

The Navigator

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PLEASE ROUTE
to appropriate physicians
and professional health care
providers in your office.

Important plan changes, updates and announcements

SAMARITAN ADVANTAGE HEALTH PLAN (SAHP) – 2012 PREMIUM AND BENEFIT CHANGES

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PLAN TYPE	2012 PREMIUM	CHANGE FROM 2011
Conventional Plan	\$67	0%
Premier Plan	\$99	0%
Premier Plan Plus	\$121	1% decrease

Benefit Additions

- Conventional Plan and Premier Plan Plus will not have a limit to the number of inpatient days covered during each hospital stay in 2012. Premier Plan will maintain the 90 day inpatient limit
- Premier and Premier Plan Plus will not have a Part D deductible

Decrease in Co-pay

- Premier and Premier Plan Plus will have a decrease in the co-pay for ambulatory surgery and outpatient hospital services to match the Conventional Plan amount.

Benefit Change

- X-rays ordered by chiropractors will assess under the Outpatient Diagnostic Test benefit as opposed to the Chiropractic benefit.

SHPO PROVIDER EDUCATION – OCTOBER, 2011

1 2 3 4 5

We are excited to inform you an upcoming provider education opportunity for you and your staff members. These presentations will explain the insurance products managed by Samaritan Health Plan Operations for 2011 and 2012. The focus will be the InterCommunity Health Network (IHN) and the Samaritan Advantage Health Plan (SAHP). We will also discuss important Provider information and resources. Please join us on one of the following dates at one of these area hospitals. Lunch will be provided.

Location	Date & Time	Room	RSVP By
SAGH-Albany	Oct. 13 th 12:00-1:30 PM	Main Room, Reimer Building	Oct. 10
SNLH-North Lincoln	Oct. 18 th 12:00-1:30 PM	Education Room	Oct. 13
SPCH-Newport	Oct. 20 th 12:00-1:30 PM	Education Room	Oct. 17
GSRMC-Corvallis	Oct. 24 th 12:00-1:30 PM	Rooms A&B	Oct. 19
Tillamook GH	Oct. 28 th 12:00-1:30 PM	Rooms A, B, &C	Oct. 24
SLCH-Lebanon	Oct. 31 st 12:00-1:30	Rooms B, C, &D	Oct. 26

We are asking that you RSVP with names of attendees, the office name, and the date you will be attending at least 3 days prior to each meeting. Please contact Tim Brown at either 541-768-6487 or tbrown@samhealth.org with this RSVP information.

THE PATIENT CENTERED PRIMARY CARE HOME (PCPCH) IN OREGON

1 2 3 4 5

Oregon is moving to a new model of primary care called the Patient Centered Primary Care Home (PCPCH) that will be a central strategy for improving the health care delivery system. The “triple aim” goals of this new model will be a **healthy population, extraordinary patient care** and **reasonable costs**. PCPCH’s will achieve these goals by focusing on wellness and prevention, coordination of care, active management and support of individuals with chronic diseases and a patient centered approach to all aspects of care. Primary care clinics will be assessed on the degree to which they are functioning as patient centered primary care homes and reimbursed for the high level of performance and incremental delivery system changes they make.

We encourage you to visit the PCPCH website at:

<http://www.oregon.gov/OHA/OHPR/HEALTHREFORM/PCPCH/index.shtml> and learn more.

Provider resources

CMS RISK ADJUSTMENT PAYMENTS

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What is Medicare Risk Adjustment?

Medicare risk adjustment is a phrase used to describe the method of payment authorized by the Balance Budget Act of 1997 and utilized by the Centers for Medicare & Medicaid Services (CMS) to accurately pay Medicare Advantage Organizations.

How is Risk-Adjusted Health Plan Reimbursement Calculated?

Medicare Advantage plans are paid a risk-adjusted monthly fee for each covered enrolled member based upon each enrollee’s overall health status and demographics. Health status is determined from billing diagnosis (ICD-9-CM) codes submitted to CMS by health care providers during the previous year. CMS created a payment model using 70 Hierarchical Condition Categories (HCC) from 3,100 diagnosis (ICD-9-CM) billing codes to establish an enrollee’s health status.

Billing data used to establish an enrollee’s HCCs must be acquired from one of the following four CMS-approved sources:

- Inpatient hospital charts
- Outpatient hospital charts
- Physician clinical charts
- Clinically trained non-physician charts (e.g. podiatrist)

All diagnosis (ICD-9-CM) codes must be supported by appropriate medical documentation generated by a face-to-face visit and signed by a qualified health care provider. Every chronic condition must be coded to the highest specificity each year in order to be used in the risk adjustment calculation which determines the following year’s reimbursement rate for each individual enrollee.

