



# PROVIDER

## Newsletter

Winter 05

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## NHP Announces an Exclusive Agreement with Diagnostic Management Services, Inc. (DMS)

**NHP** is pleased to announce that it has entered into an exclusive agreement with Diagnostic Management Services, Inc. (DMS) for the provision of a defined set of outpatient diagnostic services to NHP's members effective December 15, 2004. The outpatient diagnostic services that will be covered under this exclusive arrangement with DMS are the following: MRIs, MRAs, CT scans, PET scans, nuclear stress tests, and diagnostic non-obstetrical ultrasounds and echocardiograms, including Dopplers (the "designated services").

As of December 15, 2004, these designated services must be provided to NHP members only through a contracted provider participating in the DMS network. Furthermore, please note that these outpatient diagnostic services (except for ultrasound and echocardiograms) will continue to require precertification by NHP prior to being provided to NHP members. Please reference Protocol VII within your NHP Provider Manual. For your convenience, Protocol VII is also on page 7 of this newsletter.

The following are exceptions:

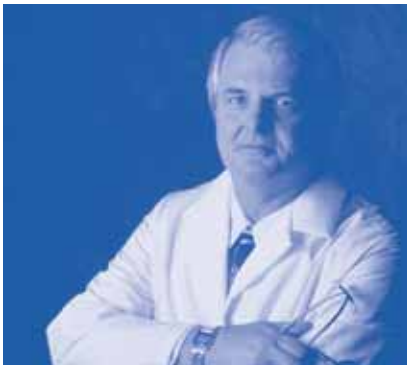
1. Physicians that provide Diagnostic Testing in their offices will not be required to participate in the DMS network in order to continue providing these tests in their offices. However, please keep in mind that pre-certification guidelines have not changed. You must ensure that appropriate authorizations have been obtained prior to providing the services in the office

2. Breast ultrasounds performed concurrently with a mammogram will not be required to be performed by a provider that

participates within the DMS network. Members may continue to obtain these services at any of our current outpatient participating diagnostic facilities or hospitals regardless of their DMS participation.

3. Diagnostic services for children ages 17 and under will not be required to be performed by a provider who participates within the DMS network. It is important to remember that all of these outpatient diagnostic services (except for non-obstetrical ultrasounds and echocardiograms) will continue to require pre-certification by NHP.

If you have any questions or wish to discuss this with us, please call our Provider Relations department at (305) 715-2490 or (800) 354-0222, ext. 2490.



# Clinical Practice Guideline Update

**NHP** supports the use of evidence based medicine to improve healthcare and reduce unnecessary variations in care. NHP has, therefore, adopted the following Preventive and Clinical Practice Guidelines from nationally recognized sources. The Medical Quality Improvement Committee, which is made up of participating primary care physicians and specialists in a variety of clinical fields, has reviewed and approved the use of Clinical Practice Guidelines for Diabetes, Asthma, Hypertension, Depression, Myocardial Infarction (revised 2004), Chronic Stable Angina, High Cholesterol, Congestive Heart Failure and Pre Term Birth Prevention (revised 2004).

Direct links to guidelines are listed in the Provider Handbook and may also be accessed via NHP's web site or, in hard copy, by calling NHP's Quality Management Department at (305) 715-2563.

## *Announcing Our Partnership for EDI Connection With Electronic Network Systems (ENS)*



**N**eighborhood Health Partnership, Inc. (NHP) along with Electronic Network Systems (ENS) for E-Commerce Services will provide electronic transaction services for our providers. Claims can now be sent electronically to NHP using our Payer I.D. #95123. If you are currently an ENS client you may start submitting your claims by using this payer number.

This partnership with ENS is our third clearinghouse connection. We have found that

during the implementation process, ENS has provided superior service. Our goal is to increase our electronic claims processing and we are confident that ENS will enhance our claim-submission process while providing additional EDI options to more providers and reduce administrative costs at the same time.

If you have any questions regarding electronic claims submission you may call our Provider Relations Department at (305) 715-2490 or (800) 354-0222, ext. 2490.

# NHP Secures the Confidentiality of Member's Protected Health Information

CONFIDENTIAL

NHP takes many steps to ensure that member's Protected Health Information remains confidential. NHP's routine notifications of our privacy practices include: our commitment to member's privacy; how NHP uses and discloses member's Protected Health Information; other uses and disclosures permitted or required by law; member's rights regarding their Protected Health Information; how to obtain further information; and how to file a complaint. NHP must ask for a member's authorization before disclosing a member's Protected Health Information for non-routine purposes. NHP also allows



members access to their Protected Health Information upon written request. Employees of NHP receive education and training to ensure that members written, oral, and electronic Protected Health Information is kept confidential. Protected Health Information transmitted electronically is encrypted and any documents containing member's Protected Health Information are stored in secure areas with access limited to designated individuals. NHP uses, discloses and requests only the minimum amount of information necessary.

