Client Update

Gateway Health Alliance is pleased to welcome new Gateway/Primary PhysicianCare clients.

- Botetourt County (December 1, 2010)
- Cato - VA Members (November 1, 2010)
- Lexington Home Brands - VA Members (January 1, 2011)
- First Community Bank – VA Members (January 1, 2011)

Healthy Solutions by Gateway Health Alliance, Inc. SM
(Disease Management)

- Tri-County Community Action (October 2010)

Other Announcements:

Dominion Primary Care’s employee health plan is moving to Piedmont Community Health Plan from Assurant.

UPCOMING MEETINGS

GATEWAY MEDICAL MANAGEMENT COMMITTEE
January 11, 2011 @ 5:30 pm, DRMC, Administration Board Room

GATEWAY BOARD OF DIRECTORS
January 19, 2011 @ 5:30 pm, DRMC, Administration Board Room
Southside Solutions

Gateway Health Alliance in conjunction with the Halifax Physician Hospital Organization recently presented the bi-annual symposium, Southside Solutions, in South Boston. Over 70 business leaders attended the seminar which featured Susan Maley Rash, CEBS, REBC Vice President of BB&T Insurance Services and Legislative Chair for National Association of Health Underwriters.

The seminar highlighted the impact of Health Care Reform on businesses including current and future implication.

Many businesses and employers have questions regarding the new healthcare law, the Patient Protection and Affordable Care Act (PPACA).

If you would like more information on how PPACA will affect your company please contact jholshouser@gatewayhealth.com.

Insurance, Plan, Benefit Changes

Please remember that insurance plans and benefits can change from year to year. Please check insurance cards for new co-pays, deductibles and other insurance information. If you have questions regarding the plans that you participate in, please do not hesitate to contact Provider Relations: Carol Janke at cjanke@gatewayhealth.com.

Have you checked out Gateway and Primary PhysicianCare’s Provider Portal?

By registering and logging into the Provider Portal, healthcare providers can now access eligibility and benefits online 24 hours a day. Registered members can now review the following information on our covered plan members:

- Member Eligibility for Medical and Dental Coverage
- Summary of Benefits
- Member PPOs
- Dependent Information including Student Status
- Claims Payment Status
- Online EOB with Remark Codes

Visit http://primarypc.com/providers/providers_portal.cfm
Coming Soon!

New Gateway Health Alliance Website

New site will feature:
- Wellness Information
- Online Provider Manual
- Provider Search
- and much more!

Sneak Peek
Medical Payment Policy - Effective October 1, 2010

Virginia Premier Health Plan, Inc. (VHP) Medical Payment Policies (MPP) Committee determines procedures and services that may be covered if they meet medical criteria and not covered if they are investigational and experimental. Those services that are deemed medically necessary will require an authorization prior to rendering services. Specific guidelines can be obtained by contacting VHP's Medical Management Department at the address listed. A version of this MPP notice and other important updates can be accessed at www.vapremier.com.

Virginia Premier Health Plan, Inc.
P.O. Box 5307
Richmond, VA 23220
(800) 727-7536, Option 3

Medically Necessary Services – May Be Covered
The following services are medically necessary for those cases where, criteria or criterion are met. If these services are used for investigational purposes and do not meet the established medical necessity criteria it will not be covered.

MPP SERVICES
260 Abdominoplasty and Pancreatectomy
272 Fetal Fibronectin
273 Fatumectomy
274 Helicobacter Pylori Testing
275 Inferior Turbinectomy
276 Analysis of KRAS Testing in the Management of Metastatic Colorectal Cancer
278 Selective Internal Radiation Therapy
289 Heart Transplant
292 Keratoplasty
297 Predictive Genetic Test for Non-Malignant Diseases
301 Colonoscopy
303 Hysterectomy
304 MRA of the Spinal Canal
305 MRI of the Breast
306 Radiofrequency Ablation for the Treatment of Trigeminal Neuralgia
308 Spinal Manipulation under Anesthesia
309 Transanal Endoscopic Microsurgical Excision of Rectal Lesions
310 Treatment of Urinary Incontinence and Urinary Retention

Experimental & Investigational Services – Not Covered
The following services are considered experimental and investigational and are not covered.

