

Delaware Physicians Care, Incorporated Provider Connection™

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Mission Statement

DPCI and Schaller Anderson, an Aetna company, strive for value, integrity and compassion in health care management and consulting.

Vision

The vision of DPCI and Schaller Anderson, an Aetna company, is to be recognized as the nation's foremost managed care resource by providing the highest value management and consulting services throughout the health care continuum.

Inside This Issue

DPCI Provider Relations Team	2
DPCI - National Finalist in URAC Awards	2
2008 CAHPS Medicaid Member Satisfaction Surveys Results	3
HEDIS® Corner	5
Delaware Health Advisory	6
Specialty Pharmacy Authorization Form	6
From Stan's Corner	7
Making Your Job Easier	8
Primary Care Provider Panel Size Attestation Process	8
Provider Orientation Sessions	8
Global Surgery	9
We Want You to Know	10
Claims Reconsideration Process vs. Provider Appeal Process	10
DPCI Medical Directors	11
DPCI Sponsors the Annual Dr. Martin Luther King, Jr. Day of Celebration	12



Delaware Physicians Care Named One of Top Medicaid Plans in the Nation by U.S. News & World Report/ NCQA

Delaware Physicians Care has been selected as one of the top Medicaid Plans in the nation by the National Committee for Quality Assurance (NCQA) and U.S. News & World Report magazine. The ranking is based on clinical quality, member satisfaction and NCQA accreditation scores.

The 2008-09 *America's Best Health Plans* rankings are available online now at www.usnews.com/healthplans, and will be featured in the Nov. 17-24 issue of the magazine.

Delaware Physicians Care is ranked 15th in the country, the only Delaware Medicaid plan on the list.

"We're very proud to be included because the list is based both on the quality of care and how satisfied our members are with the services they receive," said Robert White, chief executive officer of the health plan. "Of course, that also is a statement about how good our staff and participating providers are and how dedicated they all are to making sure our members stay as healthy as possible."

Through the magazine and website, more than 10 million consumers, employers, benefits managers, and consultants will have ready access to the rankings. The magazine will list the top 50 commercial, top 25 Medicare and top 25 Medicaid plans; full rankings information is available online at USNews.com.

In addition, visitors to the website will be able to see detailed reports on plans' relative performances on select measures from Healthcare Effectiveness Data and Information



Set (HEDIS®) and Consumer Assessment of Health Providers and Systems (CAHPS). Plans that lacked sufficient data to be ranked, as well as those that opted not to publicly report any quality data, are included. These plans are listed alphabetically at the bottom of the rankings.

Delaware Physicians Care, which provides health care services for the majority of Delaware's Medicaid members, received NCQA accreditation in 2007 after submitting to an intensive voluntary evaluation of its delivery system. The health plan is the first and only Medicaid plan in Delaware to have achieved NCQA accreditation.

Delaware Physicians Care is owned by Schaller Anderson, an Aetna company. Aetna, which administers physical and behavioral health care for Medicaid plans in 11 states, is one of the nation's leading diversified health care benefits companies, serving approximately 37.2 million people with information and resources to help them make better informed decisions about their health care.

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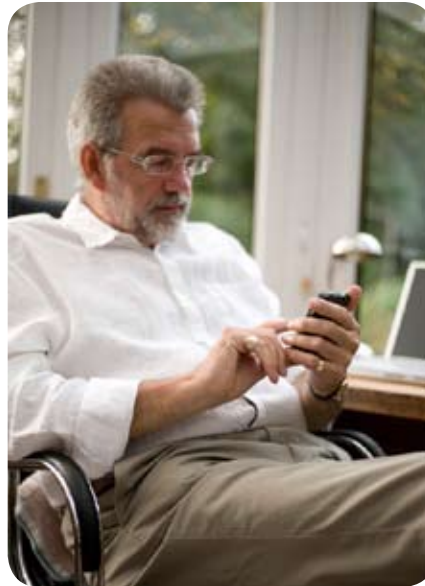
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Delaware Physicians Care a National Finalist in URAC Best Practices in Health Care Awards

Health Plan's text messaging program for diabetics recognized



Delaware Physicians Care's innovative text messaging program for diabetics has led to the plan's selection as one of 23 national finalists in URAC's Best Practices in Health Care Consumer Empowerment and Protection Awards competition. The competition drew entries from across the nation.

