



Bluegrass Family Health

Reliable. Secure.

This is the Character of Our Company.

Winter 2004 Provider Newsletter

PROVIDER RELATIONS/ NETWORK DEVELOPMENT STAFF

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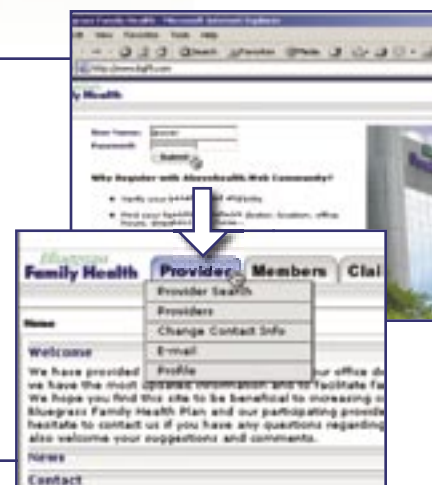
Chris Bulger
Editor

MyBluegrassInfo

Bluegrass Family Health encourages all participating providers to sign up to use our website for eligibility verification, precertification request status and routine claims status checks, including how and when a claim was paid. MyBluegrassInfo is designed to provide you with convenient, timely access to accurate information about your business transactions with Bluegrass Family Health. With this information at your fingertips, the need to place numerous calls to

Customer Service is reduced, enabling your office staff to provide more efficient service to your patients.

To sign up for MyBluegrassInfo, go to www.bgfh.com, click on Providers, then Forms, then complete and fax the applicable E-health Enrollment Form as indicated. You'll be glad you did! Please call your Provider Relations Specialist with any questions. ■



HEDIS Review

Bluegrass Family Health would like to remind its providers that we will again be implementing the Health Plan Employer Data and Information Set (HEDIS®) initiative. HEDIS is part of an integrated system to establish accountability in managed care. This set of measures offers employers, public purchasers, regulators, and consumers an avenue to reliably compare health plan performance.

As part of Bluegrass Family Health's HEDIS requirements, we will be reviewing selected patient charts during March, April, and May. A Bluegrass Family Health HEDIS Review Nurse may be contacting your office to schedule a

time to conduct the chart review. We appreciate your cooperation and strive to impact your office operations as little as possible.

Please be assured that all records will be handled in a confidential manner and that these studies are permissible under the new privacy regulations including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We want to assure you that a special authorization form is NOT needed. Section § 164.506 indicates that the routine form you obtain is sufficient for disclosures to carry out health care operations. Section § 164.501 defines health care operations to include quality

assessment and improvement activities.

If you have any questions regarding this process, please call Susan Williams, HEDIS Coordinator, at 859-335-3747 or toll free at 800-787-2680 ext 3747. Thank you in advance for your cooperation in this process and for assisting Bluegrass Family Health in this very important quality initiative. ■



2004 Precertification/Authorization List ☰

All precertifications/authorizations are based on medical necessity and benefit limits - they are not a guarantee of payment, payment level or member eligibility. Please review your Certificate of Coverage for benefit limitations/exclusions of medical services that do not require precertification/authorization. Questions regarding benefits can be answered by contacting BFH's Customer Service Department. Services for out of network providers are only covered for urgent/emergent care for HMO plans. Precertification/authorization applies to all BFH products (HMO, POS, PPO and EPO) and must be initiated by the requesting provider. The following list may change during the plan year with timely notification to BFH membership and providers. ■



Inpatient Admissions:

- Elective
- Urgent
- Emergent
- Acute Rehabilitation Facility
- Skilled Nursing Facility

Surgical Observation Stays:

- Lumbar Laminectomy/Discectomy
- Laparoscopic Hysterectomy

Ambulance Transfer (non urgent/non emergent)

Blepharoplasty

Colonoscopy (Diagnostic – members less than 50 years old)

Durable Medical Equipment (purchases \$500 or greater, all rentals, repair/maintenance)

Experimental/Investigational Services

Home Health/Home Infusion

Infertility (diagnosis and treatment)

Medical Technology, New and Emerging

Mental Health/Substance Abuse

Orthotics (purchases \$500 or greater)

Prosthetics (purchases \$2000 or greater)

Pain Management Services (evaluations, diagnostic and therapeutic procedures)

Reduction Mammoplasty

Transplants - Evaluation/Treatment/Procedure

Uvulopalatopharyngoplasty (UPPP)

Radiology Procedures:

- CT and CTA scans (excludes brain)
- MRI and MRA (excludes brain)
- PET scans

Therapy Services:

- Cardiac Rehabilitation
- Chiropractic Services
- Speech Therapy

Notification Requirements:

- Diabetic Education
- Dialysis
- Obstetric Care
- Hospice

Please contact Healthcare Management at 877-449-2884 or 859-335-3737 for precertification.

