

# Select Health of South Carolina ProgressNotes



## Inside this Issue:

**2** Top Languages Spoken by Members  
NaviNet FAQs  
Medical Record Review Results

**3** Member Satisfaction Survey Results  
Measuring Quality

**4** HIPAA 5010  
Prescribing Antibiotics

Winter 2011

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



## CMO Update

### Expanding into Medicare Advantage

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

Select Health of South Carolina plans to enter the Medicare Advantage field in 2013. We are pleased to introduce this new plan that

will offer continuity of care for our members as they age.

We will be offering a Medicare Advantage Special Needs Plan (MA-SNP) for dual-eligible Medicare beneficiaries – people who are eligible for both Medicare and Medicaid benefits. We are gearing up for open enrollment next fall with our network recruiting efforts currently underway.

Once approved by the Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services, Select

Health will enter into an agreement with CMS to become a Plan Sponsor. Under this agreement, we will be responsible for providing or arranging for the provision of specified healthcare services (hospital, physician and other ancillary services) to certain dual-eligible Medicare beneficiaries who are enrolled in our MA-SNP.

We encourage your participation and support in our Medicare Advantage network. If you have any questions or need more information, please contact your contract management representative. ■



## New! Behavioral Health Services

First Choice by Select Health of South Carolina will begin covering behavioral health services (psychiatrists and licensed independent professional services) on April 1, 2012. For more information about prior authorization requirements, please visit our website, [www.selecthealthofsc.com](http://www.selecthealthofsc.com), after March 1, 2012.

If your practice provides any of these services, please contact your Select Health network management representative to review your contract for possible updates and appropriate credentialing requirements. For any other questions regarding contracting and credentialing, please call **1.800.741.6605, ext. 54659**, or **843.569.4659** (Charleston). For questions concerning authorizations, please call **1.888.559.1010**. Thank you.

## LAST ISSUE: *Make Sure You Keep Getting News*

As part of our “green” initiative, starting in 2012, we will no longer print the *Progress Notes* newsletter. We will send out information via Progress eNotes, our free electronic message service.

To stay informed of important news and information, please sign up now!

- Visit our website ([www.selecthealthofsc.com](http://www.selecthealthofsc.com)) and go to the Provider section. The “Progress eNotes Subscription” link 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.

If you have any questions, please contact [SHCorporateCom@selecthealthofsc.com](mailto:SHCorporateCom@selecthealthofsc.com). ■

 **Progress eNotes**  
Select Health of South Carolina

## Check Us Out On the Web

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

You can also sign up or log in to NaviNet to access eligibility and claims status verifications as well as clinical alerts for First Choice members.

[www.selecthealthofsc.com](http://www.selecthealthofsc.com)

# Top Languages Spoken by Members

Select Health serves limited English proficiency (LEP) members. Is your practice equipped to meet their cultural and linguistic needs?

It is important to take time to understand patients' unique cultural needs and preferences, especially when it comes to beliefs around health and illness. This can prevent unnecessary medical errors and help patients become more compliant with their prescribed treatment plans.

If a First Choice member requests language assistance and you do not have a certified interpreter on staff, please call us to receive free telephonic interpretation services. This service is free for our providers and members.

You can access an interpreter in more than 200 languages by calling Member Ser-

vices at **1.888.276.2020**. For after-hours access, please call the Nurse Help Line at **1.888.559.1010**. For more information, please contact Jill Lemay, senior cultural competency coordinator, at [jillian.lemay@selecthealthofsc.com](mailto:jillian.lemay@selecthealthofsc.com). ■

## Top 10 Languages Spoken by First Choice Members (other than English)

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



# Medical Record Review Results

Select Health annually measures compliance with organizational standards for medical record review. This monitoring ensures the quality, consistency, organization and standardization of filing and documentation of members' medical information in the primary care practitioner's office.

The 2011 overall results for medical record review were 98.86 percent. Our goal is to ensure that 90 percent of the records reviewed from each provider's office are in compliance with the plan's policy for medical record documentation standards. These standards are available through our website ([www.selecthealthofsc.com](http://www.selecthealthofsc.com)) and in our Provider Manual.

We are pleased to exceed our goal of 90 percent; however, opportunities for improve-

ment were identified in the following areas:

- Results of all diagnostic and laboratory reports are documented in the medical record. All diagnostic/laboratory reports should be initialed/signed and dated by the practitioner. This standard was also identified in last year's report as an opportunity for improvement.
- For patients 12 years and older, there is appropriate notation in the medical record concerning the use of cigarettes, alcohol and substances.

