

VIRGINIA PREMIER HEALTH PLAN, INC.

Provider Newsletter

JUNE 2007

From the Senior Medical Director

As always, I would like to take this opportunity to thank the providers for the excellent quality healthcare provided to our members at Virginia Premier Health Plan, Inc. (VPHP).

In the last edition of the Provider Newsletter, VPHP discussed the elimination of the referrals for in-network providers. Please continue all necessary communications between PCP and specialist with follow-up letters and phone calls as needed. Any feedback after the first three months of this new process would be helpful. Contact the medical management department with your thoughts.

VPHP hopes that you have reviewed the current guidelines on the website, www.vapremier.com. The Quality Improvement committee at its recent meeting discussed and approved the following guidelines:

Chronic Stable Angina, Chronic Heart Failure, and Speech/OT/PT.

These will be added to the website very soon. All guidelines can be printed from the website. The quality improvement committee is finalizing a disease management program and guidelines for obesity in children and chronic obstructive pulmonary disease (COPD). These also will be added to the website when complete. If hard copies are needed, please contact your provider representative.

VPHP has recently launched a Complex Case Management Program. We are extremely excited about this program and encourage all providers to utilize this service for your patients. For any questions please call 819-5151 ext. 5711.

The P&T committee made some changes to the Preferred Drug List at its last meeting of April 13, 2007. It is not possible to list all of these in this format, however, the key ones for our

providers will be mentioned here. Prior authorization criteria for Arava, Lamictal and Generic Neurontin were removed. Tamiflu/Relenza prior authorization criteria were removed with a quantity limit added. Levemir was added to the Preferred Drug List. The P&T committee was fully informed of the impending shortage of chloflurocarbon (CFC) propellant albuterol inhalers, and added Proventil HFA(hydrofluroalkane) and Ventolin HFA to the preferred drug list. A very good review of this topic can be found in the NEJM March 29, 2007 issue, pp. 1344-1351.

The recent changes in Lipitor approvals were modified for "grandfathering" some members. Please contact our PBM, PerformRX for questions regarding this change.

This newsletter would never be complete without mentioning HEDIS (Health Plan Employer Data Information Set). Thanks to all provider offices that assisted us in our HEDIS process. VPHP is very encouraged by our preliminary results. VPHP will share all official results after the final audits for 2007.

Great News!! Dr. James Rollins, has joined Virginia Premier Health Plan, Inc. as one of the Medical Directors. He has years of experience in managed care and an extensive background in evidenced-based medicine. You will learn more about him in the coming months.

Until next time,



Melvin T. Pinn, Jr., M.D., M.P.H.
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

TIDEWATER VA:

(757) 461-0064
(800) 828-7989
Option 5

SOUTHWEST VA:

(540) 344-8838
(888) 338-4579
Option 5

Joy Dalesandro, MD
Vascular and Transplant Specialist

Blue Ridge Family Medicine
Ferrum Community Health
Ellis Home Oxygen

CLAIMS CORNER

NPI CONTINGENCY PLAN

Virginia Premier Health Plan, Inc. (VPH) has decided to follow suit with the Centers for Medicare and Medicaid Services (CMS) and put in place a contingency plan that would allow for providers to continue to use legacy provider numbers (Medicaid Provider ID) on claims, electronic or paper, until May 23, 2008.

If a provider has an NPI Number, we ask that you make sure that this number has been provided to VPH, which can be done by faxing your information to VPH's Contracting Department at 804-819-5366, attention Bridget Crusan. Or, you can submit your number online by visiting our website at www.virginiapremier.com. Go to the Provider Services section and you will see the National Provider Identifier Submission Form. Please complete this form and allow 5 business days before you begin using your number to allow for validation and entry of the information.

In addition to providing the NPI Number, providers should use it on their claims. This may involve updating your claims clearinghouse with your NPI number and your intent to use the number on electronic transactions.

VPH has been working with local and national clearing houses to move to the Dual-Use phase of NPI migration, where either a legacy or NPI number can be provided on claims, and will continue this process until all clearing houses have moved to Dual-Use or completely to NPIs. As of claims submitted May 23, 2008, an NPI will be required and all claims without an NPI will either be rejected by the clearinghouse or VPH.

