



PARTNERS *in* CARE

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*Newsletter Editor
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We encourage our readers
to call or write us with
your feedback about
our newsletter.

Contact Roberta Mitchell
at 847-2528 or email to:
roberta.mitchell@
vtmednet.org

Collaborative Case Management at VMC

Successful Case Management requires communication and cooperation from all aspects of health care services. VMC would like to share a real case story with you to illustrate how important and rewarding this collaborative work can be.

In early January, Jeanette Robinson, RN a VMC Care Coordinator, was notified of a Fletcher Allen Preferred (FAP) newborn who was unable to be discharged home without specialized equipment. Jeanette immediately undertook a national search to find the needed equipment. Only one Durable Medical Equipment supplier provided this equipment and at a very high cost, which under the FAP Medical Plan is shared by the family and the Medical Insurance Plan.

As a last resort, Jeanette initiated numerous calls to FAHC personnel to assess the possibility of accessing unused equipment from the Neonatal Intensive Care Unit (NICU) at FAHC. Thanks to the cooperation from a NICU nurse, FAHC engineer, FAHC electrician and the Risk Management department at FAHC the necessary equipment and supplies were located, serviced, and prepared for set up in the baby's home. The equipment was provided at no cost to the patient's



family or to the health plan, resulting in a savings of \$30,000 - \$40,000.

The collaboration of care prevented many weeks of hospitalization for the baby. The benefits of caring for a newborn baby in the home rather than in the hospital cannot be calculated. At a minimum, the efforts and ingenuity of everyone involved reduced the stress for the family while providing substantial cost savings for the family and for the FAP Medical plan.

The Care Coordinators at VMC are available to assist providers and members with coordinating the necessary care within the benefit plan. Doing so helps everyone involved – patients, providers and the health plans! If you feel we might be able to assist you, please call the Care Coordinators at VMC. The telephone numbers are listed on page 6 of this newsletter.

Why is it helpful to have Web Access???

Many provider offices have asked us to help demonstrate why it is helpful to have web access available to office staff. There are many tools available through the web that enables a provider office to operate more efficiently. The following services are available at no cost other than internet access and the computer itself.

MVP www.mvphhealthcare.com

The MVP web site allows providers to check member identification numbers and eligibility details such as plan type, co-pays, deductibles and PCP assignment. Providers

may also enter their referrals on line, check claims payment status and check provider identification numbers. Specialists may verify whether or not the patient has a referral for the referred procedure/service. On line claim submission is also available.

TVHP www.bcbsvt.com

For TVHP the BCBS web site allows providers to verify patient ID numbers, provider ID numbers, and member eligibility.

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EMI www.emitpa.com

FAP member eligibility, benefits and claim processing status is available.

FAP www.fahcpreferred.org

The Fletcher Allen Preferred Medical Plan web site identifies in-network health care providers and allows searches by town, county, name and specialty. Benefit and enrollment information is also available.

VMC www.vermontmanagedcare.org

The VMC web site provides information on each of VMC's contracted health plans and facilities with links to each of their web sites. There are details on Network Policies, Care Management Policies and the Credentials Plan. In-network provider search capabilities, quick links to VMC staff and departments, and links to State and Federal healthcare agencies are also available.

VMC also provides fee schedules to our providers via a CD or email attachment.

For assistance with any of these web sites please contact your VMC Provider Relations Representative at 847-8052.

VMC Reimbursement Changes for 2004

Annually, VMC reviews its reimbursement schedule to make changes for the following year. We will begin this process in late summer for a targeted January 1, 2004 implementation date. We encourage our providers to notify us of any reimbursement issues you would like us to consider. Please forward your requests in writing by August 1, 2003 to the address below.

