



Health Plus news provider

Your community's guardian
angel since 1984

Helping members manage their Hypertension

This year, as part of the New York State Department of Health's Quality Assurance Reporting Requirements (QARR), all commercial and Medicaid managed care plans are being evaluated on their success in ensuring adequate blood pressure control among continuously enrolled members (ages 46 to 85) with diagnosed hypertension.

"Adequate control" is defined as a "representative" blood pressure (BP)—i.e., the measurement from the most recent visit following the diagnosis of hypertension—of $\leq 140/90$ mm Hg.

The measurement parameters are based on guidelines established by the National Institutes of Health through its National High Blood Pressure Education Program. The program's Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

(JNC) produces periodic reports on the latest evidence-based approaches for the prevention and management of hypertension.

Numbers to watch for

Some of the key messages from the most recent report, *JNC 7*, published in 2003, include:

- For adults older than 50, a systolic BP of >140 mm Hg is a more important cardiovascular disease (CVD) risk factor than diastolic BP.
- Prehypertensive individuals (with a systolic BP of 120 to 139 mm Hg or diastolic BP of 80 to 89 mm Hg) require lifestyle modifications to prevent a progressive rise in blood pressure and CVD risk.
- For uncomplicated hypertension (BP of $>140/90$ mm Hg), a thiazide diuretic should be used in drug treatment for most patients—either alone or in combination with drugs from other classes.

- Patients whose BP is >20 mm Hg above the systolic BP goal or 10 mm Hg above the diastolic BP goal may require initiation of drug therapy using two agents, one of which will usually be a thiazide diuretic.

Steps to take

The New York City Department of Health and Mental Hygiene, in its **Take Care New York (TCNY)** health promotion campaign for New Yorkers, recommends that providers screen all patients 18 and older for hypertension and promote lifestyle modification for those with a systolic BP >120 mm Hg or a diastolic reading >80 mm Hg.

The five lifestyle modification recommendations in the *JNC 7* report are:

1. Weight reduction.
2. A healthy diet.
3. Dietary sodium reduction.
4. Aerobic exercise.
5. Moderate alcohol consumption.

The *JNC 7* report also concludes that regardless of therapy or care,

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Health Plus

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providers@healthplus-ny.org

moving?

Better care for depression

Health Plus continues to expand its education and training efforts for providers in the area of depression management, particularly in the primary care setting.

Last year, we developed a depression screening module for primary care providers and distributed it to more than 200 office-based practitioners. The components of the module can be found at www.healthplus-ny.org (click on “Providers,” then “Educational Resources,” and then “Behavioral Health”).

For the past two years, Health Plus has also administered a Depression Disease Management Program—**Get Happy**—to help identify members with depression and ensure adequate follow-up. Members with undiagnosed, newly diagnosed, or hard-to-manage depression receive phone and/or written communication designed to help them get the education and treatment they need. Providers are also contacted as appropriate.

Health Plus seeks to help both members and providers meet established national guidelines for medical management of depression. These guidelines are



recommended by the Agency for Healthcare Research and Quality, and are included within the New York State Department of Health Quality Assurance Reporting Requirements (QARR) as well as HEDIS (Health Plan Employer Data and Information Set—administered by the National Committee for Quality Assurance).

Three steps to success

The guidelines include three components that assess different facets of successful pharmacologic management of depression.

1. Optimal practitioner contacts. Members diagnosed with a new episode of depression and treated with antidepressant medication should have at least three follow-up contacts with a primary care practitioner or mental health practitioner during the first 84 days (12 weeks) of treatment (the acute treatment phase).

At least one of the follow-up contacts should be with the prescribing practitioner.

These contacts should be coded with a mental health diagnosis.

2. Effective acute phase treatment. Members diagnosed with a new episode of depression and treated with antidepressant

medication should remain on an antidepressant drug during the entire 84-day acute treatment phase. The purpose is to ensure that members receive an adequate continuous trial of medication.

3. Effective continuation phase treatment. Members diagnosed with a new episode of depression and treated with antidepressant medication should remain on an antidepressant drug for at least 180 days (six months). Members should be evaluated by their physician at least once during this phase for management of their antidepressants. The purpose is to achieve medication compliance and maximize the effectiveness of the established dosage regimen.

Providers can find out more about **Get Happy** by calling our Behavioral Health Department at 1-800-727-0910 and asking for any available clinician.

Health Plus also offers free classes for members about depression. Consult the activity calendar in the member newsletter that accompanies this publication, or call our Outreach Department at 1-888-743-3508. The calendar is also available at www.healthplus-ny.org (click on “Members”).



Members may call our 24-hour behavioral health advice line at 1-866-223-9500 for help with mental health or substance abuse issues.

Prior authorization

Now required for specialty visits, MRI, PET

Health Plus has reinstated the prior authorization requirement for specialty visits and instituted one for MRI examinations, effective for dates of service **on or after March 1, 2005**.

For specialty visit referrals **only** (not for MRI or PET scans) the INFO PLUS automated services are timesaving options available to primary care physicians (PCPs) 24 hours a day, seven days a week.

INFO PLUS by phone

- Call the automated telephone line at **1-800-639-6968**.

Quality update

It's QARR (Quality Assurance Reporting Requirements) season again, and Health Plus Quality Improvement representatives will be contacting providers in order to schedule medical record reviews. This is permitted under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and is required by the New York State Department of Health as part of its ongoing evaluation of health plan performance.

Going away?

Please let our members know who will be covering for you in your absence. You can also call your Provider Relations Associate or fax the information to Health Plus at **1-718-504-9676**.

