

News and updates from Community Health Plan to network providers

IN THIS ISSUE ...

Timely filing inquires.....	2
Using Modifier -50	2
MyCHP Service.....	2
Claims Corner.....	2
Statins and beta-blockers...	2
April is Cancer Control Month	3
Customer Service.....	3
Alcohol Awareness	3
Benefit Summaries.....	4

Prior Authorization Tips

All medical information given by providers is reviewed by our Care Management staff nurses. Physician approved evidence-based medical guidelines are used to approve all medical services that require prior authorization. If guidelines are not available or applicable to the information given by the provider then the information received is discussed with the Medical Director for an approval determination. Providers are often contacted to obtain additional information in an attempt to get all of the information applicable for the certification of services.

Tips for stress-free prior authorizations: Provide full information about the patient needing services: name, birthday, member number, provider requesting, contact persons name with office phone number and fax number along with date of service and place of service. Always use the most current Prior Authorization Form available on our website at www.mychp.com.

If the test is urgent or to be done within 24 hours, please call the Prior Authorization Department at (816) 271-4019 or (800) 990-9247.

Provide complete information about the reason the test is being requested. Office notes related to the problem and past tests related to the problem are very helpful.

Information about medications used to treat the problem and treatment by other ancillary providers is helpful in meeting medical guideline criteria.

If the test is not needed urgently, it is best to give at least 24 to 48 hours for your request to be completed. Providers are notified by phone or fax that their request has been approved. For tests that are not approved the provider will be given a phone call about the denial of services requested with a reason why the service was not approved.

Requests for Scheduled Inpatient Services: Provide information about member name, ID number, date of birth, Doctor requesting hospitalization, diagnosis with ICD9 code and scheduled date to be admitted along with place of service.

Surgical prior authorizations require information about history of the disease with past medical treatment provided, testing related to the problem, the surgery or procedures to be done along with specific CPT codes.

Medical Information provided will be assigned to a related physician approved evidence-based guideline for a specific initial length of stay. All extension of inpatient days is based on medical necessity.

Prenatal and Postpartum Care Guidelines

Women who receive prenatal care during their first trimester have improved pregnancy outcomes. Prenatal visits identify mothers who are at risk of preterm birth or of having low birth weight infants. The initial pregnancy visit(s) should include an evaluation of maternal and fetal health risks. Community Health Plan also recommends that women have at least one visit three to six weeks post delivery to

evaluate the mother's physical and emotional health status and to answer the questions that may follow childbirth.

To access the Community Health Plan Prenatal Guidelines, visit MyCHP.com, click on Providers then select the Provider Reference Manual, then choose Best Practice and Standards of Care (Section VII) from either the HMO or PPO manual.

Network News is published by Community Health Plan to provide network health care providers with current information regarding administrative changes, program updates and other health plan news.

To change your address or suggest an article for future Network News editions, please contact:

Client Services
Community Health Plan
137 N. Belt Hwy.
St. Joseph, MO 64506
(816) 271-1247 or (800) 990-9247



COMMUNITY
HEALTH PLAN
www.mychp.com

Timely filing inquiries

Community Health Plan's contractual filing limit is 120 days from the date of service. If a provider encounters extenuating circumstances (e.g., software or clearinghouse issues, member negligence, etc.) that result in a timely filing denial, the provider may request an inquiry for reconsideration of the claim(s). Complete documentation of the circumstances are to be submitted with copies of the claim(s) and a brief written statement explaining the situation. Requests submitted without the necessary documentation will not be reviewed.

If it is an issue regarding member negligence, a copy of the provider's procedure for contacting the member to obtain current information along with documentation of the attempts made via phone or mail is also required. Claims that are one year past the date of service are not eligible for review. The outcome of a filing limit inquiry is at the sole discretion of Community Health Plan.

Please send all filing limit inquiries to Community Health Plan in care of Scott Smith, Provider Relations.

Using Modifier -50

Bilateral (additional) procedures performed at the same operative session should be identified on the claim form by reporting modifier -50 with the appropriate code. The first procedure code is listed on the claim form without the modifier. The second procedure code is listed on the claim form with the modifier -50 appended. LT (left) and RT (right) are also acceptable for use in distinguishing between bilateral procedures on the claim form and would be listed with their respective codes.

The modifier -50 is often misused. Here are some examples. Reporting the modifier for a lesion removal performed on the right arm and a lesion removal

on the left arm would not qualify as bilateral. Attaching the modifier to a procedure that is identified in its description as a bilateral service or adding the modifier to CPT surgical procedures that contain the words "one" or "both" is incorrect. Modifier -50 is not appropriate to use with procedure code 52005 since the basic procedure is an examination of the bladder and urethra which are not paired organs.

If you have questions regarding the modifier -50, refer to the latest CPT codebook or a certified coder.

