

Care System Connection

News for providers participating in the Patient Choice programs

2nd Quarter 2009

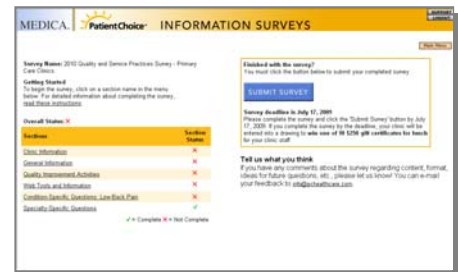
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Primary Care Clinics Invited to Complete Patient Choice/Medica Quality and Service Practices Survey

Primary care clinics have the opportunity to promote their practice to Patient Choice participants and Medica members by completing the 2010 Quality and Service Practices Survey. The online survey includes questions about clinics’ quality processes, service capabilities, Web tools and more. The survey submission deadline is **Friday, July 31, 2009**.

Information from the survey will be used to create customized profiles for clinics on Main Street Medica later this year. You can see an example of a profile by going to www.MainStreetMedica.com and clicking on “Same-Day Surgery Center,” then “[View profiles](#)” (on the right-hand side of the page under “Facility Profiles”).



A letter with detailed information about the survey will be mailed in early July to practices designated as primary care clinics (PCCs) for Patient Choice networks. Clinics that complete a survey by July 31, 2009, will be **entered into a drawing to win one of 10 \$200 gift certificates for lunch** for their clinic staff.

If your clinic is a PCC but you do not receive a letter by the second week of July containing your user ID and password, please e-mail pcnews@pchealthcare.com. If you receive a letter but have questions about the survey, please contact Kathleen Butterfield-Miles, manager, Patient Choice Provider Services, at kbutterfield-miles@pchealthcare.com or 952-992-1721.

Specialty Clinics, Facilities Complete Medica/Patient Choice Survey

Thank you to all general specialty practices, ambulatory surgery centers and hospitals that completed a Quality and Service Practices Survey or Facility Survey. Surveys are currently being scored and factored into the 2010 tiering process. In addition, information from these surveys will be used to create provider profiles on Main Street Medica later this year. Practices that did not complete a survey but wish to have a profile on Main Street will have another opportunity to provide information about their practice later this year. Details will be mailed to those providers in the fall.

► Network Information

Patient Satisfaction Survey Results to be Delivered Later This Year

Results from the HowWasYourCare patient satisfaction survey have been compiled and Patient Choice is analyzing the data and preparing it for distribution. Reports will be sent later this summer to clinics that had a sufficient number of survey responses.

This national, independent online survey allows patients to rate the service and care provided by their physician and to see ratings for their own and other physicians. Results from the survey can help clinics learn what they are doing well and areas where they can improve. Topics on the survey include:

- How easy it is to schedule an urgent appointment
- How friendly and courteous office staff are
- Whether the physician spends an appropriate time with patients
- Whether the patient would recommend the physician to family/friends

As a reminder, data from the survey is pulled annually and is used in tiering and consumer materials. You can help promote the survey tool by linking to it from your organization's Web site(s). (The survey's Web address is www.HowWasYourCare.com) The survey can be completed 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 would 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@pchealthcare.com.

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

New Care System Sees Value in Patient Choice Programs

Paula Nelson, chief financial officer, Queen of Peace Hospital and Care System, had reservations about becoming a Care System and participating with the Patient Choice program. "I wanted to be sure that the Care System we were offering to our patients would match the high expectations of Queen of Peace Hospital," says Nelson. A year and a half later, she is convinced it was a good move.

"I love the innovation and direction of the Patient Choice program," Nelson says. "Components measured in the annual Care System survey mirror the direction our Care System is moving in terms of quality and services."

Nelson also appreciates the data the Patient Choice program provides, because it helps her better understand her patient population and their care utilization (both inside and outside the Care System). "The information is really helpful in our planning efforts, especially for focusing our services to better meet our patients' needs," Nelson says.