To obtain a complete Privacy Notice outlining all of NHP's privacy practices, please call Member Services at 305-715-2500 or 1-800-354-0222 (outside Miami-Dade County), Monday through Friday between 8am and 6pm.

## Preferred Drug List Changes

Neighborhood Health Partnership Pharmacy and Therapeutics Committee met on November 2, 2004. As a result, the following changes have been made to our Preferred Drug List:

### Drugs Added to the Preferred Drug List

<i>Drug Name – Manufacturer</i>	<i>Status</i>	<i>Therapeutic Class Name</i>
Apokyn (apomorphine hcl) Bertek	Preferred (4th Tier/ self-injectable copayment may apply for some members)	Other Antiparkinson Drugs
Avandamet (rosiglitazone/metformin)	Preferred	Insulin Sensitizers and Combinations
Imitrex (sumatriptan tablets) GlaxoSmithKline	Preferred	Drugs to Prevent and Treat Headaches
Uroxatral (alfuzosin) Sanofi	Preferred	Other Genitourinary Products
Vytorin (ezetimibe/simvastatin) Merck – Schering Plough	Preferred	HMG Co-A Combinations



# 2004 Medicare National Coverage Determinations

Occasionally, the Centers for Medicare and Medicaid Services (CMS) will make determinations or changes regarding Medicare coverage called National Coverage Determinations or NCDs. Neighborhood Health Partnership will regularly update our providers with NCDs. The following are NCDs released during July to December, 2004:

NCD	SUMMARY OF CHANGES	CMS WEBSITE LINK TO NDC	EFFECTIVE DATE
<b>Blood-Derived Products for Chronic Non-Healing wounds (CMS transmittal #19)</b>	The Centers for Medicare and Medicaid Services (CMS) has determined, upon reconsideration of existing policy that Autologous Blood-Derived Products for Non-Healing Cutaneous Wounds, both platelet-derived growth factor (PDGF) and platelet-rich plasma (PRP), will remain non-covered as CMS continues to believe that the clinical effectiveness of these autologous blood-derived products is not adequately proven in scientific literature.	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R19NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R19NCD.pdf</a>	July 23, 2004
<b>Islet Cell Transplantation in the Context of a Clinical Trial (CMS transmittal #18)</b>	Medicare will cover transplantation of pancreatic islet cells, the insulin producing cells of the pancreas. Coverage will include the costs of acquisition and delivery of the pancreatic islet cells, as well as clinically necessary inpatient and outpatient medical care and immunosuppressants.  Partial pancreatic tissue transplantation or islet cell transplantation performed outside the context of a clinical trial continue to be non-covered.	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R18NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R18NCD.pdf</a>	October 1, 2004
<b>Magnetic Resonance Angiography (MRA) (CMS transmittal #21)</b>	CMS made clerical/technical edits/clarifications with no substantive revisions and no changes to existing NCD policy.	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R21NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R21NCD.pdf</a>	N/A
<b>Magnetic Resonance Imaging (MRI) (CMS transmittal #21)</b>	CMS made clerical/technical edits/clarifications with no substantive revisions and no changes to existing NCD policy.	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R21NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R21NCD.pdf</a>	N/A
<b>Treatment of Obesity (CMS transmittal #23)</b>	CMS revised its coverage policy language to address coverage of particular care and services rather than definition of illness. Language change did not directly affect current Medicare coverage.  Services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions. However, program payment may not be made for treatment of obesity unrelated to such a medical condition since treatment in this context has not been determined to be reasonable and necessary.	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R23NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R23NCD.pdf</a>	October 1, 2004
<b>Dementia and Neurodegenerative Diseases</b>	Medicare covers FDG-PET scans for either the differential diagnosis of frontotemporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements; OR, its use in a Centers for Medicare and Medicaid Services (CMS)-approved practical clinical trial focused on the utility of FDG-PET in the diagnosis or treatment of dementing neurodegenerative diseases. Specific requirements for each indication apply.	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R24NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R24NCD.pdf</a>	September 15, 2004