Over the course of the next year, VPH will monitor claims from providers using legacy numbers and work with them to move to NPI prior to the compliance date. All providers should be taking the necessary steps to become NPI compliant as quickly as possible.

As of April 30, 2007, VPH has received and loaded about 65% of the NPI numbers for network providers and numbers are still coming in. If you are not sure if your NPI number has been provided to VPH, please send it.

ENSURING CONTINUITY AND COORDINATION OF CARE

VPH values the importance of well coordinated, and effective care for our members. We understand the integral role that communication plays in maintaining high-quality care. This is especially true with regard to communication between medical and behavioral health practitioners.

In an effort to provide well-coordinated care, VPH has:

- Implemented procedures to notify the PCP when a member has received BH services.
- Evaluated consultative reports during medical record reviews.
- Educated employees on the importance of sharing information while adhering to HIPAA regulations.
- Developed Clinical Practice Guidelines for ADHD and Screening for Depression in Diabetes.
- Conducted annual provider satisfaction surveys to evaluate the continuity and coordination of care between medical and behavioral health practitioners.
- Developed a system to notify PCP's of their member's admissions to the hospital for BH services. In addition, the BH provider is made aware of the contact information for the member's PCP to improve communications between the providers.

Communication with members' PCPs provides the opportunity to make informed decisions regarding treatment interventions, and decreases the potential for gaps in treatment and adverse medication interactions. VPH is committed to ensuring that our members receive seamless, well-coordinated care while receiving medical and behavioral health services. We appreciate your support in helping us improve continuity, and coordination of care on behalf of our members.

POINTERS FROM THE FINANCE DEPARTMENT

Question	Answer
If I make any contractual changes to my practice or business what information do I need to provide to Virginia Premier Health Plan, Inc.'s Finance Department?	If you change your tax identification number, address, Medicaid provider number, legal business name or any other contractual changes please forward a W-9 along with your changes to your Contracting Representative immediately. Doing this can avoid possible IRS regulated fines and/or withholdings from your claim, capitation and/or management fee payments. In addition, any changes made without a W-9 attached will delay payment of any of your claims.
Where are the even pages to my Remittance Advice?	Remittance Advices (RAs) are printed on the front and back again, so please turn your RAs over.
I need a copy of my Remittance Advice that is over 60 days old. Can I get a copy of that sent to me?	Unfortunately, due to data storage capacity, any requests for reprints of Remittance Advices older than 60 days can not be reprinted.
Can I get a copy of a cancelled check within the same month that it was printed?	A copy of a cancelled check can not be provided for checks printed within the month of the request. Please allow up to 14 days after the month end for such requests.
When can I expect my fee for service payment?	Checks are usually processed every Friday and are mailed out by the following Wednesday of each week. Please check with the Claims department to ensure whether or not the claims you are seeking payment for has been processed for payment. You can contact the Claims department at either (804) 819-5151 or (800) 727-7536, press option 4 and then option 1 when prompted to do so.

ELIGIBILITY VERIFICATION REMINDER

Because members can lose eligibility at the end of any given month, it is very important that you verify eligibility each time a patient presents for service. Presentation of an insurance card is no guarantee that a patient has insurance coverage. Therefore, it is always best to verify insurance coverage prior to rendering services.

Following this simple reminder will help to ensure that pre-authorization rules are adhered to when necessary, and will help ensure that your submitted claim is paid in a timely manner.

For your convenience, the sources listed below have been established to aid you in verifying patient's insurance benefits.

Medicall (The Virginia medical assistance auto response system):

1-800-884-9730

VPH Website:

www.virginiapremier.com

VPH Member Services Departments:

Richmond Regional Office

600 East Broad St, Suite 400
Richmond, Virginia 23219

Member Services

(804) 819-5151
(800) 289-4970

Tidewater Regional Office

5029 Corporate Woods, Suite 100
Virginia Beach, Virginia 23462

Member Services

(757) 461-0064
(800) 828-7953

Roanoke Regional Office

4910 Valley View Boulevard, Suite 202
Roanoke, Virginia 24012

Member Services

(540) 344-8838
(888) 338-4579

NATIONAL PATIENT SAFETY GOALS 2007

Goal 1: Improve the accuracy of patient identification.

