

Care System Connection

News for providers participating in the Patient Choice programs

Winter 2008

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Patient Choice's 2008 Hospital Guide and Facility Pricing Catalog Helps Consumers Better Understand Health Care Costs, Quality

As individuals continue to assume more responsibility for the cost of their care, pricing information is increasingly important to health care consumers. The *Hospital Guide and Facility Pricing Catalog* is one way Patient Choice is making cost information available to consumers.

The guide is available to individuals who participate in plans that offer the Patient Choice Insights network, and contains:

- pricing information for a variety of inpatient and outpatient services, lab services and imaging services at several facilities in the Twin Cities and surrounding areas;
- details about hospital patient safety measures; and
- a list of various resources that provide additional quality information for consumers.



The 2008 version of the Patient Choice *Hospital Guide and Facility Pricing Catalog* is available on the Patient Choice Web site at www.patientchoicehealthcare.com and on Medica's Web site at <https://member.medica.com/C11/ProductPatientChoice/default.aspx>.

Patient Choice Quality Surveys Coming this Spring

Each year, Patient Choice surveys Care Systems, hospitals and certain individual specialty clinics to gather information about their quality processes, clinical guideline implementation and compliance, service capabilities, Web tools and more. Results from the survey are factored into the tiering process for the Patient Choice and Patient Choice Insights networks (a high survey score can earn quality credits, which can help improve your tier placement for 2009). Portions of the survey results are also provided to consumers in printed materials and on www.MainStreetMedica.com and the Patient Choice Web site (www.patientchoicehealthcare.com).

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Patient Choice is currently developing this year's round of surveys, the first of which will be sent to Care Systems this spring (specialty clinics and hospitals will be surveyed during the summer). If you have questions about the survey process or if you have previously completed a survey and have feedback or suggestions for this year's surveys, e-mail pcnews@pchealthcare.com.

Training Module for Health Literacy, Cultural Competency Now Available Online

Medica's training program aimed at reducing racial and ethnic disparities – *Walking In Their Shoes: Enhancing Authentic Practitioner-Patient Communication* – is now available online. This train-the-trainer program provides everything you need to improve your communication skills across cultures and at all levels of health literacy, which will help improve your patients' medication compliance, safety and satisfaction.

The program contains two modules:

- The Challenge of Health Literacy: What health care providers need to know (featuring the AMA health literacy video)
- Working Effectively with Human Differences: Improving cross-cultural understanding (featuring *Culture and Clinical Care*, published by UCSF Nursing Press)

Target audiences for the program include clinic employees, hospital employees and other health care workers who have direct contact with patients.

Walking In Their Shoes also includes supplemental training programs, patient programs and employee activities such as:

- a training program on working with interpreters,
- information on how to access free translated brochures for patients,
- multilingual signage for clinics, and
- information on how to establish an employee diversity program.

You can access *Walking In Their Shoes* from Medica's Web site at <http://provider.medica.com/C1/WalkingInTheirShoes/default.aspx>. If you have any questions about the program, contact Sue Metoxen, director of compliance and product administration for Medica's State Public Programs division, at (952) 992-3552 or sue.metoxen@medica.com.

► Network Information

Specialty Clinics: Review and Return Data Verification Report

If you haven't yet reviewed and returned the Specialty Group Data Verification report mailed to you at the end of December, please take a moment to do so now. The report shows how your clinic's information is currently listed in the Patient Choice database, and allows you to make certain changes, if necessary. The mailing also included a form for you to complete to provide contact information for your clinic's administration, quality improvement and contracting areas. Please refer to the mailing for complete details, or, if you have questions, contact Kimberly Aguirre, Patient Choice data analyst, at (952) 992-1738. Thank you for taking the time to help us keep our information up to date!

Reminder: 2008 Patient Choice Insights Tiers Now in Effect

Patient Choice Insights features an open-access network, where participating providers are grouped into three tiers. Depending on the services delivered, the provider's tier assignment can affect member benefits. Generally, the lower – or better – the tier, the lower the member's copayment and/or percentage of coinsurance. On Jan. 1, 2008, the 2008 provider tier assignments went into effect. Please ensure you are using the correct tier assignment when seeing patients who are enrolled in a plan that utilizes the Patient Choice Insights network. If you are unsure of your tier, consult the letter mailed to you in December 2007, or check the online provider directory on the Patient Choice Web site (<http://www.patientchoicehealthcare.com/providers.html>) or Find a Doctor on Medica's Web site (www.medica.com/).

Two Care Systems Added to Patient Choice Network for 2008

Patient Choice is pleased to welcome the following Care Systems to the Patient Choice Care System and Insights network:

- **St. Croix Regional Care System** – a Tier 2 Care System serving Frederic, Balsam Lake and St. Croix Falls in Polk County, Wis.
- **Queen of Peace Care System** – a Tier 2 Care System with primary care clinics in New Prague, Montgomery, Belle Plaine and Le Sueur, Minn., in Le Sueur, Scott, Sibley and Rice counties.