URAC, an independent accrediting organization, will honor finalists and name winners of the awards during the 2009 Best Practices Conference & Exhibit, April 1-2, 2009 in Orlando, Fla.

Delaware Physician Care's pilot program using text messaging to remind members who have diabetes of the need to schedule regular blood tests was so successful with members that the plan recently began a second program, reminding pregnant moms of their prenatal and postnatal appointments. The plan found in the diabetes pilot that after six months, the percentage of patients receiving a necessary test rose from 52.3 percent to 70.5 percent when members received text messages. Furthermore, the results were much higher than the 45.4 percent rate for members of a control group of diabetes patients who did not receive text messages.

"The Best Practices Awards and Conference provide a unique opportunity for leaders in health care management to learn what premier companies are doing to advance consumer protection and empowerment," said Alan Spielman, URAC's president and CEO. "It is a one-of-a kind conference, designed to inspire the industry as a whole to rapidly adopt proven practices that advance patient safety and empower consumers with improved decision-making tools."

"We are very pleased to receive this recognition for our program," said Dr. Stanley Lynch, Delaware Physicians Care chief medical officer. "Text messaging has proven to be a valuable tool. Providers benefit by having access to a tool that can increase the appointment compliance of their patients, leading to a decrease in no-show rates. Members benefit not only from having the convenience of appointment reminders, but also from having ready access to information about their disease."

2008 CAHPS Medicaid Member Satisfaction Surveys Results



Delaware Physicians Care, Incorporated (DPCI) is committed to ensuring the delivery of high quality care and services to our membership.

The DPCI Consumer Assessment of Healthcare Providers and Systems (CAHPS® 3.0H) is conducted annually on behalf of Schaller Anderson, an Aetna company by the Center for the Study of Services (CSS), a NCQA Certified Survey Vendor in accordance with the Healthcare Effectiveness Data and Information Set (HEDIS®) audit.

The CAHPS surveys adult members and parents of children and are reported separately. Members are randomly selected and surveyed using a mixed survey methodology (mail and telephone) during a four month period (February to May 2008).

Information obtained from the surveys allows DPCI to measure how well they are meeting their member's expectations. In addition, the surveys satisfy NCQA requirements for MCO's to gather information at least annually regarding member satisfaction.

We are pleased to share our results, which have either met or exceeded most of our benchmarks. The results assist with identifying the plan's strengths and opportunities for improvement in collaboration with our providers. Below is a snapshot of our 2008 results. If you have any questions or comments about these results or suggestions for improvement, please contact our Quality Management Department at **(302) 894-6600**.

2008 CHILD MEMBER SATISFACTION SURVEY SUMMARY

DPCI demonstrated improved rates from CY 2007 to CY 2008 in five areas. Overall percentage point increases from CY 2007 to CY 2008:

- Getting Needed Care
- Getting Care Quickly
- Courteous and Helpful Office Staff
- Rating of Health Care
- Rating of Health Plan

DPCI met or exceeded 2008 Plan goals in three areas:

- Getting Care Quickly
- Rating of Health Care
- Rating of Health Plan

Areas rated by CSS as significantly higher compared to the 2008 CSS Child Medicaid Average of Child Medicaid Plans surveyed by CSS were:

- Rating of Health Care
- Rating of Health Plan

CSS identified five primary improvement targets in the Overall Rating of Health Plan:

- Getting care as soon as wanted
- Rating of personal doctor or nurse
- Doctor showed respect for what member says
- Doctor listened carefully to member
- Finding or understanding written materials

Child Satisfaction Summary Rate Scores

	2008	2008 Plan Goal	2007	*2008 CSS Multi-Plan Average
Getting Needed Care	85.8%	87.9%	83.7%	80.0%
Getting Care Quickly	82.4%	82.4%	78.5%	77.3%
How Well Doctors Communicate	93.1%	93.2%	93.2%	90.3%
Courteous and Helpful Office Staff	94.8%	96.6%	92.0%	90.6%
Customer Service	73.0%	77.1%	73.4%	69.9%
Rating of Personal Doctor	86.9%	89.1%	89.1%	83.2%
Rating of Specialist	78.9%	81.8%	81.8%	80.8%
Rating of Health Care	88.3%	86.0%	86.0%	81.9%
Rating of Health Plan	89.1%	85.5%	85.5%	78.9%