| | |
|--|---------------------------|
| Care Continuum | Main Line: (502) 339-8088 |
| Contact for Home Health/Home Infusion Services | Toll Free: (877) 700-3482 |
| St. Joseph Behavioral Medicine Network, Inc. | Main Line: (859) 224-2022 |
| Contact for Mental Health/Substance Abuse | Toll Free: (800) 455-5579 |

Bluegrass Family Health Receives "Best In Class" Award

Bluegrass Family Health is proud to announce we have achieved the "Best in Class" distinction from NCQA's Quality Compass® for two measures in its HEDIS® 2003 data report. BFH achieved the "Best in Class" distinction for the LDL-C Level < 130 component of the Comprehensive Diabetes measure and the LCL-C Screening component of the Cholesterol Management After an Acute Cardiac Event. The Best of Class Distinction is awarded when a plan scores in the top 10% of all health plans reporting to Quality Compass. The excellent care you give to our members is what enabled us to achieve this important distinction — and we thank you.

HEDIS, the Health Plan Employer Data and Information Set, is developed and maintained by the National Committee for Quality Insurance (NCQA) with the guidance of physicians and physician

organizations. It is the most widely used set of performance measures in the managed care industry. Originally designed to address private employers' need as purchasers of health care, it has been adapted for use by public purchasers, regulators, and consumers. Health plans use the data collected to plan quality improvement initiatives and improve health management systems.

Diabetic members with an LDL-C level of less than 130 in the measurement year (2002) are considered compliant for the Comprehensive Diabetes measure. BFH's rate for this component was 71.78%. For the Cholesterol Management After an Acute Cardiac Event measure, members with an LDL-C screening done between 60 and 365 days post event are considered compliant for the screening component. The screenings occurred in the measurement year

(2002) while the acute cardiac event occurred in the year prior to the measurement year (2001). Our rate for this component was 89.92%. Data for both measures was collected through the use of both claims data and medical record review.

Again, we thank you for the excellent care you give to our members. Without caring and conscientious practitioners like you, we would not have achieved this important distinction! ■

Care Continuum, Bluegrass Family Health's Home Health Network Manager

Are you admitting patients into the hospital or using outpatient clinics to care for your patients in need of Immune Globulin?

Care Continuum, Bluegrass Family Health's Home Health Network Manager, has developed a network of providers that administer Immune Globulin in the home.

So, why consider IVIG treatments in the home?

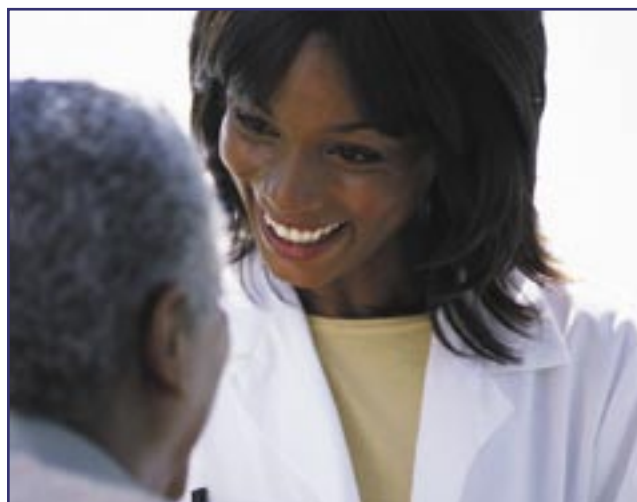
1.) Experience and expertise to care for your patients. The network of nurses has received extensive training on the product.

2.) Nurses are certified to place midlines. There is no need for hospital admission for X-ray as in the case of a PICC line. Midlines are appropriate for these indications and much more convenient for your patients.

3.) First dosing policy allows nurses to begin home IVIG treatment immediately. There is no need for hospital admission for those patients who have not received the drug before.

Care Continuum offers a convenient, efficient alternative to the hospital or outpatient setting. Your patients will receive a high quality of care without leaving the comfort of their own home.

Referrals or questions may be directed to **Care Continuum at 1-800-467-5410.** ■



Bluegrass Family Health

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Effective January 1, 2004

Bluegrass Family Health will provide two formulary options for their employer groups. State employees will have the Commonwealth formulary and commercial groups will have the Commercial formulary. Members and providers can access their respective formulary at our website, www.bgfh.com. Bluegrass Family Health is working with ePocrates to give our providers access to our formularies from their PDA (personal digital assistant). Both formularies should be available via ePocrates by March 2004. ■



Timely Filing Claims Inquiries

Effective for dates of service 11/7/2003 forward, Bluegrass Family Health no longer requires providers to submit proof that claims are re-filed every 60 days after the original filing limit has expired. Providers must still submit a computer screen print showing the claim was filed within 90 days of the date of service/discharge, or a certified mail receipt showing the claim was received within 90 days of the date of service/discharge. This proof must be submitted within 1 year of the date of service/discharge. ■