

Care System Connection

News for providers participating in the Patient Choice programs

1st Quarter 2009

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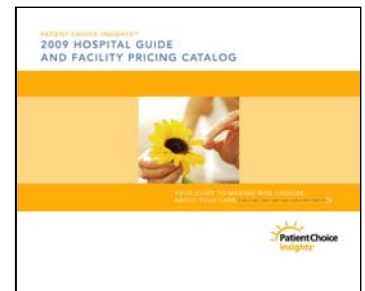
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Patient Choice's 2009 Hospital Guide and Facility Pricing Catalog Helps Consumers Better Understand Health Care Costs, Quality

As individuals continue to assume more responsibility for the cost of their care, pricing information is increasingly important to health care consumers. The *Hospital Guide and Facility Pricing Catalog* is one way Patient Choice makes cost information available to consumers. The guide is available to individuals who participate in plans that offer the Patient Choice Insights network, and contains:

- pricing information for a variety of inpatient and outpatient services, lab services and imaging services at several facilities in the Twin Cities and surrounding areas;
- details about hospital patient safety measures; and
- a list of various resources that provide additional quality information for consumers.



The 2009 version of the Patient Choice *Hospital Guide and Facility Pricing Catalog* is available on the Patient Choice Web site at www.patientchoicehealthcare.com and on Medica's Web site at <https://member.medica.com/C11/ProductPatientChoice/default.aspx>.

Prepare for 2010 Patient Choice Tiering by Promoting Patient Satisfaction Tool

Although it may seem like you've just started using your facility's 2009 tier, Patient Choice is already gearing up for next year's tiering process. One element of the process includes preparing to use results from the national, independent online patient satisfaction survey [HowWasYourCare](#). This survey allows patients to rate the service and care provided by their physician and to see ratings for their own and other physicians. (Providers can also use the tool to find out what their patients think about the care they provide.)



In the coming weeks, ratings from the HowWasYourCare survey will be compiled. Results for primary care clinics will be aggregated to a Care System level to create an overall Care System rating. Results for specialty providers will be aggregated to a clinic level to create an overall clinic rating. Clinics and Care Systems that receive an above average rating will earn quality credits that can be applied toward improving their tier.

To help ensure a sufficient number of ratings from HowWasYourCare, we are asking Care Systems and clinics to promote the survey by linking to it from their organization’s Web site(s). (The survey’s Web address is www.HowWasYourCare.com) The survey can be used by anyone – not just Patient Choice members. Suggested text for linking to the survey is:

How Was Your Care?

Let us know by completing an [online survey](#).

If you’d like to include the HowWasYourCare logo on your site, request an electronic copy by e-mailing Tracy Schlumpberger in Consumer/Provider Integrated Initiatives at tracy.schlumpberger@phealthcare.com.

The HowWasYour Care survey is managed by HealthGrades, a national health care quality rating and services company.

Watch for Upcoming Patient Choice/Medica Quality and Service Practices Survey

Each year, Patient Choice asks Care Systems, hospitals and certain individual specialty clinics to complete a survey about their quality processes, clinical guideline implementation, service capabilities, Web tools and more. Results from the survey are used in two ways:

- **Tiering** – Survey results are scored, allowing facilities to earn quality credits that can help improve their tier placement in the 2010 Patient Choice Care System and/or Patient Choice Insights networks.
- **Consumer materials** – Portions of the survey results appear in print and online consumer materials, including the Patient Choice Web site (www.patientchoicehealthcare.com) and Medica’s Main Street Medica Web site (www.MainStreetMedica.com). Learn more in the sidebar article.

Patient Choice is currently developing this year’s round of surveys. The table below provides an at-a-glance look at when each survey will be available and how the survey is taken.

2010 Patient Choice/Medica Quality and Service Practices Surveys		
Facility/provider type	Survey availability	How survey is taken
Care System	Spring 2009	Electronic file sent via e-mail
Ambulatory surgery center	Summer 2009	Online
Hospital		Electronic file sent via e-mail
Primary Care Clinic*		Online
Specialty provider		Online

When the survey for your provider type is available, detailed information will be sent to you via e-mail (for electronic file surveys) or postal mail (for online surveys). In the meantime, if you have questions about the survey process, please e-mail pcnews@phealthcare.com.

*Results used only in consumer materials.



Survey participation allows providers to market capabilities to consumers

Did you know that responses from the Patient Choice/Medica Quality and Service Practices surveys were used to create Main Street Medica profiles for providers who treat low-back pain? The profiles are found in the [Back Pain Spotlight](#) on www.MainStreetMedica.com, under [Provider cost and quality information](#) (providers with profiles will have a "View Profile" link in their listing). The profiles allow site visitors to compare providers on a variety of measures, including the top five conditions a provider treats, whether the provider uses electronic medical records, whether the provider offers weekend appointments, and other details about their practice.

Survey responses are also used to create profiles for [same-day surgery centers](#). Later this year, profiles for other provider types will be added to Main Street Medica.

► Network Information

Minnesota Ambulatory Surgery Centers: Use Either Professional or Institutional Form for Submitting Electronic Claims

Minnesota statute 62J was enacted to streamline health care transactions. The initiative, called “E3,” requires that eligibility inquiries, claims submissions and remittance advices be standardized and conducted electronically beginning this year.

