

2009 Annual Notice of Important Information

Your participation in our network is very important to Passport Health Plan and Passport Advantage. Please review the following important reminders with your staff.

Helping Members Make the Most of Their Benefits

It is important for all members to know about the Plan's decision-making policies. Many members have questions about their benefits and how the Plan decides what benefits are authorized for payment.

We hope you will join us in reminding members of the following important points:

- The purpose of UM is to validate that services are medically necessary and covered by the Plan.
- Passport Health Plan and Passport Advantage do not reward anyone, including practitioners, for denying services to members.
- The Plans do not compensate associates or practitioners to make decisions that keep members from getting the care they need.

Like you, our first concern is that members receive appropriate care in a timely manner. Therefore, if members who visit your office have questions about the UM process or benefit decisions, please refer them to Member Services at 1-800-578-0603 (TTY/TDD 1-800-691-5566). We will be happy to assist them.

Join Our Credentialing Committee!

At Passport Health Plan (PHP), we believe input from our providers is essential to the Plan's mission – improving the health and quality of life of our members. We need you! **Please consider joining our Credentialing Committee.**

The Credentialing Committee meets on the fourth Thursday evening of each month. Dinner is provided. To join or for more information, please contact Jacqueline R. Simmons, M.D., MPH, C.P.E., Chief Medical Officer, at (502) 585-7065.

Clinical Criteria Available to Providers

Utilization Management (UM) strives to ensure our members use their benefits as needed and as appropriate. To assist us, we use *Milliman Care Guidelines*®, InterQual® Criteria, Medicare, and/or Medicaid criteria/guidelines to evaluate the necessity of medical services. These guidelines support the delivery of quality health care and assist us in evidence-based clinical decision making and reviewer consistency.

In addition, we utilize Passport Health Plan (PHP) / Passport Advantage (PAD) medical policies in the decision making process. We involve actively practicing providers with like or similar expertise in the adoption of criteria, the development of policies, and the review of procedures for applying the criteria.

Copies of PHP/PAD medical policies are available to providers upon request by calling (800) 578-0636. They are also available on Plan's web site, www.passporthealthplan.com/providercenter.

UM Department Contact Information

Remember, you can contact our Utilization Management department at any time! Call (800) 578-0636 between the hours of 8:00 a.m. and 5:30 p.m., Monday through Friday. If you call after hours, please leave a message.

Send a fax to (502) 585-8204 for Home Health, (502) 585-8205 for Therapies and Pain Management, (502) 585-8207 for Retrospective Reviews, (502) 585-7990 for DME, or (502) 585-7989 for all other requests.

Need to Talk About Denials? Call Utilization Management's Medical Directors

Passport Health Plan (PHP) and Passport Advantage (PAD) providers may speak with Medical Directors regarding Utilization Management (UM) decisions and specific cases or service requests at any time. If you disagree with a UM decision, you can discuss the decision by telephone with the medical director who rendered it.

Whenever a denial is verbally issued, the UM staff provides the name, telephone number, and title of the Medical Director who rendered the decision. The provider may then call the Medical Director directly to discuss the denial. Appeals information is included with each denial letter.

If you have questions about the UM process or a UM issue, please call (800) 578-0636.

Updated Clinical Practice Guidelines

The following Passport Health Plan and Passport Advantage Clinical Practice Guidelines (CPGs) have been updated in 2009:

Passport Health Plan

- Child & Adolescent and EPSDT Periodicity Schedule
- Adult Preventive Health
- Hypertension
- Anxiety Disorders in Adults
- Major Depression in Adults

Passport Advantage

- Adult Preventive Health
- Hypertension
- Anxiety Disorders in Adults
- Major Depression in Adults

These guidelines are detailed in Sections 15 and 10 of the Passport Health Plan and Passport Advantage Provider Manuals, respectively. Both manuals are available on our web site, www.passporthealthplan.com/providercenter. If you do not have access to the Internet and would like a copy of the guidelines, please contact the Quality Improvement nurse at (800) 578-0636, extension 78434.

2009 Review of Medical Records and Standards for CPGs

Each year, the Plan conducts a review of medical records to evaluate continuity and coordination of care, as well as practitioner compliance with our Clinical Practice Guidelines (CPGs).

The Plan's 2009 review of medical records revealed a 95 percent compliance rate with medical record documentation and continuity of care (a one percent increase from 2008).

Opportunities for improvement were identified through medical record review in the following areas:

1. Documentation of immunizations; and
2. Documentation of advance medical directives.

The provider's documentation of screening of nephropathy for members with diabetes showed the largest area of opportunity in the CPG compliance results. As noted in the Diabetes CPG, providers should perform an annual test for the presence of microalbuminuria in type 1 diabetic patients with diabetes duration of >5 years and in all type 2 diabetic patients, starting at diagnosis.

2009 Passport Health Plan Quality Improvement Program and Evaluation

The Plan's Quality Improvement (QI) Program description and evaluation highlight the Plan's QI program goals, processes and outcomes as they relate to member care and service. The Quality Improvement 2009 Program Description and Quality Improvement 2008 Evaluation are available by logging onto the Secured Services portion of our web site, www.passporthealthplan.com/providercenter or by contacting your Provider Relations representative or the Provider Relations department at (502) 585-7943.

Member Rights and Responsibilities

Passport Health Plan members are informed of their rights and responsibilities through the Member Handbook. Passport Health Plan providers are also expected to respect and honor members' rights. To view these rights and responsibilities, please refer to Section 2 of the Passport Health Plan Provider Manual, available on the Provider Center of our web site, www.passporthealthplan.com.

Passport Advantage members are informed of their rights and responsibilities through the Evidence of Coverage. Passport Advantage Plan providers are also expected to respect and honor members' rights. To view these rights and responsibilities, please refer to Section 2 of the Passport Advantage Provider Manual, available on the Provider Center of our web site, www.passportadvantage.org.

2008 Passport Health Plan Practitioner Satisfaction Survey Results

Annual provider satisfaction results contain valuable feedback and help the Plan identify opportunities for improvement. Survey results are used to assess provider satisfaction with programs and services offered by the Plan.

The survey compares an overall satisfaction rate, as well as rates for Jefferson and non-Jefferson counties. The survey is sent to all PCP groups with 50 or more members, as well as all high volume specialists (OB/GYN, cardiology, and general surgery).

In 2008, PHP significantly streamlined the annual survey, resulting in a 27% increase in provider response.

Additional 2008 Results

- 262 providers received the survey at the group level in 2008. A total of 76 surveys were returned for an overall response rate of 29%.
- Overall provider satisfaction with the Plan is 80.6%, an increase of 5.2 percentage points from 2007.
- Provider dissatisfaction rates declined 7.9 percentage points in 2008.

Opportunities for Improvement

As a result of the 2008 provider survey response, the Plan has identified opportunities for continued improvement. Some interventions include:

- Increasing provider awareness of the timeliness standards for prior authorization and denial notification of services requiring utilization management review.
- Increasing provider awareness of the availability of physician advisors for peer to peer review following a review and/or determination.
- Continuing to increase pharmacy and provider communication, especially relating to policy, process and formulary changes.
- Increasing provider awareness of case management services.
- Various claim-based initiatives.