Martita I. Giard
Director, Network Development & Provider Relations
Vermont Managed Care
PO Box 1150
Burlington, VT 05402-1150

2002 Withhold Return \$\$\$\$

VMC expects to return approximately 80% of eligible withhold by the end of July for the time period of January through December 2002. We allow for four months of claims runout after the end of the year before calculating the final return and the return percentage may increase slightly depending upon the final months' claims. The VMC Performance Report measures that are usually applied to withhold return are being waived for the calendar year 2002 period because VMC was not able to obtain the necessary data from BCBS/TVHP to produce the reports. VMC plans on reinstating the withhold return criteria and reporting process for 2003.

This will mark the second year that withhold return exceeds 80% and we are projecting this performance to continue at or above this level for 2003. VMC continues to negotiate double-digit premium increases while our utilization of services continues to grow. Our contract negotiations this year added over \$7,000,000 to our clinical care expenditure targets. VMC's continuing challenge is to find ways to slow utilization trends; by slowing such trends even 2% creates large savings that can be returned to providers and the community through lower premium increases.

HIPAA

April 14, 2003 has come and gone but not without many preparations to meet the most recent deadline of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). April 14, 2003 was the date covered entities needed to comply with the HIPAA Privacy Rule.

VMC has put in place the following measures to meet the requirements set out by the HIPAA Privacy Rule. We have secured Subcontractor Business Associate Agreements with our vendors to protect the release of Protected Health Information (PHI) through our business processes. These agreements are in place with our actuaries, legal firms, Fletcher Allen Health Care Human Resources Department (for Fletcher Allen Preferred Medical Plans), MVP and TVHP to name a few. We have also developed an internal tracking system within VMC to document where all PHI has been released and to allow us to make available a report of such releases when requested. We encourage VMC Providers to check with your legal counsel to help you determine who you may need to enter into a Business Associates Agreement with and to determine what processes you may need to establish.



The next HIPAA deadline is October 16, 2003 for the implementation of the Transaction and Code Sets for the exchange of electronic claims information.

Additional information, free of charge, is available through the following web sites.

- The Center for Medicaid and Medicare Services
www.cms.gov/hipaa/
- NHV SHIP The NH and VT Strategic HIPAA Implementation Plan
www.nhvship.org

MVP Radiology Initiative to begin September 1, 2003

MVP has presented data to the Care Management Committee regarding VMC's radiology utilization. This data was shared with our network providers in our May 19, 2003 letter from Dr. John Fogarty, chairman of the VMC Board of Directors. The data shows that VMC's utilization of certain imaging services is substantially higher than expected and is higher than national norms.

MVP, at their own cost, is starting a radiology review program on September 1, 2003 (not July 1 as was reported in Dr. Fogarty's letter) for all of their HMO members in Vermont. The start-up was delayed from the initial July 1, 2003 date to allow more time to prepare for implementation at the state-wide level. MVP has seen encouraging results in New York where this program was implemented last January.

We realize this will be an additional administrative burden for the ordering provider's offices, however we feel that we must improve our performance in this area. Efforts to improve the appropriate utilization of resources are necessary not just for the near-term financial benefit but also the long-term survival of health insurance in the Vermont market. We do not believe employers can continue to sustain yearly premium increases of 15-20%.

MVP will provide additional information to providers addressing the operational elements of this program. Your support and involvement in this initiative is an important component for our continued success.

Clinical Variation Analysis

As reported in our last newsletter, VMC is undertaking some new initiatives to help us use our clinical resources effectively. The first of such initiatives is underway. VMC staff are analyzing claims data to identify diagnoses where wide and unexplainable variations in resource consumption exist. Once this analysis is completed clinical work-groups, including primary care and specialist physicians involved in high variance diagnoses, will examine the data and recommend "best practice" treatment guidelines.

Outcomes of the clinical work-groups will be published through the Care Management Committee to clinicians involved in treating these high variance diagnoses. This is expected to take place in the next few months. The work-groups will continue to monitor clinical variation data over time and will recommend utilization guidelines to their colleagues.



The first initiative being addressed is for Carpel Tunnel Syndrome. Several additional initiatives are now being considered and will be undertaken later this year and next year. If you are interested in participating in the development of "Best Practices" please contact Barbara Barber, RN, CCM at 800-639-3881 or 802-847-6249.