- a) Use at least two patient identifiers when providing care, treatment or services.

Goal 2: Improve the effectiveness of communication among caregivers.

- a) For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- b) Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.
- c) Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- e) Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal 3: Improve the safety of using medications.

- b) Standardize and limit the number of drug concentrations used by the organization.
- c) Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- d) Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

Goal 7: Reduce the risk of health care-acquired infections

- a) Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- b) Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Goal 8: Accurately and completely reconcile medications across the continuum of care.

- a) There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- b) A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. **The complete list of medications is also provided to the patient on discharge from the facility.**

Goal 11: Reduce the risk of surgical fires.

- a) Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.

Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy.

- a) **Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.**

Note: Changes to the Goals and Requirements are indicated in bold. Gaps in the numbering indicate that the Goal is inapplicable to the program or has been "retired," usually because the requirements were integrated into the standards.

QUALITY CORNER

It is the ongoing mission of Virginia Premier Health Plan, Inc.'s (VPH) Quality Improvement (QI) Program to ensure that all members receive the highest quality care and access from network practitioners, hospitals and other health care providers. Quality Committees are responsible for oversight of VPH's QI activities. Activities are structured around ongoing quality monitoring and reporting, management of grievances, peer review, and the identification of targeted QI studies.

VPH has completed its 2006 Quality Improvement Evaluation. The summary and outcomes report detail the successful outcomes and challenges related to every quality activity undertaken in 2006.

VPH has completed its 2007 Quality Improvement Program (QIP) Description and Work Plan. The QIP will be posted on the website. So, please visit the VPH website at www.virginiapremier.com to review it. If you would like a hard copy of the QIP or other quality documents, please contact your Provider Service Representative, Quality Nurse, Pamela Small, QI Manager, at psmall@vapremier.com or Jamie W. McPherson, QI Director, at jmcpherson@vapremier.com or call 800-727-7536.

QUALITY UPDATES:

- VPH is pleased to announce that it passed its 2007 HEDIS Audit. This audit ensures that the processes and systems in place at the Health Plan are appropriate to support the HEDIS data collection effort and meets the HEDIS technical specifications, as required by oversight regulators and accrediting organizations (NCQA).
- VPH Quality Nurses will be abstracting HEDIS data until May 30, 2007. This is an accreditation and regulatory requirement. Thanks for all of your assistance in advance. Outcomes will be published in a subsequent newsletter.
- VPH underwent its annual regulatory oversight audit in February 2007. Although, final outcomes are pending, VPH only had 6 standards that needed to be addressed/clarified out of a total of 291 standards. This yields approximately a 97% success rate. The final outcomes will be announced in a subsequent newsletter.
- VPH hosted its first "*Delegate Updates Kick-Off Meeting*" on August 26, 2007. Thanks to each of you for making the first meeting a success. Your continued participation is critical to communication efforts. The next meeting is scheduled for June 28, 2007.

PRACTITIONER GOLDEN-GLOBE AWARD (PGA) ELIGIBLE RECIPIENT

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

Dr. Lorenz Frederick Lassen

Lakeview Medical Center
2000 Meade Parkway
Suffolk, VA 23434

Dr. Lassen is a participating VPH practitioner. He received a citizen's award in August 2006 from the Suffolk, Virginia police for helping to save a 7-year old boy who nearly drowned at a community swimming pool. The pool lifeguard was on duty when the boy lost hold of the pool's edge and went under water in a 5-foot deep area. The lifeguard pulled the unconscious boy out of the pool and started rescue breathing. Dr. Lassen, an ear, nose and throat specialist from the nearby Lakeview Medical Center, was swimming laps and noticed the disturbance. He ran to the boy who was blue and had stopped breathing. Dr. Lassen took over the resuscitation efforts and

the boy began breathing on his own after about two minutes. Happily, the boy has recovered and has returned to swimming.

Please Note: At the end of each fiscal year (June 30) at VPH, 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 also be utilized.

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.

VPHP'S MEDICAL RECORD KEEPING POLICY

Please review the policy and ensure ongoing compliance

It is the policy of Virginia Premier Health Plan, Inc. (VPHP) to require medical records to be maintained by all affiliated practitioner offices and/or medical center locations in a manner that is current, detailed, organized, and facilitates effective, confidential patient care and quality review. Medical record standards have been established to help ensure communication, coordination of care across the healthcare continuum, and continuity of care to promote efficient and effective treatment.