While the conversion to electronic claim forms isn’t mandatory until July 15, 2009, many organizations, including ambulatory surgery centers (ASCs), are already transitioning to the new forms. In using the forms, some ASCs have found that the professional claim form (837P, the electronic version of the CMS-1500) is more applicable than the institutional claim form (837I, the electronic version of the UB). The state’s Administrative Uniformity Committee – the group charged with rolling out the E3 requirements – is awaiting final guidance from the Centers for Medicare & Medicaid Services regarding which form ASCs should use.

In the meantime, ASCs contracted with Patient Choice may submit claims using either the professional form (837P/CMS-1500) or institutional form (837I/UB). However, **if your ASC plans to use the professional form (837P/CMS-1500), please notify Patient Choice immediately** by either sending an e-mail to pcnews@phealthcare.com or calling (952) 992-1700. This will enable us to work with our administrators to ensure prompt claim turnaround times.

More information about this issue will be communicated as it becomes available. Guides for using the electronic forms and information about the E3 initiative are available on the Administrative Uniformity Committee Web site at www.health.state.mn.us/auc.

Reminder: 2009 Patient Choice Insights Tiers Now in Effect

Patient Choice Insights features an open-access network, where participating providers are grouped into three tiers. Depending on the services delivered, the provider’s tier assignment can affect member benefits. Generally, the lower – or better – the tier, the lower the member’s copayment and/or percentage of coinsurance. On Jan. 1, 2009, the 2009 provider tier assignments went into effect. Please ensure you are using the correct tier assignment when seeing patients who are enrolled in a plan that uses the Patient Choice Insights network. If you are unsure of your tier, refer to the letter mailed to you in November 2008, or check the online provider directory on the Patient Choice Web site (<http://www.patientchoicehealthcare.com/providers.html>) or Find a Doctor (<http://www.medica.com/C11/FindADoctor/default.aspx>) on Medica’s Web site.

► Industry Information

New Institute for Healthcare Improvement Initiative Helps Hospitals Improve Patient Care

Hospitals looking for help sorting through and prioritizing the overwhelming number of patient safety recommendations now have an aid. The Institute for Healthcare Improvement (IHI) has created the Improvement Map, an initiative that focuses on an essential set of processes that will help improve patient care in key areas.

The Improvement Map builds on the success of IHI's 100,000 Lives and 5 Million Lives Campaigns by including the 12 interventions from those campaigns. Also included in the initiative are three new interventions:

- Implement the World Health Organization (WHO) Surgical Safety Checklist
- Prevent catheter-associated urinary tract infections
- Link quality and financial management

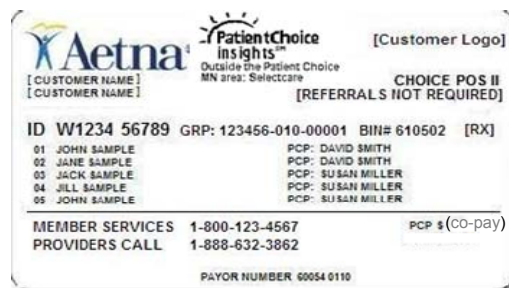
Information about the Improvement Map and details of each intervention are available on the IHI Web site (www.ihl.org/IHI/Programs/ImprovementMap). Items available for download include a Getting Started Kit, recordings of informational conference calls, instructional videos and other resources.

As with 5 Million Lives, interventions from the Improvement Map will be included on the Patient Choice hospital survey, to be distributed this summer. Learn more about the hospital survey in the article, "Watch for Upcoming Patient Choice/Medica Quality and Service Practices Survey" on Page 2 of this newsletter.

► Administrative Information – Aetna

Reminder: Aetna Now Administering Patient Choice Insights

Effective Jan. 1, 2009, Aetna began offering the Patient Choice Insights program to self-insured employers with operations in Minnesota. Two employers currently make the program available to their employees. A sample ID card for Patient Choice Insights administered by Aetna is shown to the right. Program details and resources are available on the Patient Choice Web site at (www.patientchoicehealthcare.com) under Physicians, Hospitals, Other Providers > [Tools & Resources](#).



NPIs Required on Claims Submitted to Aetna Beginning March 2009

Beginning this month, all claims submitted to Aetna must include the provider's national provider identifier (NPI). Please note:

- NPIs will be required on *electronic* claims and encounters beginning **March 16, 2009**.
- *Paper* claims sent without an NPI beginning **March 30, 2009**, will not generate an Electronic Remittance Advice.

For more information, see the Aetna Web site: http://www.aetna.com/provider/medical/npi_med/index.html.

Patient Choice Provider Resources

<i>Product</i>	<i>Administrator</i>	<i>Web site</i>	<i>Phone number</i>
Patient Choice Insights by Medica	Medica	www.Medica.com	1-800-458-5512
Patient Choice Insights (administered by Aetna)	Aetna	www.Aetna.com	1-888-632-3862
Patient Choice Insights and Patient Choice Care System	UMR (formerly Fiserv Health)	https://fhs.UMR.com	1-877-390-7632 (providers press option 1)
Patient Choice Care System	Meritain Health (formerly CBSA)	www.Meritain.com	1-888-593-6598 or 952-593-6598
Patient Choice Web site: www.patientchoicehealthcare.com			