

# NETWORK NEWS

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## Optima Earns 'Excellent' Rating

For the seventh consecutive year, Sentara Health Plans (Optima Health) has earned the highest possible rating from the National Committee on Quality Assurance (NCQA). All of Sentara Health Plans' commercial products earned an 'excellent' rating. Optima Family Care, a Medicaid HMO, earned an 'excellent' for the sixth consecutive year. "This is a testament to the consistently high quality work of our associates and physician partners," said Optima Health President Michael M. Dudley. "Without a strong commitment to excellence from all our stakeholders, an 'excellent' accreditation cannot be achieved."

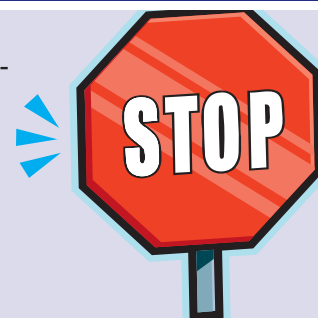


## Welcoming Obici to the Sentara Family

Obici Health System of Suffolk and Norfolk-based Sentara Healthcare have agreed to a merger. The boards of directors of both organizations have signed a letter of intent. "Sentara respects the legacy of Amedeo and Louise Obici, whose generosity helped start this great community hospital," says Sentara CEO David L. Bernd. "We'll maintain that historic link with the name Sentara Obici Hospital." Bernd adds, "This merger will ensure that quality healthcare will be a part of the Suffolk and western Tidewater area for generations to come as the Obicis had intended. Sentara Home Care already serves many patients in the Suffolk area and more than 400 Sentara employees call Suffolk home. We look forward to being a greater part of the community." In addition, the Obici Foundation will remain independent and receive a substantial sum of money for community health programs, such as care and medicine for the indigent, diabetes control, hypertension management, reduction in teen pregnancy, and drug treatment. Visit [www.optimahealth.com](http://www.optimahealth.com) to learn more.

## Help Stop Fraud and Abuse

Three to 5 percent of the total \$1.7 trillion spent on healthcare in 2003 was lost to fraud, according to the National Health Care Anti-Fraud Association. Help put the brakes on health insurance fraud and abuse by contacting the Optima Health Plans Special Investigation Unit at [compliancealert@sentara.com](mailto:compliancealert@sentara.com) or 866-826-5277 if you detect any form of suspicious activity. Optima Health defines health insurance fraud or abuse as suspicious activity involving claims containing one or more material misrepresentations.



*This section is dedicated to providing the most up-to-date Optima Health coding and billing information. Please contact our Provider Relations department with questions*



**NDC Number Required for Injectibles.**

Optima is working hard to expedite the processing of your claims for miscellaneous injectibles. When billing misc injectible HCPC codes, the NDC number is required in the notes section of your electronic or manual claims. Please list it in the following format "NDCXXXXXXXXXXXXX." Claims without accompanying NDC numbers or incorrect NDC numbers will automatically deny D95K-REQUIRED NDC NUMBER MISSING/INVALID.

**Influenza Testing Performed in the Office.**

Effective immediately when performing lab tests for influenza in the office, providers will be allowed to bill either CPT code 87400 or 87804. Please contact your Network Educator with questions.

**Date of Service on the UB-92**

Include the date of service on each line in field 45 of the UB-92; not just the from/through date in field 6.

**RAST-IgE**

RAST testing, 86003, (blood gammaglobulin for food and other allergies) and 95075 (ingestion challenge test). This will be covered for Optima Family Care only. This is effective immediately.

**Getting Nebulizer Meds Through Outpatient Pharmacies is Best**

Please encourage Sentara/Optima Health Plan members to obtain nebulizer medications through participating outpatient pharmacies rather than the Sentara Home Care Delivery service.

**Flu Shots Not Covered Under Pharmacy Benefits**

The flu shot is not covered under health plan members' prescription drug benefits, and members will not be reimbursed when receiving the vaccine outside of the physician's office (i.e. at pharmacies, grocery stores, etc.). Please avoid writing prescriptions for the flu shot.