Select Health will continue to provide education and awareness about the standards for medical record documentation to ensure complete and consistent documentation. ■

## NaviNet FAQs

- 1. How do I get set up in NaviNet?**  
Go to [www.navinete.net](http://www.navinete.net) and click on "sign up now." Make sure to complete all information requested.
- 2. How long will it take to get access to NaviNet?** It may take five to seven business days to process your request.
- 3. How can I get access to information in the meantime?** Call Member Services at 1.888.276.2020 to check eligibility.
- 4. I have access to NaviNet, but I don't see Select Health in my list of plans.** Go to <https://enroll.navimedix.com/enrollment/shared/office-search> to request access to Select Health information.
- 5. Others in my office have access to NaviNet, but I don't. How do I get set up?** Each office has a designated NaviNet security administrator. This person can give you access.
- 6. I have a NaviNet account, but I can't remember my ID or password. How do I get help?** Your NaviNet security administrator can help you identify your ID and reset your password. If you do not know the name of your NaviNet security administrator, ask another NaviNet user in your office to look under "My Profile" to see the name of your security administrator.
- 7. Does NaviNet have the same capabilities as the plan's secure website?** Yes. Eligibility and claim status information is provided in real-time. In fact, new features have been added to NaviNet that exceed the plan's web capabilities.
- 8. I am having problems registering. Is there a customer service line that I can call for help?** The NaviNet Customer Care line is **1.888.482.8057**.

Remember, you must be enrolled in NaviNet to access eligibility and claims status along with the enhanced features of clinical care gaps alerts and member clinical summary reports. ■

# Member Satisfaction Survey Results

Each year, Select Health contracts with a certified vendor to conduct our member satisfaction survey. The vendor is certified with the National Committee for Quality Assurance (NCQA) and is required to utilize the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey. CAHPS is a standard survey used by managed care organizations and health plans nationwide to allow for benchmarking and year-to-year comparisons.

The overall objective of CAHPS is to capture accurate and complete information related to the members' perception of their experiences with the First Choice health plan and its network of providers. The survey gives members an opportunity to rate their overall satisfaction with the health plan, their healthcare, network providers as well as provider communication.

The vendor sends the final CAHPS survey report to Select Health as well as NCQA for determining the plan's annual accreditation status and ranking. We also use the final survey results to identify opportunities and interventions focused on those service areas with a demonstrated need for improvement.

Results from the plan's 2011 CAHPS Medicaid Child Survey are listed in the graph to the right along with NCQA's Quality Compass Mean. ■

CAHPS Medicaid Child Category	2011 Select Health CAHPS Results	2011 CAHPS Quality Compass Mean
Rating of Health Plan	84.4%	82.1%
Customer Service	83.9%	81.1%
Rating of Healthcare	84.7%	81.5%
Rating of Personal Doctor	86.6%	85.0%
Doctor Communication	93.2%	91.6%
Getting Needed Care	80.0%	79.3%
Getting Care Quickly	90.6%	87.2%

## Measuring Quality

Making sure our members get care, stay well and build healthy communities is our mission. To help ensure our members are receiving the right healthcare, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) each year. HEDIS® uses claims data to look at child and teen well visits, mammograms, Pap smears, diabetes testing, medication use by people with asthma, prenatal and postpartum visits and more.

Medicaid plans all around the country enter the results from HEDIS® into the Quality Compass (QC) database for comparison. Highlights from our 2011 HEDIS® results are listed in the chart to the right. To compare First Choice HEDIS® results with other Medicaid plans, we have included the results from the QC national database. ■



▲ Hybrid reporting (medical record review and claim data) was utilized for these measures.

HEDIS® Measure	Select Health HEDIS® 2010	Select Health HEDIS® 2011	HEDIS® 2010 Medicaid QC Mean
<b>Comprehensive Diabetes ▲</b>			
HbA1c Testing	80.78%	83.33%	80.61%
HbA1c Poor Control <i>(results &gt;9)</i> <i>Lower rates indicate better care</i>	57.65%	47.13%	44.83%
LDL Screening	70.15%	72.61%	74.22%
LDL Control <i>(results &lt;100)</i>	20.71%	28.16%	33.55%
Screening for Nephropathy	76.87%	78.93%	76.93%
Diabetes retinal eye exam	55.22%	61.69%	52.65%
<b>Asthma Use of Appropriate Medications</b>			
Ages 5-11	93.13%	90.99%	91.77%
Ages 12-50	91.83%	84.24%	85.97%
<b>Prenatal/Postpartum ▲</b>			
Timeliness of Prenatal Care	90.04%	91.13%	83.33%
Frequency of Ongoing Prenatal Care <i>&gt; 81% of expected visits</i>	66.46%	70.10%	61.54%
Frequency of Postpartum Care	69.03%	71.62%	64.08%
<b>Well-Child Visits</b>			
First 15 months: 6 or more visits	56.62%	56.42%	59.30%
Ages 3-6	62.49%	66.03%	71.62%
Adolescents	36.24%	40.62%	47.64%
<b>Appropriate Testing for Children With Pharyngitis</b>			
Ages 2-18	67.83%	71.69%	62.19%
<b>Cervical Cancer Screening ▲</b>			
Women 21-64	60.4%	70.86%	65.66%
<b>Chlamydia Screening</b>			
Women ages 16-24	49.95%	57.13%	56.75%
<b>Childhood Immunizations Status ▲</b>			
Combination 2	61.81%	75.06%	74.20%