MPP SERVICES
270 Antineoplaston Therapy
271 Artificial Anal Spincter (Fecal Incontinence)
277 Skin Evaluation
279 Biofeedback Analysis of ECG(s)
280 Computer Analysis of ECGs
281 Computer Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures
282 Cooling Devices and Combined Cooling/Heating Devices in the Outpatient Setting
283 Electrical Stimulation as a Treatment for Pain & Related Conditions; Surfaces and Percutaneous Devices
284 Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
285 Gene-Based Tests for Screening, Detection and Management of Prostate Cancer
286 Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer’s Disease
287 Hematopoietic Stem Cell Transplantation for Diabetes
288 Semi-Implantable Middle Ear Hearing Aids
290 Implanted Devices for Spinal Sclerosis
291 In Vivo Analysis of Colorectal Polyps
293 Mechanical Embolectomy for Acute Stroke
294 Nasal Valve Suspension
295 Near Infrared Imaging for Coronary Plaque Evaluation
296 Positioning MRI
298 Real-Time Remote Heart Monitors
299 Ultrafiltration in Decompensated Heart Failure
300 Automated Evacuation of Meibomian Gland
301 Fecal Analysis in Diagnosing Intestinal Dysbiosis
302 Retinal Devices-Artificial
INTERACTIVE VOICE RESPONSE (IVR) SYSTEM

Dial your local office or 800.727.7536

Press 1 for Member Services
Press 2 for Member Services
Press 1 to check member's eligibility

Prior to calling for member eligibility verification, please have the following information ready:
- NPI Number
- Member's Medicaid ID Number
- Date for Eligibility Check

Key Points to Remember:
- If you would like to speak directly with a Member Services Representative, press Option 0 after the member's eligibility status has played.
- To look up another member, press Option 1.
- Member eligibility verification is allowed for up to 10 members per phone call.

If you are a provider, press 2

Enter NPI Number

Enter Member Medicaid ID Number

Enter Date in MM/DD/YYYY format

Member eligibility information provided

Use any touch-tone phone to Verify Member Eligibility

Use any touch-tone phone to Verify Claims Status

Dial your local office or 800.727.7536

Press 4 for Claims
Press 2 for Claims Status Inquiries

Prior to calling for claims status information, please have the following information ready:
- NPI Number
- Member’s Medicaid ID Number
- Date for Claims Status Check
- Billed Amount for Claims

Key Points to Remember:
- If you would like to speak directly with a Claims Customer Service Representative, press Option 0 after the claims status has played.
- To look up another member, press Option 1.
- Claims status check is allowed for up to 10 claims per phone call.

Enter NPI Number

Enter Member Medicaid ID Number

Enter Date of Service or Admission Date

Enter Billed Amount

Claims status information provided

Enter NPI Number

Enter Member Medicaid ID Number

Enter Date in MM/DD/YYYY format

Member eligibility information provided

Enter NPI Number

Enter Member Medicaid ID Number

Enter Date of Service or Admission Date

Enter Billed Amount

Claims status information provided
INTERACTIVE VOICE RESPONSE (IVR) SYSTEM

Use any touch-tone phone to Verify Referrals & Authorization Information

Dial your local office or 800.727.7536

then

Press 3 for Medical Management

then

Press 1 for Referral Services

If you are a provider, press

2

Enter NPI number

Enter Member Medicaid ID Number

Enter Authorization Number or Enter Date of Service

Key Points to Remember:
- If you would like to speak directly with a Referral Coordinator press option 0 after the referral/authorization status has played.
- To look up another member, press Option 2.
- Authorization verification process is allowed for up to 10 authorizations per call.

Information regarding:
- Admissions
- Referrals
- Therapies
- Durable Medical Equipment (DME)
- Other Authorization Requests

Information provided:
- Authorization Number
- Authorization Status
- Approved and/or Denied Financial Days
- Actual or Expected Admission Date
- Discharge Date
- Number and Type of Units
- Start and End Dates

Prior to calling for referrals and authorization verification, please have the following information ready:
- NPI Number
- Member’s Medicaid ID Number
- Authorization Number or Date of Service

Want More Information?
If you want more information on any Highlights, just give us a call!
We are happy to send you the full text of the article.