DEFINITIONS:

Grievance: An expression of dissatisfaction about any matter other than an action.

Medical Record Keeping: Review of a practitioner's clinical /treatment record practices by Quality Improvement staff to ensure that the practitioner meets VPHP standards for medical/treatment record keeping standards.

Medical Record Review: Assessing and/or abstracting clinical data from a medical record for comparison to documentation standards, to use in quality improvement activities, or in the event of a grievance or other quality issue.

PROCEDURES/GUIDELINES:

1. Medical record standards and best practices will be distributed and/or communicated, at least annually, to practitioners and appropriate VPHP staff in an effort to educate and improve medical record keeping and documentation.

A. The method of distribution will be one or more of the following:

- Provider Newsletters
- VPHP Web Site
- Postal Service
- On-Site Visit
- E-Mail

B. VPHP departments/committees to be included in the distribution are as follows:

- Quality Improvement Department
- Credentialing Department
- Provider Services Department
- Medical Management Department
- Contracting Department
- Credentialing Committee
- Quality Improvement Committee
- Continuous Quality Improvement Committee

2. Monitoring of VPHP compliance to this policy occurs in one or more of the following ways:

- Audits performed by VPHP employees not assigned to the Quality Improvement (QI) department.
- Audits performed by the Quality Improvement Department Manager and/or Director.

3. Medical Records Keeping Requirements

A. Confidentiality of medical records will be maintained by ensuring:

1. Medical records are stored securely (i.e., confidential filing system, etc.)
2. Only authorized personnel have access to medical records
3. Periodic training, and as needed, on confidentiality related to member information

C. The medical records are well organized.

D. Medical records are easily retrievable

E. Medical record documentation standards will be utilized (see attachment A). Each medical record must include the following:

1. All services provided directly by a PCP
2. All ancillary services and diagnostic tests ordered by a practitioner
3. All diagnostic and therapeutic services for which a member was referred, such as:
 - Home health nursing reports
 - Specialty physician reports
 - Hospital discharge reports
 - Physical therapy reports
4. History and physical
5. Allergies and adverse reactions
6. Problem list
7. Medications
8. Documentation of clinical findings and evaluation for each visit
9. Preventive services/risk screening

4. A Quality Improvement Coordinator (QIC) may conduct medical record keeping practices and content reviews for the purpose of assessing medical records for:

- Initial credentialing medical record keeping practices only (A blinded or/model record will be reviewed on initial site visit)
- Follow-up review for past failed reviews every six months after initial review to monitor progress until performance standards have been met
- Review for HEDIS measures against its standards and

- identify deficiencies and enhance quality improvement and/or activities
 - Assess the achievement of performance goals (random sampling may be utilized)
 - Review a sample of medical records based on a practitioner's volume of members, past documentation deficiencies or other criteria to meet VPHP goals of providing improved quality and cost effective care
 - Quality of Care investigation of issues or grievances
5. Review performance data will be entered into the individual practitioner's credentialing file and incorporated into the re-credentialing process.
 6. The QI department collects effectiveness of care performance data annually, which may also include medical record abstractions. The QIC facilitates the reporting of HEDIS results to internal and external customers to enhance performance improvement regarding care and services, in addition to any medical record documentation findings that need to be addressed, e.g., timeliness of care per established HEDIS measures, VPHP Clinical Practice and /or Preventive Services Guidelines. A QIC maintains all applicable documentation and performance data in designated confidential databases and/or practitioner performance files.
 7. At the time of the review, a (QIC) provides feedback to the practitioner/office manager concerning the results of the review, which includes suggestions for corrective actions for any deficiencies noted during the review. The QIC will offer sample materials, such as best practices, forms and/or other information to improve medical record keeping and to assist the practitioner in correcting noted deficiencies.
 8. A follow-up letter will be sent to practitioners with identified deficiencies with a suggested action plan for improvement.
 9. Practitioners scoring less than 90% of the performance goal will be expected to document and implement a corrective action plan. A follow-up visit will be conducted at least every six months after the initial review to monitor progress and/or until the performance standards have been met. The review tool will be updated in Vistar" to reflect corrective action progress. If deficiencies are not resolved within a six month time frame, cases will be presented to the Senior Medical Director and/or Credentialing Committee for review and to possibly begin a sanctioning process with the practitioner.
 10. Annually, a report will be presented to the Quality Improvement and Continuous Quality Improvement Committees summarizing the Medical Record Keeping Review and Medical Record outcomes, including identified trends by practitioner or issue. Problematic trends will be evaluated and corrective action plans initiated as necessary.