# HIPAA 5010: Changes You Can Implement Now

The implementation of HIPAA 5010 provides a number of technical and data reporting changes that will impact all healthcare entities.

These changes may require you to collect additional data or report data in a different format. Some can be implemented now in the 4010 version. Here are some changes you should consider making today:

Data Element	Change Description	Action
Rendering and Attending Provider Tax ID	The Rendering and Attending provider tax ID qualifiers (both Employer Identification Number and Social Security Number) have been removed from 5010. Tax Identification numbers may only be submitted for the Billing Provider. When the Rendering and Attending Provider is eligible for an NPI, the only primary number allowed in 5010 is the NPI.	Assess if you can discontinue sending this data element today.
Billing Provider Address	Billing address must be a physical address (street number and name) not a PO or lock box.	Work with your PMS/EDI vendor to ensure the appropriate address is being sent in to correct location. Eliminate use of PO or lock box; these should be used only for the PAY-TO location.
Billing Provider and Service Location Zip Codes	9 digit zip codes will be required when submitting zips codes anywhere on a claim.	Start submitting the full 9 digit numbers. The best way to determine the 4-digit extension to your standard ZIP code is by contacting the United States Postal Service.

**Note:** Please check your practice management software (PMS) or hospital information system vendor and contact your trading partners to ensure that you successfully test these changes prior to making them to ensure no disruption to claims adjudication.

## Prescribing Antibiotics

We are in the midst of cold and flu season. Your office is probably seeing people who expect treatment for cough, fever, sinus congestion symptoms. Many of them have already self-medicated with over-the-counter cold remedies but will continue to experience symptoms, including difficulties related to breathing, sleeping and keeping up with their daily activities. Sooner or later they will come in to your office for a “magic bullet” and expect a prescription for an antibiotic. Does this sound familiar?

It is estimated that more than half of all antibiotics prescribed for acute respiratory infections (ARI) are unnecessary since these infections are most likely to be viral and therefore not treatable with antibiotics (JAAPA, *Werner and Deasy, 4/01/2009*). Upper respiratory infections, including pharyngitis and bronchitis, are most often the result of a viral infection with symptoms that typically resolve gradually over one to two weeks. Appropriate testing to determine if an illness requires an antibiotic can be done in the physician’s office. Only a small percentage of respiratory infections develop into a more serious illness such as pneumonia or a bacterial sinusitis.

Select Health has taken an active role in educating members about antibiotic usage. Our nurses are providing members with information on the difference between viral and bacterial infections and when an antibiotic is needed. We are also explaining the importance of not taking an antibiotic when it’s not needed.

In addition, we are supporting the CDC’s program, “Get Smart: Know When Antibiotics Work.” It provides education for both consumers and providers on antibiotic resistance and the importance of appropriate antibiotic use. Visit the CDC website ([www.cdc.gov/getsmart](http://www.cdc.gov/getsmart)) for free Get Smart education materials.

To report suspected fraud and abuse, please contact the Corporate and Financial Investigations Unit Fraud Hotline at 1.866.833.9718 or the SCDHHS Fraud and Abuse Hotline at 1.888.364.3224.

Lowcountry	Alishia Gibson	843.569.4858
Upstate	Joyce Mahon	864.787.0056
Upstate	Pam Peterman	864.238.2041
Midlands	Kaye Steele	803.348.5792
Fee Dee	Paige Watford	843.933.0276
Contract Management Representatives		
Director, Provider Relations: Phillip Fairchild		
Director, Network Management: Peggy Vickers		
Website	<a href="http://www.selecthealthofsc.com">www.selecthealthofsc.com</a>	
Fax	1.843.569.0702	
Charleston	1.843.569.1759	
Toll free	1.800.741.6605	
Provider Services Contact Information		

PO Box 40849 | Charleston, SC | 29423-0849

