

News and updates from Community Health Plan to network providers

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MyCHP Service gives you access to important information

MyCHP Service at www.mychp.com helps providers streamline their CHP-related office processes and reduce time spent on the phone. This allows your staff to obtain information regarding Community Health Plan when it is convenient for them.

To use MyCHP Service to its fullest, we recommend that your office staff log into MyCHP Service when they arrive at the office each morning. This way the tool will be available to you when you need it

throughout the day. Your user ID is your Community Health Plan Provider ID and the password is "Password1" for the initial login.

The system will prompt you to change your password the first time you log on. If you would like a personal password for your provider group, please contact Scott Smith at (816) 271-1273 or (800) 992-9247, ext. 1273.

Preventive Health Guidelines

Community Health Plan uses Preventive Health Guidelines that were originally developed in 1996 by the United States Preventive Services Task Force (USPSTF). These guidelines may be used by clinicians to aid in selecting the preventive health services that are most appropriate for their individual patients. The Provider Relations/Quality Review Committee has the responsibility for adopting new guidelines and to review and revise existing guidelines. The guidelines are reviewed on an annual basis and when there are changes in national guidelines.

The Preventive Health Guidelines appear as four tables divided into age ranges: Birth to 10 years, Ages 11-24 years, Ages 25 to 64 years, Age 65 and Older. The tables include preventive services that may be

chosen for asymptomatic individuals in a routine health care setting. For children and adolescents, the guidelines focus on health screenings, immunizations, diet, and safety. For adults, screening for chronic and/or life-threatening disease is an additional focus. Recommendations only for members of high-risk groups are listed separately in each table.

Community Health Plan recommends that providers have a process in place to record preventive care services including physical exams, immunization records for children and adults, and counseling for specific patient behaviors, such as smoking cessation.

The Community Health Plan Preventive Guidelines are located on the CHP website, www.mychp.com.

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

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.

Diabetic Nephropathy

According to the American Diabetes Association (ADA), diabetes is the leading cause of chronic renal failure in the United States. Microalbumin screenings should be performed annually for individuals with diabetes. If the test results are positive for proteinuria, monitoring for microalbuminuria should be done more frequently.

Important treatment for diabetic kidney disease includes tight control of blood glucose and keeping blood pressure below 130/80. Blood pressure has a significant effect on the progression of kidney disease. Treatment with ACE inhibitors and ARB's has been shown to be effective in reducing the decline in kidney function as well as lowering blood pressure. ACE inhibitors are recommended for most people with diabetes, high blood pressure, and kidney disease.

The National Kidney Foundation classifies kidney disease as follows:

Stage	Description	GFR (ml/min)
0	With risk factors	>90
I	Kidney damage, normal or decreased GFR	>90
II	Mild	60 - 89
III	Moderate	30 - 59
IV	Severe	15 - 29
V	Kidney failure	<15

For more information on diabetes standards of medical care visit mychp.com and select the Providers tab or visit the ADA website at www.diabetes.org.

Dilated Retinal Eye Exams

More than 12,000 new cases of blindness each year are caused by diabetic retinopathy according to the American Diabetes Association (ADA). This makes diabetes the leading cause of blindness for adults age 20 - 74.

The four stages of diabetic retinopathy are:

- Mild Nonproliferative - The earliest stage of retinopathy in which microaneurysms occur.
- Moderate Nonproliferative – As retinopathy progresses, blood vessels which nourish the retina are occluded.
- Severe Nonproliferative - Many blood vessels are occluded, depriving the retina from blood supply and nourishment.

- Proliferative – Advanced stage where fragile blood vessels begin to grow. Vision loss and blindness occur when blood leaks from these vessels.

The ADA recommends yearly diabetic retinal exams for patients with type 1 and type 2 diabetes. More frequent exams are required for patients with progressing retinopathy. Experts believe keeping blood glucose levels under control significantly reduces damage to the eyes.

Please encourage your patients with diabetes to have a yearly dilated retinal exam. CHP does not require prior authorization for this. For a complete list of diabetes standards of medical care, visit www.mychp.com and select the Providers tab.

CLAIMS CORNER

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

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

Auto adjudication
76.94 percent

Electronic claim submission
72.69 percent

Claims finalized in 30 days
95.04 percent

Billing the Member

Community Health Plan's licensure with the State of Missouri requires that our provider contracts include a hold harmless clause. This clause prohibits our network providers from balance billing our members. Balance billing is when a provider attempts to obtain further reimbursement from a member for a claim paid at contractual rates or for a claim that has been denied. Members can only be billed for what is specifically listed as "Member Responsibility" on the Remittance Advice supplied with reimbursement. This is where copays, coinsurance, and deductibles will be listed when appropriate. The provider contract is a legal and binding agreement with language that has been pre-approved by the Missouri Department of Insurance. Should a network provider refuse to comply with this mandate they may be subject to legal action and/or termination from the network. You can find the hold harmless clause in the "Charges to Members" section of the provider contract.



