## Premier Health Group Update

Welcome to the latest edition of the Provider Brief! I am excited to share a variety of updates and key information designed to help you deliver outstanding patient care.

This month we are featuring information about Fidelity Health Care as a valuable service that can often improve quality and lower the total cost of care when appropriate, as well as a description of the benefits of a Clinically Integrated Network. We've also provided some helpful guidelines for utilizing Transitional Care Management codes and service. Finally, there is an important announcement about Medical Mutual of Ohio becoming Premier Health Employee Plan's Third-Party Administrator.

Please feel free to contact us directly at **(937) 499-7441** with any questions or if you would like to speak with our Medical Director.

Thank you for your continued commitment to excellence!

Yours sincerely,

Renee George

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## Directory Updates

A person who enrolls in a health insurance plan relies on provider directories to access in-network providers for their care. When the information is incorrect, it can create a barrier to members getting the healthcare they need.

Premier Health Plan's provider directories, utilized by our employee members, should be updated every 30 calendar days for continued accuracy. Practices must provide accurate office location, phone number(s) and hours of operation data to PHG. It's important to notify us when this information changes.

Please communicate all provider changes (i.e. new providers, terminations, office changes, accepting new patients/not accepting new patients, etc.) to the PHG team using the Provider/Change of Address/Deletion Form. This form is a fillable PDF file, which means you can type the needed information directly into the form on our website. Please email the completed form to **PHG@PremierHealth.com** or fax to **(937) 641-7377**.

## Medical Pay Policies

Throughout the year, we update our Commercial Policies and Procedures. View the most recent policies and procedures.

## Fidelity Health Care

Fidelity Health Care allows providers to offer tremendous resources for patients and their families. For healthy, active seniors, home health care may provide an alternative to skilled nursing facilities (SNF), that will not only help improve the total cost of care but can help lower readmission rates.

Home health care can be a safe, convenient option for bringing care directly to the patient, though it may not be appropriate for all seniors. Fidelity has established itself as a trusted provider by achieving a 5-Star rating for the quality of its patient care from Home Health Compare, a ratings system operated by the Centers for Medicare & Medicaid Services (CMS). The organization's overall goal is to help patients receive needed health care while remaining safe, comfortable and independent in the privacy of their own homes.

Fidelity Health Care offers a wide range of services, similar to SNFs, which includes skilled nursing, physical therapy, occupational therapy, independent care services, home care aide, speech therapy, and respiratory therapy. Disease management services are also included and feature IV therapy, post-surgical care, congestive heart failure, COPD, and wound and ostomy care.

Providers may contact Fidelity Health Care representatives 24 hours a day, seven days a week by calling **(937) 208-6400**. Patients are typically seen within 24 hours after a referral is made. You can visit FidelityHealthCare.org for more information about the services offered by Fidelity Health Care.

## Clinically Integrated Network (CIN)

Many health care providers are joining with others to form what are known as Clinically Integrated Networks (CINs) to respond to the challenges of health care reform as it shifts from a fee-for-service model to a value-based reimbursement model.

A CIN is a legal structure that facilitates sanctioned collaboration among health care providers to share resources and data, and maintain certain measures in quality, value and efficiency. This structure allows providers to stay competitive by promoting a higher level of coordinated care at a lower cost. This, in turn helps them negotiate optimal reimbursement rates and create lower cost, higher-quality of care under one unified network destination.

Premier Health Group now offers a CIN structure and will be contacting providers to request their participation. Participation in CINs offer the opportunity to collaborate with other like-minded providers to deliver exceptional and efficient care. We are excited to partner with providers as we work together to achieve the shared goal of delivering outstanding, high-value care to the patients we serve.

You may also contact PHG for more information about the CIN at **(937) 499-7441**.

## Transitional Care Management (TCM) Services

Don't forget to utilize the current Transitional Care Management codes - CPT Codes 99495 and 99496. You may already be performing these services for your patients.

CMS provided an update in January through its Medicare Learning Network, which gives direction as to the necessary elements for using these codes.

Transitional Care Management codes provide reimbursement to support the extra effort needed to facilitate transition from a hospitalization or nursing facility stay back to the community. These services should be provided by the health care providers responsible for the patient's ongoing care. The management period begins the day of discharge and continues for the next 29 days.

The requirement to qualify for these services begins with an inpatient hospital stay, in which the patient is discharged back to a community setting. The inpatient hospital settings include inpatient acute care hospital or psychiatric hospital, long-term care hospital, skilled nursing facility, inpatient rehabilitation facility, hospital outpatient observation or partial hospitalization. The community settings include home, domiciliary, rest home or assisted living.

These services can be provided by a physician of any specialty and non-physician practitioners such as certified nurse midwives, clinical nurse specialists, nurse practitioners or physician assistants.

