

VIRGINIA PREMIER HEALTH PLAN, INC.

Provider Newsletter

From the Senior Medical Director

As the Holiday celebrations begin, let me give thanks to all of our providers for the excellent quality healthcare given to Virginia Premier Health Plan (VPH) members!!

NCQA (National Committee for Quality Assurance)

The next celebration for Virginia Premier and the provider community is NCQA Accreditation in the Excellent category. VPH officially became NCQA accredited on October 16, 2007. VPH'S efforts combined with the excellent quality from the providers lead to this monumental accomplishment. Please visit our web page at www.virginiapremier.com for more information about VPH.

Complex Case Management

Hopefully all providers are utilizing VPH'S outstanding complex case management program. If you have any questions about this program please call (804) 819-5151, ext. 5711.

Flu Vaccines

In November, each of you should have received a communication detailing VPH'S efforts to provide flu vaccinations to our members, especially those members at high risks. If you did not receive this letter, dated November 21, 2007 please call (804) 819-5151.

Quality Initiatives

VPH has many quality initiatives in progress. Please read about them in the Quality corner section of this newsletter. I would like to emphasize our efforts to improve annual eye examination for our diabetic members. Please send all diabetic members for an annual dilated eye exam.

Dr. James Rollins

Please read the introduction and goals for one of our Medical Directors in this issue.

Again, please accept our thanks for the co-operation with our staff in providing the excellence leading to NCQA accreditation.

Have a safe and enjoyable Holiday Season!!

Until next time,



Melvin T. Pinn, Jr. MD, MPH
Senior Medical Director

Welcome New Provider Offices

We would like to welcome all new provider offices to our network. A Provider Services Representative will be contacting you within the next several weeks to schedule an inservice for your office. If you need assistance in any way before that time, a Provider Services Representative can be reached at the following numbers:

RICHMOND/CENTRAL/WESTERN VA:

(804) 819-5151

(800) 727-7536

Option 6

Boykins Family Practice
Carolina Christian Health Center
Winchester Eye Surgery Center, LLC
Mark Langlet, PHD
Philip Halapin, MD
Brad Manning, MD
Lora E. Nalberczinski, MS, CCC-SLP
Blue Ridge Oral Surgery
Julie Farrar-Hersch (Augusta Audiology Associates, PC)
Medical Center Women's Health, Inc.

TIDEWATER VA:

(757) 461-0064

(800) 828-7989

Option 5

Medical Nutrition Therapies Group
and Associates

SOUTHWEST VA:

(540) 344-8838

(888) 338-4579

Option 5

Timothy Wilson, MD (Optometrist)
Alliance for Families & Children
The Pain Center of Lynchburg
(Ava Stanczak, MD)
Hope for Tomorrow Counseling
Audiology Hearing Aid Associates
Southern Virginia Rehab Group, PLLC
4 Generations Family Medical & Wellness Center
Women's Health Spectrum, LLC
Wytheville Ear, Nose and Throat
PCH Express Care Clinic
Infinity Counseling Center
Danny W. Gnewikow, Ph.D., Audiologist, CCC



Virginia Premier Health Plan Inc. would like to announce an exciting new Medicare Advantage product that could greatly benefit some of the people to whom you provide services. As a part of our ongoing commitment to serving low-income and underserved populations, we are proud to offer Virginia Premier Gold Medicare Advantage Special Needs Plan for people who receive both Medicare and Medicaid benefits.

Virginia Premier Gold specializes in coordinating the health care of people with multiple needs and offers valuable medical benefits without any additional out-of-pocket premium expense.

Virginia Premier Gold plans offer:

- Medicare Part A and Part B coverage
- Prescription Drug Coverage
- Additional Supplemental Benefits such as dental, vision, hearing, and transportation.

If you would like to learn more about Virginia Premier Gold or to schedule a presentation please contact your Provider Service Representative at 1-(800) 727-7536 or to speak with a Medicare Plan Advisor call 1-(866) 616-1039.

PROVIDER SATISFACTION SURVEY RESULTS

The Practitioner Satisfaction Survey is conducted to measure providers' satisfaction with Virginia Premier Health Plans administrative and clinical processes, new initiatives and operational procedures. Each year we review the rating per category (including comments) in an effort to improve the health plan overall. For instance, the survey conducted in 2006 determined that the referral process had become an administrative burden to practices. In February 2007, Virginia Premier made the decision to eliminate the referral requirements for providers.

Since 2005 the provider satisfaction scores have improved in every category applicable to provider services and network development by 5.54%.

