

SUFFOLK HEALTH PLAN

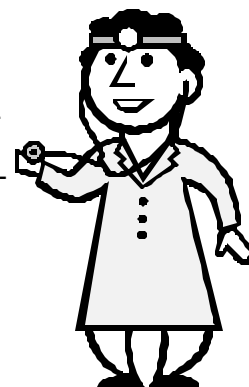
PROVIDER NEWSLETTER

Volume 10, Issue 1

Spring, 2006

FROM THE DESK OF Maureen Crowley, M.D., M.P.H. Medical Director for Suffolk Health Plan

Quality of care is our goal at Suffolk Health Plan (SHP), and as a provider in our network you are an important part of our quest for excellence. The New York State Department of Health measures our quality efforts by annual QARR (Quality Assurance Reporting Requirements) and bi-annual CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys. Specialty physicians serve an important role by timely completion of their consultation reports and returning them to the PCP.



PCPs are reminded how vital their coding and documentation habits are to our success in QARR. In particular, proper coding for preventive or well care visits is crucial. A well care visit can be accomplished at the time of problem oriented service as long as proper documentation is entered on the medical record. Code the well care visit as the secondary diagnosis.

Please note that V21.2 and V21.1 are not compliant codes. The following are compliant ICD-9 codes for well care:

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Medical Director
Maureen Crowley, M.D., M.P.H.

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New SHP Providers

1 I know that with your help SHP will achieve it's goal of excellence as we have consistently done in the past. If you have any questions or concerns, please feel free to contact me at 631-853-2970, or through e-mail at Maureen.Crowley@suffolkcountyny.gov.

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NEW SUFFOLK HEALTH PLAN PROVIDERS!

<u>PROVIDER NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>	<u>PHONE</u>
Todd Rosengart, MD	Surgery Cardio-Thoracic	Stony Brook	631-444-2565
Reinaldo Figueroa, MD	Maternal Fetal	Stony Brook	631-444-4686
Anil Mani, MBBS	Cardiovascular Disease	Stony Brook	631-444-0580
Patrick Sibony, MD	Ophthalmology	Stony Brook	631-444-0490
Lisa Romard, NP	Pulmonology -Pediatric	Stony Brook	631-444-4800
Mahmut Celiker, MD	Hem/Onc-Pediatric	Stony Brook	631-444-5437
Janet Larson, MD	Neonatal-Perinatal	Stony Brook	631-444-7653
Stephen Kottmeier, MD	Orthopedics	Stony Brook	631-444-4233
Richard Kalish, MD	Dermatology	Stony Brook	631-444-4800
Nicholas Divaris, MD	Orthopedics	Stony Brook	631-444-4800
Raphael Davis, MD	Surgery-Neurological	Stony Brook	631-444-1210
Kerry Cronin, MD	Emergency Medicine	Stony Brook	631-444-2478
Matthew Caddell, DO	Preventive Medicine	Stony Brook	631-444-2167
David Brown, MD	Cardiovascular Disease	Stony Brook	631-444-9600

VERIFYING MEMBER ELIGIBILITY

PCPs and Specialty Care Providers should verify a member's eligibility at the time of each visit. Staff can accomplish this task in a number of ways:

- Providers can verify SHP Medicaid member eligibility through the Electronic Medicaid Eligibility Verification System (EMEVS). A member is eligible through the Suffolk Health Plan when you receive the code " SK."
- Providers who do not have EMEVS can access EMEVS by phone. Call 800-997-1111 or 800-225-3040. For assistance call 800-343-9000 or check the electronic Medicaid system at the New York State website www.eMEDNY.org.
- Health Centers can consult their monthly roster for the present month to see if a member appears on their list. If the member is on the roster, then the patient is a member of the SHP on the roster date.
- All providers can call SHP at 1-800-763-9132 from 9 a.m. to 5 p.m. and speak with a Provider Services Advocate. Message Plus can check member eligibility after hours from a roster they receive monthly.

Medicaid eligibility changes continuously. SHP recommends that providers rely on EMEVs as the most up-to-date source of enrollment information.

PLEASE REMEMBER: Since SHP does not retrieve any membership cards from members who disenroll, a membership card alone is NOT a guarantee of eligibility. Verification of benefits is not a guarantee of coverage. Benefits can only be determined at the time a claim is received and processed.

PROVIDER SERVICES FAQs

When does a patient require a referral?

A patient who is a member of Suffolk Health Plan (SHP) needs a referral whenever the patient's Primary Care Physician (PCP) feels that treatment of the patient's condition is out of their scope. The PCP will write the patient a referral to an in-network specialist. The referral is valid for one (1) year for the same diagnosis.

Can an in-network Specialist refer a Suffolk Health Plan member to another Specialist?

No. If a Specialist cannot treat the patient for the condition that the PCP wrote the referral, the patient must return to their PCP/Health Center to obtain another referral to a Specialist that can better treat the patient. However, an in-network Specialist can refer to another in-network Specialist of the same specialty for diagnostic testing related to the same condition.

Can any doctor in a group see a Suffolk Health Plan member with a referral?