Nelson is looking forward to continuing to help strengthen and build the Queen of Peace Care System using the benefits the Patient Choice program provides.

At A Glance:

Queen of Peace Care System

Primary Care Clinic locations:

- New Prague, Minn.
- Montgomery, Minn.
- Belle Plaine, Minn.
- Le Sueur, Minn.

Hospital Affiliation:

Queen of Peace Hospital,
New Prague

Communities served:

Le Sueur, Scott, Sibley and
Rice Counties

Population served:

60,000

Patient Choice Insights by Medica Members Receiving Preventive Health “Checkup Checklists” in June

Most Patient Choice Insights by Medica members are receiving a tool to help them manage their preventive care needs. The “Checkup Checklist” is a once-a-year, comprehensive snapshot of gaps in a member’s preventive care that is being sent in June. The report can serve as a conversation starter between the member and their doctor regarding immunizations, checkups and tests the member may be lacking.

Information in the reports is customized for each member, and includes care recommendations based on age and gender. The report also indicates whether a member is overdue for a particular preventive care service, as well as whether (and when) a service is coming due. Recommendations are based on preventive care guidelines from the Institute for Clinical Systems Improvement (ICSI). Information about services received is generated from Medica claims data and the Minnesota Immunization Information Connection registry (to account for immunizations received while members were enrolled with other health plans).

Members are encouraged to schedule an appointment with their clinic for needed services, and to bring their Checkup Checklist to the visit to discuss the care recommendations with their provider.

To learn more about this project, to see a sample of a preventive health Checkup Checklist or to see copies of what patients will receive, providers may contact Jessie Osowski, clinical program manager at Medica, at jessica.osowski@medica.com or 952-992-2612.

Reminder: Patient Choice Providers Urged Not to Seek Prepayment for Services

It is standard for providers to ask the claim administrators for Patient Choice programs for information concerning Patient Choice members’ benefits, to help determine if a deductible applies, how much of the deductible has been met, and whether a copayment or coinsurance applies. Providers often do this on behalf of members prior to providing services at a patient visit. However, other than standard medical copayments, **Patient Choice discourages providers from collecting money from members prior to rendering services and having a claim adjudicated.** Due to the complexity involved in determining the applicable payment rate and member liability, providers should allow the claim to be properly adjudicated before seeking payment for deductible and coinsurance amounts.

The claims adjudication process allows for determination of the appropriate member benefits based on the final and complete claim that is submitted. Proper payment depends on several factors, such as other claims that may be submitted that are related to the same service, whether the member’s deductible has been met, and whether the services a patient ultimately receives are different than those initially sought.

In order for all parties – including the provider, the health plan, and the patient – to accurately assess and understand what the member owes in out-of-pocket expenses, providers need to delay collection of deductible or coinsurance amounts until the claim administrator has processed the claim.

► Industry Information

2009 Leapfrog Survey Deadline: June 30

Patient Choice encourages all participating hospitals to take part in the annual Leapfrog Hospital Survey. The survey assesses hospital performance based on four quality and safety practices that are proven to reduce preventable medical mistakes and are endorsed by the National Quality Forum (NQF).

Results from the survey are publicly displayed on The Leapfrog Group Web site and are used in Patient Choice tiering and consumer materials. You can also view results on our [Hospital Comparison Tool](#).

You can access the 2009 Leapfrog Hospital Survey on The Leapfrog Group Web site at <http://www.leapfroggroup.org>. (From the site's home page, go to For Hospitals > The Leapfrog Hospital Survey > [Survey's home page](#).) On the site you will also find a list of what's [new for 2009](#) and [important changes made to the survey](#) since it was first released in April.

Please note: The survey deadline is **Tuesday, June 30, 2009**.