**Preventative Codes and Modifier 25**

Optima Health Plans, Inc. (OHP) allows reimbursement for Modifier 25 under the following conditions:

- Preventive E&M codes billed with other E&M codes with a 25-modifier on the same date of service:
  - If each code has a separate diagnosis both codes will be paid and notes will not be required
- Preventive E&M billed with other E&M codes without a 25 modifier
  - These codes should not be billed on the same date of service
  - The claim will be denied if no modifier is billed
- Preventive E&M codes with a 25-modifier and any surgical procedure on the same date of service:
  - Surgical procedures with follow-up days
    - If both the codes have the same diagnosis, the E&M code will be denied
    - If the codes have different or additional diagnosis, it is appropriate to pay both codes
  - Surgical procedures without follow-up days
    - Pay both codes if billed on the same date of service
- Preventive E&M codes without a 25-modifier and any surgical procedure on the same date of service:
  - The preventive E&M code will be denied

# Provider Connection Cited as Faster, More Streamlined Way to Conduct Business

The results are in - Provider Connection offers unmatched features allowing providers to conduct online business with Optima Health anytime, day or night. The enhanced service is available through MDoffice and optimahealth.com. Register today for rapid, secure online tools designed to help you streamline the following time-consuming tasks:

- Checking Member Eligibility
- Creating Referrals (PCPs and OBs only) and Checking Referral Status
- Viewing Detailed Claim Status
- Viewing PCP Membership Reports
- Pre-adjudicating claims using Clear Claim Connection
- Downloading Optima Health Documents such as:
  - Provider Reference Manual
  - Clinical Guidelines
  - Drug Authorization, OB Certification and Other Important Forms
  - Provider Network Directory
  - Provider Newsletters



## How to Register

Provider Connection is a free service. To get started, contact Provider Relations at 757-552-7474 or 800-229-8822. You also may contact your External Network Educator at 757-552-7085 or 877-865-9075.

## Provider Connection Feedback

Here are testimonials from office managers and staff who have found the interactive tools of Provider Connection helpful:

*I love MD Office, it has alleviated so much hassle in my work day. What used to take hours to do I can now do within minutes. Checking claim status online has truly freed up a lot of time on the phone. I can get 3x the amount of claims checked in a fraction of the time.*

—Angel Tillet, OB/GYN Associates of Hampton, MAWC

*Easy to navigate. Up-to-date eligibility, claims status and referral information at your fingertips!*

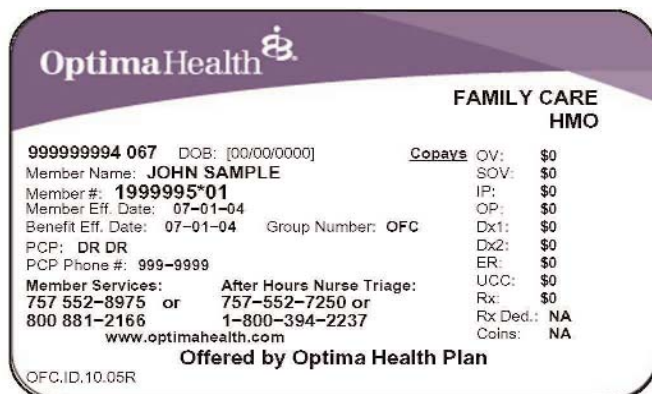
—Traci Gray, Children's Specialty Group, PLLC

*The best and fastest way to get what you need without any hassles!*

—Todd Pasquet, The Group for Internal Medicine (SMG)

## Optima Family Care Member ID

The first line of all newly ordered Optima Family Care ID cards will include the members' date of birth next to the Medicaid number. All cards will be replaced between May and August 2006. The current ID card is valid.



## Eyetel Imaging®



Optima Health has contracted with Eyetel Imaging® in order to increase availability of screening retinal exams for diabetic members. Dilated retinal exams are still provided by the

Optometrist/Ophthalmologist annually for diabetic members. The Plan encourages all diabetic members to receive annual eye exams. Should you have questions you may contact provider relations at 757-552-7474.

## Referrals

Please put in the **FIRST** and **LAST** name of the physician you are referring to. This will assist with prompt processing of the referral.



## The Sleep Disorders Center at Sentara Bayside Hospital Earns National Accreditation

The Sleep Disorders Center at Sentara Bayside Hospital now counts itself among an elite group of approximately 600 American Academy of Sleep Medicine (AASM)-accredited centers in the nation. The accreditation is the gold standard by which physicians, companies and the general public evaluate sleep programs.