Virginia Premier is pleased to announce the results of Provider Satisfaction Survey conducted in 2007:

Composite	Rating	VPH Scores	Other Plans
Call center/Member Services Staff	Excellent/ Very Good Responses	54.6 %	38.5 %
Provider Relations		47.9 %	34.4 %
Continuity/Coordination of Care		43.9 %	31.4 %
Network		31.1 %	32.1 %
Utilization & Quality Mgt.		42.8 %	30.9 %
Finance issues		33.8 %	24.7 %
Pharmacy and Drug Benefits		26.2 %	22.7 %
Overall Satisfaction	Very/Somewhat Satisfied	76.5 %	76.3 %

If you were unable to complete the provider satisfaction survey, we would welcome your comments and suggestions. Please contact your local provider services representative in the following areas:

Richmond/Central VA Area:
804-819-5151
Option 6

Tidewater Area
757-461-0064
Option 5

Southwest/Western Area
540-344-8838
Option 6

MEDICAL DIRECTOR'S GOALS

As one of the Medical Directors here at VPHP, one of my goals is to help provide you with information to make your practice more effective and productive. Using some of the skills that I have learned from my previous jobs, as well as knowledge I acquired from my advanced degrees, over time I hope to be able to provide you with information about your patient panel. Also if possible, make suggestions on how to more efficiently provide services. I am not in a position to know everything about your practice, but am willing to work with you to better serve the VPHP population.

My second goal is to be a better listener to your needs. Though VPHP may be responsible for the Medicaid population from a fiscal perspective, we are indebted to providers like you who service these members. I, along with the other medical management staff, am here to serve you and your needs. Please contact me if you have any unmet needs that are required to serve our population. My direct phone number is 804-819-5374. Thank you.

James A Rollins, MD, MSHA, PhD

CAQH: BENEFITS TO YOUR PRACTICE

The Universal Credentialing DataSource is a part of CAQH's credentialing application database project that seeks to make the provider credentialing process more efficient for providers as well as healthcare organizations. By creating an online database that collects all provider information necessary for credentialing, CAQH hopes to eliminate the paperwork and hassle that many providers face during the credentialing process.

Saves time

Filling out multiple credentialing forms can take hours, especially when a practice contracts with multiple health plans. Universal Credentialing DataSource eliminates the need to fill out multiple, redundant and time-consuming credentialing forms.

Saves money

Medical practices often spend thousands of dollars to buy specialized software, hire credentialing consultants or even employ full-time staff to manage the administrative burden of credentialing. Universal Credentialing DataSource is entirely free to providers, and helps practices save money on credentialing resources.

Minimizes paperwork

Health plans traditionally require physicians to recredential every two or three years. For providers who contract with multiple health plans, this can mean an almost constant stream of paperwork. With Universal Credentialing DataSource, recredentialing and other updates are conveniently fulfilled online in a matter of minutes.

Keeps information current

Keeping practice information up-to-date isn't just important for credentialing purposes, it's important for health plan records and directories too.

Physicians can request a registration kit by calling the CAQH Help Desk at 888.599.1771 or by contacting their health plan directly. Those who already have their registration kit can log on to the <https://caqh.geoaccess.com/> to begin the process.

CLAIM FORM SUBMISSION

Oftentimes the physician's signature in field 31 is not legible. To aid us in ensuring payment is made to the correct provider; please make sure the signature in field 31 is legible and/or typed.

DIABETES CARE

VPHP recently sent letters to diabetic members who may not have had:

- A dilated eye exam
- A HgbA1C test
- A lipid profile

Members were urged to contact their doctors to ask if these exams would be appropriate for them. Utilization of these tests continue to be lower than expected, particularly for eye exams. Because of the importance of dilated eye exams, VPHP has increased the eye exam benefit for diabetics only from bi-annual to annual.

Your support is needed to assist members to maintain the best health possible, and to urge them to take full advantage of their covered health service related to diabetes.

CLEAN CLAIM TIPS

- Whenever possible, avoid handwritten claims. In addition, do not submit claims containing handwritten notes. Please use a letter or Appeal/Adjustment form to communicate special needs, concerns and /or requests.
 - Try to use an original (red) claim form whenever possible. Use of copied claim forms may impede the ability of our scanner to capture data effectively. Consequently, claim processing may be delayed.
 - Please make sure that the print on the claim is not light; light documents can cause delays.
 - Make sure claim quality is good, i.e., avoid smears, torn corners, etc.
 - Ensure that claims are complete and remember missing fields may cause claim payment delays or denials.
 - Do not attach documents to claims unless they are required.
- **Use the Correct CPT Code**

It is important to use the correct CPT code. Using an incorrect code may result in incorrect payment or denial of your claims. For example, do not use a CPT code for an established patient, if the patient is new. Likewise, some CPT codes are based on age; therefore, use of the correct CPT code for specific ages is imperative in these cases.

