



NETWORK NEWS

vol.5, December 2004

PATIENTS GIVE NETWORK HIGH MARKS

In October, CRG's Patient Satisfaction Survey was mailed to 200 SCHA chiropractic network patients. The survey recipients were randomly selected from a list of patients treated over the previous 6 months to assure that their experience with chiropractic treatment was relatively fresh in their minds.

The goal of the patient satisfaction survey is to assess the effectiveness of chiropractic care and the overall quality of the doctor patient encounter from the patient's point of view. The following are examples of some of the areas measured and the findings from the surveyed members:

- *Access to chiropractic:* 98% of respondents were either very satisfied or satisfied with being able to find and be seen by the chiropractor of their choice.
- *Quality of care:* 98% of respondents are very satisfied or satisfied with the effectiveness of the chiropractic treatment they received.
- *Administrative Process:* Respondents were 96% satisfied or very satisfied with the patient registration process and courtesy of office staff at the chiropractic clinic.
- *Overall Satisfaction:* This was the single highest scored area of the survey, with 100% of respondents being satisfied or very satisfied with their overall chiropractic experience.

The consistency of the positive responses throughout the survey confirms that members have a high level of satisfaction with the services being provided by the chiropractic network in terms of access, quality of care, and service. These results

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will be reported to the CRG Quality Council and the South Country Health Alliance Quality Assurance Committee. The excellent service that each of our network clinics provide SCHA members is very much appreciated!

2005 LICENSURE & INSURANCE DECLARATIONS NEEDED

It's time again to forward a photocopy of your 2005 Minnesota Chiropractic License and current Malpractice Insurance Declarations to CRG so we can keep your credential file current. This must be done no later than **January 14, 2005**. If we do not receive your license and insurance photocopies by this date, claims will be pended until this information is received. Reminders will be placed in checks in December. Please mail your photocopy to:

Clinical Resource Group
1711 W County Road B, Suite 206-S,
Roseville, MN 55113.

NEW CRG DOCUMENTATION STANDARDS

Well documented care is essential to the delivery of quality healthcare. The Quality Improvement Council has been working to establish a more highly defined network standard for clinical documentation that will meet currently accepted standards of health care practice, as well as be widely accepted throughout the chiropractic profession. The standard adopted is a version of the Medicare approved PARTS format -

PAIN

ASYMMETRY

RANGE OF MOTION

tone/texture/temperature

SPECIAL TESTS & CONSIDERATIONS

When treatment notes are required for a case review, the documentation provided in the patient chart should clearly and accurately convey the essential points that are delineated in the PARTS format. If your office uses a flow chart or coded format of patient record keeping that requires a "key" to interpret, you will need to send a written narrative with your notes so that use of the "key" is not required. If you are using such a system we strongly suggest that you make plans to transition to a charting system that does not require the use of a key to be interpreted.

The new standard will take effect Jan. 1, 2005. Look for more information on the standard in an upcoming Provider Bulletin.

PROVIDERS WHO MUST CREDENTIAL

We periodically receive claims from network offices for services performed by a chiropractor who is associated with that office, but has not been credentialed by CRG. These claims will be denied as "out of network". Only credentialed providers within your clinic can be reimbursed for services. This is an NCQA standard that we are required to follow.

If you have an associate or a partner in your office who is not credentialed with CRG and they submit claims for CRG patients, they should submit an application to become a credentialed provider

under your contract. If you have providers in your office who will never submit claims to CRG they do not need to credential with CRG.

You can download the network provider application form from our website, www.clinicalgroup.net. Click on the Credentialing Link to download the application. If you do not have access to the Internet, contact CRG to obtain an application. Submit the completed application form along with the required attachments and a \$50 credentialing fee to CRG.

CONTRACTING MULTIPLE SITES

Your CRG contract is site specific. This means that if you have multiple sites or you plan to add a new location, each location must be specifically noted on your contract in order for services provided at that site to be billed to CRG. If you have a site that is not listed on your contract and you are interested in treating CRG patients at that site, you can contact us and request that the site be added to your contract.

