



What's New?

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PROVIDER RELATIONS DEPARTMENT

What's New with OSF HealthPlans?

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Autorecoumpment Is HERE!

It's official, we have rolled out autorecoumpment beginning with Medicare on 5/2/07 and HMO on 5/22/07. Next up...Fully –Insured PPO, then POS and finally, QCP. Watch your Explanation of Payments for funds that have been autorecouped.

Care Advantage & Care Preferred DME Capped Rental Policy

We are following Medicare Guidelines regarding Care Advantage & Care Preferred DME Capped Rental Items for the 13-month DME and 36-month Oxygen & Contents (Oxygen & Contents capped rental policy is effective 1/1/06 and are 36-month capped items). If we have paid claims in error, we will be going back to adjust these claims, per CMS guidelines. If the member has reached their capped rental, please do not send any additional claims for that item to OSF HealthPlans.

IHAP – Integrated Health Advocacy Program

OSF Saint Francis Medical Center Employees have an exciting new program available to them! IHAP is a holistic team approach to healthcare *designed* to help *invited* OSF SFMC employees and their dependents *with* OSF QCP insurance cope with challenging or continuing health problems by partnering with them to improve their overall health and life status *by integrating traditional and non-traditional treatment methods*. The IHAP team is an integrated multi-disciplinary *team* of professionals that includes a Primary Advocate, Medical Advocate, Behavioral Advocate and Financial Advocate who use their combined skills to evaluate and *coordinate treatment for* the participant by taking all of their health related needs into consideration.

What's new concerning the OSFHP drug formulary?

There is lots of new information regarding our drug formulary this month. Please see the details below:

PPI Step Therapy

For acute reflux and peptic symptoms, OSFHP requires a 30 day trial of prescription H2 antagonists prior to initiating proton pump inhibitor therapy (PPI). We have had recent requests for PPI therapy after trials of OTC H2 antagonist therapy. It is our belief that a higher end dosing of the H2 antagonist is more beneficial, less costly (generic copay) for the member than OTCs. It is time well spent by you to prescribe an H2 first. Patients who fail a 30 day therapy of H2 in the last 120 days will automatically qualify for a PPI without your staff having to fill out additional paperwork.

Ambien/Ambien CR

OSFHP has removed the Maximum Drug Limitation of 15 tablets and patients may now receive a 30 day supply of Zolpidem or Ambien CR.

Vytorin or Zetia?

Patients that are not treated to goal on maximum doses of an HMG, rather than add Zetia it would be financially better for the patient to receive Vytorin. The patient would have one brand co-payment (Vytorin) rather than a brand and a generic co-payment (Zetia + generic HMG).

Non-covered medication pending Medical Director review

Coreg CR
Janumet

Non-compliance of PPI and HMGs

Non-compliance of PPIs and branded HMGs is the number one problem for patients unable to refill Rxs. Their discontinuation of therapy over a period of time appears as if they are new patient to the step therapy programming (i.e. prn PPI therapy and HMGs not taken for a long period of time). The patient's non-compliance creates more work for your staff and should be counseled about the benefits of compliance in preventing future health problems.

Meloxicam (formerly Mobic)

Meloxicam no longer requires step therapy and may be used as an NSAID prior to Celebrex.

*"OSF HealthPlans –
Managing With Care."*

New Oxycontin dose optimization

To maximize dosage to the nearest commercially available strength
OxyContin 10mg 60 tablets per 25 days at retail and 180 tablets per 75 days at mail
OxyContin 20mg 60 tablets per 25 days at retail and 180 tablets per 75 days at mail
OxyContin 40mg 60 tablets per 25 days at retail and 180 tablets per 75 days at mail
OxyContin 80mg 120 tablets per 25 days at retail and 360 tablets per 75 days at mail
OxyContin all strengths 60 tablet supply per 25 days at retail and 180 tablet supply every 75 days at mail

Non-Covered Vaccine

Zostavax Injection

Billing Issues

- We would like to remind you to notify us when **changing your billing practices**. Sometimes our claims payment system needs to be adjusted when a provider changes how they bill. We would like to be proactive on these issues to make things easier for everyone!
- Please put the **name of the individual physician in box 31** on the HCFA 1500, rather than "signature on file". This will help with timely processing of your claims.

NPI Numbers

In order to facilitate HIPAA standard enrollment transactions, **we will publish our contracted providers' NPI numbers in our provider directories**. Employer groups who utilize the 834 HIPAA enrollment transactions must use the NPI to indicate the enrollee's selected Primary Care Physician. According to guidance from CMS, health insurance plans and other entities may disclose health care providers' NPIs in directories and other listings for dissemination to other health care entities for purposes of using the NPIs in HIPAA standard transactions. This document may be found on the CMS web site at:

<http://www.cms.hhs.gov/NationalProviderStand/Downloads/NPIdisclosures.pdf>

You can also look up the NPI's of other providers on our iDirectory if you need the information. **Please contact us if you have any questions about this matter.**

New HCFA 1500 Forms

- We will accept the new or old HCFA 1500
- We encourage you to put your NPI number on the new form.

PCP Rosters

We have **discontinued mailing out PCP Rosters** every month since eligibility information is available online on eService. However, if you still use this report as a resource, please call Provider Services at **1-800-673-8868**. One of our Reps will be happy to arrange for the report to be mailed to your office.

Web MD



If you use Web MD for your EDI clearinghouse (electronic claims submission), you can transmit claims to OSF HealthPlans! Please use Payor ID **62171**. Please let us know if you have any questions! You can reach our Provider Relations Representatives at **800-673-8868**.

EDI and Timely Filing

Please pay attention to your Accounts Receivable if you file claims through EDI! An acceptance report from your clearinghouse is **not** appropriate proof of timely filing. If you have not followed up on a claim within 60 days of the filing date, your claim denial will not be overturned. You should receive ample information for following up on your claim through your **rejection reports from your clearinghouse** and **EDI reports from OSF HealthPlans**. Please verify your own clearinghouse reports with the reports you receive from us to confirm claim receipt. Thanks for your cooperation.