PROVIDER TIPS

- File claims electronically whenever possible
- To check on the status of a claim, please contact Virginia Premier Health Plan - Claims Department at (804) 819-5151, press 4
 - Toll Free:
 - Central Virginia/Fredericksburg/Western (800) 727-7536, press 4
 - Tidewater (800) 727-7536, press 4
 - Western (800) 727-7536, press 4
 - Southwest (800) 727-7536, press 4

Please allow roughly 30 days after you file a claim before you inquiry. This gives VPHP an adequate amount of time to process your claim/s and this also assists in providing timely responses to your “Status Checks”.

DISEASE MANAGEMENT NEWS

In the current member newsletter, the disease management department took the opportunity to educate members with chronic diseases as well as other high-risk groups about the importance of obtaining the flu vaccine. As always they were encouraged to call their providers with any questions. This is part of our efforts to assist our members in maintaining a healthy lifestyle. In addition to educating members on preventative health issues, we also, through telephonic contact and letters, inform members about self-management of their condition, the importance of relevant tests, and lifestyle modifications that might favorably impact the course of their disease condition. We also work very diligently to support the provider patient relationship and to assist in educating the member on the provider plan of care.

We continue to offer disease management services for the following five conditions. Listed beside the condition is the disease management coordinator. Please feel free to call the

coordinators with referrals or any questions. The disease management number is 1-866-243-0937.

- Asthma- Nicole Roccaforte, RN, extension 5244
- Diabetes- Sherry Matheny, RN, extension 5267
- Heart Disease- Bonnie Kowalski, RN, extension 5367
- COPD- Bonnie Kowalski, RN, RN, extension 5367
- Childhood Obesity- Patricia Sebastian, RN, extension 5360

The manager of the disease management program is Julia Gaskins, RN, and she can be reached at extension 5331.

The Childhood Obesity and COPD programs have been in place since July 2007, and have been well received by the members that we have contacted. We continue to have peak flow meters, glucometers, blood pressure monitors and scales available.

Referrals from providers are welcome.

OFFICE OF INSPECTOR GENERAL WORK PLAN FOR 2008

Annually, the Department of Health & Human Services (DHHS), Office of the Inspector General (OIG) presents its' work plan. Below is a list of issues (not limited to) that the OIG consider to be high risk for FY 2008. This information is being provided as a resource. For more information about this work plan go to <http://oig.hhs.gov/publications.html>.

Hospitals Focus Area(s):

- a. Hospital Capital Payments
- b. Inpatient Hospital Payments for New Technologies
- c. Transfers to Onsite Providers
- d. Payments for Long Term Acute Care Hospital (LTACs)
- e. Disproportionate Share Hospital (DSH) Payments
- f. Inpatient Psychiatric Facilities Adjustments
- g. Provider Bad Debt
- h. Diagnostic x-rays in Hospital Eds
- i. Oversight of the Joint Commission Hospital Accreditation Process
- j. Medicare Secondary Payer
- k. GME Payments
- l. Nursing and Allied Health Payments
- m. Inpatient Prospective Payment System Wages Indices
- n. Payments to Organ Procurement Organizations (OPOs)
- o. Medicare's Transfer Policy Compliance
- p. Medicaid Hospital Outlier Payments
- q. Review of Payments for Part D Drugs during inpatient Stays
- r. Observations vs. Inpatient Stays for Dialysis Patients
- s. Part B Lab Payments During Inpatient Admissions

Physician and Other Health Professional Focus Area(s):

- a. Place of Service Errors
- b. E&M services in the Global Period
- c. Psychiatric Services
- d. Services Performed by Clinical Social Workers in Hospital Setting
- e. Consults
- f. Home, Office and Institutional Calls
- g. Incident to
- h. Sleep Studies
- i. Long Distance Physician Claims
- j. Assignment Rules
- k. Balance Billing
- l. Business Relationships w/MRI
- m. Interventional Pain Management
- n. Geographical Utilization Variances – Ultrasound
- o. Geographic Utilization Variances – Independent Diagnostic Testing Facilities (IDTFs)
- p. Chiropractic Treatments
- q. Physician Reassignment of Benefits
- r. Payments for Chemotherapy Drug Administration Services
- s. Payments to Dialysis Facilities for Epogen
- t. Payments for Power Wheelchair
- u. Payments for DME Claims with Modifiers
- v. Home Health Agency Claims
- w. Payments for Transportation Services
- x. Payments for PT and OT Services
- y. Medicaid Payments for Laboratory Services for Dual-Eligible

“WISHING FOR A WII”

Virginia Premier Health Plan, Inc. (VPH) is very excited about the new Wishing for a Wii program. The Nintendo Wii is interactive and encourages physical activity. Preventive care is important for all ages, but the 12-21 age group is less likely to get the preventive care they need. In an effort to encourage adolescent members to see their PCP for well care, VPH has initiated this project to award efforts to stay healthy.