CUSTOMER SERVICE

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

Abandonment rate (percentage of lost calls)

4 percent

Average speed of answer

20 seconds

Top Ten Reasons for Claims Adjustment

10. Third party liability (18)
9. Claim billed in error (22)
8. Claim submitted with incorrect I.D. number (24)
7. Claim resubmitted with primary EOB (25)
6. CHP secondary (49)
5. Member not eligible (53)
4. Corrected claim submitted (70)
3. Overturned by clinical review (72)
2. Provider submitted incorrect code (161)
1. Provider submitted additional information (214)

Top Ten Customer Service Calls

10. Order I.D. cards (5)
9. PPO information (10)
8. MyCHP Service information (19)
7. Pharmacy information (23)
6. Claim adjustment request (35)
5. Authorization status (186)
4. Claim denial inquiry (223)
3. Eligibility inquiry (523)
2. Member benefits (1,071)
1. Claims/Billing issue (1,330)

Faxing Tips

When faxing information to Community Health Plan, remember to dial "9" for an outside line. If you are out-of-area, remember to dial "1" before the area code as well. The most common numbers for a provider to fax to at Community Health Plan are 816-271-1266 and 800-447-3694 for Prior Authorizations, Referrals and Customer Service. For Provider Relations, use 816-271-7275.

Depression Medication Management

Effective antidepressant medication management is essential in the treatment of depression. It is not only important in improving mood but also impacts energy level, appetite, and the likelihood of compliance with diet and exercise routines. The Health Plan Employer Data and Information Set (HEDIS) and Center for Medicare and Medicaid Services (CMS) collects measures annually to rate our providers' performance on antidepressant medication during the acute phase for patients with new episodes of major depression. Below are some tips that might improve the likelihood of patient compliance during the acute phase:

- The initial follow-up visit should occur within 2 weeks of starting a new antidepressant medication.
- The goal for optimal practitioner visits is three visits in the first 12 weeks following a diagnosis of depression.
- Discuss side effects with patients at the initial office visit. Many discontinue the medication because they don't realize that the mild side effects (such as nausea) will decrease or even resolve completely.
- Instruct patients how long they need to take the medication and that they should continue taking it even if they begin to feel better.
- Most antidepressants now come in a generic version. Using a generic will result in more affordable co-pays for patients.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, includes important protections for individuals who elect breast reconstruction in connection with a mastectomy.

WHCRA amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act) and is administered by the Departments of Labor and Health and Human Services. Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical

appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

All group health plans, and their insurance companies or HMO's that provide coverage for medical and surgical benefits with respect to a mastectomy are subject to the requirements of WHCRA. There are two separate notices required under WHCRA. The first notice is a one-time requirement under which group health plans, and their insurance companies or HMOs, must furnish a written description of the benefits that WHCRA requires. The second notice must also describe the benefits required under WHCRA, but it must be provided upon enrollment in the plan and it must be furnished annually thereafter.

Benefit summaries

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

Renewed Groups	Product Type	Effective Date
Allied Arts Council of St. Joseph, Inc.	GPM1340, GPK1340	April 1, 2008
Ashland United Methodist Church	PPM2500	April 1, 2008
Bohart Company	GPM1050, GPK1050	April 1, 2008
Ladies Union Benevolent Association d/b/a Noyes Home	GPM0720, GPK0720	April 1, 2008
LAN Resources LLC	GPM3090, GPK3090	April 1, 2008
Midland Steel	PK0270PB	April 1, 2008
Nodaway County Ambulance District	GPM1850, GPK1850	April 1, 2008
R & L Electrical, LLC	GPM3070, GPK3070	April 1, 2008
Reagan Farms	GPM0215, GPK0215	April 1, 2008
RKJ Batteries	GPM0805, GPK0805	April 1, 2008
Shughart Thomson & Kilroy Watkins Boulware PC	GPM0250, GPK0250	April 1, 2008
	POM0250, POK0250	April 1, 2008
St. Joseph Teacher's Credit Union	GPM3100, GPK3100	April 1, 2008
Vierthaler Family Dentistry DDS PC	GPM2520, GPK2520	April 1, 2008
Vintage Park of St. Joseph, LLC	PPM2480	April 1, 2008

New Groups	Product Type	Effective Date
Alternative Construction	GPM5020, GPK5020	April 1, 2008
L & N Enterprises	PPM4090	April 1, 2008
Northwest Missouri Area Agency on Aging	GPM4080, GPK4080	April 1, 2008
	PPM4080	April 1, 2008
Q-Pac	PPM5000	April 1, 2008

Community Health Plan

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