

NETWORK NEWS

Easy to do Business With!



1. Optima Health has given members the availability to make the best health care decision regarding depression by adding an interactive tool to www.optimahealth.com. By using this tool, members will be able to better understand depression and recognize the symptoms.

2. Optima Health has recently conducted Provider Seminars for education on many important issues such as: Optimahealth.com, NPI rollout, and vaccines.

3. Optima Health has implemented a new application, located at www.optimahealth.com, which allows you to receive and view your remits online whenever it's convenient for you. Up to 90 days of information is archived and you have the option to view, print, or download and create your own archive on your computer. You can get your payments and post them faster!

SYNAGIS

A new Synagis Authorization Request form and a new Synagis Order Form (for the drug itself) have been developed for the 2006 - 2007 season. Please be advised that neither of these forms is a substitute for the clinical documentation required at the time you make your request for Synagis. Submitting the required medical documentation at the time you submit the Authorization Request will allow the staff to process your request as quickly as possible. Once the request is approved, ordering and shipping can be confirmed by contacting our PHARMACARE Representative, Tracy Collins at 1-800-238-7828. Although the process has not changed, the contact telephone number and fax numbers are new.

Please direct any questions you may have to Medical Care Management at: 757-552-7540 option #3, or 1-800-229-5522 option #3.

Coding Corner

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.

- Avonex Administration should be billed with 90772 for the injection code. Code 96401 should not be used for Avonex administration.
- Remicade Administration should be billed with either code 96413 or 96415, as appropriate.



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Benefit Change Effective January 1, 2007

The following change will go into effect January 1, 2007 for all Optima Health Health Maintenance Organization (HMO), Point-of-Service (POS) and Preferred Provider Organization (PPO) Plans; This change will not affect Optima Medicare Preferred plans or Federal Employees:

- **Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans will require pre-authorization.** (Positron emission tomography (PET), Magnetic resonance angiography (MRA), Computerized Tomographic Angiography (CTA), and Magnetic Resonance Spectroscopy (MRS) advanced diagnostic imaging services currently require pre-authorization.)

Pharmacy Benefit Changes Effective January 2, 2007

Medication Tier Changes:



- Simvastatin (generic Zocor) will move from tier 3 to tier 1.
- Brand Zocor will move from tier 1 to tier 2. Patients requesting brand Zocor will have to pay their copay plus ancillary charges. Brand Zocor will move to non-formulary for closed formulary groups.
- Premarin will move from tier 1 to tier 2.
- Prempro will move from tier 1 to tier 2.
- Humira Pen (adalimumab) will move from tier 3 to tier 4. Same prior authorization criteria as Humira pre filled syringes.
- Megace ES (megesterol) - will move from tier 2 to tier 4.
- Zanaflex (tizanidine) capsules - will move from tier 3 to tier 4.

Medications that are Premium Plus (tier 4) copay and require step edit:

* **Cardura XL**

(doxazosin extended-release) is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). Cardura XL is NOT approved for the treatment of hypertension. The drug will remain at tier 4 and require a step-edit of doxazosin regular release.

* **Zegerid**

(omeprazole/sodium bicarbonate) is a combination of omeprazole and sodium bicarbonate. With the exception of a warning concerning an increase in sodium content, the drug is very similar for all PPIs, therefore, Zegerid does not appear to offer any significant advantages over any PPI. The drug will remain at tier 4 and require the step-edit of Prilosec OTC.

MS Drug Changes:

- Rebif will move from tier 3 to tier 2.
- Avonex will move from tier 2 to tier 3.
- Betaseron will move from tier 2 to tier 3.
- The use of Rebif or Copaxone will be required prior to the use of Avonex or Betaseron (step edit) for new prescriptions only.
- Members currently on Avonex or Betaseron will be grandfathered, and the step-edit will not be required.

Quantity/Age limit changes:

- Relpax monthly quantity will change from 12 tablets per month to a quantity of 9 tablets per month.
- Coverage for Rotateq has changed from 2 - 6 months to 2 months - 32 weeks.

