Palladian® Muscular Skeletal Health

insight

The Palladian Health ® Provider Newsletter | Summer 2015

IN THIS ISSUE

HIP
Pages 1-4 & 6-8
UNIVERA
Pages 1-4 & 6-8
GHI HMO
Pages 1-4 & 6-8
GHI PPO
Pages 1-4 & 6-8
EASYCHOICE
Pages 1-4 & 6-8
FLEXCARE
Pages 1-4 & 6-8
QHP
Pages 1-4 & 6-8
VYTRA
Pages 1-4 & 6-8
CAC FLORIDA
Pages 1-8

Quality

Many spine and spine related conditions are affected by modifiable lifestyle risk factors. Which of the following is not considered a modifiable lifestyle risk factor:

A) Nutritional
B) Psychological
C) Genetics
D) Environmental

Answer can be found on Page 8

Timely Filing

All chiropractic submissions for care should be submitted in a timely manner. The completed forms need to be submitted within 5 business days of the Requested Start Date to be considered timely. Presently, physical therapists do not have a requirement for timely filing.

The Last Date Seen should only be reported as the same date as the Requested Start Date in the case of a patient new to your office. In all other instances enter the most recent prior date of service. This will help to establish a break in care or withdrawal from care and establish a new episode of care.

If You Disagree with a Decision

After an initial denial has been issued, a provider may ask to discuss the denial with the Clinical Peer Reviewer as part of a re-review of the Initial Adverse Determination. NYS and URAC regulatory requirements require that the decision for a peer-to-peer discussion be rendered within 1 business day, from the date of the *provider's request*. Palladian Health® (Palladian) would like to remind providers to request the peer-to-peer when the provider will be available for the peer to peer communication on the same or next business day. Please provide a work or cell phone number where the provider can be reached. A provider may submit additional documentation, treatment notes, or a case summary for re-review at any time.

For Non-Medicare patients: applies specifically to the re-review of the denial of a service authorization request; when the denial involves a non-Medicare NYS beneficiary it is a reconsideration or peer-to-peer.

For Medicare patients: applies to the re-review of the denial of a service authorization request or the denial of a claim for payment for denials applicable for a Medicare beneficiary from any State; it must be called a re-opening and must be submitted in writing and clearly state it is a request for a re-opening with a reason for the request.

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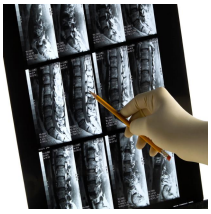
Authorization Request for X-Rays & Diagnostic Imaging



Prior approval for diagnostic imaging such as *x-rays,* which are performed in the providerôs office, should be obtained from Palladian before performing the studies. Requests for prior approval for GHI-PPO contracts, however, should be submitted directly to GHI for review. Advanced imaging, such as MRI or CT scans, do not require prior authorization from Palladian, however, a best practice is to verify with the health plan if the patientôs specific contract requires prior authorization from the health plan.

GHI-PPO Contracted Visits & Univera Registry Visits

GHI-PPO allows a patient eight visits as part of its contracted benefit and Univera plans managed by Palladian have a registry process allowing a patient eight visits before medical necessity utilization review is needed. Although the eight visits, whether contracted or registry, are not subject to direct review for medical necessity, the visits should only be used for medically necessary care. Maintenance care is determined to be not medically necessary under these health plan contracts. As a reminder, GHI-PPO does consider the initial examination and spinal adjustment, if performed on the same day, as two (services) to be counted against the eight visits.

HIP, GHI, Univera & Vytra (All Plans)

Patient education is often one of the most highly recommended interventions for the management of acute low back pain. Clinical practice guidelines recommend that clinicians should:

- Remind patients to remain active
- Provide patients with education about spine pain conditions
- Reassure about the benign nature
- Reassurance that the short term nature is generally favorable
- Discourage prolonged bed rest

Chiropractic Alliance (CAC) - Imaging Survey

Palladian performs ongoing medical record documentation audits as part of a quality initiative to monitor and educate providers about the standards of documentation. A retrospective review of audits completed in 2014 was performed to determine compliance with diagnostic imaging standards and documentation of the studies performed.

The retrospective review was performed on 503 files which were part of the medical records documentation audit (MRDA) process. The retrospective review focused on 1) the number of studies performed in office, 2) the number that demonstrated evidence of referral, 3) documentation of the results for studies performed in office, 4) evidence of review of findings for imaging performed at another facility and 5) evidence of medical necessity for the studies performed.

Chiropractic Alliance (CAC) - Imaging Survey Cont...