QUALITY REMINDERS

- **Cultural Competency:** One of the premier quality goals for 2007 is to develop and implement a participating practitioner educational opportunity to facilitate effective communication between practitioners and members of diverse populations. In order to meet this goal, every practitioner, in the VPHP network, is strongly encouraged to complete a **FREE** Cultural Competency CME. You can access the educational opportunity at:
- The CME Certificate can be printed immediately after you complete the course online. The course is only offered online. Please note: For courses completed after September 24, 2006, a Tufts University School of Medicine (TUFTS) CME/CEU Certificate will be issued.
- If you experience any difficulties completing the course online at the link above, please contact Rita Carreon, AHIP Diversity Manager, at 1-202-778-3239 or 1- 877-291-2247.

<http://qualityinteractions.org/ahip/index.html>

Please find the specifics and benefits below:

- The course is **FREE** for participating practitioners and designed specifically for physicians. However, any participating practitioner (i.e., psychologists) can attempt to take the course.
- The course may take up to 1 hour.
- You **must** register and enter the Organization ID: 1750.
- You will obtain 1.0 Category 1 Credit toward the American Medical Association's Physician Recognition Award.

Once you have completed the course and received your CME Certificate, please give a copy of it to your Provider Service Representative, your Quality Improvement Nurse or mail a copy to VPHP at the address below to be included in your credentialing file:

**Credentialing Department
P.O. Box 5307
Richmond, VA 23220-0307**

MEDICAL RECORD KEEPING PRACTICES: TIPS AND BEST PRACTICES

The VPHP Quality Improvement Department, in an effort to assist practitioners achieve a perfect score for Medical Record Keeping practices, has compiled a few tips and best practices to ensure ongoing success. Consistent, current and complete documentation in the medical record is an essential component of quality patient care. The following elements reflect a set of commonly accepted (and/or best practice) standards for medical record documentation. NCQA considers (*) elements as core components to medical record documentation.

- Each page in the record contains the patient's name or ID number.
- Personal biographical data include the address, employer, home and work telephone numbers and marital status.
- All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, unique electronic identifier or initials.
- All entries are dated.
- The record is legible to someone other than the writer.
- *Significant illnesses and medical conditions are indicated on the problem list.
- *Medication allergies and adverse reactions are prominently noted in the record. If the patient has no known allergies or history of adverse reactions, this is appropriately noted in the record.
- *Past medical history (for patients seen three or more times) is easily identified and includes serious accidents, operations and illnesses. For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations and childhood illnesses.
- For patients 12 years and older, there is appropriate notation concerning the use of cigarettes, alcohol and substances (for patients seen three or more times, query substance abuse history).
- The history and physical examination identifies appropriate subjective and objective information pertinent to the patient's presenting complaints.
- Laboratory and other studies are ordered, as appropriate.
- *Working diagnoses are consistent with findings.
- *Treatment plans are consistent with diagnoses.
- Encounter forms or notes have a notation, regarding follow-up care, calls or visits, when indicated. The specific time of return is noted in weeks, months or as needed.
- Unresolved problems from previous office visits are addressed in subsequent visits.
- There is review for under - or overutilization of consultants.
- If a consultation is requested, there is a note from the consultant in the record.
- Consultation, laboratory and imaging reports filed in the chart are initialed by the practitioner who ordered them, to signify review. (Review and signature by professionals other than the ordering practitioner do not meet this requirement.) If the reports are presented electronically or by some other method, there is also representation of review by the ordering practitioner. Consultation and abnormal laboratory and imaging study results have an explicit notation in the record of followup plans.
- *There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
- An immunization record (for children) is up to date or an appropriate history has been made in the medical record (for adults).
- There is evidence that preventive screening and services are offered in accordance with VPHP's and/or nationally accepted clinical guidelines.