ICSI Revises Several Guidelines

The Institute for Clinical Systems Improvement (ICSI) recently updated the following clinical guidelines:

- Antithrombotic Therapy Supplement
- Diagnosis and Management of Diabetes Mellitus in Adults, Type 2
- Diagnosis and Treatment of Headache
- Major Depression in Adults in Primary Care
- Management of Labor
- Primary Prevention of Chronic Disease
- Stable Coronary Artery Disease
- Venous Thromboembolism Diagnosis and Treatment

In addition, the following guidelines were inactivated:

- Acne Management (inactivated May 2009)
- Ankle Sprain (inactivated March 2009)
- Cardiac Stress Test Supplement (inactivated April 2009)
- Diagnosis and Treatment of Adult Degenerative Joint Disease (DJD)/Osteoarthritis (OA) of the Knee (inactivated March 2009)
- Initial Management of Dyspepsia and GERD (inactivated May 2009)

PDFs of all of ICSI's current guidelines are available on Medica's Web site (www.Medica.com) under Providers > Clinical & Quality Resources > [Medical Policies](#).

► Administrative Information – Medica

Medica Announces 2nd Annual “Raising the Bar” Healthcare Innovations Award Provider Groups Participating in the Patient Choice Insights Network Eligible to Apply

In 2009, Medica will reward excellence in health care by offering its second-annual \$25,000 innovations award. With “Raising the Bar: Rewarding Innovation in Healthcare Value,” Medica wants to seek out and recognize the work of provider groups – from single-site practices to healthcare systems – that are undergoing unique changes to improve quality and decrease healthcare costs with proven results.

The Raising the Bar awards continue to recognize the provider community's work in defining healthcare excellence. Exemplary provider programs or processes should be outside the standard care paradigm. Providers should have a demonstrated commitment to integrating a change model across sites and for multiple practitioners, as applicable. Providers will need to show how they are leading the way in improving quality of care, improving healthcare value, and setting up systems and processes to sustain it. Change models should be transferable to other

patient populations to achieve similar results. Innovation programs and projects can include but are not limited to those that:

- Enhance value, quality and efficiency
- Integrate illness care and lifestyle management
- Control cost

The deadline for award applications is **June 30, 2009**. One or more awards will be presented in fall 2009 in amounts of at least \$25,000. Any provider group, clinic or facility that delivers patient care in the Medica and/or Patient Choice Insights provider network is eligible to apply.

Find [complete details](#), including the award application, online at [Medica.com](#) on the “Providers” home page. Providers who have questions may contact Amy Johnson, Medica clinical program manager, at amy.johnson@medica.com or 952-992-8586.

Medica Announces Electronic Claims Submission Changes

Beginning with **July 15, 2009**, dates of service, Medica will make several claims submission improvements to adhere to the guidelines set by the Minnesota Administrative Uniformity Committee (AUC) and to be consistent with Minnesota law to standardize electronic healthcare transactions. These upcoming changes will apply to all Minnesota-based providers. Medica will be making these changes so healthcare transactions are as simple and efficient as possible for providers.

The changes apply to all electronic claims submissions – i.e., 837 transactions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). One of the changes will require providers to **submit all claims electronically**, including professional, institutional, dental and pharmacy claims. Providers without a current electronic data interface (EDI) vendor will have access to a no-cost EDI vendor who can facilitate electronic claims submission.

For complete details about this requirement and other important claims submission changes, please see the article, “Medica announces electronic claims submission changes” in the [June issue](#) of *Medica Connections*.

▶ Administrative Information – Meritain

Meritain Claim Run-Out Period Ends June 30, 2009

As a reminder, effective Jan. 1, 2009, Meritain Health stopped administering Patient Choice programs. The claim run-out period ends **June 30, 2009**. Please submit any outstanding Meritain claims before this deadline. Claim information and addresses are available on the Patient Choice Web site (www.patientchoicehealthcare.com) under Physicians, Hospitals, Other Providers > [Tools & Resources](#).

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			