The Sleep Disorders Center at Sentara Bayside opened in February 2002 with four beds/sleep labs. Board certified sleep specialists perform as many as 1,000 sleep studies a year, up to four studies per night, six nights a week. There are nine other AASM-certified sleep centers in Virginia, among them are: Sentara Norfolk General Hospital — the first in the state to earn accreditation, as well as Sentara Virginia Beach General Hospital and Sentara Williamsburg Community Hospital.

In conjunction with its sister Center at Sentara Norfolk General Hospital, the Center features a number of special programs and clinics including: computer-simulated driving testing for patients with excessive daytime drowsiness, a Continuous Positive Airway Pressure Clinic (CPAP) to help patients learn to use and maintain their CPAP equipment; and an AWAKE support group for individuals with sleep disorders and their families. The Center also participates in studies and drug trials with Sentara Norfolk General Hospital and Eastern Virginia Medical School to pioneer advances and new, effective treatments for sleep disorders.



The Center treats these common sleep disorders:

- Sleep Apnea – improper breathing during sleep
- Insomnia – inability to fall asleep or stay asleep
- Narcolepsy – excessive drowsiness during the day
- Restless Leg Syndrome – creepy, crawly sensation of the legs while lying still
- Periodic Limb Movement Disorder – repetitive, involuntary movements during sleep
- Rapid Eye Movement Sleep Behavior Disorder – leads to acting out of dreams

For more information on sleep disorders or to see a virtual tour of a sleep center, visit [www.sentara.com/sleep](http://www.sentara.com/sleep).

## Sentara Bayside Hospital Debuts Heart and Vascular Laboratory

Patients in Virginia Beach suffering heart attacks can now get immediate, advanced treatment at Sentara Bayside Hospital's new combined catheterization, angiography, and vascular (CAV) laboratory. The new laboratory is staffed by board-certified cardiologists who are able to perform life-saving heart catheterizations known as primary angioplasties to open blocked arteries. Previously, patients with serious, life-threatening blockages were transferred to another area hospital.

The new CAV laboratory, staffed with technicians and nurses proficient in diseases affecting the heart and blood vessels, offers patients a new level of care and convenience. Additional space improves procedure times and provides patients increased privacy. Located on the second floor of the Hospital near the OB Unit, the lab is expected to serve approximately 400-500 patients per year with clogged arteries, undiagnosed heart and circulation issues, and kidney or other blockages, among other concerns.

In addition, the lab is staffed by vascular surgeons who address peripheral vascular disease — a disease of the blood vessels which interferes with blood flow primarily in arteries that lead to the kidneys, stomach, arms, legs, and feet. The catheterization, angiography, and vascular laboratory is staffed by specially-trained technicians and nurses proficient in heart and vascular diseases.

## Princess Anne Park Update

The first two buildings of Sentara Princess Anne Health Campus have started to take shape. With steel frames in place and brickwork underway, these buildings are expected to open Summer 2006 and will bring residents of southern Virginia Beach some of the most advanced medical evaluations and treatments available today. Highlights of the campus include emergency services, diverse family and specialty physician offices, an outpatient surgery center, cancer services, advanced imaging, laboratory, and women's services. Leasing arrangements are on target for this first phase of the campus. Interest in space for future phases should be directed to Dean Lawrence of Hammes Company at 757-594-6174. For more information about Sentara Princess Anne Health Campus, visit <http://www.sentara.com/princessanne>.

# Benefit Changes Slated for 2006

## New Out-of-Area Provider Network

PHCS will replace CCN as the out-of-area provider network for Optima Health members starting January 1, 2006. Patients will present new Member ID cards reflecting this change. Visit [www.phcs.com](http://www.phcs.com) or call 1-888-817-7427 to learn more about PHCS or locate a provider.



## Growth Hormones Covered Under Prescription Drug Benefit for most groups

As of January 1, 2006 as most groups renew, growth hormones will be covered under the Plan's outpatient prescription drug benefit. They were previously covered under medical benefits with criteria limitations and no copayment requirement. Members will be responsible for appropriate tier copay.

## Overview: Optima's New Direct POS and HMO Plans

Optima's Direct Point-of-Service (POS) and Direct Health Maintenance Organization (HMO) Plans.