New Technologies PET Scan

The Fletcher Allen Health Care Department of Radiology will begin to offer a new level of imaging – Positron Emission Tomography (PET). The Mobile PET will be available one day a week at the Fanney Allen Campus starting this summer. PET measures metabolic activity by injecting the patient with the radiopharmaceutical, F-18 FDG. It is a non-invasive molecular imaging technology that is performed by licensed Nuclear Medical Technologists. Selective use of this technology aids in the diagnoses and staging of certain cancers including breast, lung, colorectal, lymphoma, melanoma, esophageal, cervical, endometrial, pancreatic, thyroid, and head and neck.

The PET Scan requires preapproval. Please contact VMC prior to ordering the service.

Provider Enrollment Fax

VMC Provider Enrollment now has a fax number dedicated only for notification of provider enrollment changes. Please use this fax number to notify us of any changes in your practice. Examples of changes which VMC must receive in writing include, but are not limited to:

- adding a new provider;
- terminating a departing provider;
- changing any credentialing information;
- changing the practice name, address, phone number, fax number, billing name, billing address or tax identification number; and
- opening or closing the practice to new patients.

The new fax number for provider enrollment only is 802-847-3427.

Fletcher Allen Preferred &

In-network Hospitals

The following is a listing of **in-network** hospitals for the Fletcher Allen Preferred and Preferred Plus Medical Plans.

Central Vermont Medical Center
Berlin, VT

Copley Hospital
Morrisville, VT

Dartmouth-Hitchcock Medical Center
Lebanon, NH

Fletcher Allen Health Care
Burlington, VT

Gifford Medical Center
Randolph, VT

Mount Ascutney Hospital and Health Center
Windsor, VT

North Country Health System
Newport, VT

Northwestern Medical Center
St. Albans, VT

Porter Hospital
Middlebury, VT

Upper Connecticut Valley Hospital
Colebrook, NH

Weeks Medical Center
Lancaster, NH

FAP — Reminder 120 Day Timely Filing

The Fletcher Allen Preferred, Preferred Plus, Retirees Pre & Post 65 (FAP) Claim Timely Filing limit is 120 days from the date of service. The following outlines what is required if a provider/facility or member requests the FAP claim timely filing limit be waived.

Provider/Facility Information

1. The provider/facility must submit the claim to EMI for processing in an acceptable format.
2. The claim must be denied by EMI for exceeding the claim timely filing limit.
3. The provider must submit a written request to VMC to waive the claim timely filing limit with evidence of one of the following criteria.

Criteria to waive Timely Filing

1. The provider received incorrect or incomplete insurance information from the member and the claim was submitted to the incorrect payer within the claims timely filing period of the other payer. If the member fails to provide the additional information for accurate billing, the provider may bill the member. Evidence of the initially received incorrect information must be submitted to VMC for a claim timely filing limit extension to be granted.
2. The claim is subject to Coordination of Benefits where FAP is secondary, in which case a provider must submit the claim to the secondary carrier no later than 120 days after final adjudi-

cation by the primary carrier.

3. The claim was lost or misrouted in the mail or through an electronic clearinghouse. Evidence of claim submission by the provider and/or receipt by the electronic clearinghouse must be submitted to VMC in order for a claim timely filing extension to be granted.

If any one of the above criteria are met, the claim timely filing limit will be extended to 120 days from the date of denial by the incorrect payer, the date of payment by the primary payer, or the date of approval by VMC for lost or misrouted claim information.

Member Information

The member has paid the claim or was unable to provide complete insurance information to the provider or facility.

Criteria to waive Timely Filing

1. The member can demonstrate they had an inability to submit the claim in a timely fashion due to extenuating circumstances (such as an out-of-area accident, personal crisis etc).

If the above criteria is met, the claim timely filing limit will be extended to 120 days from the date of approval by VMC.