VPH sent letters to parents of adolescent members announcing the chance to win a Wii. All they have to do is:

- Be a current VPH member
- Take the child to a doctor for a Well care visit

- Ask the doctor to complete the bottom section of the letter or leave us a message

Once we verify the visit, the child's name will be entered into drawing for a chance to win a Wii. The first drawing will be held in December 2007, and every 3 months in 2008.

**A sports physical may be used if all elements of well care are documented: A physical exam, developmental level, and anticipatory guidance.*

PROVIDER, SUBCONTRACTOR AND VENDOR EDUCATION

FEDERAL & STATE FALSE CLAIMS

Virginia Premier Health Plan, Inc. (VPH) complies with the Deficit Reduction Act (DRA) of 2005 by providing provider, subcontractor and vendor information pertaining to the Federal False Claim Act and Virginia Fraud Against Tax Payers Act. Both acts are intended to reduce fraud, waste, and abuse (FWA) in federal and state funded health care programs. VPH has established several mechanisms to detect and combat fraud, waste and abuse. The Office of Privacy & Compliance will investigate cases reported for FWA and report findings to the Department of Medical Assistance Services (DMAS) and Centers for Medicare and Medicaid Services (CMS). We will cooperate to the full extent of the law with state, federal and local authorities in their efforts.

Virginia Fraud Against Taxpayers Act: Violation of the State's Act can result in civil monetary penalties ranging from \$5,000 to \$10,000 for each claim submitted and repayment of three times the amount of damages sustained by the Commonwealth of Virginia. A provider, supplier or entity found in violation may also be excluded from participation in health care programs.

Federal False Claims Act Liability: Violations of the False Claims Act can result in civil monetary penalties ranging from \$5,500 to \$11,000 for each false claim submitted and repayment of three times the amount of damages sustained by the U.S. government. A provider, supplier or entity found in violation may also be excluded from participation in federal health care programs.

Definitions:

Abuse: (i) use of health services by recipients which is inconsistent with sound fiscal or medical practices and that results in unnecessary costs to the Virginia Medicaid program or in reimbursement for a level of use or a pattern of services that is not medically necessary, or (ii) provider practices which are inconsistent with sound fiscal or medical practices and that result in (a) unnecessary costs to the Virginia Medicaid program, or (b) reimbursement for a level of use or a pattern of services that is not medically necessary or that fails to meet professionally recognized standards for health care.

Fraud - Intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in payment of an unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

Examples of Medicaid Fraud Committed by Providers (but not limited to):

- Participating in kickbacks (payments or other types of compensation made in order to influence and gain profit from an individual or company).
- Forgery of a physician's signature.
- Billing for medical services that were not given.
- Billing for undocumented or medically unnecessary services.
- (Upcoding) assigning incorrect codes to secure a higher reimbursement
- Unbundling codes with the intent to increase reimbursement

Examples of Medicaid Fraud Committed by Members (but not limited to):

- Loaning/sharing ID cards to obtain healthcare services or prescriptions
- "Doctor shopping" and excessive trips to the ER for control substances (narcotics).
- Falsifying information on application in order to receive benefits
- Falsifying or altering claims for reimbursement of services or prescriptions
- Falsifying or altering prescriptions to obtain prescriptions
- Reporting lost or stolen prescriptions which had been sold

Qui Tam Whistleblower Provisions: As a means to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act's "whistleblower" provision allows any person with actual knowledge of allegedly false claims, who has first made a good faith effort to exhaust internal reporting procedures, to file a lawsuit on behalf of the government and potentially share in a percentage of the amount recovered.

No Retaliation: The Federal False Claims Act grants protection from retaliation for filing a lawsuit or assisting in a False Claims Act action. Virginia Premier Health Plan, Inc. (VPH) policy prohibits any type of retaliation against those who report concerns. This policy works in conjunction with the Federal False Claims Act and the Virginia Fraud Against Taxpayers Act in protecting those who report misconduct.