2008 ADULT MEMBER SATISFACTION SURVEY SUMMARY

DPCI demonstrated improved rates from CY 2007 to CY 2008 in six areas. Overall percentage point increases from CY 2007 to CY 2008:

- Getting Needed Care
- Getting Care Quickly
- Customer Service
- Advising Smokers to Quit (Rolling Averages)
- Discussing Smoking Cessation – Medications (Rolling Averages)
- Discussing Smoking Cessation – Strategies (Rolling Averages)

DPCI met or exceeded 2008 Plan Goals in five areas:

- Getting Needed Care
- Getting Care Quickly
- Advising Smokers to Quit
- Discussing Smoking Cessation – Medications
- Discussing Smoking Cessation – Strategies

DPCI fell short of 2008 Plan Goals in five areas:

- Rating of Personal Doctor
- Rating of Specialist
- Rating of All Health Care
- Rating of Health Plan
- How Well Doctors Communicate



Adult Satisfaction Summary Rate Scores

	2008	2008 Plan Goal	2007	2008 CSS Multi-Plan Average*	2007 Medicaid Quality Compass- Adult Mean Score
Ratings					
Rating of Personal Doctor	79.3%	80.2%	80.2%	76.2%	75.6%
Rating of Specialist	78.0%	85.0%	85.0%	77.0%	75.2%
Rating of All Health Care	72.1%	76.2%	76.2%	67.7%	65.6%
Rating of Health Plan	76.8%	82.1%	82.1%	71.4%	70.1%
Composites					
Getting Needed Care	86.2%	84.9%	84.9%	78.3%	74.2%
Getting Care Quickly	83.6%	82.9%	82.9%	82.4%	78.7%
How Well Doctors Communicate	90.1%	90.8%	90.8%	88.0%	86.3%
Customer Service**	84.3%	NA**	84.2%**	77.9%	NA***
Other Content Areas					
Shared Decision Making	57.2%	NA	NA	53.6%	NA
Advising Smokers to Quit (Rolling Averages)	73.7%	69.4%	66.1%	69.0%	68.2%
Discussing Smoking Cessation – Medications (Rolling Averages)	50.9%	41.8%	41.8%	36.2%	35.1%
Discussing Smoking Cessation – Strategies (Rolling Averages)	46.0%	41.0%	39.0%	39.1%	36.7%

* 2008 CSS Adult Medicaid Average of Adult Medicaid Plans surveyed by CSS

** The methodology for calculating the Customer Service composite changed in 2008. The 2007 Customer Service composite score was re-calculated using the new methodology. This is not the calculation that was used for HEDIS 2007.

*** Due to significant changes in response options in 2007 to Customer Service, the results are not trendable.

HEDIS®

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a collection of standardized performance measures widely used in the managed care industry. Most managed care organizations are required to report measures on an annual basis. The Delaware Physicians Care Incorporated (DPCI) medical record review collection period is conducted from February through June 1, 2009, so you may be receiving a telephone call from one of our nurse reviewers to schedule an on-site office visit.

New Measure for 2009



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (members 2-17 years of age during the measurement year).

BMI Percentile

Documentation must include a note indicating the date on which the BMI percentile was documented and evidence of either of the following:

- BMI percentile, **or**
- BMI percentile plotted on age-growth chart

For adolescents 16-17 years, documentation of a BMI value expressed as kg/m² is acceptable.

Counseling for Nutrition

Documentation must include a note indicating the date and at least one of the following:

- Engagement in discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- Checklist indicating nutrition was addressed
- Counseling or referral for nutrition education
- Member received educational materials on nutrition
- Anticipatory guidance for nutrition

Counseling for Physical Activity

Documentation must include a note indicating the date and at least one of the following:

- Engagement in discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
- Checklist indicating physical activity was addressed
- Counseling or referral for physical activity
- Member received educational materials on physical activity
- Anticipatory guidance for physical activity

HEDIS® Art Calendar Project

DPCI sponsored its second annual HEDIS® Art Calendar Contest. Through this initiative, DPCI encourages its members to remain healthy and to schedule regular doctor visits to discuss ways to prevent illness.

The goal of the art contest was to provide DPCI members ages 6-11 with an opportunity to creatively demonstrate ways to achieve healthy behaviors. Ninety-five members participated in the contest and 13 winners were chosen.

The winners' artwork will be displayed in the 2009 HEDIS® Health Awareness Calendar. The calendar will be mailed to DPCI members in December 2008. Calendars will also be available to PCP offices.