Please submit all requests to waive the FAP claim timely filing limit to VMC Attn: Supervisor of Managed Care Services.

FAP — SOR Changes

EMI (Employers Mutual Inc.) implemented changes to the Statement of Remittance (SOR) for the Fletcher Allen Preferred Medical Plans on April 21, 2003. The SOR enhancements include the following items.

- Addition of a “network discount” line item.

- Addition of an “amount not covered” line item.
- Addition of a “FN” (footnote) which provides a code and footnote explanation.
- Addition of a “Patient Responsibility Amount”.

We have corrected the programming errors which occurred on SOR’s printed during the first few weeks. If you have any questions on the SOR please contact VMC’s Customer Service Department.

Preferred Plus Plans (FAP)

FAP – Amendments to the Summary Plan Descriptions (SPD)

On April 22, 2003 Fletcher Allen Health Care, Compensation and Benefits Department mailed updates to the participants of the Fletcher Allen Preferred, Preferred Plus, Retirees Pre & Post 65 Medical Plans. The plan updates are listed below followed by a brief summary of each.

Updates

Preferred and Preferred Plus Plans

- The Women's Health and Cancer Rights Act of 1998
- Maternity Wellness Program
- Preferred Medical Plans Amendment to the Summary Plan Document

Pre & Post 65 Retiree Medical Plans

- The Women's Health and Cancer Rights Act of 1998
- Retiree Medical Plans Amendment to the Summary Plan Document

Summaries of the Updates

The Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. Under the provisions of the Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to surgery, reconstruction and prosthesis benefits.

FAP Maternity Wellness Program

The maternity wellness program offers pregnant members a choice of educational resources including publications, courses and high risk case management.

Preferred Medical Plans Amendment to the Summary Plan Document

The following clarifications in benefit interpretation are provided.

Pre-approval program

Corrections

- Physical Therapy and Occupational Therapy for short term, acute care services in the outpatient or clinic setting does not require pre-approval. There is a 30 visit per year limit.
- Nutritional Counseling does not require pre-approval. There is a visit limit of 3 visits per condition per lifetime.
- Cardiac Rehabilitation requires pre-approval.

Addition

- PET Scans require pre-approval and are subject to the 10% co-insurance for major diagnostic testing.

Deletion

- Sleep studies no longer require pre-approval.

Added benefits

- Coverage for TMJ Disorder
The treatment of Temporomandibular joint disorder is covered up to a maximum of \$1000.00 per year. PT and surgical intervention are excluded from the maximum. PT related to TMJ will accumulate toward the 30-visit limit as stated above.
- Coverage for Medical Foods
Medical foods are not covered with the exception of medical foods necessary for inherited metabolic disorders up to a maximum benefit of \$2,500 per year. Requires pre-approval by the VMC Medical Director.

Co-payments

- Maternity Services
For routine maternity care, only one \$10.00 co-payment is required to confirm the pregnancy. All other routine maternity visits to the physician do not require a co-payment. NOTE: High risk or other non-routine maternity related care from a specialist require a \$20.00 co-payment per visit.

Non-Covered Services

- Travel immunizations
Vaccines related to leisure or work related travel is not a covered benefit. The office consultation is a covered benefit.

Covered Services

- Diabetic Supplies
Diabetic Insulin Pumps are a covered benefit and are reimbursed as Durable Medical Equipment. Pump Supplies are covered under the medical plan at 100% of the allowed amount. Other diabetic supplies are not covered under the medical plan.

Retiree Medical Plans Amendment to the Summary Plan Document

Covered Services

- Preventive mammograms are a covered benefit up to a limit of one per year with a follow up screening if recommended by your physician.
- Nutritional Counseling is a covered benefit.
- Ostomy Supplies are a covered benefit.

VMC Care Coordinator's Geographic Assignments

All assignments are based on the geographic location of the patient's Primary Care Physician (PCP).

Please note this list has been modified since our last newsletter.

