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A COMMUNICATIONS TOOL FOR HEALTHSPAN PROVIDERS

HealthSpan *matters!*

New Website!!

In February, HealthSpan introduced a new website with a new look and more features.

Features include:

- Information on where to submit a claim, check claim status or verify member benefits or eligibility
- Login function with access to provider administrative manual, ability to update demographic information, submit questions or requests
- Precertification guidelines available on website
- Access to Provider Relations newsletters, new information and network updates
- Enhanced provider search to assist members by including group names, physician gender and language preferences
- Health and Wellness information

You can visit our website at www.HealthSpanNetwork.com

Medical Director's Corner

Never Events by Anthony Behler, MD, *HealthSpan Medical Director*

On October 1, 2008, Medicare instituted a policy of not reimbursing hospitals for “never events”. These include conditions such as blood incompatibility, hospital-acquired decubitus ulcers, catheter associated urinary tract infection, deep venous thrombosis following orthopedic procedures and surgical site infections following orthopedic and bariatric procedures that are hospital-acquired. The practice of excluding these conditions for payment by private insurance companies is certain to follow. Although this may be at first glance seem to affect physician practices, claims data are being used by insurance companies and the government to assess the quality of a physician's care.

A buzz word in the health care industry is “transparency”. Publicly reported cost and quality data regarding hospitals, physicians and insurance companies are being demanded by the payors of healthcare. The data used to judge cost and quality rely on physician clinical documentation and claims data.

Currently hospitals are required to report to the public performance on medical conditions such as myocardial infarction, congestive heart failure, pneumonia, and the various aspects of surgical care. In the future physicians will face similar public reporting.

It is imperative that physicians show the public the good job they are doing. Documentation of conditions that are present on admission will be extremely important in order for hospitals to be reimbursed fairly and for physician's publicly reported data to accurately reflect the severity of the patient's illness at the time of hospital admission.

I would encourage physicians to work closely with the hospital staff to ensure accurate documentation of conditions present on admission. It is also important to make sure that claims data submitted from an office setting accurately reflect the severity of patients' illnesses and adherence to national quality guidelines. Make sure the public knows the quality of your work, your clinical documentation and claims data are the ways you communicate to the public.

Benefits of Electronic Claims Submission

Submitting claims electronically can streamline administrative responsibilities and improve billing office productivity. Submitting your claims electronically should result in the following: faster turnaround times; improved cash flow; less opportunity for human error; and claims tracking at the point of submission. To submit claims, you will find the payor identification number located on the member ID card.