

Frequently Asked Questions for Physicians and Medical Office Staff

Q: Why is the Southcoast Health Plan changing for 2011?

A: In order to maintain its commitment to providing a high-quality benefit while also managing costs for both Southcoast and its employees, Southcoast Health System is introducing the Southcoast Health Plan, which is designed to encourage members to use Southcoast Hospitals and Physicians Network and other high quality, efficient providers within the Harvard Pilgrim Health Care and First Health Networks. After a detailed procurement process and review, we found that using Heath Plans, Inc., a subsidiary of Harvard Pilgrim, as plan administrator best met our goals for finding a long term partner that offered high quality, affordability and flexibility to design a plan that meets the needs of Southcoast Health System and its employees. In addition, medical management, disease management and wellness partners have been selected to engage members in their care and to improve the health of employees and their families.

Q: How is the Southcoast Health Plan different from what employees have today?

A: Employees will be offered a single plan with three distinct levels of coverage. The plan allows members to access in-network and out-of-network providers without referrals. Southcoast Preferred Providers are considered to be in Tier 2. Members will receive the <u>core</u> level of benefits provided by the Plan when accessing providers in Tier 2. Members can take advantage of an <u>enhanced</u> benefit level by utilizing a Southcoast Hospital or a Southcoast Physicians Network doctor (Tier 1). Members will pay less for physician visits as well as no copays for lab tests, x-rays, and other procedures performed at Southcoast. Members will also have the option to seek services out-of-network or at a specific hospital designated as a Tier 3 facility; however, they will incur higher out-of-pocket costs.

Q: How will the Southcoast Health Plan benefit my practice?

A: The Southcoast Health Plan will provide local RN personal health managers to work with patients with chronic conditions and identified as high-risk through predictive modeling. The RNs will be available to meet with you and your office staff to learn more about your needs and preferred methods of communication. The RNs will be able to follow up with your patients between medical visits to ensure they are following through on your treatment plan and advise you of barriers to compliance. They will also provide lifestyle modification coaching, such as weight loss and tobacco cessation, freeing up your valuable resources.

Secondly, if you join the Southcoast Physician Network (SPN), the physician organization of Southcoast Health System, more patients may be referred to your practice as a result of the medical management outreach and onsite screening. Additionally, SPN's experience in the BCBSMA Alternative Quality Contract is valuable towards assisting providers with aligning payment with performance. We believe many physicians will be interested in this evolution towards a new practice model. **Please contact SPN at 508-985-2121** if you would like to learn more about joining our physician network.

And finally, the new plan does not require mandatory referrals, although we do expect members to establish a primary care relationship. In lieu of referrals, the Southcoast Health Plan has a pre-certification requirement for services identified in the chart on the following page.

Q: What do I need to know about the new medical management program?

A: The Southcoast Health Plan has contracted with InforMed, a technology and medical management services company, to integrate technology and supportive health management services with the delivery of care. InforMed provides the tools to gather, assess, measure and manage health-related patient data, like medical and prescription claims, lab values, biometric measurements and health risk assessments.

In addition to personal health management, InforMed is responsible for utilization management. Certain outpatient procedures, tests and all admissions need to be pre-certified so that your patients avoid financial penalties (see listing below). InforMed will review the request for medical necessity and will provide estimated out-of-pocket costs based on provider/ facility tiers and when applicable, return-to-work guidelines. To pre-certify services as of January 1, 2011, please call **1-877-531-1139**.

Q: What kind of information can be shared between InforMed and physicians?

A: Personal Health Information can be shared by and with InforMed personnel. When patients consent to coaching, they agree to have InforMed obtain and provide information with their physicians and other providers. InforMed and its employees comply with all HIPAA privacy policies.

Q: How do I reach InforMed for Pre-certification or Medical Management?

A: Services begin on January 1, 2011; however, please feel free to call prior to the start date with general questions. Regular hours of operation are 8:30 AM to 5:00 PM Eastern. On-call nurses handle urgent matters over the weekend.

SERVICES THAT REQUIRE PRE-CERTIFICATION	
OUTPATIENT SERVICES Speech therapy – beyond 8 visits Occupational therapy – beyond 8 visits Physical therapy – beyond 8 visits Biofeedback training Home health care Growth hormone treatment Infertility services Vein therapy Wound care Pain treatment Dialysis Radiation and chemotherapy	 ALL SURGERIES, including but not limited to: Bariatric (weight loss) Joint replacement Herniated disk Lumbar/cervical fusion Prostate Rhinoplasty and septoplasty Cochlear implant Transplants Breast reconstruction Hysterectomy Congenital anomaly repair
 DIAGNOSTIC TESTING MRIs/MRAs Nuclear cardiology services PET/CAT scans Genetic testing and counseling 	 ALL SAME-DAY SURGERY, including but not limited to: Cosmetic/reconstructive surgery Outpatient transplants Ophthalmological or eye-related procedures Carpel tunnel surgery Oral surgery Cardiac catheterization Bone/spinal stimulation
 PROSTHETICS, ORTHOTICS AND DURABLE MEDICAL EQUIPMENT or have your network supplier call Rent, purchase or replace if cost exceeds \$750 or rental beyond 3 months CPAP machines for sleep therapy TENS Unit 	 ALL HOSPITAL/FACILITY ADMISSIONS, including medical, surgical, behavioral health, substance abuse, skilled nursing and rehabilitation At least two weeks prior to any planned surgery or admission Within 48 hours of an emergency hospital admission, or as soon as reasonably possible For illness or injury to newborns
PREGNANCYWithin the first three months of a pregnancy	HOSPICEInpatient or outpatient

Q: Which hospitals are considered Tier 3?

TIER 3 HOSPITALS

MASSACHUSETTS AND RHODE ISLAND

- Brigham & Women's Hospital ٠
- Lahey Clinic Hospital .
- Martha's Vineyard Hospital •
- Mass General Hospital • Cooley Dickinson Hospital
- •
- South Shore Hospital • Sturdy Memorial Hospital
- •
- Caritas Hospitals except for St. Anne's Pediatric Services for children under age 16 (which will be considered Tier 2) Eleanor Slater State Hospital
- •
- Naval Hospital .
- VA Hospital •

NEW HAMPSHIRE AND MAINE

- Exeter Hospital •
- Concord Hospital •
- Frisbee Memorial Hospital
- Monadnock Community Hospital •
- Parkland Medical Center •
- Portsmouth Regional Hospital •
- Wentworth-Douglass Hospital
- ٠ York Hospital