Reporting Mechanisms: Individuals who have knowledge of actual or potential FWA are encouraged to report their concerns to the VPH's Corporate Compliance Officer at (800) 727-7536. However, you are encouraged to use the reporting option that best suits your comfort level or you may report concerns directly to the Compliance Help Line, (800) 620-1438 or via the web at <https://www.compliance-helpline.com/welcomePageVCUHS.jsp>

PRACTITIONER GOLDEN GLOBE (PGA) AWARD NOMINEE FOR DECEMBER 2007

VPHP salutes the following practitioner for his outstanding accomplishments in the area of Quality:

Ravinder S. Kohli, MD, DM, FACC, FSCAI

Cardiology Associates of Central Virginia
89 Sherwood Drive
Colonial Heights, VA 23834

Dr. Ravinder Kohli is a participating VPHP practitioner. He has met the standards for inclusion in the Heart/Stroke Recognition Program developed by the National Committee for Quality Assurance (NCQA) and the American Heart Association/American Stroke Association. Awards of recognition are given to esteemed physicians who care for patients with cardiovascular disease and stroke. Physicians are assessed for this recognition based on five performance standards for managing patients' health related to: blood pressure control, complete lipid profile, LDL cholesterol control, use of aspirin or another antithrombotic, smoking status and cessation advice or treatment. Dr. Kohli has served as an Interventional

Cardiologist in the Tri-Cities area for over fifteen years. He is on the Board of the American Heart Association.

Please Note:

- At the end of each fiscal year (June 30) at VPHP, the most outstanding practitioner will be awarded the *Practitioner Golden Globe Award (PGA)* in the form of a plaque to post in his/her office. Other recognition efforts may be utilized.
- In order to be nominated for the PGA recognition program in 2008, you must complete a cultural competency course offered by VPHP or one of your choosing.
- The Practitioner Golden-Globe Award (PGA) has been developed and implemented to recognize and salute practitioners dedicated to delivering safe clinical care and quality. So, if you or a colleague has received an award, please let us know. Please contact Cheryl Braden, RN, Quality Improvement Coordinator, at cbraden@vapremier.com or call 804-819-5151 ext. 5301. You can also inform your provider services representative or quality improvement coordinator.

CREDENTIALING UPDATES

- Please be aware that the 2007 Credentialing Program Description is available and located on the Virginia Premier Health Plan, Inc. (VPHP) website at www.virginiapremier.com. The next annual version will be available 1st Quarter 2008. If you do not have access to the website, please feel free to contact the Credentialing Department and request that a hard copy be sent to you via mail or email.
- Effective May 1, 2004, all health care professionals, not just MDs and DOs, are now able to participate with CAQH. Every practitioner is highly encouraged to participate by visiting CAQH's website: www.caqh.org. Currently **17.25%** of our participating practitioners utilize this service.

Benefits of participating with CAQH:

- The service is **FREE** for practitioners.
- Each practitioner submits **one** application to **one** central database to meet the needs of all of the health plans and networks participating in the CAQH effort. To obtain a listing of health plans, please visit www.caqh.org. Please note: A typical practitioner contracts with more than twenty (20)

healthcare organizations, each of which requires the practitioner to complete a lengthy credentialing application. So, this process significantly reduces the administrative burdens for practitioner offices.

- Practitioners may easily update their information online or via fax 24 hours a day/7 days a week. Each quarter, practitioners should confirm that the data on file is complete and accurate.
- Please provide to us your NPI numbers once you have received them. We need the individual number as well as the group number (if applicable).
- VPHP's credentialing process is nondiscriminatory. It is the plan's policy to not discriminate based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures performed or patients treated. Please be aware that this does not preclude the plan from including in its network practitioners who meet certain demographic or specialty needs. It does not preclude the plan from denying participation to a practitioner, if the network is adequate.
- Please feel free to fax any credentialing related documents to 804-819-5171 and/or contact the Credentialing Specialist assigned to your respective geographical region:

Credentialing Specialist	Region	Phone Number
Cynthia Pollard	Richmond, Danville, Western VA Lynchburg	800-727-7536 ext. 5296
Lesia Martin	Tidewater, Fredericksburg, Winchester, VA	800-727-7536 ext. 5325
Toora Clarke	Roanoke, Southwest VA	800-727-7536 ext. 5246
Kimberly Paige, Credentialing Manager		800-727-7536 ext. 5323

HEDIS 2008 Is RIGHT AROUND THE CORNER

Once again, VPHP will be collecting 2007 data retrieved from claims and medical record abstractions beginning at the end of February.

