

# HEALTHSCRIPT

October 2006

*A publication for HNE providers and their staff*

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## **Provider Appeals**

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This is a reminder that Provider Appeals must be submitted to HNE within 12 months from the date of service. Any appeal received after the 12 month deadline will be denied. Appeals must be submitted on a Provider Appeal Review Sheet. Copies of HNE's updated Provider Appeal Review Sheet and Provider Appeal Guidelines are available in HNE's provider manual. When submitting an appeal, please be sure to include the HNE EOP and all other supporting documentation such as operative or office notes, authorizations or referrals, invoices, and other information which would be pertinent to the review. If you have questions about relevant material to support the appeal, please contact Provider Operations at 413-787-4000, extension 5000.

Also, please note that corrected claims submitted within 180 days of the date of service are not considered appeals. These can be submitted directly to HNE's Claims Dept.

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## **PHONE IN YOUR RX PRIOR AUTHORIZATION REQUESTS**

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Health New England is pleased to announce the following new service improvement that is effective as of  
**10/1/2006.**

You may now "phone" in Prior-Authorization requests as an alternative to faxing.

Dedicated call in number for HNE providers on behalf of HNE members.

**1-888-806-4998**

Please make sure to have all the necessary information, including the patient's medical record, available  
when you call.

**For Drug Specific Prior Approval Information, click here**

As always, we welcome and appreciate your feedback. If you have used the Prior Authorization request  
line, let us know what you think: **click here**

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## **Helpful hints for using HNEDirect:**

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### **Forgot Your Password?**

If you have forgotten your password, try to retrieve it using the "Forgot Password" link on the login page. If that doesn't work, you can ask the main contact of your account to reset it for you under the "User Preferences" section.

### **Looking for patient information?**

When searching for patient information in HNEDirect, click on "Search" on the left side navigation bar. You will be presented with a screen where you can enter either the patient's HNE ID number or last name.



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## **National Provider Identification Number (NPI)**

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Do you have your NPI? All contracted vendors, including physicians and hospitals, will be mandated by the Center for Medicare and Medicaid (CMS) to use the NPI for transactional purposes beginning May 23, 2007.

HNE will adopt a dual use strategy beginning December 1, 2006. On this date, Providers may begin to submit claims using their NPI numbers, but should continue to use their HNE Provider number. HNE will not use the NPI to adjudicate their claims, but it may be helpful for Providers to begin using the new identifier. HNE is evaluating whether Providers may discontinue use of their HNE Provider number before May 23, 2007. The final determination will be made early next year, as our testing progresses.

If you are using a clearinghouse to submit claims, please contact them regarding their readiness to forward your claims to HNE.

Early next year, HNE will make guidelines available on [hne.com](http://hne.com) to assist Providers in determining whether system testing will be required with HNE. Although we anticipate that most Providers will be able to begin using the NPI without any testing of their claims submissions, HNE will provide guidance to assist you in making this determination. We plan to start provider testing April 1, 2007.

The revised HCFA1500 and new UB04 forms were designed to support paper submission using the NPI. HNE will require the NPI on paper and electronic claims beginning May 23, 2007. HNE will accept the current forms through May 23, 2007, but thereafter will return submitted claims to the Provider unless the new forms are used and include your NPI.

Additional information regarding your NPI and claim submission to HNE will be made available on [www.hne.com](http://www.hne.com) as it becomes available.

If your practice has obtained an NPI number, please let us know by e-mail at [PErollment@hne.com](mailto:PErollment@hne.com), by fax to (413)233-2665, or by mail to:

Provider Enrollment  
Health New England  
One Monarch Place  
Suite 1500  
Springfield, MA 01144-1500

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## **BENEFIT CLARIFICATION: Meningitis or Meningococcal Vaccine**

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The meningitis vaccine is covered for any member aged 11 and over if recommended by their physician. Neither prior approval nor an in-plan referral is required.

The new meningitis vaccination injectable, Menactra®, is covered.

If the member's PCP does not provide the serum, the member may obtain the serum at a Plan pharmacy for a tier two prescription copayment. The member will then return to the PCP's office to have the vaccine administered. Members may also obtain the vaccine at a travel clinic such as Baystate Health System (413-794-7015 at 3300 Main St, Springfield, MA). HNE will refund members directly if they pay out-of-pocket for the vaccine.

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## **Introducing HNEs Disease Management Nurses**

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Patient self-management skills affect clinical outcomes, and are important in delaying and preventing exacerbations and complications of chronic disease. HNE's Disease Management (DM) programs provide members with education and support to help improve their self-management skills so they can successfully manage their health condition day-to-day. Through our DM programs, Disease Management Nurses partner with physicians in support of the plan of care.

### **Certified Diabetes Educator**

Virginia Wright (R.N., B.S.N., CDE) joined HNE recently as the Disease Management Nurse for diabetes. Virginia provides education and support for members in our Diabetes Management Program in the "high-risk" category. The Program defines high-risk diabetic members as those with an A1C level equal to or greater than 9.0%. Via regular telephone contact, Virginia develops individual patient-centered goals, and provides ongoing feedback and problem-solving assistance. She helps the member to identify and work through barriers to adhering to the physician's plan of care. She provides helpful tips for improving daily blood glucose levels, adherence to daily blood glucose monitoring and medication schedules, and meal planning and carbohydrate counting. Her interaction with members encourages them to be actively involved in their care and treatment.