The Calendar reinforces the need for routine scheduled office visits, specifically:

- Well-child visits
- Pap smears
- Diabetic retinal
- Immunizations
- Prenatal and postpartum visits
- eye exams

Dr. Gus Rivera, director of the Delaware Division of Public Health, presented the awards in a recent ceremony and spoke to the youth about healthy habits.

If you would like a calendar, please contact your DPCI Provider Relations representative after December 15, 2008.



"We think it is a great way to emphasize to our young members the importance of taking care of yourself to stay healthy," said Dr. Stanley Lynch, pediatrician and chief medical officer for DPCI. "All of these youngsters took some time to think about what was a 'health topic,' and then spent more time illustrating their ideas. Not only did they create some good artwork, hopefully they learned something while they were doing it."

Delaware Health Advisory Childhood Blood Lead Screening



The Division of Public Health wishes to remind the medical community of Delaware's Childhood Lead Poisoning Prevention Act that requires:

- (a) Primary health care providers to order blood lead testing of their patients at or around 12 months of age.
- (b) Primary health care providers to order blood lead testing of their patients at or around 12 months of age and again at 24 months if their patient is at high risk for lead poisoning. High risk includes children who are on Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and/or other government support services.

A recent study of 1-6 year olds residing in zip code areas with the highest risk of lead poisoning in Delaware revealed an 84% testing rate.

A child in a household where a member is exposed to lead risk factors through a hobby and/or an occupation such as soldering, staining glass, jewelry making, pottery glazing, making miniature lead figures, shooting at firing ranges, painting, and renovation would benefit from annual blood lead testing until that child reaches the age of six.

Today, childhood lead poisoning is considered the most preventable environmental disease of young children, yet an estimated 310,000 U.S. children have elevated blood lead levels. A simple blood test can prevent a lifetime ruined by the irreversible cognitive damage caused by lead poisoning. Delaware's prevalence rate for childhood lead poisoning in 2007 was 0.5 % (compared to a national average of 2.2%). High risk zip code areas include 19801, 19802, 19804, 19805, 19806, 19809 - all located in New Castle County.

Delaware's Office of Lead Poisoning Prevention reminds families that they could reduce the risk of lead poisoning if they followed these safety precautions:

- Getting their children blood lead tested at least at 12 months of age
- Ensuring that paint is intact in homes built before 1978
- Keeping children away from peeling paint that may contain lead - found in most homes built before 1978
- Frequently washing children's hands
- Wet mopping hard surfaces, such as floors and window ledges, weekly
- Frequent wet cleaning of children's toys and pacifiers
- Avoiding dry-scraping, heating or burning paint
- For people that work around lead, removing work clothes prior to contact with children.

For more information, please visit the Office of Lead Poisoning Prevention at

<http://www.dhss.delaware.gov/dph/hsp/lead.html>

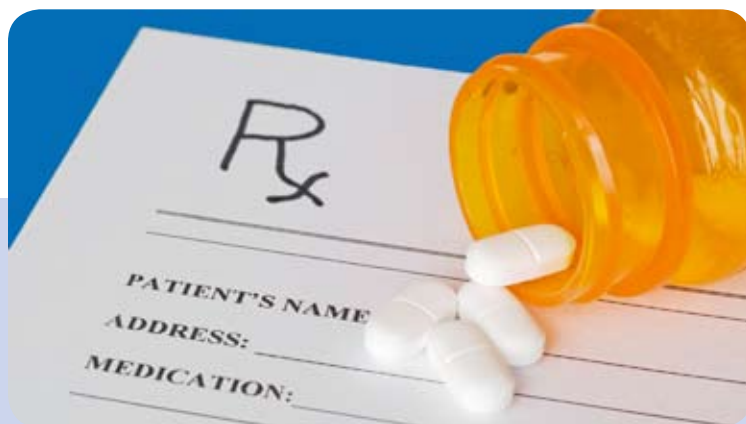
Specialty Pharmacy Authorization Form

We want to make you aware of a change to the fax number when faxing specialty pharmacy authorization forms for specialty pharmacy products shipped to your office for Delaware Physicians Care, Incorporated (DPCI) members.

Effective immediately, specialty pharmacy authorization forms should be faxed to DPCI at **(877) 861-2611**. A specialty pharmacy authorization is posted on the home page of our web site, www.DelawarePhysiciansCare.com, under What's New.