Our review identified 124 records in which diagnostic imaging was performed in the providerôs office. Evidence of documentation that the imaging studies were reviewed was noted in 117 of the records. Documentation of the imaging findings demonstrated medical necessity for the imaging in only 34 (27%) of the records.
There was evidence of diagnostic imaging having been performed at or referred to facilities other than the providerôs office in 146 files, however, only 78 (53%) files demonstrated evidence of review of the report. The available information was, in most cases, insufficient to determine medical necessity for these studies.
As a part of best practices all testing and results (whether performed in office or received from another facility) should be reviewed and documented in the patientôs file.
Diagnostic imaging should also be based upon medical necessity. The determination of medical necessity is based on Palladian Chiropractic Guidelines for Spine and Spinal-Related Care for the Neck, Mid Back and Low Back. Pursuant to these policies, x-rays are considered medically necessary if one of the following reasons is present:

- History or clinical suspicion of fracture
- History or clinical suspicion of spinal malignancy
- History or clinical suspicion of spinal infection
- History or clinical suspicion of systemic inflammatory disease
- History of spinal symptoms for at least 6 weeks with no response to conservative care
- Diagnosis is related to the Primary Region of Complaint

Members' Rights & Responsibilities (*All Plans*)

Palladian is committed to treating members in a manner that respects their rights and its expectations of memberôs responsibilities. Palladian distributes its Member Rights and Responsibilities statement to new practitioners, when they join the network and existing practitioners annually. Palladian notifies members of the availability of its Member Rights and Responsibilities Statement when delegated by Sponsors of Programs. Members have a right to:

- Receive information about the organization, its services, its practitioners and providers, its policies and procedures, and Member Rights and Responsibilities.
- Be treated with respect and with recognition of their dignity and right to privacy.
- Participate with practitioners and providers in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice Complaints or Appeals about the organization or the care it provides.
- Make recommendations regarding the organizationôs Member Rights and Responsibility policy.
- Information about available services, including how to obtain urgent, emergency and after hours care.
- Confidentiality of their medical records.
- Know the system for resolving complaints, including their right to appeal to the appropriate Department of Health or Department of Insurance.
- A choice of specialists among participating practitioners and providers, subject to their availability to accept new patients.
- Obtain assistance and referral to participating practitioners and providers with experience in the treatment of members with chronic disabilities.
- Prompt notification of termination or other changes to the practitioner/provider network.

Members' Rights & Responsibilities (*All Plans*) Cont.…

- Payment of appropriate benefits, when medically necessary.

Patients have a right to expect the following from their practitioners and provider:

- Participation in decisions concerning their health care.
- The right to refuse treatment to the extent permitted by law, and be informed of the medical consequences of that action.
- To obtain complete and current information concerning a diagnosis, treatment or prognosis in terms they can reasonably understand.

> ***NOTE:***
> ***When it is not advisable to give such information to the member, the information shall be made available to an appropriate person on the member's behalf. To receive information from the practitioner or provider it is necessary to give informed consent prior to the start of any procedure.***

- To know the name and qualifications of all caregivers. This information can be obtained from the practitioner ,provider, or the administrator of any health care facility.
- If a patient feels that their practitioner or provider has not given the kind of service that they have the right to expect, the patient has the right to follow the Complaint procedure.
- To be free from balance billing by participating practitioners and provider for medically necessary services that were authorized or covered, expect for copayments, coinsurance and deductibles.

Members have a responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instruction for care that they have agreed to with their practitioners.
- Understand their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.
- Establish themselves as a member with the practitioner or provider they have selected.
- Provide honest and accurate information concerning their health history and status.
- Ensure that their primary care physician coordinates any health care that the member receives in order to receive the highest level of benefits.
- Carefully follow their plan's policies and procedures as described in their contract and rider(s).
- Carry their insurance identification card and present it when seeking health care services.
- Advise their insurance carrier of any changes, which affect their family such as birth, change of address or marriage.
- Submit all bills from non-participating practitioners and providers in a timely manner, within plan parameters.
- Notify their insurance carrier when anyone included in their coverage becomes eligible for Medicare or any other group health care insurance.
- Keep their insurance carrier informed of their concerns about medical care received.
- Pay appropriate co-payments, coinsurance and deductibles to participating practitioners and providers when services are received.
- Pay charges incurred for non-covered services.
- Formulate and have Advance Directives implemented.

Palladian notifies participating practitioners annually that the rights and responsibilities statement is available on the Palladian web page. Practitioner notification may occur by fax, email, or direct mail.

Member communications regarding rights and responsibilities is not delegated to Palladian. If member distribution is delegated, Palladian notifies member through direct mail.

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Florida Patient's Bill of Rights & Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. Florida Statute requires that the Florida Patient's Bill of Rights and responsibilities and the Florida Consumer Assistance Notice be prominently displayed in their office waiting room and/or common area. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Florida Consumer Assistance Notice

Statewide Consumer Call Center
1-888-419-3456
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 27
Tallahassee, FL 32308
M ï F 8:00 AM ï 5:00 PM (EST)

Department of Financial Services (formally Department of Insurance)
1-800-342-2762
Division of Consumer Services
200 E. Gaines Street
Tallahassee, FL 32399-0322

Statewide Provider and Subscriber Assistance Panel (not claims issues)
1-850-921-5458
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 27
Tallahassee, FL 32308

Provider Claims Disputes ï Florida Appeals Process
1-800-356-8151
Maximus
50 Square Drive, Suite 210
Victor, NY 14564-1099

Quality Management & Improvement

This summary provides a synopsis of our Quality Management and Improvement Program (QMIP) established to improve all services and outcomes for Sponsor Health Plan members. The entire QMIP is available on the provider portal of the Palladian website.