NCD	SUMMARY OF CHANGES	CMS WEBSITE LINK TO NDC	EFFECTIVE DATE
<b>Pancreas Transplants (CMS transmittal #18)</b>	<p>Pancreas transplantation is performed to induce the insulin-independent, euglycemic state in diabetic patients. The procedure is generally limited to those patients with severe secondary complications of diabetes, including kidney failure. However, pancreas transplantation is sometimes performed on patients with labile diabetes and hypoglycemic unawareness.</p> <p>CMS determines that whole organ pancreas transplantation will be nationally covered by Medicare only when performed simultaneous with or after a kidney transplant. If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy will begin with the date of discharge from the hospital stay for the pancreas transplant.</p> <p>CMS determines that the following procedures are not considered reasonable and necessary:</p> <ol style="list-style-type: none"> <li>1. Pancreas transplantation for diabetic patients who have not experienced end-stage renal failure secondary to diabetes.</li> <li>2. Transplantation of partial pancreatic tissue or islet cells (except in the context of a clinical trial).</li> </ol> <p>Medicare will pay for the routine costs, as well as the transplantation and appropriate related items and services for Medicare beneficiaries participating in a National Institutes of Health (NIH)-sponsored clinical trial(s).</p>	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R18NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R18NCD.pdf</a>	October 1, 2004
<b>Magnetic Resonance Spectroscopy (MRS) (CMS transmittal #21)</b>	<p>After thorough review and reconsideration of the existing national non-coverage determination for MRS, as well as the available evidence for the use of MRS as a diagnostic tool for distinguishing indeterminate brain lesions, and/or aid in conducting brain biopsies, CMS has determined that the evidence is not adequate to conclude that MRS is reasonable and necessary for use in the diagnosis of brain tumors. Therefore, CMS reaffirms existing non-coverage policy for all indications of MRS.</p>	<a href="http://www.cms.hhs.gov/manuals/pm_trans/R21NCD.pdf">http://www.cms.hhs.gov/manuals/pm_trans/R21NCD.pdf</a>	September 10, 2004
<b>Percutaneous Transluminal Angioplasty (CMS Transmittal #25)</b>	<p>Medicare will cover PTA of the carotid artery concurrent with placement of an FDA-approved carotid stent for an FDA approved indication when furnished in accordance with FDA approved protocols governing post-approval studies. CMS determines that coverage of PTA of the carotid artery is considered reasonable and necessary under these circumstances.</p> <p>Performance of PTA of the carotid artery concurrent with carotid stent placement when furnished outside of FDA approved protocols governing both FDA required post-approval studies and FDA Category B IDE clinical trials remains noncovered.</p>	<a href="http://www.cms.gov/manuals/pm_trans/R25ncd.pdf">http://www.cms.gov/manuals/pm_trans/R25ncd.pdf</a>	October 12, 2004

Medicare releases National Coverage Determinations (NCD) when changes are made to medical services/treatments that were evaluated by the Centers for Medicare and Medicaid Services (CMS) and are now covered or not covered by Medicare. Determination of coverage is often related to specific Medicare criteria and guidelines. NHP has outlined for you the previously released (2004) NCDs and the CMS link to each. Please review and reference each NCD accordingly. For more information, please contact our Provider Relations Department at (305) 715-2490 or (800) 354-0222 (outside Miami-Dade County) or visit us on the web.

# *NCQA Implements Physician Recognition Program*

The National Committee for Quality Assurance (NCQA) has implemented two programs for physicians to receive recognition for improving the quality of care for diabetic and cardiovascular/stroke patients. The two programs are the Diabetes Physician Recognition Program and the Heart/Stroke Recognition Program. The National Committee for Quality Assurance has cosponsored with the American Diabetes Association (ADA) and the American Stroke Association (ASA) to administer these two programs.

The Diabetes Physician Recognition program (DPRP), developed by the National Committee for Quality Assurance (NCQA) and the American Diabetes Association (ADA), awards recognition to physicians who demonstrate that they provide high quality care to patients with diabetes. Physicians that can apply are primary care physicians and diabetes specialists. The National Committee for Quality Assurance reviews the participating physician's pattern of diabetes care and determines if improvements in care are noted. The end result is patients are more likely to have an enhanced quality of life.

The Heart/Stroke Recognition Program (HSRP), developed by the National Committee of Quality of Assurance and the American Heart Association/American Stroke Association (AHA/ASA), awards recognition to physicians who demonstrate that they provide high quality care to patients with cardiac conditions or who have had a stroke. Physicians that can apply are primary care physicians, cardiologists, and neurologists. Participating physicians' report that they make improvements based on their performance results, and register treatment rates that far exceed national averages in all measures of cardiovascular stroke care. The end result is patients are more likely to have an enhanced quality of life.