“The effectiveness of any risk adjustment approach will depend on accurate risk assessments.”

For questions about Risk Adjustment Data, please contact:

Denise Saboe

Risk Adjustment Coordinator

(541) 768-5825

dsaboe@samhealth.org



PLACE OF SERVICE CODING FOR URGENT CARE CLINIC CLAIMS

1 2 3 4 5

Did you know when Coding services performed at an **Urgent Care Clinic**, the most appropriate Place of Service (POS) Code to use for billing is ‘20’ ?

This Code was specifically created to be used for this purpose.

Why you ask? Because it assists Insurers to better administer, when available, patient urgent care benefits, and it also assists Insurers to more visibly recognize that the services were performed in an Urgent Care Clinic rather than in a routine physician office clinic setting.

DIABETIC CLAIMS CODING FOR LANCETS AND MONITOR STRIPS

1 2 3 4 5

For Diabetic Supplies, did you know that **Diabetic Lancets and Diabetic Strips** are coded and billed to the Insurer respectively by indicating ‘Each’ Number of Boxes or by indicating ‘Each’ Group of 50 purchased and not by the individual total number of items within each box?

For Example:

Lancets, Code A4259, are by description in the HCPC coding manual as “**per box of 100.**”

And

Blood Glucose Monitor Strips, Code A4253, are by description in the HCPC coding manual as: “**per 50 strips.**”

This translates accordingly that the units field on the HCFA 1500 form:

- **For Lancets** the Provider would list “1” unit for **Each number of Boxes**.
- **For Monitor Strips**, the Provider would list ‘1’ unit per **Each group of 50 strips**.

REMINDER TO USE NPI NUMBERS ON ALL HCFA 1500 CLAIMS

1 2 3 4 5

Samaritan Health Plans is now requiring that the appropriate provider NPI Number must be entered on the HCFA 1500 Claim Form in Column 24J. This is being required to better comply with Medicare CMS HCFA 1500 Form completion instructions:

- *24J: “Enter the rendering provider’s NPI number in the lower shaded portion. In the case of a service provided incident to the . . . portion. An invalid (or missing) NPI will cause the claim to be rejected as unprocessable.”*

Please note that Column 24J is used to indicate the individual rendering/servicing provider’s NPI.

However for less frequent occasions, it could be the actual “Group” NPI number. (In which case, specific Providers have already been notified to this affect.)

All claims missing the NPI number in 24J will be reviewed and possibly returned for missing information.

NATIONAL CORRECT CODING INITIATIVES (NCCI)

1 2 3 4 5

What are NCCI Edits?

Developed by the Centers for Medicare & Medicaid Services (CMS), NCCI Edits are claim pre-adjudication edits to promote national correct coding initiatives (NCCI) to control improper coding of services/encounters. These coding policies are defined by the American Medical Association (AMA), Current Procedural Terminology (CPT) manual, Healthcare Common Procedure Coding System (HCPCS) manual, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practices and/or current coding practice. NCCI edits are updated quarterly.

Types of Edits

Medically Unlikely Edits (MUEs)

MUEs are units of service edits. The edit identifies the maximum units of service allowed for a HCPCS/CPT code on a single date of service or encounter. MUEs do not exist for all HCPCS/CPT codes, but providers should establish the correct number of units for each procedure code billed on a claim. For example:

HCPCS code B4035, Enteral feeding supply kit; pump fed, **per day**, includes but is not limited to feeding/flushing syringe, administration set tubing, dressing, tape should only be reported once per day. When B4035 is billed on a claim the number of days should correspond with the number of units. For instance:

06/10/2011-6/20/2011, the number of units represented on the claim form for B4035 should be 10 units. If additional units are needed within the same month, the provider should continue with the next day, 06/21/2011 to an end date with the number of units represented for the new days billed. Again, depending upon the CPT/HCPCS code billed, the provider should not exceed the number of required units, for day or month supplies.

Column 1 to Column 2 Redundant Code Pair Edits

Column 1 to Column 2 are a redundant code pair edit that signifies CPT/HCPCS codes that can or cannot be reported together on the same day/encounter. The Column 1 code is considered comprehensive and contains components of the service listed in the Column 2 code. The NCCI rule states that depending upon the code pair billed it is either allowed with an appropriate modifier or is disallowed and redundant regardless if a modifier is present on a procedure code. Providers need to be aware of which CPT/HCPCS code requires the modifier. These edits apply to both facility and professional claims. For example on a professional claim:

Disallowed

15950 Excision, trochanteric pressure, with primary suture cannot be billed with 64520, Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic), regardless if a modifier is present due to standards of medical/surgical practice guidelines and redundancy

Allowed

15950 Excision, trochanteric pressure, with primary suture can be billed with 15951, Excision, trochanteric pressure ulcer, with ostectomy, if a NCCI valid modifier is present on 15950.

