

# Care System Connection

News for providers participating in the Patient Choice programs

4<sup>th</sup> Quarter 2009

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Please note: *Care System Connection* is provided to you as a participant in the Patient Choice program. Please distribute this newsletter across your organization and sites.

## Minnesota Has Head-Start on Health Care Reform

While lawmakers in Washington continue to debate national health care reform, Minnesota has already taken important steps to help improve the quality, affordability and accessibility of health care for Minnesotans. In May 2008, a comprehensive state health care reform package was signed into law. Since then, work groups, expert panels and other collaborators have been hard at work developing and implementing the initiatives included in the legislation. These initiatives center around four goals:

- providing more information to consumers about health care cost and quality,
- encouraging consumer engagement in health care decisions,
- changing the way health care is paid for, and
- supporting targeted campaigns that improve population health.

The reform package includes a variety of components. Following are highlights of some of the initiatives related to quality, cost and payment reform:

**Baskets of care.** This concept will bundle multiple health care services under one billing unit. Initially, seven baskets of care will be defined: pediatric asthma, diabetes, low-back pain, obstetrics care, preventive care for adults and children, and total knee replacement. A work group is currently defining what services will be included in each basket, as well as appropriate quality measures for each basket. The group is also identifying potential administrative and operational challenges around reimbursement for baskets of care, along with solutions to those issues.

**Provider peer grouping.** This method of comparing health care providers based on cost and quality is in the final stages of development. The method will provide information to consumers about a limited number of conditions using existing quality measures and risk-adjusted cost data. Providers will receive information from the state about this initiative beginning June 1, 2010, with cost and quality data being reported publicly in September 2010.

**Health care home (medical home).** This approach to primary care delivers coordinated health care to people with complex or chronic conditions. Medical home providers work together with patients and – when appropriate – their families, ensuring they receive appropriate care at the right time and place. This collaborative, patient-centered model is expected to increase efficiency and effectiveness, reduce costs, and result in better health outcomes. The state is developing a process for certifying providers as a health care home. Information

about the criteria and application process is available on the Minnesota Department of Health Web site at <http://www.health.state.mn.us/healthreform/homes/certification/index.html>. The site also provides links to resources with details about the medical home concept, a health care home readiness questionnaire, and guidance for implementing medical home.

Patient Choice is monitoring these initiatives as they develop and is looking at incorporating pieces as appropriate into the Patient Choice programs. We will be working with representatives from care systems that participate in the Patient Choice network during the evaluation process as we determine any changes for 2011.

You can learn more about the state's initiatives and find regular updates on the Minnesota Department of Health Web site at <http://www.health.state.mn.us/healthreform/index.html>.

### **Specialty Practices: Watch for Upcoming Mailing to Validate Your Clinic Information**

Each year, Patient Choice asks specialty practices to review and validate the information we have in our systems for their clinic(s). While providers should submit data changes to Patient Choice as they occur throughout the year, this annual Specialty Group Data Validation mailing allows you to see how your information is currently listed in the Patient Choice database.

Please watch your mailbox for the mailing, which should arrive in early January. Instructions are provided for verifying your data and making changes. The deadline for responding is **Jan. 15, 2010**. Your timely response will ensure that we have accurate information in our systems, which is essential for claims payment and display of information in our print and online provider directories. Thank you for taking the time to help us keep our information up to date!

### **Patient Choice to Continue Reimbursement for Consultation Codes**

Beginning with Jan. 1, 2010, dates of service, Medica is invalidating certain CPT codes for Medicare member consultation services. However, for commercial members, **including Patient Choice members**, codes 99241-99245 and 99251-99255 *will continue to be active and valid* to report consultation services. All Patient Choice administrators will continue to accept these codes.

## **► Network Information**

### **Reminder: 2010 Patient Choice Insights Tiers Take Effect Jan. 1**

Each year, Patient Choice reviews tier assignments for providers who participate in the Patient Choice Insights network. The 2010 tiers have been set and participating providers received a letter in October with their tier assignment for next year.

Please begin using your 2010 tier assignment beginning Jan. 1, 2010, when seeing patients who are enrolled in plans that utilize the Patient Choice Insights network. The Patient Choice Insights network is arranged into three tiers, based on provider performance on various cost and quality measures. Depending on the type of services delivered, the tiers can affect member benefits. Generally, the lower (or better) the tier, the lower the member's copayment and/or percentage of coinsurance.

If you are unable to locate the tier notification letter mailed to you in October, you may look up your 2010 tier online via the Provider Directory on the Patient Choice Web site at [www.patientchoicehealthcare.com/providers.html](http://www.patientchoicehealthcare.com/providers.html) or the Medica Web site at <http://www.medica.com/C11/FindADoctor/default.aspx>.

## Reminder: 2010 Care System Changes Effective Jan. 1

As a reminder, the following clinics will change their Care System affiliation **effective Jan. 1, 2010:**

- Camden Physicians Ltd. will join the **North Memorial Care System.** (Camden is currently affiliated with the Access Quality Care System.)
- Fairview Clinics of Andover, Blaine, Brooklyn Park, Columbia Heights and Fridley (formerly known as Columbia Park Medical Group (CPMG) clinics) will move under the **Fairview Physician Associates Care System.** (Beginning in 2010, CPMG will no longer operate as a separate care system.)
- HealthEast St. Anthony Clinic (formerly known as St. Anthony Park Clinic) will join the **HealthEast Care System.** (The clinic is currently affiliated with the Minnesota Healthcare Network Care System.)
- PACE Pediatrics (Pediatric and Adolescent Care of Minnesota, P.A.) will join **Children's Physician Network.** (PACE Pediatrics is currently affiliated with the Minnesota Healthcare Network Care System.)
- Quello Clinic Ltd. will join Aspen Medical Group and become the **Aspen-Quello Care System.** (Quello is currently affiliated with the Access Quality Care System.)
- Silver Lake Clinic will join the **North Memorial Care System.** (Both clinics are currently affiliated with the Minnesota Healthcare Network Care System.)

## ► Administrative Information - Medica

### Medica Accepting Online Requests for Demographic Data Changes

Medica recently announced that providers can now request certain demographic updates via [www.medica.com](http://www.medica.com). Using the secure Electronic Transactions Web portal, providers can add or remove a practitioner from a particular site or make address updates. Other demographic changes must still be made by contacting your Medica contract manager. For full details, please see the *Medica Connections* article, "Providers can now make demographic-change requests online," in the [December 2009 issue](#).

**Please note:** When you have demographic updates, **you must also notify Patient Choice** of the changes. To do so, complete and submit an Add Term Change (ATC) form, available for download on the Patient Choice Web site ([www.pchealthcare.com](http://www.pchealthcare.com)) under Physicians, Hospitals, Other Providers > [Add/Term/Change Requests](#).

## Patient Choice Provider Resources

<i>Product</i>	<i>Administrator</i>	<i>Web site</i>	<i>Phone number</i>
<b>Patient Choice Insights by Medica</b>	Medica	<a href="http://www.medica.com">www.medica.com</a>	1-800-458-5512
<b>Patient Choice Insights (administered by Aetna)</b>	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	1-888-632-3862
<b>Patient Choice Insights and Patient Choice Care System</b>	UMR	<a href="https://fhs.umar.com">https://fhs.umar.com</a>	1-877-390-7632 (providers press option 1)
<b>Patient Choice Web site: <a href="http://www.patientchoicehealthcare.com">www.patientchoicehealthcare.com</a></b>			