There are 3 components required to be reimbursed for these services:

1. **Interactive contact**

You are required to reach out and make contact with the patient within two business days of discharge, or you can also qualify by making two good faith attempts to contact the patient in a timely manner. The interaction can be with the patient or caregiver via telephone, email or face-to-face communication. During that contact you should address the patient's status, any needs and arrange for follow up care.

2. **Provide non-face-to-face services during the transitional care management period**

You must provide non-face-to-face services, furnished by the provider or clinical staff that you determine to be medically indicated or needed. These would include things such as reviewing discharge information, communicating with other providers, reestablishing or arranging community services, providing education, offering self-management options and supporting adherence to treatment and medication recommendations.

3. **Face-to-face visit within the proper amount of time from discharge**

You must complete a face-to-face encounter with the patient to evaluate the patient's status and provide medication reconciliation and management within 14 calendar days from discharge. Eligible telehealth services can substitute for an in-person encounter (See MLN Fact Sheet ICN 901705 January 2019 for details of Medicare Telehealth service requirements for Medicare Fee-For-Service and https://www.premierhealthplan.org/Providers/Provider-Resources/Commercial-Policies-and-Procedures/ for Policy MP.065.PH – Telemedicine Policy for Premier Employee Health Plan coverage details).

Finally, getting the proper reimbursement requires that you perform a face-to-face visit and document the complexity of medical decision making. CPT code 99496 is used when the face-to-face visit is completed within seven calendar days and requires high complexity medical decision making. CPT code 99495 is used when the face-to-face visit occurs after day seven, but within 14 calendar days and requires only moderate complexity medical decision making.

Once you establish a work flow to capture your patients transitioning to home, from the inpatient care setting you will find a significant opportunity to reduce the patient's chance of readmission and improve their compliance with their treatment plan.

For more information on the transitional care management services, review the MLN Fact Sheet ICN 908628 January 2019.

## Third-Party Administrator Update

Medical Mutual of Ohio will become the third-party administrator (TPA) for Premier Health Employee Plan as of January 1, 2020. The PHG network will continue to serve as the Tier 1 provider network for the Premier Health Employee Plan.

**It is important to note that you must submit all claims by May 1, 2020 to receive payment for claims submitted January 1 – December 31, 2019.** Current reimbursement rates apply.

There are two ways to submit claims:

1. **Provider OnLine**: You can submit claims through the online portal and check on the status of a claim. Access the portal at PremierHealthGroup.com
2. **Paper Claim Forms:**
    - CMS-1500 forms: These forms are for professional services performed in a provider's office, hospital or ancillary facility. (Provider-specific billing forms are not accepted).
    - UB-04 forms: These forms are for inpatient hospital services or ancillary services performed in the hospital. (Hospital-specific billing forms are not accepted).

Paper Claim forms should be mailed to:
Premier Health Plan
P.O. Box 3076
Pittsburgh, Pennsylvania 15230-3076

You can also contact Provider Services at **(855) 514-3678** to check on the status of a claim or call Premier Health Group at **(937) 499-7441** with any additional questions.

## Urgent Care and Virtual Care Availability

As the holiday season approaches, it's good to know that there are several resources available for your patients in the event of abbreviated office hours.

Premier Health Urgent Care offers patients nine convenient locations which are staffed by board-certified advanced practice providers. These practitioners stand ready to treat your patient's non-emergent illnesses or injuries. Patients can locate a Premier Health Urgent Care facility nearest them by visiting **PremierUrgentCareOH.com**.

In addition, your patients can also choose to consult directly with a provider online via the Premier Virtual Care app. This resource enables patients to consult with a provider for a variety of common, non-emergent conditions. Patients can learn more about this tool by visiting **PremierVirtualCare.com** or by downloading the app directly to their smartphone via Google Play or the App Store.

## Compliance Questions

If you have compliance-related questions or concerns, you are encouraged to report them! If your issues or concerns were not or cannot be addressed through normal channels (i.e., Provider Services or Provider Relations), you are encouraged to contact Compliance anonymously by using the Compliance Hotline at **(888) 271-2688**, available 24 hours a day, 7 days a week.

Please see the Premier Health Code of Conduct at: http://www.premierhealthplan.org/About-Us/ for additional information about on our non-retaliation policy and about reporting compliance questions or concerns confidentially and in good faith.

## Fraud, Waste and Abuse

Premier Health Plan is committed to building healthier communities in southwest Ohio. In one of our efforts to keep healthcare affordable, we seek to detect, correct and prevent fraud, waste and abuse. If you suspect fraud, waste or abuse please contact us at our toll-free number, **(855) 222-1046**.