### Benefits & Changes

- Primary care physicians still provide or coordinate care.
- Preventive care is always part of covered benefits.
- Although members still select PCPs, these plans do not require referrals to see specialists.

### New ID Cards

Refer to the Optima Health member ID card for:

- Effective date to identify month employer changes take effect
- Quick reference to copay amounts
- Phone number for pre-authorizations
- Claims mailing address

### Card Abbreviations

- OV** - Primary care physician copay, if applicable
- SOV** - Specialist copay
- IP** - Inpatient copay
- OP** - Outpatient copay
- DX1** - Copay/coinsurance amount for radiological diagnostic tests performed outside of the physician's office
- DX2** - Copay/coinsurance for MRI, CT, PET & MRA scans
- ER** - Emergency room copay
- UCC** - Urgent center copay
- Rx** - Prescription drug copay
- RxDed** - Prescription drug calendar year deductible
- Coins** - Coinsurance, if applicable

## Optima 'Family Care' Among Top 25 Medicaid Plans



In its first national ranking of health plans, U.S. News & World Report places Optima Family Care 23rd among the Top 25 Medicaid managed care programs.<sup>1</sup>

"We are delighted to be among the Top 25 Medicaid programs in this first national ranking by U.S. News," says Michael M. Dudley, President of Optima Health. "We think high-quality managed care for Medicaid recipients means lower costs to taxpayers in the long run." Optima Family care has about 115,000 members in Virginia.<sup>2</sup>

Optima Family Care also received awards from the Hampton Roads and Richmond chapters of the Urban League for its middle-school girls' basketball program that emphasizes healthy lifestyles and dietary choices, exercise and sexual abstinence during a formative period in their lives.

In addition to Optima Family Care, plans administered by Optima Health ranked among the Top 100 commercial health care plans at #96. "This is just the beginning," says Michael M. Dudley of this first ranking for commercial plans. "We're setting a course for the Top 50 right now."

<sup>1</sup> America's Best Health Plans, U.S. News and World Report, Oct. 10, 2005. [www.usnews.com](http://www.usnews.com), Accessed October 3, 2005. <http://www.usnews.com/usnews/health/best-health-insurance/topplans.htm>

<sup>2</sup> DMAS Managed Care Enrollment Report, January 2005

## Reminder to Use New CAQH Credentialing Application



Starting Feb. 1, Optima/Sentara Health Plan's Credentialing Department will only accept Council for Affordable Quality Healthcare (CAQH) applications from providers. This applies to initial and re-credentialing applications. Initial applications completed prior to Feb. 1 using the older version will still be accepted.

## Practitioner Satisfaction Surveys are Complete

Optima Health would like to thank physicians, nurses and office managers who completed the yearly satisfaction survey by mail and telephone. We conducted the 2005 survey from October to November and will publish results in the next issue of Network News. The Practitioner Satisfaction Survey is one of the health plan's most valuable tools in identifying strengths and weaknesses in service to providers. Your participation is greatly appreciated.

# Thank you!!

### CAQH Credentialing Considerations:

- Never used the CAQH application? Contact the CAQH Help Desk at 888-599-1771 or visit [www.caqh.geoaccess.com](http://www.caqh.geoaccess.com) for guidelines.
- We are adding Sentara/Optima providers not already participating with CAQH into the organization's data base. This establishes your CAQH ID, and prompts the organization to mail you information on how to use the application. After completing the application, please give authorization to Sentara/Optima Health Plans so we can access it.
- If you are a new provider wishing to participate with Optima/Sentara Health Plans, please contact Network Management at 757-687-6333. We will enter your name into the CAQH system, which initiates the application process.
- If you do not have access to a computer and/or Internet service, contact CAQH at 888-599-1771 to receive a paper application. Once you have completed the application, and included a copy of licensure, DEA and current malpractice certificate, return it to CAQH. CAQH will update the information in their system.

## HEDIS® 2006 Record Reviews Begin in February

### What is HEDIS®?

Optima Health uses the Health Plan Employer Data and Information Set (HEDIS®) to assess its performance. The National Committee for Quality Assurance (NCQA) developed HEDIS® to measure care and services provided by health plans. HEDIS® helps evaluate effectiveness of care, access to health care, use of services, and member satisfaction. While most HEDIS® information is obtained from claims, medical record review results also are incorporated into data.