If you would like more information on these programs please visit the National Committee for Quality Assurance website at [www.ncqa.org](http://www.ncqa.org) or call Neighborhood Health Partnership's Quality Improvement Department at (305) 715-4528 or 1-800-354-0222.

## **Avoid the hassle! Submit the right documents**

In order for NHP to pay providers for a "Level 5" evaluation and management CPT code, they must submit medical records supporting the specific type of visit. If records are not submitted accordingly, the claim will be processed as a "Level 3" and referenced on the explanation of payment with an explanation code stating that medical records are required to be submitted in 35 days for additional payment.

Avoid the hassle...call your provider relations representative at [1-800-354-0222](tel:1-800-354-0222) ext. 2300 if you have any questions and/or further concerns.



## *Provider Appeals*



Attention providers. There is a new P.O.Box for you to send in your appeals. The P.O.Box is:

**P.O. Box 526646  
Miami, FL 33152**

We have added this P.O.Box for your convenience in submitting your appeals to one centralized area. We encourage you to submit supporting documentation with your appeals as this will help expedite the review process. You can also submit to our fax number - 305-715-2110.

# Protocol VII

## Subject: Outpatient Diagnostic Testing

Effective: 12/15/04

All NHP members must be referred to Diagnostic Management Services, LLC (DMS) contracted providers for the following outpatient diagnostic tests:

- CT scans
- MRIs
- MRAs
- PET scans
- Nuclear stress tests, including without limitation thallium, technetium, Cardiolite, Myoview, sestamibi; and myocardial perfusion and ejection fraction, and wall motion studies. Nuclear stress tests encompass non-pharmacological (exercise) and pharmacological stress tests, including without limitation, adenosine, persantine and dobutamine.
- Diagnostic non-obstetrical ultrasounds and echocardiography, including Dopplers.

Exceptions to the above requirement are:

- Diagnostic testing performed during an inpatient or observation admission, emergency room visit, or ambulatory surgical procedure
- Diagnostic testing performed in a physician's office with appropriate authorization
- Breast ultrasounds performed concomitantly with a mammogram
- Diagnostic testing performed on members below the age of 18.

In addition, the following services require pre-certification by NHP:

- CT scans
- MRIs
- MRAs
- PET scans
- Nuclear stress tests

Pre-certification must be obtained for the above services regardless of whether such services are required to be performed by a DMS contracted provider or are exception services listed above.

**IMPORTANT:** Reimbursement for services that have not been pre-certified in accordance with the above requirements, or which are rendered by a provider which is not in the DMS network and are not listed in the exceptions, will be denied. A member can not be billed for these services, unless the member has signed a waiver of liability or the service is denied as a non-covered service. The member is held harmless in these proceedings.



## Encounter Data Submission

If you are a participating capitated provider with our network, you should be aware that your current Provider Agreement with Neighborhood Health Partnership, Inc. ("NHP") requires you to provide us with encounter data detailing the services provided by you to NHP members. This encounter data is necessary for us to validate and support the level of capitation we currently pay to your practice. It also provides us with critical utilization data required to manage the ongoing delivery of health care to our members.

Therefore, NHP would like to emphasize the importance of encounter data collection and request your continued assistance in gathering information regarding HCFA 1500 forms for capitated encounter visits.

Please submit all encounter data, as required by your Agreement with NHP, for services rendered to our members in a timely manner. Mail all encounter data information on a HCFA 1500 to:

Neighborhood Health Partnership  
Claims Department  
P.O. Box 025680  
Miami, FL 33102-5680

If you have any questions regarding the submission of encounter data to NHP, please do not hesitate to call the Provider Relations Department, at (305) 715-2490 or (800) 354-0222, ext. 2490.

## *Pre-Certification News*

### **New OB Fax Number**

To better serve you, we have made changes to our fax numbers in our Utilization Management Department. Gynecological and obstetrical providers should now use (305) 715-4509 when faxing requests for pre-certification for maternity care and prenatal services.

### **Colonoscopies and Sigmoidoscopies**

We have recently made changes to our pre-certification requirements. Effective January 1, 2005, colonoscopies for members age 50 and over no longer require pre-certification.

Additionally, sigmoidoscopies do not require pre-certification regardless of the member's age. However, a referral is still required when this service is performed in the specialist's office.

### **Genetic Testing**

Genetic testing requires pre-certification before services can be rendered. Please ensure that your request is submitted to the OB fax number at (305) 715-4509, if the request is for an obstetrical patient. For additional information, please contact Utilization Management at (305) 715-2600 or (800) 354-0222 (outside Miami-Dade County).



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