Medical record abstraction for HEDIS 2008 will be for the following measures:

- Childhood Immunization Status
- Lead Screening in Children
- Controlling High Blood Pressure
- Comprehensive Diabetes Care
- Prenatal and Postpartum Care
- Frequency of Ongoing Prenatal Care
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits

VPHP appreciates all your help with our Quality initiatives and salutes all our providers for efforts to provide excellent health care to our members.

Should you have any questions regarding any of our Quality Initiatives, please contact:

Pamela Small, MSN, RN
Quality Improvement Manager
psmall@vapremier.com
Tel: 800-727-7536, ext. 5269

CULTURAL COMPETENCY

VPHP asked all of the practitioners, in the network, to complete a Cultural Competency course. The course helps the practitioners to:

- Communicate effectively across cultures
- Identify issues related to health disparities
- Define common terms related to cross-cultural communication
- Review the business, medical, and legal reasons for improving cultural competency
- Assess key concepts on cross-cultural care

Below are those practitioners who willingly and successfully completed the course. VPHP would like to thank and salute each of you (listed below) who have successfully completed the course and are committed to raising the bar when caring for VPHP members of diverse cultures:

Agee	Robert	MD	Southwest	Kelleigh	Christina	PT	Tidewater	Shieh	Frank	MD	Richmond
Anderson	Judith	PT	Tidewater	Kondragunta	Sakuntla	MD	Richmond	Smith	Lakeita	MD	Richmond
Bergman	Stuart	MD	Southwest	Larson	Andrea	LCSW	West/Fred	Smith	Brent	MD	Richmond
Bibay	Laarni	MD	Tidewater	Levine	Mark	MD	Richmond	Stahl	Janet	SLP	Tidewater
Bolle	Jane	LPC	Richmond	Lien	Buu	MD	Tidewater	Thomas	Rebecca	LCP	Tidewater
Brooks-Williams	Malinda	MD	Richmond	Macleod	Scott	MD	West/Fred	Thoms	James	SLP	Tidewater
Camden	Daniel	MD	Southwest	Mancini	Pamela	MD	West/Fred	Tweel	William	MD	Richmond
Carpio	Luis	MD	Tidewater	Mathew	Mammen	MD	West/Fred	Vamenta	Rene	MD	Southwest
Cavett	Clinton	MD	Southwest	McAtee	Kathy	SLP	Tidewater	Walter	Barbara	MD	West/Fred
Cline	Debbie	NP	Southwest	McDonough	Catherine	OT	Tidewater	Winsor	Patricia	LCSW	Richmond
Cousins	James	LCSW	Richmond	Mitchell	Douglas	MD	Tidewater	Winsor	Patricia	LCSW	Richmond
Cowans	Rodney	MD	Richmond	Muelenaer	Andre	MD	Southwest	Wolfson	Arthur	DPM	Tidewater
Cox	Linda	LPC	Richmond	Mumbauer	Steven	MD	West/Fred	Wright	Melville	MD	West/Fred
Cummings	William	LCSW	Richmond	Murphy	Douglas	MD	West/Fred				
Davenport	Susan	NP	Richmond	Nurre	Louise	MD	West/Fred				
Deal	William	MD	Southwest	Osborne	Tommy	MD	Tidewater				
Durbin	Robert	LCSW	Richmond	Parry	Helen	LCSW	Richmond				
Eason	Paul	MD	Southwest	Peregrino	Manuel	MD	Southwest				
Eckert	Richard	MD	Southwest	Permashwar	Vydia	MD	Southwest				
Epplein	Dianne	PT	Tidewater	Phillips	Darrell	NP	Southwest				
Fleenor	Ellen	MD	Richmond	Pinn	Melvin	MD	Richmond				
Francisco	Rey	MD	Tidewater	Pokorsky	Monica	PT	Tidewater				
Franklin	Nancy	CNS	West/Fred	Prince	William	MD	Southwest				
Gerbus	Erin	PT	Tidewater	Pritchard	Carol	CPSC	Tidewater				
Gong-Bader	Pearl	MD	Richmond	Privalov	Dennis	MD	Richmond				
Hershey	Jody	MD	Southwest	Ranzini	Joseph	MD	West/Fred				
Hostetter	Melissa	MD	West/Fred	Rashid	Zahid	MD	Richmond				
Huard	Dana	LPC	West/Fred	Reed	Marianne	LCSW	Richmond				
Ishizawar	Yorckay	MD	Richmond	Sauder	Julia	LCSW	Richmond				
Jacobs	Joanne	SLP	Tidewater	Saul	Patton	MD	Southwest				
Johnson	April	OT	Tidewater	Sheikh	Tariq	MD	Richmond				