Patient Choice Successfully Processing Claims with New Diagnosis-Related Groups

Last fall, the Centers for Medicare and Medicaid Services (CMS) made significant changes to the Diagnosis-Related Groups (DRGs) it uses to classify similar hospital cases and to reimburse for inpatient services. These changes created 745 new severity-adjusted Diagnosis-Related Groups (MS-DRGs – version 25) to replace the current 538 DRGs (version 24).

Patient Choice's administrative partners have updated their claims processing systems to reflect the new fiscal year (FY) 2008 MS-DRGs, and began processing claims based on the new codes Oct. 1, 2007. Following a recent audit, Patient Choice found no errors or delays in claims processing or payment.

Providers should now be using the new codes when submitting claims for Patient Choice enrollees. If you have questions about a specific claim, please contact the appropriate Provider Services Center:

- *Medica* at 1-800-458-5512
- *Fiserv Health* at 1-877-390-7632 (providers press option 1)
- *Meritain Health* (formerly CBSA) at 952-593-6598 or 1-888-593-6598

Note: For information about Patient Choice Insights by Medica claims, please see the process outlined in the December 2007 issue of *Medica Connections* (<http://provider.medica.com/router/default.pdf?doc=/Connections/Document%20Library/Dec2007Conn.pdf>).

Credentialing No Longer Required for Certain Practitioner Types

Patient Choice credentialing is handled through Medica. As a result, as noted in a recent issue of *Medica Connections*, effective Nov. 1, 2007, the following practitioner types are *no longer required* to be credentialed to participate with Patient Choice:

- physical therapists
- occupational therapists
- speech language pathologists
- audiologists

For more information, see the October 2007 issue of *Medica Connections* at <http://provider.medica.com/router/default.pdf?doc=/Connections/Document%20Library/Oct2007Conn.pdf>.

Eye Care Providers: Follow Patient Choice Contract Terms When Seeing Patient Choice Insights Enrollees

As a reminder, if you provide eye care services to an individual enrolled in Patient Choice Insights or Patient Choice Insights by Medica, please follow the terms of your Patient Choice contract – not your Medica contract – when determining pricing and network status. (To be considered in network for a Patient Choice Insights enrollee, you must be contracted with Patient Choice or Minnesota Eye Consultants.) If you have any questions, please contact Patrick Walsh at (952) 992-1710 or pwalsh@phealthcare.com.

Policy on Adverse Health Care Events Recently Adopted

Medica recently updated its Administrative Manual to include a policy on adverse health care events (or, “never events”). Patient Choice will follow the same policy, which prohibits facilities from billing Medica or Patient Choice for services associated with an adverse health care event, and states that Medica and Patient Choice will not reimburse facilities for services associated with an adverse health care event. (A list and description of these events is available in MN Statutes § 144.7065, on the Internet at http://ros.leg.mn/bin/getpub.php?pubtype=STAT_CHAP_SEC&year=current§ion=144.7065&image.x=18&image.y=10). In the coming weeks, the policy will be added to the Fiserv Administrative Manual. In the meantime, if you have questions about the policy, please contact the appropriate Provider Services Center:

- *Medica* at 1-800-458-5512
- *Fiserv Health* at 1-877-390-7632 (providers press option 1)
- *Meritain Health* (formerly CBSA) at 952-593-6598 or 1-888-593-6598

► Administrative Information - Medica

Minneapolis Public Schools Offering Patient Choice Insights by Medica

This year, Patient Choice Insights by Medica was offered as one of two medical plan options for Minneapolis Public Schools (MPS) employees. If you have patients whose insurance is provided through MPS, be sure to check their ID card for appropriate copay information. (Generally, copays for Patient Choice Insights by Medica vary according to the provider’s tier; if you are unsure of your tier, see the “Reminder: 2008 Patient Choice Insights Tiers Now in Effect” article on Page 3.)

MPS employees and their dependents were previously enrolled in a Care System or Choice product. Because those products have consistent copay amounts, MPS employees may not yet be familiar with the different copay amounts for Patient Choice Insights by Medica. Checking their ID card will ensure that MPS employees pay the correct copay amounts.

► Administrative Information – Fiserv Health

Fiserv Sells Health Businesses to UnitedHealthcare

As announced last fall, Fiserv has sold substantially all of its health-related businesses – including Fiserv Health – to UnitedHealthcare. The sale closed January 2008. Please continue to work with Fiserv as usual. There will be no interruptions to benefits and services. Patient Choice will inform you of any future changes.

As a reminder, please use **Fiserv’s new Pueblo, Colo., P.O. box** for all paper Patient Choice claims:

Fiserv Health
Patient Choice Claims
P.O. Box 450
Pueblo, CO 81002-0450

Please note that this new address may not yet appear on your patients’ ID cards, as new cards are not being issued to current participants (cards are being issued to participants as groups renew, to new participants and to participants who request replacement cards). All mail sent to the previous P.O. box will be automatically forwarded to the new address through 2008.