



PARTNERS *in* CARE

A Message from the President of VMC

VMC Provides Grant to Support Medical Education for Medical Residents

By Cliff Frank, President, VMC

Recognizing the importance of medical education and its impact on most clinical practices in our region, the VMC Board chose to provide financial support to medical resident education by using a modest amount of the bonus from last year's withhold return. The VMC Board has provided for a \$150,000 grant, if matched in an equal amount by Fletcher Allen Health Care, to support medical residents' education at UVM and Fletcher Allen. The donation will support

medical residents' expenses not otherwise funded by external entities, such as federal training funds.

In making the motion to initiate this grant, Dr. Steve Mason, anesthesiologist from St. Albans, said that he felt it was important that VMC give back to the medical community, and supporting medical education benefits all clinicians in the area. The match requirement was added so as to enhance the impact of the grant.

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Service Excellence at VMC

By Barbara Drapola, Director of Operations and Clinical Affairs, VMC

Much of the work and many of the initiatives at VMC are focused on Service Excellence. We don't usually think of our work with the words "Service Excellence" in mind but they are initiatives aimed at delivering excellent service to our provider network, payer partners and to the members that we work with.

Recent examples of initiatives to provide excellent service include:

- Provider Performance Reporting-pooling data from 3 plans for greater meaning and accuracy
- The implementation of a new Care Management Software system, McKesson's CCMS product
- Our partnership with Activehealth Management and expansion to include Member messaging

- Improving Diabetic management through VDIS partnership
- VMC Website enhancements
- Implementation of new NCQA complex case management standards
- Updated Provider Contracts



For more information on any of these initiatives, please contact your VMC Provider Relations Specialist.



Provider Newsletter

PARTNERS in CARE

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

Contact Martita Giard at 847-8161 or email to: martita.giard@vtmednet.org

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Data Reports Available to VMC Providers & Facilities

By Martita Giard, Director Network Development & Provider Relations

From time to time providers and facilities in the VMC network have requested utilization, financial, or cost data for the day-to-day management or long term planning of their business. VMC continues to strive toward sharing the most up to date and relevant information possible with all network participants. As a step towards fulfilling that vision, the VMC Board of Directors with recommendations from VMC senior leadership has recently approved the VMC Data Release Policy.

What this means to you is you can request ad-hoc data reports from VMC as they relate to the contract(s) you hold through VMC. VMC will review your request and if it is within the parameters of the Data Release Policy, your report request will be approved and you will be notified. VMC will post a notice on our website (vermontmanagedcare.org) on the "provider" page describing the report so other VMC providers or facilities may request the same data for their practice

or facility if desired. The VMC website will contain a comprehensive list of all requested reports going forward. In addition each issue of the VMC Partners in Care will contain a list of new reports requested since the last newsletter issue.

How to request reports:

By the end of October, there will be a "Data Request" link on the Provider Section of the VMC website. There you will find a listing of the existing reports created with a small description. If you are interested in requesting one of these reports or would like to request a new report, go to the "ASK VMC" link on the "Data Request" page or on any page of our website and submit your request. If you prefer to call your provider relations representative you may do so at 800-639-3881.

We are very excited to be able to provide you with this resource to help you with the management decisions you face in your practices and hospitals on a regular basis.

Recap on 2006 Withhold Return

By Martita Giard, Director of Network Development & Provider Relations

This past July, VMC providers received their calendar year 2006 Withhold return which was an average of 110.1 % of the eligible amount for the MVP fully insured, TVHP and Fletcher Allen Preferred (FAP) Plans and 95.9% for the MVP SelectCare Quality Incentive Program.

Over the past few years, the overall return rate has been improving. While there are many factors involved in the final return rate, a few include: inpatient admissions were well below our

target of 55 per 1,000 for many months, annual contract negotiations between VMC Management and our Contracted Payers, good stewardship of clinical resources available within VMC's network by our providers thus reducing out-of-network expenses when possible, and managing & guiding your patients to the appropriate clinician or service timely to name a few. It is your diligence to these efforts that has allowed VMC's Network another successful year.



