



Care Improvement Plus Launches 2009 Benefits

With the 2009 Annual Enrollment Period in full swing, Care Improvement Plus has been busy educating members and providers on updated 2009 benefits. While there are important additions, the plan's overall approach has remained the same, including services that support provider efforts to manage chronically ill Medicare patients.

"For 2009, we are continuing to focus on providing specialized benefits that go beyond what many Medicare plans offer, aimed at improving quality of care and controlling health-care costs," said Frederick C. Dunlap, board chairman and chief executive officer of XLHealth, which owns and operates Care Improvement Plus.

Care Improvement Plus members receive coverage that offers all the advantages of Original Medicare, with additional benefits and care management services, including:

- Comprehensive Part D coverage including options offering select disease state and generic prescriptions

at \$0 copay for the life of the benefit, including through coverage gap.

- Vision care benefits
- Preventive dental coverage, including denture benefits
- Transportation services for medical appointments
- Podiatry benefits with \$0 copayments for up to six routine visits a year
- Care management services tailored to each member's needs with nursing support, health education, and tools to help monitor and manage health.

Care Improvement Plus 2009 benefits will become effective for all existing members and new enrollees January 1, 2009. Providers interested in learning more about Care Improvement Plus 2009 plan offerings may call **their provider relations representative**, or visit www.careimprovementplus.com for more information.

Protecting Chronically Ill Seniors This Flu Season

Flu season has arrived, posing a serious threat to the health of Medicare beneficiaries with chronic illnesses. As a healthcare provider, you know the importance of recommending that at-risk seniors receive their annual flu vaccination.

Care Improvement Plus understands the importance of helping to protect members during flu season, and provides a number of valuable support services to encourage flu vaccination as a necessary part of Medicare beneficiaries' fall health routines, including:

- Partnering with local aging resources to offer community events focused on flu and pneumonia education and vaccination clinics.
- Implementing a coordinated telephonic outreach campaign to all Care Improvement Plus members, recording whether members have received their annual flu vaccination and providing additional education to those who have yet to receive their flu shot.
- Care Improvement Plus' quarterly member newsletter, *Caring Connection*, publishes articles in summer and fall editions reminding members to obtain yearly flu vaccinations.

Help us spread the word about flu vaccinations with your Care Improvement Plus patients – recommend that they obtain their flu shots at their next appointment!

Provider Portal

Need claims and eligibility information? Visit our Provider Portal. You can access critical information whenever you need it!

Just log onto our Website at www.careimprovementplus.com. In the blue Provider Portal box, highlight your state. Click "Select". This will route you to the appropriate Provider Portal.

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For additional information about joining our network, or to assist you with billing questions, member eligibility or any other issues requiring assistance, **submit an e-mail request to the appropriate provider relations address for your state (see next page), or call your provider relations representative.**



Helpful Hints for Claims

At Care Improvement Plus we want to ensure that your claims are paid accurately and in a timely manner. Below are "helpful hints" you can use to ensure your claims are processed correctly.

Helpful Hints:

- **Your state tax identification and NPI numbers are required on all hospital, home health, and SNF claims for payment processing.** We recommend that you also include your Medicare and Medicaid numbers, as applicable.
- **If you are billing on a CMS-1500 (08-05) claim,** please note that Field 24J is for Type 1 NPIs (Rendering Provider), Field 32a is for Type 2 NPIs (Service Facility) and Field 33a is for Type 1 or 2 NPIs (Billing Provider).
- **If you are billing on a UB-04 form,** Field 56 is for the NPI of the Billing Facility/Provider, Field 75 is for Type 1 NPIs (Attending Provider) and Field 77 is for Type 1 NPIs (Other Referring Provider).
- **For corrected claims** the words "corrected claim" should be in Block 19 of your CMS-1500 or in the upper right hand corner of the claim; For UB-04 corrected claims, use Type of Bill code (7) *Replacement of prior claim* as the third digit and indicate the changes in the remarks field.
- **When billing professional claims,** use the correct procedure/HCPs codes according to Medicare. Fourth and Fifth digit specificity is required for coding diagnosis on any claim as are all appropriate modifiers.
- **Skilled nursing claims require authorization for payment.** Bill types that are valid for a Skilled Nursing Facility (SNF) provider are 211, 212, 213, and 214. Bill type 211 is for a complete bill and the patient status in block 17 of the UB-04 indicates the patient has been discharged. Provide us with your Medicare number, include revenue code 0022 on all SNF/PPS claims, and all Rehab Rug Codes (example - RHB, RMA, RVC, RMX) physical, speech, or occupational therapy codes. The appropriate number of disciplines should be submitted with each specific therapy Rug code and all SNF/PPS claims must have a Rug code, a valid assessment indicator and a valid assessment date performed within the grace period. A default Rug code of AAA00 may be used with the appropriate assessment date.
- **Durable Medical Equipment** claims must be authorized for select DME including power wheelchairs/POV, scooters (MAE), and prosthetics.
- **Home Health Service** claims require authorization for payment. CBSA codes are required on all 32X and 33X TOB, and Treatment Authorization Codes (TAC) are required on all bills.
- **Don't forget your final bill.** RAP payments are recouped the later of 120 days from start of episode or 60 days from payment date of RAP.
- **Dialysis claims** should always be itemized and include modifiers where appropriate.
- **TEXAS MEDICAID PROVIDERS:** Please include your Medicaid number on all claims.

Submit paper claims to Care Improvement Plus at P.O. Box 4347, Scranton, PA 18505 and if you are submitting claims electronically, please use Payor ID# 77082. If you are not set-up to submit claims electronically, call 1-800-845-6592 for assistance or more information.

Member Satisfaction Survey Results Are In!

In a recent survey examining satisfaction levels, members of Care Improvement Plus have provided overwhelmingly positive reviews of the plan and its ability to help maintain or improve their health.

Among the key findings from the survey:

- 94 percent of members were satisfied with the plan overall
- Members value plan benefits and coverage: More than 91 percent of members were satisfied with the plan's medical coverage and prescription drug benefits, with more than 42 percent being completely satisfied
- 94 percent of members who participated in the plan's disease management program were satisfied with the program

- 91 percent of members felt that their health had "stayed the same" or "gotten better" since joining the plan. Of the 29 percent of members felt their health had "gotten better" since joining Care Improvement Plus, 97 percent felt Care Improvement Plus contributed to their health improvements

As a Medicare Advantage Special Needs Plan for those with chronic health conditions, Care Improvement Plus strives to provide high quality service and support to its members. For more information on the 2008 Care Improvement Plus member satisfaction survey, please contact your local provider relations representative.

Additional Questions?

Call 1-866-679-3119 or email your local provider representative at:

AR/MO: ARprovider@careimprovementplus.com
MOprovider@careimprovementplus.com

SC/GA: SCprovider@careimprovementplus.com
GAprovider@careimprovementplus.com

MD: MDprovider@careimprovementplus.com

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