

Harmony Partners

Your partner for better health Winter 2004



Network News!

State of Illinois Changes Payment Methodology for Maternity Care

The State of Illinois recently changed the way Managed Care Organizations (“MCOs”) are paid for maternity care. Effective August 1, 2003, the Illinois Department of Public Aid (IDPA) no longer includes maternity deliveries and postpartum care in premium payments made to MCOs. The new methodology entails payment of a case rate to MCOs upon receipt of a valid UB92 encounter. In response to this change in payment methodology, Harmony recently amended its contracts with capitated providers.

Please note as well that it is also important for all Primary Care Providers (PCPs) and Women’s Health Care Providers to identify all maternity cases, and arrange for appropriate referral of those presenting the potential for high-risk maternal or neonatal complications to specialists or transfer to Level III perinatal facilities. For more information regarding this issue or to secure a listing of contracted perinatal facilities, please contact your Provider Services Representative at **1-800-504-2766**.

Attention Fee-for-Service Providers

As more medical groups and individually contracted physicians convert to fee-for-service contracts, it is important to remember the requirements of Primary Care

Harmony Emphasizes Encounter Data Submission



Over the past year, Harmony’s Provider Services Department has emphasized the importance of capitated providers submitting encounter data to the health plan. The health plan learned recently that IDPA is strongly considering associating premium payments to MCOs with encounter information received. Providers and medical groups that are contracted on a capitated basis are required to forward Encounter data to the health plan within thirty (30) days following the end of the month in which the encounter occurred. It is critical that all capitated providers adhere to this important contractual requirement.

Physicians (PCPs). Each PCP is still required to issue referrals to specialist or other health care providers and secure pre-certification from Harmony’s Health Services Management Department for elective services that need to be performed in a hospital or provided by an out-of-network provider.

If you would like to receive a copy of the most recent Primary Care or Specialist Directory, please fax your request along with your e-mail address and phone number to your Provider Services Representative at **312-630-2022**.

Practice Locations and Demographic Changes

Please remember to formally notify your Provider Services Representative when changes occur to your practice location, hours of operation, or other demographic information. Harmony

Health Plan values its participating providers and would like to make sure that your information is appropriately reflected in our Provider Directories. Provider demographic changes may be faxed to your Provider Services Representative at **312-630-2022**. *IP*

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Welcome New Hospitals and Ancillary Providers

Saint Francis Hospital of Evanston
 355 Ridge Ave.
 Evanston, IL 60202
 847-316-4000

St. Elizabeth's Hospital
 1431 N. Claremont Ave.
 Chicago, IL 60622
 773-278-2000

Westlake Hospital
 1225 Lake St.
 Melrose Park, IL 60160
 708-681-3000

Matria Healthcare, Inc.
 (obstetrical home health)

Pediatric Services of America, Inc.
 (home health and infusion therapy)

The Hearing Health Center, Inc.



Web

Provider Manual

We have recently updated the Harmony Health Plan of Illinois Provider Manual! The new and improved version will be available in January 2004. Please be on the lookout for your copy! It will also be accessible on-line in January at our website, www.harmonyhpi.com. **IP**



Utilization

Reminder: Risk Contract Reporting Requirements

It's that time again. Please remember to submit your monthly Encounter data. If you submit this information on a disc or CD-ROM, you must use the HIPPA mandated 837 file format.

Also, as a reminder, if you are a Global capitation or capitated Multi-Specialty group, don't forget to submit your 4th quarter utilization management statistics by January 31, 2004.

All of the above submissions should be sent to your Regional Provider Services Representative. **IP**

Claims

Top Three Claims Denial Reasons — 2nd Quarter

Cook County

1. Claim denied as site liability— Bill site
2. Member not enrolled on date of service
3. No Medicaid number on the claim or state tape

Southern Illinois

1. Member not enrolled on date of service
2. Benefit requires prior authorization
3. Duplicate claim (Provider/ Member/DOS) **IP**

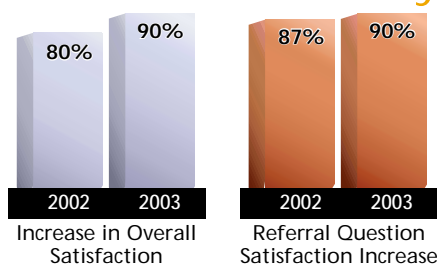
2003 Provider Satisfaction Survey Results

The consensus among Harmony's surveyed network providers is that Harmony is fair-minded, prompt in its telephone communication, and thorough in its responses to questions.

The surveyed network providers all noted that Harmony's representatives are both courteous and helpful. Harmony continued to experience improvement in referral approvals from IPA/Medical Groups.

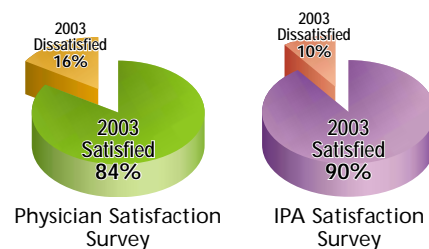
The category garnered an improvement in satisfaction from 80 percent the previous year to 90 percent in 2003. Additionally, the category with fewest negative responses was "Questions on referrals are handled quickly and appropriately."

The Health Plan experienced a positive trend in the category from 87



percent the previous year to 90 percent during the 2003 survey.

