

# Care System Connection

News for providers participating in the Patient Choice programs

Spring 2008

## In This Issue:

Have You Submitted Your NPI Information to Patient Choice? ..... 2

South Dakota Hospitals Required to Report Additional Pricing Information ..... 2

Patient Choice Outlines Procedures for Health Care Mergers and Acquisitions ... 2

Medica to Award \$25,000 for Innovations in Health Care Delivery ..... 3

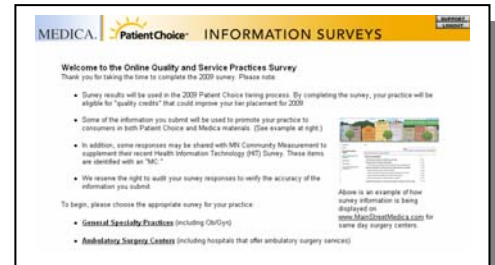
Medica Strives to Improve Depression Care by Participating in DIAMOND Initiative ..... 4

Fiserv Health Transitioning to New Name, New Look..... 4

## General Specialty Practices: Earn Quality Credits Toward 2009 Tiering Process and Promote Your Practice to Consumers

Have you completed the 2009 Quality and Service Practices Survey? Doing so could help you improve your Patient Choice Insights tier (or maintain a preferred tier) and will give you an opportunity to promote your practice on Medica's Main Street Medica Web site and in other consumer materials.

As you may recall, the Patient Choice Insights product features an open-access tiered network in which participating providers are grouped into one of three tiers. Generally, the lower a provider's tier assignment, the lower a member's copayment and/or percentage of coinsurance.



By completing the online survey you can earn "quality credits" to use toward improving your practice's tier (or maintaining a low tier). You can also take advantage of the opportunity to promote your practice to consumers, as select survey responses will be published in various Patient Choice and Medica materials. To see an example of how we are promoting Same Day Surgery Centers on the Main Street Medica Web site, go to [www.MainStreetMedica.com](http://www.MainStreetMedica.com) > Same Day Surgery Centers > [View profiles](#).

Information about the survey (including a password and user ID for accessing the site) was sent to providers in mid-May. If you did not receive the information or if you have questions about the survey, please e-mail [info@pchealthcare.com](mailto:info@pchealthcare.com). Please note, the survey deadline has been extended to **Monday, June 23, 2008**.

## Remember to Submit Demographic Changes to Patient Choice

Maintaining accurate provider demographic data in Patient Choice's systems is critical to accurate and timely claims payment, and to the appropriate display of information in our printed and online provider directories.

When you need to request a demographic change for a practitioner, clinic or facility, please complete an Add Term Change (ATC) form, available for download on the Patient Choice Internet site ([www.patientchoicehealthcare.com](http://www.patientchoicehealthcare.com)) under Physicians, Hospitals, Other Providers > [Add/Term/Change Requests](#).

You can submit completed ATC forms via e-mail to [ATC@pchealthcare.com](mailto:ATC@pchealthcare.com). Thank you for helping to ensure that our information is up to date!

*Care System Connection* is published by Medica®, in connection with its Patient Choice program. If you have story suggestions, please contact Kathleen Butterfield-Miles, managing editor, via e-mail, [kbutterfield-miles@pchealthcare.com](mailto:kbutterfield-miles@pchealthcare.com).

## **Have You Submitted Your NPI Information to Patient Choice?**

Providers who have not yet notified Patient Choice of their national provider identifier (NPI) should send that information to Patient Choice in an Excel file format via secure e-mail or encrypted CD. Providers should work with their organization's Information Technology contact to ensure that the files are sent using a secure process.

To submit your NPI via secure e-mail, send it to:

[ATC@pchealthcare.com](mailto:ATC@pchealthcare.com)

To submit your NPI via encrypted CD, mail it to:

Patient Choice  
NPI Processing  
Mail Route CP217  
P.O. Box 1287  
Minneapolis, MN 55440-1287

If you have any questions about submitting NPI information, contact Patient Choice at 952-992-1700.

## **South Dakota Hospitals Required to Report Additional Pricing Information**

The South Dakota Legislature recently passed a bill that will expand the amount of pricing information hospitals in that state must disclose. Currently, hospitals are required to report median prices for their top 25 inpatient Diagnosis-Related Groups (DRGs) (for DRGs with 10 or more occurrences), along with the case-severity rating and the number of discharges.

The new act will require South Dakota hospitals to report All Patient Refined Diagnosis-Related Groups (APR-DRG) for APR-DRGs with 10 or more occurrences, plus the number of discharges, average length of stay, average charge, median charge and other information. Hospitals must also submit information about case-severity ratings, individual patient variations, or any other factors that would affect actual patient charges.

The information will be available to the public on a new Web site to be developed by the South Dakota Association of Healthcare Organizations (SDAHO). The Web site, available by June 1, 2009, will also provide charge information for outpatient procedures. A list of the procedures to be reported is being developed by SDAHO and the South Dakota State Medical Association, and will be finalized by Dec. 31, 2008.

## **► Network Information**

### **Patient Choice Outlines Procedures for Health Care Mergers and Acquisitions**

Recognizing an increase in consolidation in the health care marketplace, Patient Choice would like to outline some basic procedures for organizations involved in a potential merger or acquisition. Following these procedures will help minimize any potential adverse impact to Patient Choice members.

If your organization is involved in a potential or pending merger or acquisition, please:

- notify Patient Choice as early as possible of the potential or pending merger/acquisition.
- review current obligations in your Patient Choice network agreement(s).

- provide to Patient Choice information on any terms in the merger or acquisition agreement that may adversely impact Patient Choice members.
- collaborate with Patient Choice to coordinate logistics and communications that affect Patient Choice members.
- recognize and review any potential effects the pending transaction could have on the confidentiality of your Patient Choice network reimbursement terms.

