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## WELCOME

ADVANTAGE Health Solutions, Inc.<sup>SM</sup> Medicare Advantage Plan Provider Relations would like to extend a sincere welcome to the first quarterly provider newsletter. Each quarter we will provide you with the most up to date information on the ADVANTAGE Medicare Advantage Plan Offerings.

Our newsletter will offer useful resources to help streamline the process of servicing our Medicare Advantage Members through the submission of your claims. We will spotlight information from our Medical Management, Compliance Departments and so much more.



**Sit back, grab a cup of coffee and get *CONNECTED*...**

Please feel free to contact us to suggest any hot topic you would like to read about in our upcoming issues.

## MEDICARE ADVANTAGE PLAN OFFERINGS

ADVANTAGE Health Solutions, Inc.<sup>SM</sup>, (AHS) is an Indiana based, local, provider-owned health plan, providing integrated health care solutions for employer groups and Medicare beneficiaries in the state of Indiana. We are a locally owned organization with a direct Medicare contract with the Center for Medicare and Medicaid Services (CMS) to administer benefits on behalf of its members. We are proud of our Indiana roots and local provider ownership. We are invested in our Indiana community and our valued members. AHS is licensed by the State of Indiana as a risk-bearing entity and our contract with CMS is to provide Medicare Advantage and Medicare Advantage Part D benefit plans to Indiana residents who meet the Medicare eligibility requirements and reside in the Indiana counties of Allen, Boone, Delaware,

Hamilton, Hancock, Hendricks, Howard, Johnson, Marion, Morgan, Shelby and St. Joseph. AHS Medicare offer several plan options underneath our AHS Medicare PPO and HMO Plans in effort to provide our members with a plan choice that best fits their healthcare needs. Effective on May 1, 2010, AHS Medicare introduced a Voluntary Employee Beneficiary Association (VEBA) plan for Employee Group Health Plan Retirees. This PPO plan is currently available to eligible Chrysler retirees residing in our current twelve PPO counties as well as Madison, Tipton and Henry counties (additional counties will be added in the near future).

To obtain additional information on our Medicare Advantage plan offerings, please visit our Provider page at:  
[www.advantageplan.com/advppo/Providers.aspx](http://www.advantageplan.com/advppo/Providers.aspx)

## OUR MISSION

*Provide managed care solutions to improve outcomes, keep costs low and improve the health and wellness of the communities we serve.*



## SPOTLIGHT ON COMPLIANCE – ADVANCE DIRECTIVES

Advance Directives are written instructions, such as living wills or durable powers of attorney for health care, that explain the patient's wishes concerning the provision of health care if the patient becomes incapacitated and unable to communicate those wishes.

As a Medicare Advantage plan provider contracted with the Centers for Medicare and Medicaid Services (CMS), ADVANTAGE Health Solutions has certain obligations regarding Advance Directives. Members have a right to be made aware of our obligations regarding Advance Directives.

ADVANTAGE Health Solutions must:

- Educate its staff and the community about its policies and procedures regarding Advance Directives;
- Document in a prominent part of the individual's current medical record whether or not the individual has executed an Advance Directive;

- Ensure that it does not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive;
- Provide the rights under state law in which ADVANTAGE furnishes services to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives;
- ADVANTAGE must comply with all applicable state laws regarding Advance Directives.

Advance Directives help make sure a member has a say in their future health care and treatment should they become incapacitated and unable to communicate. Additional information concerning Advance Directives can be found at the Indiana State Department of Health website at the following link: [www.in.gov/isdh/files/advanceddirectives.pdf](http://www.in.gov/isdh/files/advanceddirectives.pdf).

## ADVANTAGE MEDICAL AFFAIRS

*We measure our success by making a difference in the lives of your patients.*

Our Care-ADVANTAGE program provides care management services to meet the diverse needs of our members, your patients. Our programs are patient-centric. No matter where a person is in the continuum of care, ADVANTAGE works to help our members meet their health needs.

Through partnership with our members and their providers, we offer Disease Management, Complex Case Management and Wellness initiatives. Our programs use evidence-based strategies to promote improved health outcomes. We have a diverse team of health coaches ranging from Health Educators to Advanced Practice Nurses. In addition, we have Medication Therapy Management tools embedded across all program areas to support medication adherence.