CLAIMS CORNER

Community Health Plan is proud to report the following claims statistics for the month of February 2008:

Average turn around time (clean claims paid from received date)
6.63 calendar days

Auto adjudication
74.22 percent

Electronic claim submission
78.34 percent

Claims finalized in 30 days
99.03 percent

Alcohol Awareness

According to the National Institute on Alcohol Abuse and Alcoholism, about three out of 10 adults in the U.S. drink enough to put them at risk for physical, mental health, and social problems. Those who abuse alcohol are at greater risk for hypertension, gastro-intestinal bleeding, sleep disorders, major depression, hemorrhagic stroke, cirrhosis of the liver, and several cancers.

In a recent study of patients with alcohol dependence, only 10 percent received the recommended quality of care, including assessment and referral for treatment. Health care professionals are in a prime position to make a real difference with patients who abuse alcohol. Patients report they do no object to being screened for alcohol use by health care providers, and are open to education and treatment.

To assist patients who may have a problem with alcohol, start with these four steps:

- Step 1:** Ask about alcohol use
- Step 2:** Assess for alcohol use disorders
- Step 3:** Advise & assist
- Step 4:** Continue support at follow-up visits

To access additional clinical support or patient educational materials, visit NIAAA's Clinical Guide, "Helping Patients Who Drink Too Much" at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm.

MyCHP Service

Using MyCHP Service at www.mychp.com is quick and easy. Simply log in to MyCHP Service and research a variety of information from claims and enrollment status to prior authorizations and appeals.

CUSTOMER SERVICE

Community Health Plan is proud to report the following customer service statistics for the month of February 2008:

Abandonment rate (percentage of lost calls)

4.5 percent

Average speed of answer

27 seconds

Statins and beta-blockers

Statins and beta-blockers are the only classes of medications, of all the medications used to prevent heart disease, that lower the risk of heart attack according to Alan Go, MD of Kaiser Permanente of Northern California division of research. Go was the lead author of a study assessing the effectiveness of preventative treatments for heart disease. The study demonstrated that even when preventative drugs are not successful in entirely preventing heart disease, beta-blockers and statins could make less serious side effects such as angina manifest themselves as first symptoms instead of a heart attack being the first symptom. This allows patients the opportunity to get treatment before the heart is damaged.

Patients taking statins and beta-blockers and undergoing noncardiac surgery should continue taking these medications according to ACC/AHA guidelines updated in October 2007. Data from published trials shows that people who stop statin therapy for four days have a much higher event rate than those who continue to take them. P.J. Devereaux, M.D., principal investigator of the trial and assistant professor in the department of clinical epidemiology and biostatistics at McMaster University in Hamilton, Ontario, Canada stated, "Our study found strong evidence that perioperative CR metoprolol prevents heart attacks." Statins and beta-blockers are valuable treatments for risk factors of heart disease and should be continued in the perioperative period.

April is Cancer Control Month

The key to cancer control is to ensure appropriate screening and detection. To assess utilization of cancer screening by our members, Community Health Plan (CHP) monitors rates for cancer screening through the Health Care Effectiveness Data and Information Set's (HEDIS®) data for breast, cervical and colorectal cancer screening. Most CHP cancer screening rates continue to remain below both regional and national averages.

There will be an estimated 217,000 new diagnoses of breast cancer this year. HEDIS breast cancer screening rates are calculated by monitoring the percentage of women age 42 – 69 who have had a mammogram during the measurement year or year prior to the measurement year. CHP rates find only 70 percent of female membership is being screened appropriately for breast cancer, while national averages indicate a rate of 72 percent.

Increased cervical cancer screening has resulted in a major overall decline in mortality rates, yet an estimated 3,900 American women lost their lives to cervical cancer last year. HEDIS cervical cancer screening rates are calculated by monitoring the percentage of women age 18 – 64 who received a Pap test during the measurement year or the two years prior to the measurement year. CHP's cervical cancer screening rates reflect that 82 percent of our total female membership is being screened for cervical cancer. This rate is consistent with both regional and national averages.

Colorectal cancer develops slowly and is often asymptomatic in early stages. Fewer than 25 percent of colorectal cancer cases are associated with family history of the disorder. These characteristics make early detection particularly important.

Colorectal cancer screening rates are calculated by monitoring the

percentage of adults; age 50 – 80, who had appropriate screening for colorectal cancer. Appropriate screening is identified by one of the following tests being performed: fecal occult blood test (FOBT) during the measurement year, flexible sigmoidoscopy or double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year or a colonoscopy during the measurement year or the nine years prior to the measurement year. CHP's colorectal cancer screening rates reflect a screening rate of only 55.78 percent, with a national average of 55.62 percent. This is a concern as 90 percent of colorectal cancer is treatable when detected early.

Prostate cancer is the most common form of cancer in men. It is primarily diagnosed in men older than age 65, although it may begin much earlier. Prostate cancer is often curable when diagnosed and treated properly. Starting at age 50 (or sooner, if there is a family history of prostate cancer), either a Prostate Specific Antigen (PSA) test or a digital rectal exam is recommended.