Amy Bannister, R.N., CCM

Call (802)-847-6255 or page @ 802-847-1000 X 9660

Brandon, Bristol, Charlotte, Essex Peds, Hinesburg, Middlebury, Shelburne, Vergennes

Edwina Bartley, R.N. , COHN-S/CM

Call (802)-847-8483

Alburg, Richford, Enosburg, South Hero, East Fairfield, St. Albans, Fairfax, Swanton

Kitty Emerson, R.N., CCM

Call (802)-847-1358 or page @ 802-847-1000 X 3641

Essex (except Pediatrics), Williston Pediatrics

Darlene Morgan, R.N., CCM, CRRN

Call (802)-847-6259 or page @ 802-847-1000 X 9233

All Rehab Cases, Rutland County, Dartmouth Service Area

Carol Palmer, R.N., CCM

Call (802)-847-8271, or page @ 802-847-1000 X 5669

Burlington, South Burlington, Winooski, FAHC Children's Health Care Services at Williston

Jeanette Robinson, R.N., CCM

Call (802)-847-0606 or page @ 802-847-1000 X 5679

Berlin, Morrisville, Cambridge, Newport, Hardwick, Stowe, Johnson, Milton

Geraldine Smith, R.N. , CCM

Call (802)-847-8062 or page @ 802-847-1000 X 5668

Colchester, Williston.

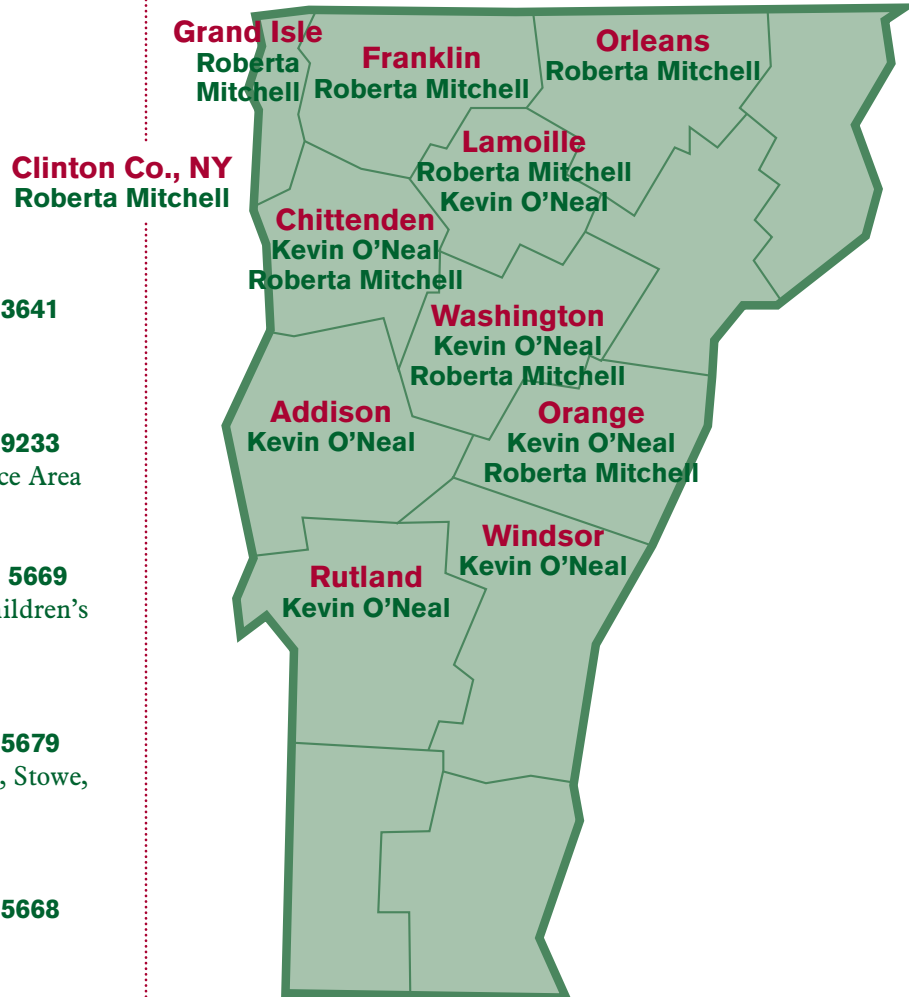
Permanent out of area (NY, Cobra)