### What to Expect

Starting in February, Optima Health nurses will contact providers to schedule record reviews. Your prompt response to the request is greatly appreciated and ensures we accurately measure the high quality care you provide Plan members. Please contact Jan Elion at (757) 552-7260 or 1-877-552-7401 with questions.

### Tips for a Smooth Medical Records Review

Remember, every chart counts! You can help facilitate the process by ensuring your records meet the following HEDIS® documentation requirements:

- Provide the appropriate care within the designated time frames
- Code all claims and encounters accurately
- Document all care in patients' medical records



## Sample Measures with Guidelines to Help Meet HEDIS® Standards

### **Cholesterol Management for Patients with Cardiovascular Conditions.**

Documentation of a lipid profile performed for members 18-75 years of age discharge alive for an acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) or with a diagnosis of ischemic vascular disease (IVD). The results of the LDL-C must be documented in the medical record and should be less than 100 mg/dl.

### **Controlling Hypertension.**

The medical record should contain documentation confirming a diagnosis of hypertension and documentation of the last blood pressure reading. Adequate control is defined as a systolic blood pressure less than or equal to 140 and a diastolic blood pressure less than or equal to 90.

### **Cervical Cancer Screening.**

Documentation in the medical record of a Pap smear performed during the measurement year or two prior years.

### **Colorectal Cancer Screening.**

For patients 50 and over, documentation of one of the following screening tests should be included in the medical record:

- a) Colonoscopy during the measurement year or prior nine years
- b) Flexible sigmoidoscopy during the measurement year or prior four years
- c) Barium enema during measurement year or prior four years
- d) Fecal occult blood test (three cards submitted by patient with results documented in the medical record) during the measurement year

### **Comprehensive Diabetic Care.**

Documentation in the medical record of the following for members diagnosed with diabetes:

- a) Lipid profile done in measurement year or prior year, results of LDL-C should be less than 100mg/dl
- b) HbA1c Testing
- c) HbA1c poorly controlled, define as greater than 9.0
- d) Dilated eye exam
- e) Microalbuminuria test or documented treatment for nephropathy

### **Childhood Immunizations.**

Medical records for pediatric patients should contain all documentation below. To meet HEDIS® requirements, all vaccinations must be given on or before a child's 2nd birthday. Documentation of "up to date" is not acceptable. Documentation must include the antigen name and date given.

- a) Four DTP or DTAP
- b) Three IPV
- c) One MMR
- d) Three H flu type B
- e) Three hepatitis B
- f) One varicella zoster (VZV) or documentation of the disease
- g) Four pneumococcal vaccine

### **Adolescent Immunizations.**

The medical record should contain documentation below as appropriate for the patient's age. To meet HEDIS® requirements, all vaccinations must be given on or before a child's 13th birthday. Documentation of "up to date" is not acceptable. Documentation must include antigen name and date given.

- a) One MMR on or between 4th and 13th birthdays or two MMRs between 1st and 4th birthdays
- b) Three doses of hepatitis B or a completed two-dose hepatitis B regimen
- c) One varicella zoster (VZV) or documentation of the disease

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# NETWORK NEWS

**Optima Health Marketing & Communications**  
4417 Corporation Lane  
Virginia Beach, VA 23462

## ATTENTION: PHYSICIANS AND STAFF

### Important Phone Numbers

Network Management	757-552-7474 or 800-229-8822
Provider Relations Fax	757-552-7316
Medical Care Management Office	757-552-7450 or 800-229-5522
Medical Care Management Fax	757-552-7429 or 877-800-2839
Referral Center Office	757-552-8911 or 877-800-2838
Referral Center Fax	757-552-8868 or 888-902-3456
Network Educators	757-552-7085 or 877-865-9075
PharmaCare Specialty Pharmacy	888-900-3232
PharmaCare Specialty Pharmacy Fax	877-287-7226
Sentara Behavioral Health Services Provider Relations	757-687-6297 or 877-687-6297
Community Health & Prevention	757-687-6000



**From Everyone at Optima Health:  
Happy New Year!**

Any policy changes communicated in this newsletter are considered official and will be reflected in the next edition of the *Provider Reference Manual*.