Skin Cancer is by far the most common malignant tumor in humans. The most common types of skin cancer are basal cell carcinoma, squamous cell carcinoma, and melanoma. Yearly skin cancer screening is advised, especially for those patients at risk (personal or family history of skin cancer; fair skin; history of excessive lifetime sun exposure; history of blistering sun burns; other).

When appropriate cancer screenings take place, many lives can be saved. Community Health Plan will strive to continue to find means to emphasize to our health care providers and membership the importance of having these screenings performed.

Benefit summaries

Please note the following list of renewed, new and termed groups with Community Health Plan:

Renewed Groups	Product Type	Effective Date
Auto Dynamics	PPM3530	2/1/2008
Brown & Associates	PPM2360	2/1/2008
Caldwell County Ambulance District	GPM1780, GPK1780	2/1/2008
City of Maysville	GPM1010, GPK1010	2/1/2008
Commercial & Industrial Realty LLC	GPM0160, GPK0160	2/1/2008
Interlock Steel Structures USA, Inc.	GPM3010, GPK3010	2/1/2008
Ken Smith Autobody	GPM0155, GPK0155	2/1/2008
Lawns Unlimited & Country Hills Nursery, Inc.	PPM3510	2/1/2008
Summit Truck Bodies	PK3500PB	2/1/2008
Tucker's Bowl	GPM2330, GPK2330	2/1/2008
United Cerebral Palsy	GPM0050, GPK0050	2/1/2008

New Groups	Product Type	Effective Date
Gertsema Wealth Services, Inc.	GPM3980, GPK3980	2/1/2008

Termed Groups	Product Type	Effective Date
Artesian Ice & Cold Storage	GPM0055, GPK0055	1/31/2008
Four Corners Hamburgers	GPM2340, GPK2340	
	PPM2340	1/31/2008
Kansas Auto Auction, Inc.	GPM1015, GPK1015	1/31/2008
Van Vickle Monuments	GPM1560, GPK1560	1/31/2008

Community Health Plan

137 N. Belt Highway
 St. Joseph, MO 64506
 (816) 271-1247
 (800) 990-9247
 www.mychp.com

PRSR STD
 U.S. POSTAGE
 PAID
 St. Joseph, MO
 Permit No. 2455



Simply, the right choice.

COMMUNITY HEALTH PLAN

Care Management Department

Outpatient MRI, MRA, CT and PET Scan Prior Authorization Request

Fax the completed form to (816) 271-1266.

Questions? Call (816) 271-4019 press 2

Or (800) 990-9247 press 3, then 2

Member Name: _____ Date of Birth: _____

Requesting Physician: _____

Contact Person: _____ Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Check the type of imaging and write the body area to be imaged.

MRI _____ CT _____

MRA _____ PET _____

Date scheduled: _____ Place of Imaging Service: _____

Reason for Imaging: _____

Results of previous imaging done for this same chief complaint or diagnosis in the last 6 months: _____

CHP office use only:

Date requested information received: _____

Date determination made: _____

Approved? Yes, No, denied per Medical Director. Denial reason _____

Does Medical Director want to review the scan results? **If yes, please highlight this area.**

The information contained in this facsimile message is privileged and confidential and intended for the use of the addressee listed below. If you are not the intended recipient of the facsimile and you have received this information in error, please destroy the information and if possible, notify the sender at the phone number above.



Simply, the right choice.

COMMUNITY HEALTH PLAN

Care Management Department

Outpatient MRI, MRA, CT and PET Scan Prior Authorization Request

Fax the completed form to (816) 271-1266.

Questions? Call (816) 271-4019 press 2

Or (800) 990-9247 press 3, then 2

Member Name: John Jones Date of Birth: 7/4/1976

Requesting Physician: Dr J. Dominguez

Contact Person: Anna King Phone Number: (816)271-6000 Fax Number: (816)271-6001

Check the type of imaging and write the body area to be imaged.

MRI left knee CT _____

MRA _____ PET _____

Date scheduled: 2-19-08 Place of Imaging Service: Advanced Diagnostic Imaging

Reason for Imaging: Fall on ice, intermittent swelling and pain x one month, no improvement with physical therapy x 6 visits, suspect meniscus tear

Results of previous imaging done for this same chief complaint or diagnosis in the last 6 months: X-ray 1-15-08 normal

CHP office use only:

Date requested information received: _____

Date determination made: _____

Approved? Yes, No, denied per Medical Director. Denial reason _____

Does Medical Director want to review the scan results? If yes, please highlight this area.

The information contained in this facsimile message is privileged and confidential and intended for the use of the addressee listed below. If you are not the intended recipient of the facsimile and you have received this information in error, please destroy the information and if possible, notify the sender at the phone number above.