Care Coordinator On-Call 24/7

VMC offers nurse reviewer availability 24 hours a day, 7 days a week. The nurse is available by pager during off-hours and weekends by dialing 802-741-2918.

Provider Relations Territories

There are two Provider Relations Representatives available to help you. Kevin O'Neal may be contacted at 847-8358 and Roberta Mitchell may be contacted at 847-2528. The map below indicates who your assigned representative is by county. In some counties one representative is assigned and in other counties the responsibility is shared. Please call Tiffani Filien in VMC Provider Relations at 847-8052 for confirmation of your representative.



Workers Compensation and Auto Accident Claims

A reminder to provider offices...

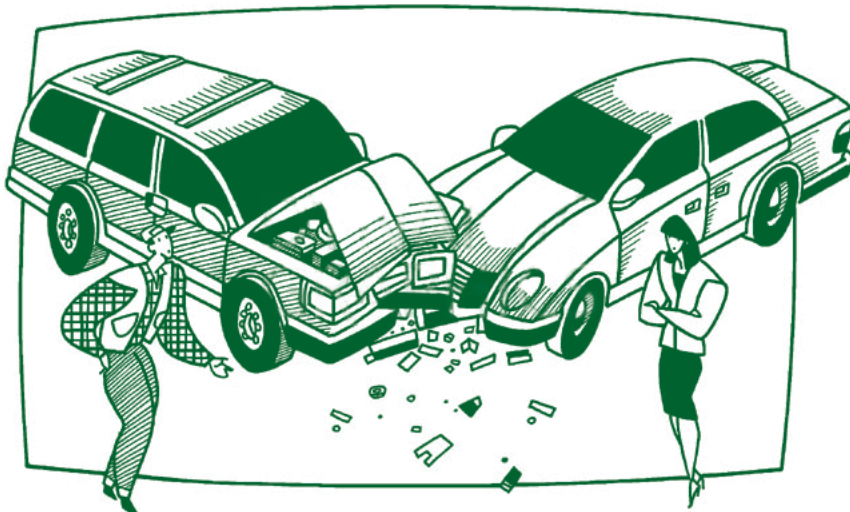
To ensure medical insurance is not being utilized for Workers Compensation and Auto Accident claims please do not submit these claims to a patient's medical insurance plan (except where otherwise noted). Coordination of Benefits (COB) applies when more than one health insurer covers the patient. Upon initial enrollment into a health plan the member completes an application providing information pertaining to other insurance information. If the indicator is yes the Plan contacts the other insurance and determines who is the primary carrier. Periodic COB questionnaires are sent out to members to confirm other insurance still exists.

Worker's Compensation and Subrogation applies if the member is injured in an accident of any type and someone else is responsible for the injury. If claims were mistakenly paid, the Plan will seek to recover the benefits provided. Some of the more common methods of recoupment are claim payment retractions against new claim payment activity, recoveries through an appointed agent/vendor of the Plan, or recovery directly from the responsible party and/or the insurance company involved. Categories of claims are listed below.

- Auto Accident
- Fault Insurance Involved including Auto Accident/Other indicating the date of an accident including auto or other where the state has applicable no fault liability laws (i.e., legal basis for settlement without admission of proof of guilt).
- Accident/Tort Liability indicating the date of an accident resulting from a third party's action that may involve a civil court process in an attempt to require payment by the third party, other than no fault liability.
- Accident/Employment Related indicating the date of an accident allegedly relating to the patient's employment.
- Other Accident indicating the date of an accident not described by the above codes.
- Crime Victim indicating a medical condition resulting from alleged criminal action committed by one or more parties.