### **Certified Asthma Educator**

Alres J. Dinnall (R.N., M.Ed., AE-C) is the Disease Management Team Leader. Alres provides education and support for members in our Asthma Management Program in the "high-risk" category. The Program defines high-risk asthmatic members as those with three or more Emergency Department visits or one or more hospitalization for asthma in a twelve-month period. Via regular telephone contact, Alres develops individual patient-centered goals, and provides ongoing feedback and problem-solving assistance. Asthma severity is determined using the NHLBI Stepwise Approach to Managing Asthma. She helps the member to identify asthma triggers, learn how to avoid and control triggers, and assesses appropriate use of medication – controller versus rescue. The member is empowered to take an active role in asthma management.

## **How Can We Help?**

### *Diabetes*

If you have a patient with diabetes whose A1C level is 9.0% or higher, call Virginia Wright at 800-842-4464, ext. 3451.

### *Asthma*

If you have a patient who has been hospitalized for asthma in the past year or has utilized emergency department services for asthma treatment more than two times in a year, call Alres Dinnall at 800-842-4464, ext. 3553.

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## **HNE Health Services Goes Paperless**

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By Kimberly Donovan, Health Services Process Administrator

The Health Services Department has gone paperless! The Process Team in Health Services, with the help of our Information Technology (IT) departments, has transferred all their paper files into image through scanning. Member information dating from 2005 to present is now accessible electronically to designated HNE staff. Jean Wyman, Director of Health Services, initiated this project at the beginning of 2006. Together with Jen Loranger and John Page from IT, Health Services created a home-grown system designed to move a scanned image into HNE's proprietary data storage software. By June 2006, the system had been tested and was up and running. The Health Services Process Team, Tamika Hall-Crichton and Kimberly Donovan, began scanning files in June 2006 and completed that project on September 1st. There are many advantages to electronic filing – from reducing physical space requirements to enhancing accessibility of member file information interdepartmentally.

*“This new technology is a great help to the Health Services Dept, especially when you are covering a case management assignment. The scanning allows the reviewers (nurse and physician) to quickly access previous approvals and denials for a complete history of the member. It is quick, efficient, and eliminates the prospect of filing errors.”*

– Joyce Gay, Health Services.

*“Access to the scanned documents has reduced our turn around time for member appeals processing. We can now view the case management files immediately on-line. We are extremely grateful for this access as it makes our process more efficient.”*

--Eileen Meyers, Complaints and Appeals.

*“The scanning process will revolutionize the way HS performs our day to day business. Staff will have more time to review the information we are provided, instead of typing it into a database. It will be another universal tool to enhance our overall efforts toward the continuity and coordination of care for our members. All necessary departments/ staff will have access to hands-on information as quick as a click.”*

– Debra Liptak, Health Services.

This project could not have been a success without the help of our IT staff including, Jen Loranger, John Page, Niraj Desai, and Tim Peltier. Health Services would also like to recognize the hard work of those individuals who did the hands-on work – preparing the paper files for scanning as well as the scanning itself: Sherry Charvis, Joyce Gay and Tamika Hall-Crichton of Health Services, and Larry Williams of IT Operations.

The Health Services Department is excited to put this new capability to good use, leveraging the benefits of a paperless environment through more efficient and expedient processing of member information.

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## **HCAS Credentialing Initiative**

Health New England is a participating plan in the Health Care Administrative Solutions (HCAS) credentialing initiative. Beginning in early 2007, a streamlined recredentialing process will be initiated for Massachusetts physicians. This new process will include use of the Universal Credentialing DataSource (UCD), the database used by the Council for Affordable Quality Healthcare (CAQH). Many of you have already begun to use the CAQH application process, and paper copies of the CAQH or Massachusetts Uniform Application will be accepted for a limited time to complete the current two year recredentialing cycle.

Allied Health Providers may continue to use the MA Uniform Credentialing Application or can register for CAQH and send a paper copy of that registration to HNE. For updates about on-line application submission for Allied Health Providers, go to [www.hcasma.org](http://www.hcasma.org).

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## **Procedural Reminder: Claims Submissions**

All claims must be submitted to HNE on either a CMS-1500 form (formerly HCFA-1500 form) or a UB-92 form. All PCPs, specialists and ancillary providers must submit itemized claims to the HNE Claims Department. Claims must be submitted to HNE within 180 days from the date of service or the date of discharge from a facility; or within the time period specified by contract. In the case of Coordination of Benefits (COB) with another payer, the claim must be submitted to HNE within six months of the date of payment or denial by the primary carrier. If HNE does not receive a bill within the specified time period, it will be denied for exceeding the claims filing limit. Providers may not bill members for the services denied payment for untimely submission.

The filing limit also applies to the resubmission of claims. If a claim is denied for no referral, invalid referral incorrect code, etc., and the provider resubmits the claim with the correct information, it must be received by HNE within the filing limit of the original date of service. Providers should also be aware that the filing limit applies when utilizing the services of a billing agent. The 180 day filing limit also applies to the submission of the In-Plan Specialty Referral Form.

If COB is involved and HNE is secondary, a copy of the EOB from the primary insurer should be attached to the claim.

Specialist and ancillary provider claims that require a referral must be accompanied by an appropriate written In-Plan Specialty Referral Form from the member's PCP or another plan-contracted physician. The provider rendering the service is responsible for submitting the referral to HNE.

In-Plan Specialty Referral Forms can be mailed, submitted on-line using HNEDirect, or if the provider submits claims electronically, they can be faxed to HNE at 413.734.7539.