It is standard business practice for an acquiring organization to honor the agreements an acquired entity has in place at the time of acquisition. Patient Choice expects that provider organizations will adhere to this practice during a transition to new ownership and in the event of any other similar changes such as acquiring a new federal TIN.

Adhering to agreement terms is particularly important as the terms relate to a provider organization's tier status. Because Patient Choice's programs are based on a tiered network, a change in a provider's tier will directly affect a participant's access to the provider (in the Care System program) or the member's copay or coinsurance amount (in the Insights program).

If you have questions about these procedures, please consult with your Patient Choice contact or call 952-992-1700.

## ► Administrative Information – Medica

### **Medica to Award \$25,000 for Innovations in Health Care Delivery**

#### ***Provider Groups Participating in the Patient Choice Insights Network Eligible to Apply***

Medica is planning to reward excellence in cutting-edge care delivery by offering a new innovations award in 2008. With "Raising the Bar: Rewarding Care Delivery Innovation," Medica wants to seek out and recognize the work of provider groups — from single-site practices to health care systems — that are undergoing unique changes to improve patient care and have proven results, as evidenced by measures of clinical outcomes or effectiveness.

As Medica has adjusted its pay-for-performance programs to align more with other community initiatives, the "Raising the Bar" awards will similarly recognize members of the provider community for their work in defining health care 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, if applicable.

Providers will need to show how they are leading the way in improving quality of care and setting up systems and processes to sustain these changes. Change models should be transferable to other patient populations to achieve similar results. Innovation programs and projects can include but are not limited to:

- Establishing patient partnerships
- Integrating illness care and lifestyle management
- Enhancing quality and efficiency

The deadline for award applications is June 30, 2008. One or more awards will be presented in fall 2008 in amounts of at least \$25,000. Any provider group that delivers patient care in the Medica and/or Patient Choice Insights provider networks is eligible, including primary care and specialty practices as well as hospitals.

[Complete details](#), including the application, are available online at [www.medica.com](http://www.medica.com) through the “Providers” home page. Providers who have questions may contact Kathleen Conboy in Medica Provider Relations at 952-992-2051 or [kathleen.conboy@medica.com](mailto:kathleen.conboy@medica.com).

### **Medica Strives to Improve Depression Care by Participating in DIAMOND Initiative**

Medica is helping to improve depression care in Minnesota by participating in a new initiative called “Depression Improvement Across Minnesota – Offering a New Direction” (DIAMOND). The program delivers behavioral health services in the primary care setting for patients with depression, and is modeled after a Washington-based team care model for treating depression called “Improving Mood – Promoting Access to Collaborative Treatment” (IMPACT).

The DIAMOND program was created through a collaboration of leading Minnesota medical groups, six major Minnesota health plans – including Medica – the Minnesota Department of Human Services, employer groups and patients, and is coordinated by the Institute for Clinical Systems Improvement (ICSI).

The program seeks to ensure that adults with depression receive the care necessary to achieve improved outcomes. A key component of DIAMOND is a care manager who provides patient education, self-management support, monitoring, coordination of care with both primary care and behavioral health providers, and facilitation of treatment changes.

To be eligible for the program, patients must be age 18 and older with a diagnosis of major depression or mild chronic depression, and receive services from a clinic participating in DIAMOND. (Currently 10 primary care clinics participate in DIAMOND; additional clinics will begin implementing the program during the next two years. A rollout schedule and list of participating clinics is available on the ICSI Web site at [www.icsi.org](http://www.icsi.org).) DIAMOND-covered services will be reimbursed by a variety of health plans and programs, including the Patient Choice Care System and Insights programs.

To evaluate the success of DIAMOND, the HealthPartners Research Foundation (HPRF) has been awarded a five-year grant from the National Institute of Mental Health. Medica is a participant on the HPRF team, which will study all aspects of the program, including the effects on both patient outcomes and health care costs.

More information about the DIAMOND project is available on the ICSI Web site at [www.icsi.org](http://www.icsi.org).

## **► Administrative Information – Fiserv Health**

### **Fiserv Health Transitioning to New Name, New Look**

As noted previously in Patient Choice *Care System Connection*, Fiserv Health was acquired by UnitedHealthcare in January 2008. As part of that transition, Fiserv Health recently announced that it is now part of a new UnitedHealthcare business unit called UMR. The new unit is the country’s largest TPA and also includes UnitedHealthcare’s existing benefits administration businesses, United Medical Resources and Midwest Security. UMR will focus specifically on self-funded clients, operating as a distinct and separate business unit within UnitedHealthcare.



Fiserv Health will transition to the new UMR name and logo (pictured above) over the course of 2008. Members will receive a variety of communications about the transition. ID cards with the new logo will be sent to participants upon renewal.

For Patient Choice programs that are administered by Fiserv Health, the process for submitting claims and contacting Customer Service will remain the same.



<b>Patient Choice Provider Resources</b>			
<b><i>Product</i></b>	<b><i>Administrator</i></b>	<b><i>Web site</i></b>	<b><i>Phone number</i></b>
<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 and Patient Choice Care System</b>	Fiserv Health (now known as UMR)	<a href="http://www.FiservHealthServices.com">www.FiservHealthServices.com</a>	1-877-390-7632 (providers press option 1)
<b>Patient Choice Care System</b>	Meritain Health (formerly CBSA)	<a href="http://www.Meritain.com">www.Meritain.com</a>	1-888-593-6598 or 952-593-6598
<b>Patient Choice Web site: <a href="http://www.patientchoicehealthcare.com">www.patientchoicehealthcare.com</a></b>			