	843.569.1759	
Toll free	800.741.6605	
Provider Services Contact Information		

PO Box 40849 | Charleston, SC | 29423-0849