The Cultural Competency Course will remain available only through December 2007. Practitioners who complete the course will be recognized in subsequent newsletters, **so please ACT NOW! Your completion certificates will be included in your credentialing and recredentialing files. Also, to be eligible for the PGA Quality Recognition program in 2008, you will have to complete a cultural competency course offered by VPHP or one of your choosing.**

For questions on the Cultural Competency CME, please contact:
Pamela Small, MSN, RN
Quality Improvement Manager
psmall@vapremier.com
Tel: 800-727-7536, ext. 5269

QUALITY CORNER

QUALITY UPDATES

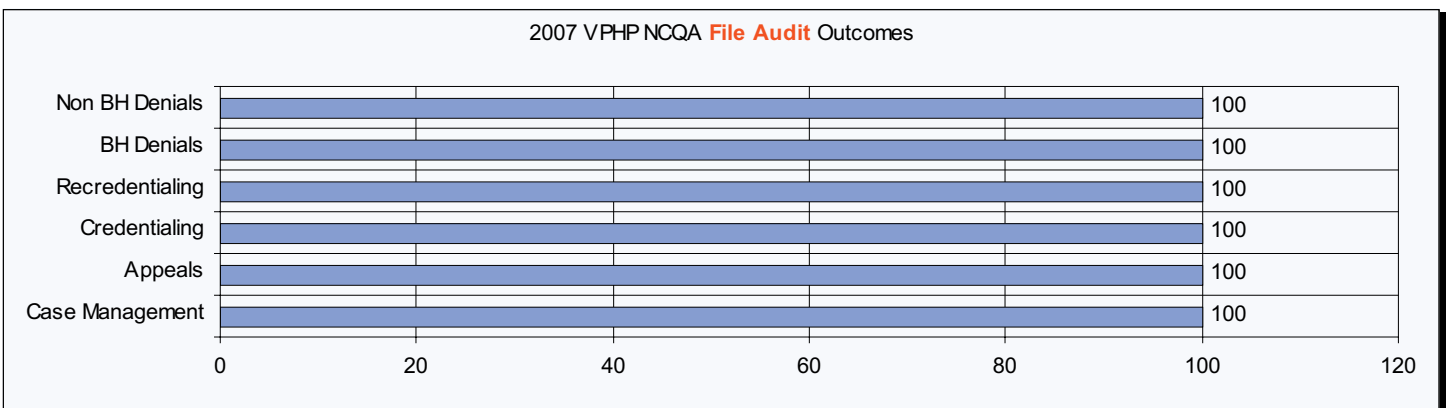
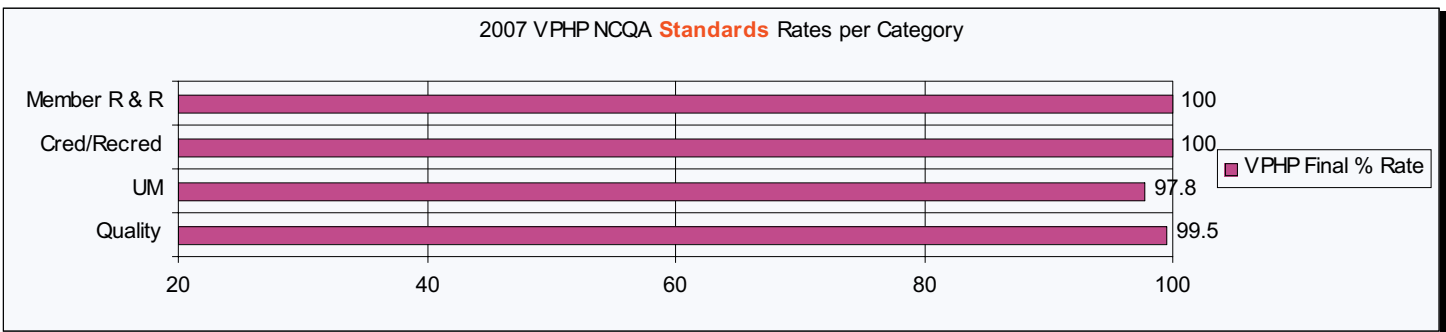
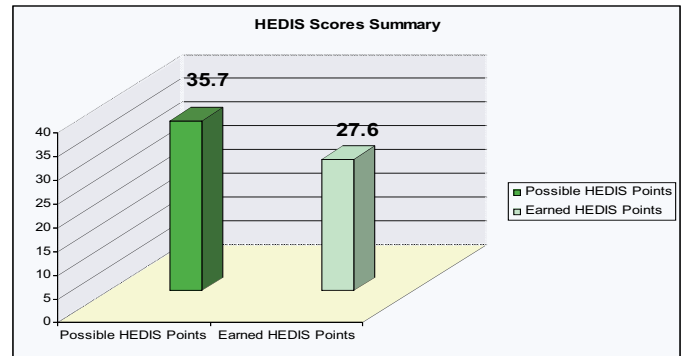
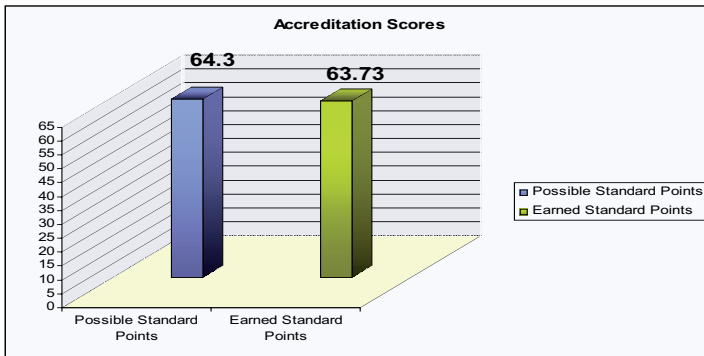
I. Regulatory Updates

