Medical Record Documentation Reminders

Documentation of services is an important aspect of medical care. Claims submitted to Physicians Health Plan (PHP) should clearly represent the level of service that is provided and documentation should be accurately identified in the medical records. Two elements related to documentation are:

Diagnosis Coding

The diagnosis code identifies the reason the services were provided. PHP recommends that all diagnoses discussed or found at that specific visit be billed along with the corresponding CPT code. If a provider is "ruling-out" a condition, that condition is not the appropriate billing diagnosis. The symptom is the appropriate billing diagnosis, until the condition can be determined by the provider. To ensure proper claim processing, each diagnosis code billed must be coded to the highest specificity.

History of Present Illness (HPI)

According to Centers for Medicare and Medicaid Services (CMS), only the provider can perform and document the HPI portion of the patient's history. Ancillary staff can document other parts of the history but not the HPI. It is not acceptable if the ancillary staff documents the HPI and the provider documents that they have reviewed it (source: www.wps.medicare.com). PHP routinely audits medical records to ensure compliance with all guidelines.

Please refer to your current CPT Manual, ICD-9-CM Manual and/or Centers for Medicare & Medicaid Services (CMS) 1995 and 1997 Documentation Guidelines for Evaluation and Management Services for any questions regarding documentation.

Regardless of the practitioner's specialty, PHP expects that all claims submitted for reimbursement will be billed at the appropriate CPT code representing the level of service that is provided and is accurately documented in the medical records.

Health Information Exchange is growing in Mid-Michigan

Through the Great Lakes Health Information Exchange (HIE), hospitals and physicians are using secure, electronic health information exchange to improve coordination of patient care. Recognizing the importance of having the right information in the right place at the right time, Sparrow Health System and Physicians Health Plan are founding members of the Great Lakes HIE (formerly known as the Capital Area RHIO), along with Community Mental Health of Clinton, Eaton and Ingham counties, Hayes Green Beach Hospital, the Ingham County Health Department and Michigan State University.

Originally developed to provide health information exchange for providers in the Greater Lansing Area, Great Lakes HIE is quickly expanding those boundaries. The University of Michigan Health System joined the Great Lakes HIE late last year and will be using the HIE to send clinical information to referring physicians throughout the state.

Through Great Lakes HIE, participating physicians can receive results and reports electronically, query the system for available information about a patient from all participating providers, and send referrals to other physicians. Data available through the HIE includes laboratory results, radiology reports, transcribed reports and ADT. In addition to the MSU Health Team, Hayes Green Beach Hospital and Sparrow Health System, over 90 physicians from practices throughout the community have joined Great Lakes HIE and are actively using the information in their practices.

See the insert included in this newsletter for more information about Great Lakes HIE, its benefits for your practice, your patients and how to join. For more information, write to info@glhie.org or contact Great Lakes HIE by phone at 517.347.3373.

Dual Eligible Medicaid Beneficiary Enrolled in Medicaid Health Plans

Effective December 1, 2011 dual Medicare/Medicaid beneficiaries transitioned from an excluded population to a voluntary population for Medicaid Health Plans. The qualified members can now choose PHP FamilyCare as their plan of choice for health care coverage within our current counties.

If a member is eligible for Medicare but has not enrolled; PHP FamilyCare will deny claims until the member has completed Medicare's enrollment requirements. Following the enrollment with Medicare, the provider can resubmit claims with the Medicare Explanation of Payment, to PHP FamilyCare for appropriate processing. PHP requires FamilyCare members to obtain services within the contracted network. If a member is seeking services with non-participating/contracted providers, the member will be notified and the health plan will work with them to arrange services within our network. Any out of network services will need to be prior authorized by PHP before services are rendered. It is strongly encouraged to verify the authorization requirements before services are rendered for dual enrolled members.

Dual Enrolled Beneficiaries Pharmacy benefits will cover MDCH approved prescriptions that are excluded from the Part D pharmacy coverage, unless the drug class is specifically eliminated out of the FamilyCare benefit. PHP requires providers to utilize the FamilyCare Prescription Drug list which is available online at www.phpmm.org. Part B pharmacy services, including injectables, are covered as a medical service under PHP FamilyCare.

For additional questions, please contact your Provider Relations Coordinator at 517.364.8312

Access to Care - After Hours

Primary Care Physicians (PCP) must ensure that their patients have appropriate access to care, both during office hours and after hours. In accordance with your participation agreement and the PHP access standards:

- PCPs must be available through regularly scheduled or on-call coverage 7 days a week, 24 hours a day.

PCPs must have appropriate methods for directing a PHP member to seek medical care when the primary physician is not available. The primary physician must provide or arrange for the provision of advice and assistance to members in emergency situations 24 hours per day, 7 days per week.

When the office is closed, the Primary Care Physician needs to have at least one of the following :

- a well-informed answering service
- a detailed answering machine message that provides instruction for access to after hour coverage and emergency care. This should include instruction for access to emergency care and how to contact the PCP
- another medical practitioner whom the PCP has designated to treat PHP members.

PHP conducts periodic surveys of our Primary Care Physicians after hours access by calling the offices after hours to determine how care is directed. Please make sure your answering service is informed of how to get in touch with a covering physician, your answering machine gives clear direction on who to call if access to care is needed, or how to reach a physician covering for you. You will receive notification if your office is surveyed and you do not meet criteria. Access to care is an important part of a member's overall healthcare concerns – please make sure you are covering your patients' needs!