Member Messaging to Begin through ActiveHealth Management

By Roberta L. Mitchell,
Sr. Account Representative

At the request of our Providers, VMC will be activating a new feature, called “Member Messaging”, offered by the ActiveHealth Management disease management program available to members of the Fletcher Allen Preferred (“FAP”) and Preferred Plus (“FAPP”) Medical plans. Previously, VMC notified only the member’s Provider of the “Care Consideration(s)”. The “member messaging” piece also notifies the member when there is a care consideration generated. This feature will be implemented later this fall.

Care considerations for a member are identified through the use of software developed by ActiveHealth Management where medical claims, pharmacy and lab values are analyzed and compared with evidence-based clinical rules. There is no change to this process and like before, the care considerations come to VMC via a secure web portal, where the information is reviewed by VMC Medical staff (the VMC Medical Director, Associate Medical Director and/or Nurse Case Managers) and the member’s provider is notified of the care consideration by VMC. With “member messaging, the member will now also receive notification of any care consideration(s) shared with their provider.

We offer care considerations to Providers in the spirit of collaboration to support your clinical decision making. If you would like to respond to or comment on a Care Consideration, there is a Provider Feedback Tool included in the care consideration you receive. For further information, please call Barbara Drapola or your VMC Provider Relations Representative at 847-8161 or toll free at 800-639-3881.

VMC Employee Spotlight

Reimbursement Analyst

By Tom Dettre, Director of Finance

Vermont Managed Care welcomes Nicole LeBlanc, Reimbursement Analyst to our team. Nicole, who has been in this position for a little over a year now, came to VMC from FAHC Professional Revenue Department where she was a Revenue Cycle Analyst. As a Revenue Cycle Analyst, Nicole provided the FAHC Medical Group with both broad performance indicators and detailed analysis of trended performance.

In her current role at VMC, she is responsible for maintaining the payer reimbursement schedules and all other aspects of provider/facility reimbursement for VMC contracts. In addition, Nicole is also accountable for tracking, reporting, and filing large claims under VMC’s reinsurance contracts, as well as auditing reinsurance recoveries from reinsurance carriers and following up on discrepancies. Along with 3 years of experience in health care, Nicole is also a Certified Professional Coder (CPC) with the American Academy of Professional Coders (AAPC). She continues to maintain this membership,



Nicole LeBlanc

bringing added knowledge and experience to her current position.

Please note that any reimbursement questions should go directly to Kevin O’Neal or Elizabeth Roach your VMC Provider Relations Representative’s. Kevin or Elizabeth can be reached at 847-8161 or toll free at 800-639-3881.



Events & Notices

Claim Resubmission Guidelines

By Elizabeth Roach, External Provider Relations Specialist, VMC

In talking with the Health Plans that VMC is contracted with there has been some discussion regarding the resubmission of paper claims to the Health Plans. As a reminder please be sure to do the following when resubmitting a paper claim to Apex (The Third Party Administrator for the FAP plan), TVHP or MVP.

1. Be sure claim is legible
2. All required fields are completed (ex. member name, complete member identification number, DOS, NPI, etc.)
3. Attach any additional information requested by the payor (ex. medical records or any other information requested). Respond to medical records request as soon as possible
4. Indicate corrected claim on the top of the claim
5. Circle area of claim where change was made – clearly indicate what information is being changed
6. Resubmit claim – adjustment will be processed
7. Maximize electronic claim submissions; submit paper claims only when you are required to do so.
8. MVP requires that a CARF, (claims adjustment request form)

be used, and a new claim form submitted (that does not have any writing on it, like a corrected claim, or circled correction. This makes it more difficult to read if scanned).

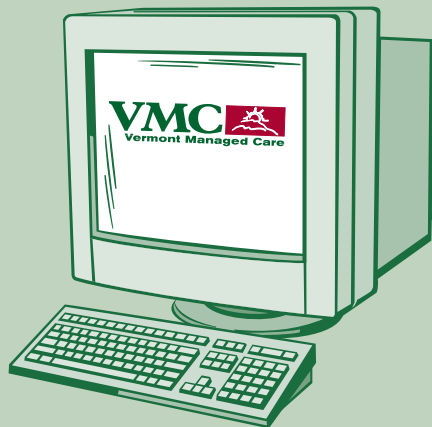
Example of corrections: Incorrect number of units billed or incorrect CPT, late charges, etc.

If you have any questions please contact your Provider Relations Representative, Elizabeth Roach or Kevin O'Neal at 847-8161.