Mutually Exclusive Code (MEC) Code Pairs

According to NCCI rules and guidelines certain procedure codes should never be reported together. These code pairs are considered mutually exclusive from one another, since the procedures cannot be reasonably performed at the same anatomic site or same encounter. Depending upon the code pair a modifier may or may not be allowed. For example:

Disallowed

99212 Office or Other Outpatient visit is considered Mutually Exclusive to 90804, Individual psychotherapy, insight oriented, and behavior modifying and/or supportive, in an office or outpatient facility, and cannot be reported for the same encounter regardless if a modifier is present.

Allowed

99212 Office or Other Outpatient visit is considered Mutually Exclusive to 11719, trimming of nondystrophic nails, any number, unless an NCCI valid modifier is present on 11719.

For more information on NCCI edits and code combinations, visit www.cms.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage.

BODY MASS INDEX (BMI) ASSESSMENT PROJECT

1 2 3 4 5

Screening for obesity begins in the provider’s office with the calculation of BMI. BMI is an efficient and effective method for assessing excess weight in the primary care setting.

Make sure to calculate and document BMI regularly for patients of all ages. If your clinic does not routinely perform BMI assessments with your patients already, consider incorporating a BMI assessment with routine physicals as a standard clinical practice.

CLINICAL PRACTICE GUIDELINES

1 2 3 4 5

The guidelines are intended to improve the quality and consistency of care provided at the provider level.

ADVANCE CARE PLANNING PROJECT

1 2 3 4 5

Advance directives are widely recommended as a strategy to improve compliance with patient wishes at the end of life and ensure appropriate use of health care resources.

Newly paneled providers

From July 1, 2011 to September 30, 2011: Alphabetized by location

Provider Name	Participating Plans					Specialty	Group
	1	2	3	4	5		
A Turning Leaf (new with IHN)	•	•	•	•	•	Durable Medical Equipment	A Turning Leaf
Michelle Barhaghi, MD			•	•		OB/GYN	Adventist Health Tillamook Medical Group
Amanda Orton, LMFT		•			•	Mental Health	Amanda Orton, LMFT
David P. Shrader, MPT	•		•	•		Physical Medicine	Avamere Rehabilitation of Lebanon
Bonnie Lorenz, LAC (new with SAHP & SHKC)	•	•	•	•		Acupuncture	Bonnie Lorenz, LAC
Cedar Hills Hospital		•			•	Chemical Dependency	Cedar Hills Hospital
Timothy J. Catlow, PsyD		•			•	Clinical Psychology	Children’s Farm Home
Cindy J. Smith, MD, MPH		•			•	Pyschiatry	Children’s Farm Home
Corinna L. Brandsetter, PsyD		•			•	Psychology	Children’s Farm Home
Keith Cheng, MD		•			•	Child & Adolescent Psychiatry	Children’s Farm Home
Gilberto De Jesus-Rentas, MD		•			•	Child & Adolescent Psychiatry	Children’s Farm Home
Brigit Meyer, MD		•			•	Child & Adolescent Psychiatry	Children’s Farm Home
Carl Balog, MD	•	•	•	•	•	Pain Management	Corvallis Pain & Spine