The same is true if you are closing a site or a credentialed provider is leaving your practice. Let us know of all such changes so we can keep our roster accurate and your contract information up to date.

CLAIMS PAYMENT CYCLE

Fast and accurate claims turnaround is important to you and is a priority for CRG. Provider payments are issued bimonthly; at mid-month and month's end. Claims received by the next to last working day of the month are paid that month.

If you have any claims that have been submitted for more than three weeks and they have not been subject to utilization review, we welcome you to call us to be sure that the claim was received in our office.

CRG WELCOMES PROVIDER & NEW SITE

Dr. Jon Hewett of Arlington Chiropractic in Arlington, Minnesota has recently been credentialed as a CRG network provider.

Dr. Kelly Nesvold has recently relocated to Austin, MN. His new office is Wellness 1st of Austin.

DOCTOR TO DOCTOR

by: *Dr. Richard Printon*

MAINTENANCE CARE & PREVENTIVE CARE

CRG treatment guidelines recognize the value of both maintenance care and preventive care. However, health plans have an array of benefit coverages that may or may not cover these types of service. SCHA benefits do not cover either maintenance care or preventive care provided by chiropractors. Care that continues without a change of diagnosis, incurring of a new injury, or documentation of progressive improvement will be viewed as maintenance care.

Care that is recurring on a regular basis, typically monthly, without clearly defined goals or measurable outcomes are viewed as being preventive care. If you and your patient agree to proceed with either maintenance care or wellness care, you must do so with a clear understanding in writing between you and your patient, that they understand this and are responsible for the costs of this care. You should not submit claims for wellness care or maintenance care to CRG as they are not covered by SCHA.

PEDIATRICS CARE

In previous issues of "Network News", we have discussed the value of chiropractic care for a number of common childhood ailments. The most typical of these include ear infections and colic. Evidence of effectiveness in the treatment of these conditions occurs within the initial week to 10 days of treatment or 4-6 visits. In each case, care beyond 6 visits will routinely be subject to utilization review. Consistent attempts at prolonged care by an office will result in prior authorization being made a requirement. We ask that you become familiar with and work within the network treatment guidelines, and demonstrate a working understanding of them.

*Merry Christmas &
Happy New Year!*

BUSINESS SERVICE TIPS

"CLEAN CLAIMS" FOR FAST TURNAROUND

In order for a CMS-1500 claim to be adjudicated as a "Clean Claim", all required fields must be completed. In addition to the required demographics data, the claims must also include the following:

- Box 1A Members 8 digit PMI #
- Box 11 Members 11 digit numeric ID #
- Box 14 Date of current (illness/injury)
- Box 21 Diagnosis codes
- Box 31 Treating provider name

Claims missing information in any of the required fields will be rejected and returned to your office for completion. This activity is extra work, time, and postage expense for all concerned, and delays your receiving payment for your services.

MANAGEMENT NOTES

by: *Gene Helle, President*

CRG EXPANDING ITS NETWORK

CRG is expanding its chiropractic network to include health care providers in and near Mower County in southern Minnesota and Polk County in northwestern Minnesota. The expansion into these counties is designed to position CRG network providers to service governmental health care programs, including PMAP (prepaid medical assistance program), County Based Purchasing Groups, and Medicare plans that are anticipated for early 2005. Expansion into other Minnesota counties is being planned to take place throughout 2005.

PROVIDER SERVICE SURVEY COMING SOON

In our ongoing effort to provide effective administrative services to our active network providers, we will soon be mailing your office a survey form that we will appreciate you filling out. The information from the survey will provide CRG with important feedback on our network service functions. Your input will help us to improve the services that affect your office as well as evaluate how effectively an open network can serve the health care needs of a health plan within a managed care model.