NPI Frequently Asked Questions (FAQ)

By Kevin O'Neal, External Provider Relations Specialist, VMC

NPI is here, and questions are still being asked. VMC has gathered a comprehensive list of the most frequently asked questions around NPI and the answers from each of our contracted payers. Answers are payer specific and sorted by electronic submission vs. hard-copy submission. The NPI FAQ can be found on the "Welcome" page of the VMC Web Site's "Providers" section at www.vermontmanagedcare.org/Providers/index.html.



MVP Catamount

By Martita Giard, Director Network Development & Provider Relations

As of October 1st, members began enrolling in the State of Vermont Catamount Health program. We would like to thank all of you who have returned the MVP Catamount Rider to us. If you have not returned the Rider we need you to do so at your earliest convenience. If you require another copy, please contact Pam or Mary at 802-847-8161. Thank you.

The VMC Care Management Department Annual Notices

By Barbara Drapola, RN, CCM, CPQH, Director of Operations and Clinical Affairs, VMC

UM Availability

The Care Management Department is available to you 24 hours a day, 7 days per week to assist with Utilization Management Determinations. During normal business hours, you can call us directly through our local or toll free numbers listed below. On weekends, holidays, and off-hours you can access assistance by contacting the on-call Nurse Case Manager by cell phone. If a Medical Director is needed, the on-call nurse will coordinate this.

Local Number(802) 847-8369

Toll Free Number(802) 639-3881

On-call Cell Phone(802) 363-0974

UM Criteria

Annually, the Care Management Committee of the Board approves the utilization management criteria for use as guidelines and benchmarks to inform the Care Management process. The most current versions of the following criteria are approved for use by the Care Management Sub-Committee of the VMC Board of Directors.

| Area of application | Criteria |
|--|-----------|
| Surgical and Special Procedures, Diagnostics and Imaging, Select DME items | Interqual |
| Inpatient, Home Care, Case Management, Recovery Facility | Milliman |
| New technology | Hayes |

Other criteria sets are also approved for reference. These include “Apollo’s Medical and Rehabilitation Review Criteria”, “Therapy Referral Handbook, Second Edition” and the “APTA Guide to Physical Therapist Practice, Second Edition”.

A contract is also in place with MCMC II, a medical review firm that allows VMC access to the external review and specialty physicians input.

Providers may request a copy of the criteria used to make a Utilization Management decision by contacting the Care Management Department at the numbers listed under UM Availability.

Medical Director Availability

When there is an adverse determination for one of your VMC members, you may always access a VMC Medical Director to discuss the case. You can make arrangements to contact one of them by dialing the numbers listed above and request a Care Manager. They will work to schedule a convenient time for you to discuss the case with one of the Medical Directors.

No Incentives

The purpose of Utilization Management is to facilitate efficient safe and appropriate care that meets standards for quality. Because this is one of the guiding principles for Care Management at VMC, the Care Management Committee of the Board has adopted a policy that prohibits the application of incentives for anyone involved in making UM decisions. This policy can be found in the Utilization Management Plan. In summary, the volume or type of adverse determinations or denials does not affect in any way incentives given to any person. This includes Medical Directors, Case Managers, Client Account Representatives, Managers or anyone involved in Utilization Management decisions.

UM Policies

The Utilization Management Policies are provided to you in the VMC Provider Manual. The policies have recently been reviewed and revised. The updated policies can be accessed on the VMC website: www.vermontmanagedcare.org.

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Fletcher Allen Health Care
Pediatrics

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Vermont Managed Care Contact Numbers



| Phone # | Phone # FAP | Fax # |
|--------------|-------------|--------------|
| Main | | |
| 802-847-8161 | | 802-847-6214 |

| Customer Service (CS) / Case Managers (CM) | | |
|---|-------------------|-------------------|
| 802-847-8369 (CS) | 802-847-4862 (CS) | 802-847-6213 (CS) |
| 800-639-3881 (CS &CM) | 866-582-6836 (CM) | 802-847-6212 (CM) |

| Provider Enrollment (PE) / Provider Relations (PR) | | |
|---|--|-------------------|
| 802-847-8161 or | | 802-847-3427 (PE) |
| 800-639-3881 | | 802-847-6214 (PR) |

A complete phone list of all staff is available in the VMC Provider Manual available online at www.vermontmanagedcare.org.

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