CREDENTIALING CORNER UPDATES

Department Updates:

- Please be aware that the 2006 Credentialing Program Description is available and located on the Virginia Premier Health Plan, Inc. (VPHP) website at www.virginiapremier.com. 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. This document is updated annually in December of each calendar year.
- Effective May 1, 2004, all health care professionals, not just MDs and DOs, can now participate with CAQH. **Every practitioner is highly encouraged to participate by visiting CAQH's website: www.caqh.org. Currently 46.4% of our participating practitioners utilize this service.**

Benefit of participating with CAQH:

- o The service is **FREE** for practitioners.
- o 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.
- o 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.
- Site Visits and/or Environmental Assessments for specialists are no longer required by VPHP on recredentialing. Please note: Site Visits will be conducted on PCPs, Ob/Gyns and Behavioral Health practitioners undergoing initial credentialing
- Peer reference forms are no longer required on initial credentialing or recredentialing.

Reminders: *If the following is not done, the Credentialing process will be delayed:*

- For CAQH practitioners, please remember to re-attest your CAQH application every quarter. Otherwise, the credentialing process may be delayed.
- Please make certain that your license and DEA certificates are

current at all times. Otherwise, a Credentialing Specialist will contact your office.

- Please notify VPHP immediately once you have obtained your board certification, if applicable.
- Please remember to submit your Curriculum Vitae, which ***must include a 5-year work history and start date at your current practice in month/year format. Gaps greater than six (6) months must be explained.***
- Please remember to return your Recredentialing Packets within thirty (30) days of receipt. Otherwise, the credentialing process will be delayed.
- Each practitioner has the right to check the status of his/her application, correct erroneous information, and the right to review any information obtained during the credentialing process. Please feel free to contact the designated Credentialing Specialist noted below or the Credentialing Department, if you have questions/concerns.
- Credentialing information is considered highly confidential; therefore, some information may not be provided via phone. Please feel free to contact the designated Credentialing Specialist noted below or the Credentialing Department, if you have questions/concerns.
- If a practitioner is denied access into the Network, the practitioner has the right to appeal that denial. Please be aware that quality concerns may need to be reported to the appropriate authorities.
- 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:

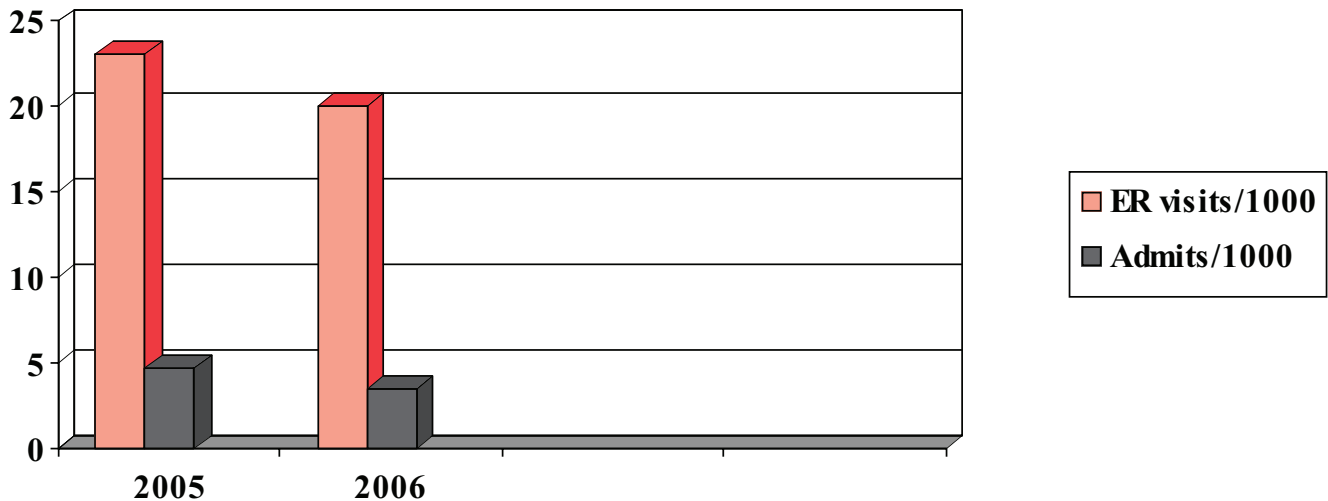
Credentialing Specialist	Region	Phone Number
Terra Bumpus	Western VA/Fredericksburg/ Winchester VA	800-727-7536 ext. 5287
Cynthia Pollard	Richmond VA	800-727-7536 ext. 5296
Lesa Martin	Tidewater VA	800-727-7536 ext. 5325
Toora Clarke	Southwest VA	800-727-7536 ext. 5246
Kimberly Paige, Credentialing Manager		800-727-7536 ext. 5323