5010 Claim Submission Helpful Tips

- PHP accepts 5010-Level 4 compliant electronic claims submission (As of 1/1/12).
- If the NPI for the Rendering Provider (Loop 2310B NM109) and the Billing Provider (Loop 2010AA NM109) are the same; then the data for Rendering Provider number must not be transmitted.
- Zip code plus the 4 digit extension is required.

PHP's Prescription Drug List for all products are available in electronic format only. All Prescription Drug Lists can be accessed at www.phpmm.org by clicking on *For Providers* and then selecting *Pharmacy* from the menu. Hardcopy lists are available upon request. Please contact customer service at 1.800.832.9186.

Advance Directive Standard

The Physicians Health Plan (PHP) Facility Site/Medical Record Review (FSMRR) standards include the following standard that applies to Primary Care Practitioners:

> *Is there documentation that advance directives have been discussed with adult patients?* (Standard #7)

To Score a "Yes" on the PHP FSMRR: Documentation must be present that advance directives have been discussed with adult patients. Documentation should include either that the member has declined an offer to receive additional information or if an advance directive has been executed, a copy is maintained in the patient's medical record.

Ways to Accomplish: The question concerning advance directives could be included on the patient registration form or health history form. Having a question that asks if the patient has an Advance Directive with a box to check "yes" or "no" along with a statement that they may obtain more information regarding the subject from you, would meet PHP's standard as well as the Federal Government's. The State Bar of Michigan has a website that is a great resource of information regarding Advance Directives. There are booklets and forms that you can download and print from your computer. The address is www.michbar.org/elderlaw/adpamphlet.cfm.

What Are Advance Directives? Advance care directives are specific instructions prepared in advance that are intended to direct a person's medical care if he or she becomes unable to do so in the future. Advance care directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life threatening injury. There are two types of advance directives. A durable power of attorney for health care allows the patient to name a "patient advocate" to act for the patient and carry out their wishes. A living will allows the patient to state their wishes in writing, but does not name a patient advocate.

Alternative Names for Advance Directives: Durable Power of Attorney for Health Care, DNR (do not resuscitate), or Living Will.

Why is there so much interest in Advance Directives? Questions about medical care at the end of life are of a great concern today, partly because of the growing ability of medical technology to prolong life and partly because of highly publicized legal cases involving comatose patients whose families wanted to withdraw treatment. "The Michigan Dignified Death Act" (Michigan law) and the Patient Self-Determination Act (federal law) recognizes the rights of patients to make choices concerning their medical care, including the right to accept, refuse or withdraw medical and surgical treatment, and to write advance directives for medical care in the event they are unable to express their wishes.

> *The federal law requires all health care facilities (such as hospitals, nursing homes, hospices, home healthcare agencies and HMO's) receiving Medicaid and Medicare funds to ask adult patients and document whether they have a Durable Power of Attorney and to provide education materials to advise patients of their rights under the law.*

Advance care directives can reduce:

- Personal worry
- Futile, costly, specialized interventions
- Overall health care costs
- The feeling of helplessness and guilt for family members
- Legal concerns for everyone involved

Notification/Prior Authorization Table Update

Effective March 1, 2012 PHP began requiring prior authorization for hyperbaric oxygen therapy services and for surgical treatment of femoroacetabular impingement. An updated Notification/Prior Authorization Table is enclosed for your reference.

Please contact your Provider Relations Coordinator if you have any questions about any items or articles in this publication.

We welcome your comments and article ideas for future publications.

This Update is Produced By:
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Physicians Health Plan
The Plan of Choice

Provider **Update**

First Quarter 2012

Access to Care When it's Needed

Physicians Health Plan understands that receiving care when and where members need it is a vital concern for our members. That's why PHP has the following access standards for our in-network physicians and practitioners:

- Physicians and Practitioners must be available through regularly scheduled or on-call coverage 7 days a week, 24 hours a day.
- Patients with emergency needs are to be seen immediately or referred to the emergency department if appropriate.
- Initial appointments are available within 8 weeks.
- Routine non-symptomatic appointments are available within 4 weeks.
- Non-urgent, symptomatic appointments are available within 5 days.
- Appointments for urgent needs are available within 24 hours.
- Waiting room times shall not routinely exceed more than 30 minutes from the time of the appointment until the physician or practitioner sees the patient.

PHP also has the following standards for behavioral health visits:

- Physicians and Practitioners must be available through regularly scheduled or on-call coverage 7 days a week, 24 hours a day.
- Patients with emergency needs are seen immediately or referred to the emergency department if appropriate.
- Appointments for non-life threatening emergent problems are available within 6 hours.
- Patients with urgent care needs within 48 hours.
- Routine, non-symptomatic appointments are available within 10 days.
- Follow-up appointments after discharge from the hospital for mental illness should be available within 7 days of discharge.
- Waiting room times shall not routinely exceed more than 30 minutes from the time of the appointment until the physician or practitioner sees the patient.

A copy of the Standards for Accessibility can be found in the Provider Section of the PHP website at www.phpmm.org.

Enclosures

- Notification/Authorization Table Updated 3/1/12
- Pharmacy Clinical Criteria
- Focus on HEDIS
- False Claims Act
- Member's Rights and Responsibilities-Commercial
- Member's Rights and Responsibilities – FamilyCare
- GLHIE

To report any suspected fraud or abuse by either a PHP member or provider, please call 517. 267.9990 and press 1 to reach PHP's Compliance Department.