

News and updates from Community Health Plan to network providers

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Using Out-of-Network Labs

Please do not use out-of-network labs, even if a member has out-of-network benefits (PPO) unless there is not a participating lab with the capabilities of performing the services needed. If this situation occurs, Community Health Plan does require a prior authorization.

If we identify a provider as non-compliant with this process, he/she may be held accountable for any losses incurred via

deductions from payments otherwise due to the provider. Please reference "Obligations of Physician" in your contract.

A list of participating labs is included for your reference. Thank you for your cooperation as we work together to keep the cost of healthcare affordable for our members.

In-Network Labs

Boyce & Bynum Pathology Laboratory	MAWD Pathology Group, Inc.
Dianon Systems	Medical Diagnostic Lab, LLC
DVA Laboratory Services, Inc.	Myriad Genetic Lab
Eastridge Medical Laboratory	Physicians Laboratory Services, Inc.
Esoterix, Inc.	Physicians Reference Laboratory
Genomic Health, Inc.	Quest Diagnostics
Genzyme Genetics	SMMC Labs
Hemex Laboratories	Saint Luke's Regional Laboratories
Lab Corp of America	The Pathology Center
Liposcience	Viomed Laboratories, Inc.
Litton Pathology Associates	

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 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.

Top 10 Quarterly Claims Adjustments

1. Provider supplied additional information: 384
2. Provider billed wrong code: 258
3. Replacement claim: 92
4. Member ineligible on date of service: 52
5. Claim overturned by clinical review: 45
6. Other party/insurance liable: 42
7. Provider supplied primary EOB: 40
8. Other primary insurance termed: 32
9. Provider billed service in error: 29
10. Member now eligible on date of service: 27

Top 10 Quarterly Provider Calls

1. Claims/Billing: 1,023
2. Benefits: 985
3. Membership/Eligibility: 476
4. Authorizations/Referrals: 171
5. Claims Denial: 127
6. Pharmacy/PBM: 89
7. Health Care Provider: 77
8. Claims Adjustment: 52
9. E-Services: 31
10. PPO Product: 12

CLAIMS CORNER

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

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

Auto adjudication
77.5 percent

Electronic claim submission
77.37 percent

Claims finalized in 30 days
99.21 percent

2008 Clinical Practice Guidelines

Community Health Plan wants to help you provide the best possible care to our members. That's why we offer the 2008 Care Guides for Disease Management. These are evidence-based clinical practice guidelines for the treatment of asthma, COPD, diabetes, heart disease and depression. To access these guidelines, go to www.mychp.com and select Care Guides for Disease Management under the Providers tab.

We also offer Care Guides for patients with asthma, COPD, diabetes and heart disease. These can be found at www.mychp.com by selecting Disease Management under the Health Improvement tab. If you have a patient with one of these conditions, please feel free to refer them to our website or print off and distribute any of the materials.

CUSTOMER SERVICE

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

Abandonment rate (percentage of lost calls)

2.4 percent

Average speed of answer

23 seconds

Well-Child Visits

Well-child visits are a vital part of preventive health care for children and adolescents. A comprehensive well-child visit includes a health and developmental history assessment, a physical exam and health education/anticipatory guidance. Community Health Plan recognizes that sometimes a well-child visit is done, even though the primary intent of the visit may be for another reason. CHP will reimburse for well-child checks, even if the check-up is secondary to the intent of the original visit.

Through HEDIS® measurement, CHP assesses well-child check rates. In 2007, 72 percent of children received the recommended six visits during the first 15 months of life and 58.5 percent of children age 3 - 6 received a comprehensive well-child visit. Well-child check rates indicate only 37.5 percent of CHP's adolescent population had an annual well-child check in 2007. We understand that sports physicals are administered in this age group, but CHP does not reimburse for sports physicals only. We will reimburse for a comprehensive well-child exam.