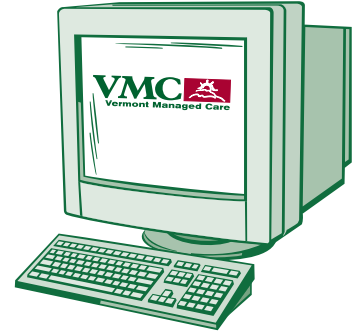
By making informed decisions of where claims are submitted for payment based on whether or not the injury is work related or an auto accident, utilization trends are not inadvertently increased which impact the cost of insurance premiums in future years.

Note: Please see each Health Plan's Certificate of Coverage for specific details pertaining to that Plan's coverage.



Spotlight on the VMC Web Site

On-line Provider Search



With Provider Directories only being as accurate as the day they are reviewed for print, organizations nationwide are relying more and more on web sites to deliver up to date information. In this regard, VMC is no different.

VMC's new web site includes a powerful provider search engine, allowing providers and patients alike to easily find network providers. Providers can be searched by name, practice name, location of practice, specialty, insurance plans accepted or even proximity of practice from a given location. Providers who are board certified, accepting new patients, of a specified gender, and also capable of speaking a foreign language can be found depending on the search criteria entered.

Have a question about the different search fields? Click on "General Help" for detailed information on each of the fields, and the effect on your search of entered information in that field. Need more information about a specific subspecialty of medicine? Click on the "?" next to the "Specialty" field in the "Provider Type / Specialty" section.

The VMC Provider Search can be accessed by clicking on "Provider Search" found on the red-swirl of every page in the VMC Web Site; www.vermontmanagedcare.org.

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Gastroenterology

* Board Officers

Vermont Managed Care Contact Numbers



Phone #	Fax #	Phone # FAP
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Main*

802-847-8161	802-847-6214	
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Care Coordinators

802-847-8369	802-847-6212	802-847-4862
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Customer Service

802-847-8369	802-847-6213	802-847-4862
800-639-3881		866-582-6836

Provider Enrollment

802-847-8161	802-847-3427
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*Provider Relations, Network Development, Data Management and Financial Operations may all be contacted through the main line. A complete phone list of all staff is available in your VMC Provider Manual.

Tel. (802) 847-8161
(800) 639-3881

Vermont Managed Care
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MVP Survey

In the interest of improving our service to you we are joining MVP in asking you to complete the following survey.
If you wish to remain anonymous please leave the "Group Name" and "Your Name" fields blank.
Please return the survey to VMC by August 1.

One survey will be drawn and the lucky winner will receive a free gift basket!!!

Please note the questions asked are about **MVP's services**.

County _____

Group Name (Optional) _____

Your Name (Optional) _____

PCP Specialist Hospital (Circle one)

Do you call MVP's Provider Claim Services department in New York for help with claims issues? **Y N** (Circle one)

Are your problems resolved by that department? **Y N** (Circle one)

If No, please elaborate on the problems you are currently experiencing with that department. Specific examples will help us work with MVP on improving the service delivered to you. _____

Do you call MVP's Williston office for help in resolving claims issues? **Y N** (Circle one)

Are your claims issues resolved by the MVP staff at Williston? **Y N** (Circle one)

If No, please elaborate below _____

Do you find the new Facets Remittance Advice helpful and easy to use? **Y N** (Circle one)

Have you experienced a systems conversion with any other health plan(s) before? **Y N** (Circle one)

If yes, how has MVP's conversion compared to the other plan(s)? **Better Same Worse Don't Know** (Circle one)

How can MVP and VMC improve our service to you? _____

Thank you for your time in completing this survey. Your input helps us to serve you better!

The survey form has the return mailing address printed on the reverse side.

Please fold in half, secure with tape and apply postage.



P.O. Box 1150

Burlington, VT 05402-1150