DISEASE MANAGEMENT NEWS

The disease management program continues to provide services to our members diagnosed with Asthma, Diabetes and Heart Disease. The Asthma program has been in existence from September 2005, and already we have good news to report.

We have noted a decrease in the rate of ER visits and inpatient admissions for the age group 5-64 years of age. (See graphs below) This was despite an 8% increase in the number of members diagnosed with Asthma in 2006 as compared with 2005.

Asthma Utilization Data



Asthma Utilization Rates	2005	2006
ER visits/1000	23.1	20.1
Admits/1000	4.7	3.4

Of the total number of members with Asthma, 5% were stratified into the high-risk group, 26% into the moderate risk group and 69% into the low risk group. All members diagnosed with asthma received educational information in the mail, but the 31% of members who were high and moderate risk, received more intense services. These services included, telephone calls, letters, and visits from our outreach staff. The interventions were geared to educate members on self-management strategies, lifestyle modification and encourage regular follow up with their medical providers.

We also continue to have medical equipment available to members in the disease management program. Peak flow meters are still available to members with asthma. Blood pressure monitors are available to members who are experiencing difficulty in controlling their blood pressure, and we are in the process of making scales available to members in the heart disease program who need to be able to monitor their weight as part of their medical treatment plan.

The disease management staff of Virginia Premier Health Plan, Inc. looks forward to continuing to provide services to our members, and would welcome referrals from medical providers. If you know of a member who has Virginia Premier Health Plan, Inc., and would benefit from disease management services, please call 1-866-243-0937. We can be reached Monday through Friday, 8:00 am until 5:00 pm.

MEMBER OB REGISTRATIONS REQUESTED

VPHP OB providers control a major component that enables timely pregnant member identification and participation in the Healthy Heartbeats Program.

Healthy Heartbeats is a program proven to enhance birth outcomes by supporting and encouraging the member to care for herself and her unborn child, enroll in prenatal education classes, and comply with her post-partum OB exam.

All Healthy Heartbeats' members are visited by a Medical Outreach Representative and followed throughout their pregnancy and in the post-partum period. High-risk members are also followed by RN Case Managers.

Over the past 10 years, data has reflected the benefit of the Healthy Heartbeat intervention program when defined by pre-term live births. The concern is that low and very low birth outcomes have increased in the past year. By having members connected with the Healthy Heartbeats Program early in the pregnancy, we hope to alter that trend.

Because members in Healthy Heartbeats are encouraged to keep all OB appointments, and compliance is incentivized, HEDIS scores are also positively impacted.

	2006 VPHP	2007* VPHP	50th%tile HEDIS	75th%tile HEDIS
Prenatal timeliness	80.54%	84.91%	83.3%	88.1%
Post-partum care	56.69%	62.53%	58.8%	65.9%
<i>*preliminary report 2007</i>				

Our request is that the OB provider submits the OB registration form as soon as possible after identifying a VPHP pregnant member. The brief time taken by office staff to complete and fax the OB registration, alerts Healthy Heartbeats staff to a pregnant member. Early identification provides time to impact compliance with OB visits and other healthy behaviors that can contribute to a healthy pregnancy and healthy baby.

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 Number:
<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	(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	(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	(804) 819-5186



VA Premier Richmond
P.O. Box 5307
Richmond, Virginia 23220-0307
VA Premier Tidewater
5029 Corporate Woods Drive
Virginia Beach, VA 23462
VA Premier Roanoke
4910 Valley View Blvd., NW
Roanoke, Virginia 24008
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2322 Bluestone Hills Drive
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