Top 5 Billing and Coding Errors

In reverse order ... listed below are the Top 5 billing and coding errors for claims:

- 5 Wrong modifier or no modifier used for accurate payment of claim
- 4 Billing of services included in global fee as a separate professional fee
- 3 Unbundling of procedure codes
- 2 Billing of consult vs. outpatient visit
- 1 No documentation for services billed

Helpful hints for bypassing these errors:

5 — Wrong modifier or no modifier used for accurate payment of claim

A complete list of modifiers and their definitions can be found in the front of all CPT and HCPC Code books. Community Health Plan sees a large number of claims that are denied due to the lack of modifier 59 (distinct procedural service). The claim is then resubmitted as a corrected claim causing rework for both the provider office and Community Health Plan. Use of correct modifiers on the first claim submitted reduces rework for both the provider office and Community Health Plan. The front of the CPT manual contains a complete listing of the Level I modifiers. The full description of modifiers can be found in Appendix A. Appendix A of the CPT manual also contains the most frequently used Level II modifiers.

4 — Billing of services included in a global fee as a separate professional fee

The global fee inclusion period for

a specific service can be found on Medicare's web site at www.medicare.gov. Most surgical procedures include a 30 – 90 day period that the provider cannot bill separately for services related to the surgical procedure.

3 — Unbundling of procedure code

Community Health Plan uses National Correct Coding Initiative (NCCI) and Auto Audit criteria for our clinical editing to identify coding that has been unbundled. CPT coding books also list codes that can be billed separately with specific CPT codes. CPT coding books also list codes that cannot be billed separately with specific CPT codes.

2 — Billing of consult versus outpatient visit

A CPT code designated for inpatient usage needs to be accompanied by an inpatient place of service. This holds true for an office or outpatient CPT code. Community Health Plan has automated system processes to determine if the correct place of service has been billed.

1 — No documentation for services billed

We are all aware of the importance of documentation for services that are rendered. Community Health Plan requests records for all codes that may be cosmetic, that relate to possible pre-existing conditions and any miscellaneous code submissions.

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.

Benefit summaries

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

Renewed Groups	Product Type	Effective Date
A & M Heating & Cooling, Inc. Caldwell County	GPM2620, GPK2620 GPM3630, GPK3630 PPM3630	June 1, 2008 June 1, 2008
Cameron Ambulance District	GPM4070, GPK4070 PPM4070	June 1, 2008
Chillicothe Body Repair D & D Pallet	GPM3170, GPK3170 GPM0760, GPK0760	June 1, 2008 June 1, 2008
Envision Tech Incorporated Gage Insurance Agency, Inc.	GPM0830, GPK0830 GPM2080, GPK2080	June 1, 2008 June 1, 2008
J D Harris Construction King City Manor	GPM2625, GPK2625 GPM3580, GPK3580	June 1, 2008 June 1, 2008
Maxim Construction Mid-Continent Micrographics	GPK3620 GPM1435, GPK1435	June 1, 2008 June 1, 2008
MRW Investments, Inc. North Country Ford Mercury, Inc.	GPM3640, GPK3640 GPM1880, GPK1880	June 1, 2008 June 1, 2008
Pony Express Warehousing Ragdon Corp.	GPM1605, GPK1605 PPM1605B GPM2580, GPK2580	June 1, 2008 June 1, 2008
Roberts Tool & Die St. Joseph Truss Co., Inc.	GPM2600, GPK2600 GPK1430	June 1, 2008 June 1, 2008
U. S. Plating & Surface Walker Dozing & Excavating, Inc.	GPM3590, GPK3590 GPM3600, GPK3600	June 1, 2008 June 1, 2008
YWCA	PPM3160	June 1, 2008

New Groups	Product Type	Effective Date
Activate Your Health Chiropractic Center BEB Trucking	GPM6160, GPK6160 PPM6130	June 1, 2008 June 1, 2008
Consumer's Oil Co. Leaverton Auto Supply Co.	PPM6100 PPM6140	June 1, 2008 June 1, 2008
Midwest Preferred Mutual Parshall Concrete Products, Inc.	GPM6000, GPK6000 PPPM6000 PPM6110	June 1, 2008 June 1, 2008

Termed Groups	Product Type	Effective Date
First Capital Lending Maryville Glass & Lock Co., Inc.	PPM3150 GPM3610, GPK3610	May 31, 2008 May 31, 2008

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