- Select option 2.
- Enter the following:
 - Referring PCP's nine-digit provider ID number (without the three leading zeros).
 - Referring PCP's four-digit PIN.
 - The member's Health Plus ID number.
 - The specialist's nine-digit provider ID number (without the three leading zeros), available in the Health Plus Provider Directory or online at www.healthplus-ny.org (click "Providers," then "Provider Search").

If the referral is approved, the PCP will receive an authorization number and the number of approved visits. This information will be faxed both to the PCP and the specialist.

If the referral is not approved, the PCP will receive a "Request for Additional Information" or "Adverse Determination With Appeal Rights" notice by fax.

INFO PLUS online

- Go to www.healthplus-ny.org and click on "INFO PLUS"

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hypertension will be controlled only if patients are motivated to stay on their treatment plan. Providers can help patients stay motivated by showing empathy, providing encouragement, and promoting trust.

A handy quick reference card summarizing all of the JNC 7 recommendations for hypertension (including a treatment algorithm) can be found at www.nhlbi.nih.gov under "Clinical Practice Guidelines" for Health Professionals.



(under "Providers").

- On the INFO PLUS screen, click on the link labeled "If you have a provider ID and PIN only."

On the Provider Service Center page, click on "To initiate a referral" and enter the requested information.

For MRIs or PET scans

- Call our Health Services Department at **1-718-630-0123** between 8 a.m. and 7 p.m. Monday through Friday.
- Or complete a Health Plus referral form and fax it to the Health Plus Health Services Department at **1-718-360-1314**. Copies of the form can be downloaded from www.healthplus-ny.org (click on "Providers," then "Forms").

The TCNY recommendations for maintaining heart health are available at www.healthplus-ny.org. Click "Providers," then "Public Health Guidelines."

Finally, patients with poorly controlled hypertension can be referred to the Health Plus Coronary Artery Disease Management Program, **Have a Heart**. More information and a referral form can be found at www.healthplus-ny.org (click on "Providers," then "Disease Management").

Hassle-free ways to check claims

INFO PLUS provides the fastest, easiest way to check the status of your claims. **Please wait at least 30 days to check the status of any claim**, and then:

- **Option 1.** Log on to INFO PLUS. Go to www.healthplus-ny.org, click "Providers," then "INFO PLUS."
- Use your username and password to access the INFO PLUS web portal. If you need a username and password, call 1-800-450-8753 and select option 4.
- On the INFO PLUS screen, click

the "Claims" option.

- Search claims by typing in the member's information or your provider ID number and the dates of service.

- **Option 2.** Call the INFO PLUS Automated Telephone Line, 1-800-639-6968.

- Select option 4.
- Enter your nine-digit Health Plus provider ID number (without the three leading zeros) and four-digit PIN.
- Input the member's Health Plus ID number.
- Follow the voice prompts to locate the claims of interest.

If you are unable to resolve all

New address for claims appeals

To expedite appeals processing and ensure compliance with state regulations, Health Plus requests that all claims appeals be sent to:

[Health Plus Claims Appeals Unit](#)
241 37th St., Suite 412
Brooklyn, NY 11232

Please notify your administrative staff and all other concerned parties.

of your claims-related questions using INFO PLUS, call our Provider Service Line at 1-800-450-8753. The shortest wait times are normally between 3 and 5 p.m.

Tips on the CMS (HCFA) 1500

To avoid delays in processing your CMS-1500 claim forms, please:

- Be sure to enter your Health Plus provider ID number in **box 33**.
- Submit a typed "red-lined" standard CMS-1500 claim form. Do not send photocopied, black and white, or handwritten forms.

Post-payment reviews

Most health plans conduct periodic post-payment reviews of expenditures in particular service delivery categories. Health Plus is beginning this process by evaluating claims paid to providers who have consistently billed for level 4 and 5 E/M visits.

Health Plus encourages all pro-

viders to review their billing practices to ensure that all submitted claims follow standard procedures and are substantiated by clinical documentation, as defined in "Instructions for Selecting a Level of E/M Service" in the *2005 CPT Standard Code Book*, published by the American Medical Association.

Health Plus news provider

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HEALTH PLUS NEWS PROVIDER is published as a community service to members of the HEALTH PLUS provider network. HEALTH PLUS Executive Offices are located at 205 Montague St., Third Floor, Brooklyn, NY 11201. Our phone number is 1-800-450-8753.

HEALTH PLUS is a not-for-profit health care plan committed to quality health care and dedicated to the health and well-being of our culturally diverse communities through partnerships with members, providers, and community-based organizations.

Information in HEALTH PLUS NEWS PROVIDER comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, please contact HEALTH PLUS Provider Services at the number provided. Models may be used in photos and illustrations.

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Where to find information

INFO PLUS e-service (Member Eligibility, Claims, Authorizations)

... log on to www.healthplus-ny.org, click "Providers" then "INFO PLUS"

INFO PLUS Automated Phone Line (Member Eligibility, Claims, Optometry Benefits)

1-800-639-6968

Provider Services 1-800-450-8753; (Fax) 1-718-504-9602

Address Changes (Fax) 1-718-504-9602

Disease or Case Management Referrals (Fax) 1-718-360-1314

Domestic Violence Coordinator 1-718-491-7545

Health Education and Outreach 1-888-743-3508

Health Services 1-718-630-0123

Quality Improvement 1-718-491-7559

Website: www.healthplus-ny.org

For expert health information, Health Plus members may call

Tele-Nurse Plus 24 hours a day, seven days a week: 1-800-437-7587.