Four additional categories scored satisfaction ratings of 89 percent or higher this year. These were satisfaction with: the promptness of telephone communications by the Provider Services staff, answers to questions from providers by the Provider Services staff, the courteousness and helpfulness of Member Services staff, and the use of Harmony's Member Eligibility Line.



Overall, the surveyed network providers are satisfied with the services they received from Harmony. Harmony will continue to work with individual physicians and IPA/Medical Groups to address specific concerns and further improve our service to you.

We are grateful to all of you who took the time to complete the survey. It is through your candid input that we gain an understanding of those areas in need of review and attention. **IP**

Pharmacy News

Generic and Over-the-Counter Medications

Harmony Health Plan covers generic medications and some selected over-the-counter medications with prescriptions. Members and providers may fall prey to myths regarding generic medication, such as: Brand-name medications are made in modern manufacturing facilities, and generics are often made in substandard facilities.

Patient Education Fact: The FDA won't permit medications to be made in substandard facilities. The FDA conducts about 3,500 inspections a year to ensure standards are met. Generic firms have facilities comparable to those of brand-name firms. In fact, brand-name firms account for an estimated 50 percent of generic medication production. These firms make copies of their own or other brand-name medications to be sold without the brand name. As a result of testing and inspections, generics can be trusted to perform their indicated function.

Additionally, please note that *Prilosec* is now available over the counter and is a covered medication at Harmony Health Plan. We recommend ranitidine, cimetidine or nizatidine as first line, but if a PPI is indicated, please consider writing a prescription for the OTC Prilosec. To obtain more information log onto www.harmonyhpi.com or call Provider Services at **1-800-504-2766**.

Pharmacy Costs

Nationally pharmacy costs have trended upward 14 to 20 percent per year. This trend can be attributed to the increased cost of drugs and increased utilization. Harmony Health Plan is striving to keep pharmacy costs down. To be successful in this endeavor your cooperation is needed. It is our belief that pharmacy cost reductions can be achieved without affecting quality or desired outcomes. There are many clinically effective generic and over the counter products (OTC) available in

the Harmony Health Plan formulary. You can obtain a copy of the Formulary at www.harmonyhpi.com or by calling Provider Services at **1-800-504-2766**.

Synagis

If you have a member that meets criteria for Synagis, fax the completed Synagis request form and your prescription to **Caremark**. Fax: **1-800-323-2445**, Phone: **1-800-237-2767**.

To obtain the Synagis request form call Health Services Management at **1-800-504-2766**.

Formulary Update

The following medications were added to the Harmony formulary: Relpax®, Fuzeon®, Adderall XR®, and Aerochamber Plus® brands of spacers. When prescribing Aerochambers, please write Aerochamber Plus on the prescription rather than a branded spacer. **IP**

HEDIS®

The Health Plan Employer Data and Information Set (HEDIS®) is the most widely used set of performance measures in the managed care industry. HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting on, and improving the quality of care provided by organized delivery systems.

HEDIS has become the national standard in performance measurement for Health Plans. The performance measures in HEDIS are related to many public health issues such as preventive illnesses, access to care, smoking,

asthma, and diabetes. Managed care organizations collect data for these performance measures and may use one of the three data collection methodologies: administrative (encounter data), hybrid (encounter data and medical record review), and survey. HEDIS captures comprehensive data and evaluates the actual results a health plan achieves in the identified measures. The HEDIS results guide Harmony Health Plan in establishing quality improvement initiatives.

Harmony Health Plan HEDIS 2003 data collection, 2004 technical specifications, will begin in March 2004. *IP*

Providers can help to improve Harmony Health Plan's ratings by:

- **Encouraging members** to have well visits and by promoting preventive health.
- **Using the appropriate/correct codes** when billing office visits, immunizations, and EPSDT services. Capitated providers, be sure to send in your Encounter Data.
- **Documenting immunizations** provided by another provider or the Health Department.

Managing Asthma

There has been a significant increase in the diagnosis of asthma since the early 1980s. According to the Asthma and Allergy Foundation of America, though the occurrence of asthma has increased across all age, sex, and racial groups, the prevalence is higher among children than adults and higher among blacks than whites. In view of these statistics and in an effort to decrease the incidence of acute exacerbations while improving compliance with recommended treatment regimens, Harmony Health Plan has implemented several

asthma-related initiatives for your patients.

A future edition of our member newsletter, *Harmony Happenings*, will include a front-page article on the subject of asthma. In an effort to encourage member compliance with prescribed treatment plans, the article lists several triggers and basic advice on asthma management. Harmony Health Plan also provides case management for members with asthma. Harmony's Health Services Management (HSM) Team identifies members who may benefit from intervention through

various case-finding methods including but not limited to, emergency room utilization reports, hospital admission clinical reviews, pharmacy reports, and physician referrals. The HSM Team contacts these members in order to determine the following information: the level of understanding concerning the disease process and current treatment plan; the degree of medication compliance; and most recent PCP contact. Members are educated on triggers and avoidance, the importance of compliance with prescribed treatment, and appropriate use of the emergency room. Asthma-related health education materials are also mailed to members' homes and telephone follow-up is performed on a routine basis.

Harmony will be providing our PCPs with the 2002(?) updates of the National Asthma Education and Prevention Program (NAEPP) Guidelines. The updates include the recommendations for management through medication; the effectiveness of monitoring patients through written action plans in conjunction with medication; and the effects of early intervention on the progression of asthma. *IP*

Prevalence of Lifetime Asthma Diagnosis, 2001