- a. Virginia Department of Health Biennial MCHIP Audit Passed Audit
- b. DMAS: Michigan Peer Review Organization (MPRO) Annual Audit Passed Audit

II. Accreditation Updates

- i. URAC Accreditation Status (Health Plan) Fully Accredited (100%)
- ii. NCQA Accreditation Status Excellent (91.34%)
 - 1. VPHP is pleased to announce that it is **NCQA Accredited** effective October 16, 2007. VPHP achieved an “**Excellent**” rating, which is the very highest rating a health plan can achieve.
 - 2. Opportunities for Improvement: Comprehensive Diabetes Care, Breast Cancer and Cervical Cancer Screenings, Controlling High Blood Pressure, Cholesterol Management, FU After Hospitalization.

Please see VPHP’s outcomes below:



WHAT TO DO WHEN FILING A REQUEST FOR AN APPEAL:

When filing a request for an appeal, please be sure to always include the following information in, or with your cover letter:

- The denial decision you are appealing (timely filing, failure to verify eligibility, etc.)
- Your Name, Title, and the Medical Facility you represent
- Your Complete Mailing Address
- Member's Medicaid I.D.#.
- A copy of the denial letter that prompted your decision to appeal
- All supporting documentation that you feel will help to reverse Virginia Premier's denial decision.
- Your Phone Number (including area code)
- Member's Name
- Reference/Referral Number (if applicable)

When filing a request for an appeal, please be sure to utilize the correct address for the type of appeal you are filing (see below). Sending your appeal request to the appropriate address, along with the information listed above, will help to expedite the processing of your appeal request.

Type of Appeal:	Mailing Address & Fax # for Medicaid Appeals	Mailing Address & Fax # for Medicare Appeals
<ul style="list-style-type: none"> • Timely Filing Issues • Reimbursement Issues • Failure to Verify Eligibility • Requests for Retro-Authorizations (Failure to Obtain Pre-Authorization) • Duplicate Claims • Non-Covered Services • Retro Referral Requests (Failure to Obtain a Referral) 	Virginia Premier Health Plan, Inc. Attn: Claims Appeals P.O. Box 5286 Richmond, Virginia 23220-0286 Fax: (804) 819-5174	Virginia Premier Gold Attn: Claims Appeals P.O. Box 5167 Richmond, Virginia 23220 Fax: (804) 819-5174
<ul style="list-style-type: none"> • Lack of Medical Necessity 	Virginia Premier Health Plan, Inc. Medical Management Appeals Attn: Grievances and Appeals Manager P.O. Box 5244 Richmond, Virginia 23220-0244 Fax: (804) 819-5186	Virginia Premier Gold Medical Management Appeals Attn: Grievances and Appeals Manager P.O. Box 5244 Richmond, Virginia 23220-0244 Fax: (804) 819-5186
<ul style="list-style-type: none"> • Expired State License Discrepancies • Expired Mal Practice Insurance Discrepancies • Denial from VPHP's Provider Network 	Virginia Premier Health Plan, Inc. Credentialing Appeals Attn: Grievances and Appeals Manager P.O. Box 5244 Richmond, Virginia 23220-0244 Fax: (804) 819-5186	Virginia Premier Gold Medical Management Appeals Attn: Grievances and Appeals Manager P.O. Box 5244 Richmond, Virginia 23220-0244 Fax: (804) 819-5186

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