No. When a PCP writes the referral, the referral should not be written to the group. The referral should be written to the individual doctor. If a different doctor in the group sees the patient, there is a chance that particular doctor is not participating with SHP. Claims for those services, and related claims, will be denied.

What if there is no doctor in the Suffolk Health Plan Participating Provider Directory within the specialty I want to refer the patient?

If there is no doctor in the directory within the specialty that the patient requires, an out-of-network authorization must be obtained. An authorization may be requested by calling the SHP Utilization Management Department at 1-800-287-1165. **All** out-of network authorizations must be approved by SHP's Medical Director.

Can a patient go to one of the participating hospitals for outpatient lab work?

No. Members of SHP must return to their Health Center to have specimens collected.

PROVIDER SATISFACTION SURVEY

The Provider Satisfaction Survey is a tool that Suffolk Health Plan (SHP) uses to identify areas that the Plan's participating providers are pleased with, as well as areas that providers feel need improvement.

Last year, the results of the survey proved that most providers in the community were pleased with SHP. Below is a portion of the results from the 2005 Provider Satisfaction Survey:

Specialists:

Everything considered, I would _____ recommend SHP to another provider.

Very Likely	26%
Likely	61%
Not Likely	13%

Everything considered, I would _____ recommend that my patients join SHP.

Very Likely	23%
Likely	48%
Not Likely	29%

PCPs:

Everything considered, I would _____ recommend SHP to another provider.

Very Likely	39%
Likely	56%
Not Likely	5%

Everything considered, I would _____ recommend that my patients join SHP.

Very Likely	43%
Likely	55%
Not Likely	2%

The areas that need improvement have been identified, and SHP has developed plans to make improvements where necessary.

The survey is an important tool. SHP is planning on sending another Provider Satisfaction Survey in June, 2006. Please take a moment to complete the survey, and return it quickly.

NEW PRESCRIPTION DRUG LAW

A new Public Health Law requires that **all** prescriptions written in New York State be issued on an official New York State prescription form. The new law was enacted to combat prescription fraud and goes into full effect on April 19, 2006.

To help your office move more easily into compliance with the new law, you are strongly encouraged to begin ordering and using official prescription forms for **all** your written prescriptions **now**. It is very important to note that **after April 19, 2006, pharmacies will not be permitted to fill prescriptions written on non-official prescription pads.**

All practitioners must first register with the Department's Official Prescription Program to receive official prescriptions free of charge. Registered practitioners are urged to now order an ample supply of official prescriptions (the number you would normally use for all prescribing in a 3-month period). As the new program gets under way in April, the Department anticipates an increased influx of such requests from practitioners for the new forms. For this reason, it is strongly recommended that practitioners place their orders within the next 7 to 10 days.

If you have not yet registered to receive your official prescriptions, please obtain a registration packet as soon as possible by calling the State's Official Prescription Program toll free at 1-866-772-4683.

SUFFOLK HEALTH PLAN

P.O. Box 6024
Hauppauge, NY 11788

Provider News

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Spring, 2006

FROM THE DESK OF:

Peter Hirsch, Provider Relations Representative for Suffolk Health Plan

Thank you all for your continued cooperation in sending back your credentials. It is a pleasure to work with the best provider network. Once again, a few reminders:

- Recredentialing packets will be mailed to any doctor that hasn't been credentialed in the past three years.
- If you would like additional copies of the SHP Participating Provider Directory, or other materials, please contact me using the information below.
- Claim issues should be handled through the Provider Services Toll Free telephone line, 1-800-763-9132.
- Questions regarding dental network or dental benefits should be addressed to Healthplex at, 888-468-2183.
- SHP has made a design change to the logo, please make a note of it. For a short time, you may receive correspondence with either logo.

Peter Hirsch, Provider Relations Representative
Royal Health Care, LLC, for Suffolk Health Plan
1377 Motor Parkway, Suite 400
Islandia, NY 11749
E-mail: phirsch@royalhlc.com

CLAIMS INFORMATION

All claims should be submitted within 90 days of the date of service.

To inquire about a denied claim call Provider Services at 1-800-763-9132 or fax us at 1-888-892-6130. Claims submitted electronically must use the SHP submitter ID # 88331 for prompt processing.

Specialty Providers note: claims submissions should include the practice location in the middle box (32) as well as the billing address, provider name and tax ID number.

Hospitals note: It is important to include DRG number in box 78 for all inpatient UB-92 claim submissions.

Anesthesiologists note: Claims must contain an anesthesia designated CPT code (00100-01999), and time units.

DME Vendors note: All DME items valued at greater than \$150.00 **and** all rental equipment **regardless of dollar value** requires authorization through Utilization Management. Call 1-800-287-1165 or fax authorization requests to 1-800-338-4195. Please check "carve out" lists whenever dispensing medical and surgical supplies to a Medicaid managed care member. Some items are covered by New York State Medicaid and require service authorization through EMEVS rather than the managed care plan.

Mental Health Providers— Mental Health and Substance Abuse providers are reminded to attach their referrals to their claims.