Optima Health National Provider Identifier (NPI) Update Form

As the National Provider Identification (NPI) standard deadline approaches, we ask that our provider partners complete and return this National Provider Identifier (NPI) Update Form. By completing and returning this form you are taking steps to ensure uninterrupted business operations between your organization and Optima Health during the conversion to NPI.

A few important notes about this process:

- The NPI is in response to the Health Insurance Portability and Accountability Act's (HIPAA) requirement for a standard, 10-position unique identifier for healthcare providers that goes into effect on May 23, 2007.
- The NPI will replace health care provider identifiers in use today in HIPAA standard transactions by May 23, 2007.
- All healthcare providers who are HIPAA-covered entities must obtain NPIs to identify themselves in HIPAA standard transactions by the effective date.
- **Please complete the form on the next page in its entirety and fax to 757-552-7576 or 1-866-751-7645.**
- Your information will be kept confidential and will only be used for business purposes.
- If you need additional space to register multiple NPIs, please complete and submit additional forms.
- Since your contract and payments are at the group level, you **must** obtain a group NPI as well as any required individual NPI numbers.
- Visit the following web sites to obtain more information on obtaining the NPI number:
<http://www.cms.hhs.gov/NationalProidentStand/>
<https://nppes.cms.hhs.gov/NPPES/Help.do?topic=ContactInformation>

To comply with the federal mandate and maintain a consistent, uninterrupted business relationship with providers, we ask that you complete and return this form after you receive your NPI. This will allow us to register your NPI and update our systems accordingly.

If you have questions, please contact your respective Network Educator at 757-552-7085 or toll free 1-877-865-9075.

This form is also available on www.optimahealth.com



Please complete this form in its entirety and fax to 757-552-7576 or 1-866-751-7645.

BASIC INFORMATION

ORGANIZATION TYPE

Type 1 Individual NPI: Individual who renders healthcare

First Name	MI	Last Name	Tax ID	Optima Health Provider #	NPI #	Taxonomy Code

Type 2 Group NPI: Organization that renders healthcare or a subpart of an organization that renders healthcare

Group Name	Tax ID	Optima Health Vendor #	Street Address	City	St	Zip	NPI#

Registrant Registrant is the person filling out this form. Please provide your name and contact information.			
First Name	Last Name	Title	Fax Number

* Information on provider taxonomy codes is available at www.wpc-edi.com/taxonomy.
 * Information on obtaining a NPI is available at <http://www.cms.hhs.gov/NationalProviderStand/>

If you have questions, please contact your respective network educator at 757-552-7085 or toll free 1-877-865-9075.

Richmond/Peninsula Updates

Participating Hospital Network for Optima Health Plan Members in Richmond

Optima Health has a broad and excellent hospital network serving the Optima Health plan members in Richmond and the surrounding areas. However, please be advised that Hospital Corporation of America (HCA) facilities are not included in Optima Health Plan's Commercial (HMO, PPO and POS) and Medicare PPO provider networks. This includes Chippenham and Johnston-Willis Medical Center, Henrico Doctors Hospital, John Randolph Medical Center, Retreat Hospital, Hanover Outpatient Surgery Center, and Tuckahoe Surgery Center. HCA facilities are included in the provider network for Optima Family Care (Medicaid).

Except for emergencies, Optima Health Plan commercial HMO members will generally have no coverage for use of HCA facilities. PPO (both Commercial and Medicare) and POS members utilizing these out-of-network facilities will be required to meet higher out-of-network deductibles and pay much higher coinsurance for their care.

Please help your patients get the most from their benefit plan by referring and directing Optima Health Plan members to facilities included in the Optima Health Network. You may verify in-plan status at any time by visiting www.optimahealth.com or contacting Provider Relations at 1-800-229-8822. Should you have any questions, please contact your Network Educator.

Reminders

1. Please remember that claims and correspondence to Lason should only be submitted via mail. Providers should not be contacting Lason by phone, fax, or email. Please refer to the back of the member's ID card for the purpose of mailing claims.



2. All paper and electronic claims for Optima Medicare Preferred members should be submitted to:

Lason (formerly Vetri Systems)

P.O. Box 5028

Troy, MI 48007-5028

Electronic claims should be submitted through your clearinghouse in the same manner as all other Optima Health products. Optima Medicare Preferred claims should not be submitted to Medicare directly.