It is important to note that other than this change of fax number, there are no other changes to the specialty pharmacy prior authorization process. DPCI's Pharmacy Department will continue to review the request for specialty pharmacy prior authorization. If the request is approved, you will be notified via fax and Curascript Pharmacy will mail the drug directly to your office.

Please contact your Provider Relations Representative at **(800) 287-9860** with any questions about this notification. As always, thank you for the care you provide our members.





From Stan's Corner

Dr. Stanley Lynch, CMO

Emergent or Urgent Care

Did you know that DPCI members can use most urgent care centers, medical aid units and walk-in centers in Delaware? These facilities can provide treatment for most mild to moderately acute conditions. They are open during times when your office is closed and your patient cannot wait. It is not only more cost effective than using an emergency room; it is also more convenient for your patients. Patients need not make an appointment and need no referrals. Please encourage your patients to consider one of the following urgent care centers, medical aid units or walk-in centers as an alternative to visiting the emergency room.

Please visit our website at www.DelawarePhysiciansCare.com for updates to this list.

Patient Educational Material can be referenced on WebMD at

<http://www.webmd.com/a-to-z-guides/better-care-at-lower-costs-do-i-need-to-go-to-the-emergency-room>

If you have any questions about urgent care centers in the DPCI network, please contact your Provider Relations Representative at **(800) 287-9860**.

Stan Lynch, M.D.

Chief Medical Officer

Delaware Physicians Care, Inc.

Limestone Medical Aid Unit

1941 Limestone Rd, Ste114
Wilmington, DE
(302) 992-0500

Glasgow Medical Aid Unit at Middletown

124 Sleepy Hollow Dr
Middletown, DE
(302) 449-3100

Walk In Medical Center dba Medical Alternative Care Inc

301 Jefferson Ave
Milford, DE
(302) 430-5705

Silverside Medical Aid Unit

2700 Silverside Rd
Wilmington, DE
(302) 478-1100

Hockessin Walk In Clinic Lantana Shopping Center

316 Lantana Dr
Hockessin, DE
(302) 234-4000

Walk In Medical Center dba Medical Alternative Care Inc

1275 S State St
Dover, DE
(302) 678-1303

Glasgow Medical Center Urgent Care

2600 Glasgow Ave, Ste 204
Newark, DE
(302) 836-8350

Newark Emergency Center, Inc

324 East Main St
Newark, DE
(302) 738-4300

Dover Walk In Medical

640 S Queen St
Dover, DE
(302) 734-1759

The Medical Aid Unit at Christiana

200 Hygeia Dr, Ste 1300
Newark, DE
(302) 623-0444

The Medical Aid Unit at Smyrna

100 S Main St, Ste 101
Smyrna, DE
(302) 659-4545

Weekend Walk-in Health Center

Creekside Shopping Center, Rt 26
Millville, DE
(302) 541-4175

Making Your Job Easier

Register with DPCI's secure provider web portal at www.DelawarePhysiciansCare.com to access:

- Member eligibility
- Panel rosters
- Claims Inquiry
- Remittance Advices
- Authorization inquiry
- Authorization submission

To verify member eligibility, participating providers should always:

- Contact DPCI Member Services at **(866) 543-2167**
- Access our secure provider web portal via DPCI web site www.DelawarePhysiciansCare.com
- Access the EDS DMMA IVR system at **(800) 999-3371**

Important Phone Numbers:

Eligibility	(866) 543-2167 Option 2, then 1, then 2
Claims/ Customer Service	(866) 543-2167 Option 2, then 1, then 1
Prior Auth Inquiry	(866) 543-2167 Option 2, then 1, then 3
Disease Management	(866) 543-2167 Option 2, then 1, then 6
Provider Relations	(800) 287-9860
Provider Relations Fax	(302) 731-0875
Behavioral Health	(866) 543-2383
CRN (Utilization Review)	(866) 642-1592
DPCI General Phone #	(302) 894-6700 Option 2, then 1, then 4
Block Vision	(800) 879-6901
LabCorp	(800) 845-6167

Primary Care Provider Panel Size Attestation Process



The Delaware Physician Care, Incorporated (DPCI) Provider Relations Department annually issues an Attestation form to all Primary Care Providers (PCPs) allowing them to report the size of their panel. The State of Delaware, Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance, requires DPCI to regularly distribute and collect Attestation forms.