Provider Name	Participating Plans					Specialty	Group
	1	2	3	4	5		
Donna Bella, LLC	•	•	•	•	•	Durable Medical Equipment	Donna Bella, LLC
Dynasplint Systems, Inc.	•	•		•	•	Durable Medical Equipment	Dynasplint Systems, Inc.
Richard Letherer, OD (new with IHN)	•	•		•	•	Ophthalmology	Eye Care Center
Marcus T. Cool, BS	•					Chiropractor	Fortier Chiropractic
Joshua D. Ort, DC	•					Chiropractor	Heresco Chiropractic & Associates
Kevin M. Ross, DC	•					Chiropractor	Heresco Chiropractic & Associates
Jason P. Gross, MD	•	•			•	Ophthalmology	John D. Polansky, MD, PC
Jason A. Kocian, PA		•			•	Physician Assistant	Keiper Spine, PC
Jonathan D. Sherman, MD		•			•	Neuro Surgery	Keiper Spine, PC
Katherine E. Segrin, SLP	•		•	•		Speech Language Pathologist	Lebanon Rehab & Specialty Care
Jerry Loc Tran, MD	•	•	•	•	•	Internal Medicine	Legacy Clinics, LLC
Derrick C. Pau, MD	•	•	•	•	•	Ophthalmology	Legacy Devers Memorial Eye Institute
Mark A. Grenier, MD	•	•	•	•	•	Ophthalmology	Legacy Devers Memorial Eye Institute
Anthony J. Wolff, PT	•	•	•	•	•	Physical Therapy	Legacy Good Samaritan Hospital
Jeanne R. Dunnewind, PT	•	•	•	•	•	Physical Therapy	Legacy Good Samaritan Hospital
Aditya Gupta, MD	•	•	•	•	•	Bariatric Surgery	Legacy Good Samaritan Hospital
Marceea G. Hanlin, PT	•	•	•	•	•	Physical Therapy	Legacy Meridian Park Hospital
Mark Buehler, MD	•	•	•	•	•	Orthopedic Surgery	Mark Buehler, MD
Todd Ronald Hilbelink, MD	•	•			•	Internal Medicine	Northwest Renal Clinic, Inc.
Mary C Kingma-Noland, MD	•	•			•	Internal Medicine	Northwest Renal Clinic, Inc.
Julie Raggio, MD	•	•			•	Internal Medicine	Northwest Renal Clinic, Inc.
Gurvinder Singh Suri, MD	•	•			•	Internal Medicine	Northwest Renal Clinic, Inc.
Emily L. Conley, MD	•	•			•	Internal Medicine	Northwest Renal Clinic, Inc.
Monika B. Patel, DO	•	•			•	Internal Medicine	Northwest Renal Clinic, Inc.
Bruce Fairman, LPC (new with SHKC)		•		•	•	Mental Health	Ocean Counseling

Provider Name	Participating Plans					Specialty	Group
	1	2	3	4	5		
Pacific Clear Vision Institute (new with SAHP & SHKC)	•	•		•	•	Ophthalmology	Pacific Clear Vision Institute
Pacific Hearing Aid Center		•	•		•	Hearing Aid Dealer	Pacific Hearing Aid Center
Sara Poynter Gerhards, MD		•			•	OB/GYN	Pacific Women’s Center, LLC
Michelle A. Altizer, PAC	•	•	•	•	•	Gastroenterology PA-C	PeaceHealth Medical Group
Mary B. Allison, MD	•	•	•	•	•	Internal Medicine	PeaceHealth Medical Group
Eric J. Lester	•	•	•	•	•	Physician Assistant	PeaceHealth Medical Group
Albert Dela Cruz Agomaa, MD	•	•			•	Family Medicine	PeaceHealth South Lane Medical Group
Brittany Nicole Thiemens, DPT	•	•	•		•	Physical Medicine	PT Northwest, LLC
Bryan L. Andresen, MD	•	•	•	•	•	Physical Medicine & Rehab	Rehabilitation Medicine Associates of Eugene-Springfield
Paul C. Coelho, MD	•	•	•	•	•	Physical Medicine	Rehabilitation Medicine Associates of Eugene-Springfield
Rosemary Ayres, SLP (new with SAHP & SHKC)	•	•	•	•	•	Speech Language Pathologist	Rosemary Ayres, SLP
Alexa LaFrance	•	•	•	•	•	Internal Medicine	Samaritan Coastal Clinic
Kimberly A. McGregor	•	•	•	•	•	Hematology/Oncology	Samaritan Hematology & Oncology
Duncan R. McGregor, MD	•	•	•	•	•	Nephrology	Samaritan Kidney Specialists
Joseph H. Oh, MD	•	•	•	•	•	Pediatrics	Samaritan Mid-Valley Children’s Clinic
David J. Cassat	•	•	•	•	•	Orthopedic & Sports Medicine	Samaritan Orthopedics and Sports Medicine Center
Linell Wood, PA-C	•	•	•		•	Physician Assistant	Stephen Burns, MD, PC dba Coastal Pediatrics
Lamia Boric, MD	•	•	•	•	•	Hematology/Oncology	The Corvallis Clinic, PC
Emily J. Rangel, MD	•	•	•	•	•	Internal Medicine	The Corvallis Clinic, PC
Carolyn S. Fairfax, MD		•			•	Family Medicine	The Doctor’s Clinic, LLP
The Rinehart Clinic (new with SAHP, SCP & COHO)	•	•	•	•	•	Multispecialty Clinic	The Rinehart Clinic
Brandi A. Mendonca, MD		•			•	OB/GYN	West Hills Healthcare Clinic, PC
Willamette Dental Group					•	Dental	Willamette Dental Group