3. **Authorizations for Flumist for children ages 5-8 who have never before received either Flumist or Flu shot will cover BOTH doses and have an expiration date of 3/1/07.**
4. Providers now have the ability to back date referrals up to **14** days. On the REFERRAL SUBMIT page there is a note that tells the user how far they can go back.
5. Reminder to all providers - Optima Family Care coverage for Gardasil is pending coverage by Virginia Vaccines for Children (VVFC). Until this vaccine can be obtained from VVFC, Optima Family Care will not cover the administration or the vaccine.
6. In order to avoid delay or possible denial of claims, please remember to include specialist information, full name, and telephone number when sending in Referral/Authorization requests.
7. Optima Medicare PPO claim reconsiderations are processed following normal Medicare guidelines that require a completely new claim submission. Reconsiderations submitted using the Optima Health Reconsideration Form cannot be processed for Medicare PPO claims.
8. We are no longer accepting faxed paper applications; therefore, if providers wish to register for Optimahealth or MD Office, you are now required to register online. The applications can be found on www.optimahealth.com by selecting the Provider link. Then scroll down to the Provider Connection forms. The form is called, "Provider Connection Optima Health Enrollment Form."

Great News from Optima Health regarding hearing care discounts!

Effective immediately, Optima Health members, are eligible to receive negotiated pricing on the cost of hearing care and services from EPIC Hearing Health Care. The EPIC Hearing Service Plan is free to Optima Health members and their families and all costs have been negotiated by EPIC to provide the best possible value.

For more information, contact EPIC Hearing Health Care directly at 1-866-956-5400 or visit their web site at www.epichearing.com.

2006 Medical Record Audit Identifies Opportunities for Improvement

Complete and consistent documentation in patient medical records is an essential component of quality patient care. As part of the annual Health Plan Employer Data and Information Set (HEDIS®) audit this past spring, a random sample of medical records was reviewed for specific compliance with medical record documentation standards.

The following areas were identified as opportunities for improvement:

- **Documentation of Advanced Directive***

Member's advanced directive status should be documented in the record.

In 2007, we will be collecting information to see how many members have informed their physician that they have an advanced directive and have actually given their physician a copy of the advanced directive. Members will be educated this year about the importance of giving their physician an advanced directive copy to put in their chart.

- **Documentation of Adverse Reactions to Medications**

Allergies and adverse reactions to medications should be prominently noted in the record.

- **Documentation of Continuity and Coordination of Care**

If a medical or behavioral health specialist consultation is requested, evidence of communication between the primary care physician and medical and/or behavioral health specialist should be noted in the record.

New Areas of Focus for the 2007 Medical Record Documentation Standards

In 2007, while reviewing medical records during the annual HEDIS audits, the following new documentation standards will be added to the review:

- **Preventive Health Screening:**

For adults 21 years and older, there is evidence that preventive screening services were offered in accordance with Optima Health's Adult Preventive Health Guidelines.

- **Substance Abuse*:**

For patients 12 and older, there is appropriate notation concerning smoking, alcohol, and substance abuse.

**Information about advanced directives, medical record standards, and preventive health guidelines is available on Optima Health's Provider website at www.optimahealth.com. This information can also be found on Optima Health's Health CD-ROM that is mailed to network practitioners annually. To obtain a hard copy of any of this information please contact Jennifer Williams, RN in the Quality Improvement Dept. at (757) 552-7288 or 1-866-425-5257.*

Physician Satisfaction Survey

As you know, Optima Health conducts an annual Physician Satisfaction Survey in which we have begun the survey process for this year. We use this survey to determine our strengths as well as the areas you would like us to improve upon. If you receive a survey, please take the time to fill it out and thank you in advance.