The purpose of this verification process is to ascertain that PCPs contracted with DPCI (as a contracted DHSS provider) have a panel size of 2,500 total patients per full-time equivalent provider, inclusive of all insurance carriers with which the provider participates.

Please look for this form in early 2009. We ask that when your office receives this form, to promptly fill it out, and fax back to the number on the form within 30 days of receipt.

Note that for purposes of this measurement, the following specialties are permitted to serve as PCPs:

- Licensed physicians in the following specialties:
 - ◆ Family and General Practitioners
 - ◆ Pediatricians
 - ◆ Obstetricians and Gynecologists (OB/GYN)
 - ◆ Internists
- Advance Nurse Practitioners
- Nurse Midwives

Should you have any questions about this process, please contact your Provider Relations Representative at **(800) 287-9860**.

Provider Orientation Sessions

Does your office have new staff? Does existing office staff need a DPCI refresher? Delaware Physicians Care, Incorporated (DPCI) offers free monthly provider office orientation sessions at convenient locations throughout state. Feedback from orientation participants in 2008 has been extremely positive, especially in transitioning new providers and their staff to DPCI processes and policies. Join us for light refreshments and great information about working with DPCI.



The first three office orientation sessions for 2009 are:

- Friday, **January 16, 2009** at **Nanticoke Memorial Hospital** - 9:30 a.m. to 12 noon
- Friday, **February 20, 2009** at **Bayhealth Medical Center – KGH** in Dover - 9:30 a.m. to 12 noon
- Friday, **March 20, 2009** at the **DPCI health plan** - 9:30 a.m. to 12 noon

Contact Jeanne Walsh at **(302) 894-6829** or Jeanne.Walsh@Aetna.com for directions and to register for any date.

Global Surgery

CMS has established a national definition of a global surgical package to ensure that payment is made consistently for the same services across all jurisdictions, thus preventing payments for services that are more or less comprehensive than intended.

Medicare provides the postoperative periods that apply to each surgical procedure. The payment rules for surgical procedures apply to codes with entries of 000, 010, 090, and, sometimes, YYY.

CMS has classified these surgical procedures into two categories: minor and major. Procedures with a 0 and 10 day postoperative period are classified as minor procedures. Procedures with a 90-day postoperative period are classified as major procedures.

Procedures designated with “YYY” are carrier-priced codes, for which carriers determine the global period (the global period for these codes will be 0, 10, or 90 days). Note that not all carrier-priced codes have a “YYY” global surgical indicator; sometimes the global period is specified.

Components of Global Surgery

The Medicare approved amount for these procedures includes payment for the following services related to the surgery when furnished by the physician who performs the surgery. The services included in the global surgical package may be furnished in any setting, e.g., in hospitals, ASCs, physicians’ offices. Visits to a patient in an intensive care or critical care unit are also included if made by the surgeon. However, critical care services (99291 and 99292) are payable separately in some situations.

- Preoperative Visits - Preoperative visits after the decision is made to operate beginning with the day before the day of surgery for major procedures and the day of surgery for minor procedures;
- Intra-operative Services - Intra-operative services that are normally a usual and necessary part of a surgical procedure;
- Complications Following Surgery - All additional medical or surgical services required of the surgeon during the postoperative period of the surgery because of complications which do not require additional trips to the operating room;
- Postoperative Visits - Follow-up visits during the postoperative period of the surgery that are related to recovery from the surgery;
- Postsurgical Pain Management - By the surgeon;
- Supplies - Except for those identified as exclusions; and
- Miscellaneous Services - Items such as dressing changes; local incisional care; removal of operative pack; removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes.



Unrelated Services Performed During the Global Surgical Period

Certain modifiers may be used to indicate that the services rendered to a patient were performed distinctly and independently of the other services performed on the same day or within a certain period of time of a global surgical procedure.

- Modifier 24 (Unrelated E/M by the same physician)
Appended to an E/M service when unrelated to the CMS designated minor (10 day) or major service or procedure (90 day) being performed post operatively.
- Modifier 25 (Separate and distinct E/M service on same day as procedure)
Appended to separate and distinct E/M services performed the same day as any minor surgical procedure (0 or 10 day procedures).
- Modifier 57 (Decision for Surgery)
Used to represent that the decision to perform major surgery occurred on the date of or the date prior to the major surgery.