Lastly, our Transitional Care Coordination model provides a unique service for members who experience inpatient admissions as well as those who present with geriatric frailties. We work to encourage smooth transitions between levels and settings of care.

**Care-ADVANTAGE programs are offered to our members at no additional cost. Call 1-800-523-7533 for program referrals. Contact us to learn more about our in-home geriatric nursing support and to get info about the ADVANTAGE Patient-Centered Medical Home Program. [www.advantageplan.com/advppo/](http://www.advantageplan.com/advppo/)**

## ADVANTAGE UTILIZATION REVIEW PROCESS

Our Utilization Management (UM) Department offers peace of mind when it is time to obtain prior authorization for services needed by your patients. Our goal is to ensure patients receive the right care, at the right time, in the right location.

Our UM team is committed to providing a pre-certification process that is helpful and efficient. The UM department is open to receive calls Monday-Friday from 8 a.m. to 5 p.m. EST unless otherwise agreed upon. We provide advance notice of any change to our standard operating hours and can receive faxes at 1-888-482-0140, 24 hours a day, seven days a week.

The UM staff is in place to assist with questions from both providers and members utilizing our toll-free number with voice mail availability. Calls are returned within one business day. You can reach our UM team at 1-800-748-2544.

The ADVANTAGE UM process is designed to make fair, impartial and consistent decisions that facilitate the appropriate use of selected, elective services. Clinical criteria used as a basis for prior authorization decisions are made available to you by calling our UM Department.



# ADVANTAGE PARTNERSHIP WITH COGNISIGHT LLC – WHAT THIS MEANS TO YOU

As part of our contract with The Centers for Medicare and Medicaid Services to provide Medicare Advantage benefits, ADVANTAGE Health Solutions, Inc. (AHS) is required to compile and report diagnostic profiles annually for our Medicare Advantage Plan members. CMS has created a payment methodology that requires and considers information not normally available or expected in normal claims processing. This information must be attained via a medical record review of individual member diagnoses that were treated or impacted within a claim (calendar) year.

AHS has partnered with Cognisight, to perform the annual diagnoses data collection and confirmation project. Cognisight's goal in the data collection process is to gain as complete a "diagnostic member profile" as possible.

This process was developed to support ADVANTAGE Health Solutions' obligation to gather and submit all applicable diagnosis codes for each member.

CMS determines reimbursement based on all existing diagnoses for the membership as a way of predicting their cost of care, and will only accept submission of these diagnoses when they are listed on an encounter note rather than on an active problem list, signed lab result or consult. This does not imply that a provider's documentation for the purposes of patient care is not sufficient, only that CMS has indicated that in order to submit all of the diagnoses for a patient for the payment methodology, there must be specific documentation provided annually.

In the beginning of 2010, Cognisight mailed letters to selected provider offices for the 2009 claim year requesting medical records. Data relating to this request was submitted to CMS for review. As part of CMS requirements, additional encounter confirmation is being requested as a second phase in the last quarter of this year as well.

The upcoming second phase of the 2009 data collection project will involve the review and completion of an Addendum Encounter Note form. This form is intended to supplement, but not replace, your original last dated encounter note for 2009. The addendum forms are populated with diagnoses that apply to the payment formula, whenever there is an indication that the disease may exist for that member.

Keeping minimal disruption to your office workflow and staff a top priority, ADVANTAGE Health Solutions has worked with Cognisight to minimize the time and process required from each provider to amend the Encounter Note written in 2009 to include (or specify) diagnoses (potential where evidence of (care, consideration, diagnosis or treatment of) the diagnoses was available in the medical record at the time of that 2009 visit with the patient.

Reimbursement will be made to each provider practice in the amount of \$25 for each member record where an Addendum Encounter Note is completed. Payment for review of the medical record is not dependent on results found.

Provider information packets will be mailed out later this summer. The packets will include a letter explaining the details and rationale of the Addendum Encounter Note process but also the actual Addendum Encounter Forms(s). In addition, the packet will include a sample Addendum Encounter Note complete with instructions, FAQs, a return envelope for the completed Addendum Encounter note forms, and important numbers to call.

If you would like more information on the Addendum Encounter Note process, or if you have any suggestions on how we can make this process easier for you and your staff in the future, we would appreciate your input. Please call Christine Jusewicz, Account Manager at Cognisight (877) 271-1657.