Look for these features on the web at www.optimahealth.com

- Clinical Practice Guidelines
- Preventive Health Guidelines
- Member Right and Responsibilities
- Advanced Directives
- Medical Records Standards
- Quality Improvement Program
- HEDIS 2007

Quality Improvement Highlights

Optima Health Earns "Excellent" NCQA Rating

Once again, Optima Health has earned the highest possible rating of "Excellent" from the National Committee for Quality Assurance (NCQA) for our HMO/POS and Medicaid products. Optima Health offers a comprehensive quality improvement program providing a foundation for the development of programs and activities directed towards improving the quality of health care and services health of our members.

The QI program is designed to implement, monitor, evaluate and improve processes that are within the scope of the Health Plan. Feedback from our members and providers is important, as it helps us to determine opportunities for improvement. Optima Quality Improvement coordinates the review and distribution of clinical guidelines for our practitioner network, credentials and re-credentials our network of provider, conducts medical record reviews, and monitors and evaluates the continuity and coordination of care between primary care physicians and specialists including behavioral health practitioners.

Optima Health annually collects Health Plan Employer Data Information Sets (HEDIS®) data for our members. HEDIS measures track the use of preventive services, (such as cancer screenings, mammograms, Pap tests, colorectal screening), chronic conditions, diabetes, asthma, depression and high blood pressure. Optima Health works hard to improve these rates by sharing this information with our providers. HEDIS reporting provides a measurement tool that holds us accountable and provides focus for better service to all our customers, as well as facilitating improved care for our members.

Listed below are our HEDIS 2006 rates based on CY 2005 data:

HEDIS® 2006 Measures	Commercial		Medicaid	
	CY2004	CY2005	CY2004	CY2005
Childhood Immunization *	76.69 %	88.64 %	59.15 %	70.18 %
Adolescent Immunization *	74.88 %	52.85 %	62.68 %	40.45 %
Breast Cancer Screening*	75.30 %	74.54 %	59.03 %	58.55 %
Cervical Cancer Screening	83.69 %	85.50 %	59.32 %	64.74 %
Timeliness of Prenatal Care	94.93 %	93.31 %	82.69 %	84.01 %
Postpartum Visit	82.35 %	84.99 %	59.67 %	59.31 %
Dilated Eye Exam (Diabetes)	48.28 %	49.35 %	41.98 %	45.05 %
Controlling High Blood Pressure	66.60 %	72.69 %	62.00 %	63.38 %
Colorectal Cancer Screening	67.61 %	68.02 %	39.79 %	42.50 %

* Breast cancer screening rates in CY2004 were based on hybrid measures (combines administrative claims review and an actual chart review), while CY2005 rates were based on administrative review only.

*Childhood and Adolescent Immunization rates for CY2004 were based on Combined Rate 1 while the CY2005 rates were based on Combined Rate 2.

For more information about HEDIS measures or our quality improvement program, you may contact the Quality Improvement Department at 1-757-552-7350 or 1-866-425-5257.

Self-Screening for Depression

Optima Health is taking an active role in promoting the recognition and effective treatment of depression by partnering with members, providers and employers.

By adding an interactive tool to optimahealth.com, members will be able to better understand depression and recognize the symptoms. A great feature this tool offers is a Depression self-screening that members may complete and take to their doctor if depression is suspected.

Due to 15% of the population being affected by depression, we encourage you to take a moment to review the link below and share this information with your employees and patients. The tool is located on the Member page under "Programs and Wellness": www.optimahealth.com/OptimaHealth/Members/Unsecured/ProgramsandWellness/depression.htm

Providers may bypass the Optima Health login by going to www.healtheducationanswers.com. Enter "SBH" for the registration code and create a user name and password.

Optima Health is committed to "Making it easier, Making it better" by empowering our members with knowledge to make the best health care decision possible if depression is suspected.

If you have any questions about this information, you may call our Quality Improvement Department at 757-552-7350.

The site is confidential; therefore Optima Health does not receive any information regarding specific activity.

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NETWORK NEWS

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

ATTENTION: PHYSICIANS AND STAFF

Important Phone Numbers

Provider Relations Office	757-552-7474 or 800-229-8822
Provider Relations Fax	757-552-7316
Medical Care Management Office	757-552-7540 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
Sentara Health & Preventive Services	757-687-6000



**From Everyone at Optima Health:
Have a wonderful Holiday Season and a
Happy New Year!**

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