It is inappropriate for providers to bill modifier 57 with a surgery that has been planned in advance.

Other Services Performed During Post-Operative Period

CMS policy states that all additional medical or surgical services required of the surgeon during the post-operative period because of complications, which do not require additional trips to the operating room, are included in the global surgical package.

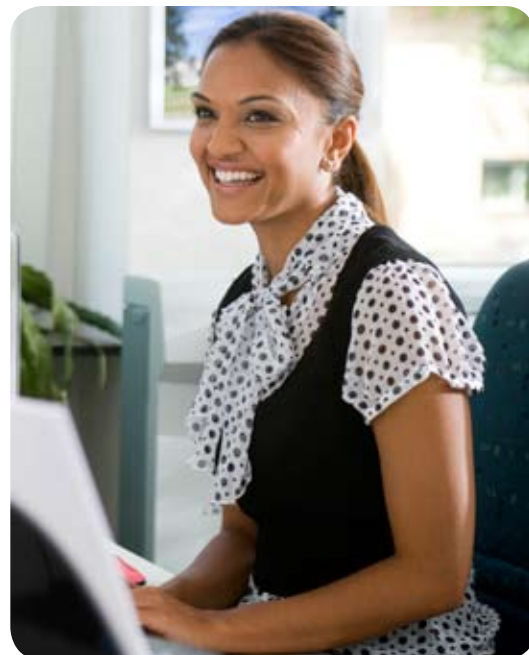
- Staged procedures should be billed with modifier 58.
- Procedures requiring additional trips to the operating room must be billed with modifiers 78 (return to OR) or 79 (unrelated procedure or service by physician during post-operative period).

We Want You to Know

A vital component of service to our members and providers is receiving, tracking, trending and resolving member appeals. To that end, Delaware Physicians Care, Incorporated (DPCI) maintains an appeals tracking tool that houses critical data related to member appeals. Appeals are broken into multiple categories such as: Medical Necessity, Non Participating Providers, Specialty Pharmacy, and Non Covered Services. Appeals data is analyzed; root causes are identified and used as a source of information to improve quality within the health plan. Appeals are a valuable means to identify additional areas of education to our members, and providers, on member benefits.

To date, 67 Member appeals have been received and processed. The top three appeal reasons are 1) appeals for surgeries denied for not meeting medical necessity or being a non-covered service 2) appeals for services requested or provided by non participating providers, and 3) appeals for FM hearing systems denied for not meeting medical necessity.

If you have questions or need additional information about the DPCI Member Appeals process, please contact our Member Services Department at **(866) 543-2167**.



Claims Reconsideration Process vs. Provider Appeal Process

Delaware Physicians Care, Incorporated (DPCI) has two separate and distinct processes designed to assist providers with issue resolution.

The chart below illustrates the process to follow when filing a claims reconsideration/resubmission versus an appeal.

	CLAIMS RECONSIDERATION	APPEAL
FORM (available at www.DelawarePhysiciansCare.com)	Claims Reconsideration/Resubmission Form	Appeal Form
ADDRESS	Delaware Physicians Care, Inc. Attn: Claims Resubmission/Reconsideration PO Box 61145 Phoenix, AZ 85082-1145	Delaware Physicians Care, Inc. Attn: Appeals Department 252 Chapman Rd, Ste 250 Newark, DE 19702-5406
APPROPRIATE CATEGORIES FOR EACH FORM	<ul style="list-style-type: none"> • Claim resubmissions • Corrected claims (including missing/incomplete/invalid diagnosis, procedure or modifier denials) • Timely filing • COB (missing/illegible primary explanation of benefits) 	<ul style="list-style-type: none"> • Denied days for IP (inpatient) stays • Authorization denials for late notification • Claims denials for no authorization/pre-certification • Services denied per finding of a review organization
TIMEFRAME FOR SUBMISSION	Claims reconsiderations /resubmissions must be submitted within twelve (12) months of the date of service.	Claim denial appeals must be submitted within twelve (12) months of the date of service. Authorization denial appeals must be submitted within ninety (90) days after the date of the adverse action (denial letter).

DPCI Medical Directors

Chandra Kee, M.D.

Medical Director, Behavioral Health

Chandra A. Kee, M.D., is a graduate of the Robert Wood Johnson Medical School in New Jersey. She completed her residency in psychiatry at Hahnemann University Hospital in Philadelphia. She is board-certified in adult and adolescent psychiatry.