OVERVIEW
Palladian is committed to continuously and systematically monitoring, evaluating and improving clinical and administrative services for all clients and consumers, as well as health care services for members. The Quality Management and Improvement Program establishes the protocol to evaluate and monitor services received by Sponsor Health Plan members.

GOALS
The QMIP objectives include:

- To assure that members receive medically necessary care within an environment that demonstrates clinical quality consistent with prevailing professionally recognized standards of clinical practice, maximizes safe clinical practices, and enhances services throughout the organization.

Quality Management & Improvement Cont...

- To ensure the availability and accessibility to continuity of care for each member consistent with the membersôclinical condition, including procedures for identification, evaluation, resolution and follow up of potential and actual problems in their administration and deliverance of health care services.
- To ensure that members have access to safe practice sites and safe clinical services.
- To ensure the improvement of patient safety through fostering a supportive environment to help practitioners and providers improve the safety of their practices.
- To ensure that network practitioners/providers understand and utilize safe clinical practices.
- To ensure that members have access to practitioners/providers who are qualified and proficient within their area of practice.
- To focus attention on quality initiatives that will improve member safety.
- To ensure that service quality to clients and member/consumers, alike, is compliant with regulations and standards.
- To ensure that clinical and administrative services are monitored and any necessary interventions implemented

CLINICAL & ADMINISTRATIVE SCOPE

Program scope includes both clinical and administrative topics. Special emphasis is placed upon topics that monitor frequently performed or highly specialized activities:

- Development and monitoring of compliance with clinical protocols and practice guidelines.
- Clinical measurement activities/projects with emphasis on projects that impact member safety.
- Outcome analysis.
- Monitoring and improving network practitioner medical record documentation and record keeping practices.
- Improving continuity and coordination of care.
- Protecting patient safety.
- Clinical Quality Indicator monitoring/Peer Review with emphasis on identification of events that may put members at risk.
- Risk management.
- Utilization management (including but not limited to over-and under utilization).
- Network Practitioner Performance Reporting.
- Accurate and timely processing of claims.
- Appropriate accessibility and availability of service.
- Call center operations.
- Confidentiality.
- Member satisfaction
- Practitioner satisfaction
- Culturally and Linguistically Appropriate Services
- Network adequacy including the effectiveness of the network in meeting the needs and preferences of the membership.

Quality Management & Improvement Cont...

- Special needs members.
- Timely, accurate and appropriate handling of service utilization requests (utilization review submissions).

AUTHORITY & RESPONSIBILITY

The Board of Managers supports the Quality Management & Improvement Program through its endorsement of the program and allocation of resources. The governing body retains final accountability for the quality program and receives written reports delineating performance measures and results, analysis of results with identification of opportunities for improvement, action plans, and improvements. The Executive Quality Management & Improvement Committee / Compliance Committee oversees all committee activities and reports to the Board of Directors. All committee activities, including but not limited to, the Executive Quality Management & Improvement Committee, the Quality Management & Improvement Committee, Credentialing Committee, and the Clinical Policy Advisory Board sustain reporting lines that lead to the Board of Directors.

Corporate Committees such as the Quality Management & Improvement Committee and the Credentialing Committee include network practitioners as committee members in order for Palladian to benefit from the treating practitioner's viewpoint and expertise. All staff throughout the organization participate in the Quality Management and Improvement Program. Palladian Health's Chief Medical Officer has direct responsibility for the Quality Management & Improvement Program. Vice Presidents of Clinical Services are integral to the implementation of the clinical aspects of the Quality Management & Improvement Program.

COMMUNICATION OF QUALITY MANAGEMENT & IMPROVEMENT INFORMATION

In accordance with Federal and State regulations and accrediting agency guidelines, Palladian annually makes various Quality Management & Improvement documents available for review. Information is reported to regulatory bodies, accrediting agencies and client health plans as required by the jurisdiction's laws and/or standards. Palladian makes information about the Quality Management & Improvement program, including a description of the Quality Management & Improvement program and a report on the organization's progress in meeting its goals, available to its members and practitioners. Practitioners/providers also receive reports relative to Member Satisfaction.

STATEMENT OF CONFIDENTIALITY

In accordance with Federal and State regulations, Quality Management & Improvement activities are conducted in a manner, which ensures the confidentiality of all information. Palladian acquires, uses, and stores protected information in a confidential manner. Data is handled responsibly with regard to privacy of the involved member or practitioner/provider. Regulatory bodies shall have access to minutes or records in accordance with jurisdiction governing the client health plan.

Quality **(cont. from page 1)**

Answer: C

Regular discussions with your patients concerning modifiable lifestyle risk factors may help improve outcomes. Do you discuss these lifestyle modifications and document the discussions with your patients?