Dr. Kee has been with Aetna/Schaller Anderson since 2000. Her areas of interest include integration of physical and behavioral health, addictions, and ethnic disparities in healthcare.

Stanley S. Lynch, Jr., M.D., M.S., F.A.A.P.

Chief Medical Officer

Dr. Lynch is the chief medical officer of Delaware Physicians Care, Incorporated (DPCI). He is responsible for clinical care and patient management.



In his four-year tenure with DPCI, Dr. Lynch has created innovative clinical programs designed to improve health care quality and outcomes.

He is a board-certified pediatric specialist in public health, having served as a National Health Service Corps physician in west Philadelphia from 1985-1988. His career in the management of Medicaid managed care programs began in 1993, when he became the medical director and, subsequently, chief medical officer/senior vice president, medical affairs, of Mercy Health Plan/Keystone Mercy Health Plan.

From 1997-1999, Dr. Lynch served as chief medical officer/senior vice president medical affairs for Chartered Health Plan in Washington, D.C., where he was directly responsible for medical management. Dr. Lynch served as chief medical officer of AmeriChoice of Pennsylvania from 1999-2002.

In addition to his medical degree, which he earned at Saint Louis University School of Medicine in St. Louis, Mo., he earned a masters degree in management from Stanford University Graduate School of Business.

Omo Olurin M.D., M.P.H.

Medical Director

We are pleased to announce that Omo Olurin M.D., M.P.H. has joined DPCI as medical director. Dr. Olurin is a board-certified internal medicine physician and has been in practice in Delaware for the past 10 years, both in a federally-qualified health center as well as private practice, an experience that will serve both the DPCI membership and provider communities well.



Dr. Olurin did her internal medicine residency and fellowship at Indiana University Hospitals in Indianapolis, Ind. She earned a masters in public health from Harvard University in Boston, Mass. and her medical degree from the University of Ibadan, College of Medicine.

She is a member of both the American College of Physicians and the Medical Society of Delaware, where she serves on various committees.

John Rule, M.D.

Medical Director

John Rule, M.D., joined DPCI as Medical Director in the fall of 2007.

Born and raised in the Philadelphia area, Dr. Rule received his undergraduate degree at Villanova University, his medical degree at Hahnemann University, and an M.B.A. from Widener University.

As a board-certified internal medicine specialist, he practiced privately in Wyoming and Delaware before working as network medical director for Aetna from 1995-1998, then as medical director for two provider sponsored health plans in western PA and OH. Prior to joining DPCI, Dr. Rule served as senior medical director for 5-½ years with Mutual of Omaha.

Dr. Rule has served for 28 years in the U.S. Army Reserve. Recent deployments include Afghanistan, Germany, and Kosovo.





Delaware Physicians Care,
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**Provider
Connection™**

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EDITOR

Jeanne Walsh

We're on the Web!

www.DelawarePhysiciansCare.com

DPCI Sponsors the Annual Dr. Martin Luther King, Jr. Day of Celebration

Aiming to expand outreach efforts throughout Delaware to members, providers, and the community, team members from Delaware Physicians Care, Incorporated (DPCI) are participating in the **Dr. Martin Luther King, Jr. Day of Celebration** at the CHASE Center in Wilmington DE, to be held on January 19, 2009. As a Gold sponsor, DPCI is hosting the Wellness Zone, which will provide a variety of interactive health, nutritional, and educational activities for families.

The overall theme of this family event is "One Dream, One World, One Community." Approximately 3,500 participants will have an opportunity to explore various zones throughout the CHASE Center.

The zones will include an Education Zone, Children Zone, Community-in-Action Zone, and the Dream Zone, focusing on the works of Dr. King. The DPCI-sponsored Wellness Zone will offer a variety of physical and behavioral health activities and screenings.

We invite you to join our efforts in fighting obesity to build a healthier Delaware as we kick off DPCI's 2009 **We Can!™ Make Healthier Choices** anti-obesity awareness campaign at this event. This campaign is designed to build a healthier Delaware by helping members change behaviors that may contribute to being overweight or obese. We encourage providers to access the www.nhibi.nih.gov/health/public/hear/obesity/wecan and www.DelawarePhysiciansCare.com websites for resources to assist their patients in this effort.

Contact us at **(866) 543-2167** for additional information on the **MLK Day of Celebration** and DPCI's anti-obesity campaign.