

MercyCare Health Plans is Dedicated to Quality

MercyCare and its Board of Directors are committed to using our health plan resources and information systems to help our network of physicians continually improve the healthcare services you receive. We continually work to promote and achieve excellence in all areas of service through continuous quality initiatives. In doing so, MercyCare annually develops a Quality Improvement Program Description, a Program Evaluation, and a work plan to provide a detailed review of how MercyCare evaluates the overall effectiveness of our quality improvement program. These documents are reviewed annually and presented to the Board of Directors for final approval. The purpose of these documents is to constantly outline and evaluate how we can improve health care delivery, accessibility, and member satisfaction with our health plan.

The following are key objectives of the Quality Improvement Program and are outlined in the description:

- routinely monitor members' access to and availability of services
- establish and disseminate clinical practice guidelines and monitor whether patients are receiving care as outlined in those guidelines
- assess practitioner and member satisfaction to continue to implement process improvements when needed
- implement disease case management programs to monitor and improve the care these members receive
- maintain the quality structure and processes that support continuous quality improvement
- track practice patterns to identify over and underutilization
- continue to follow established credentialing standards
- continue commitment of ensuring patient safety, and
- ensure patient confidentiality of medical records

These documents are available to the public at www.mercycarehealthplans.com, along with MercyCare's HEDIS® (Healthcare Effectiveness Data and Information Set) and CAHPS® (Consumer Assessment of Healthcare Providers and Systems) scores.

If you would like a more detailed view of our program description, program evaluation, which includes our HEDIS®, and CAHPS® scores, please refer to our website at www.mercycarehealthplans.com. If you would like a paper copy of any of these documents, please contact our provider relations representative Rebekah Falk at 800-752-3431 ext. 3058, or her direct line is 608-758-7739.

MercyCare Health Plans continues to receive NCQA accreditation since 1999.



Staff Availability

MercyCare Health Plans business hours are Monday through Friday, 8:00 am to 4:30 pm CST.

Confidential voice mail and fax receiving services are available 24 hours a day, seven days a week.

Requests for services that are received after scheduled business hours will be responded to on the next business day during regular business hours unless other arrangements have been agreed upon. Non-urgent requests for services that are received after normal business hours will be marked as received on the next business day.

Phone Number: 1-800-895-2421

Fax Number: 1-608-758-7726

Member Rights and Responsibilities

The goal of MercyCare Health Plans (MCHP) is to assure that all of our members receive appropriate quality health care. MCHP strives to help all members develop a relationship with a Primary Care Physician (PCP) who coordinates and manages your medical care. As a MCHP member, your rights and responsibilities are as follows:

As a member, you have the right to:

- ✓ Receive information about the MercyCare organization, services, practitioners, hospitals, other providers, and member rights and responsibilities
- ✓ Be treated with respect and recognition of your dignity and right to privacy
- ✓ Discuss openly and freely all planned treatments, procedures, and services regardless of cost or benefit coverage
- ✓ Confidentiality of your personal health information as described in your HIPAA Notice of Privacy Practices
- ✓ Know how to obtain health care services
- ✓ Know what your benefits are
- ✓ Understand the purpose and probable results and risks of treatment
- ✓ Voice complaints or appeals about the organization or care provided by calling customer service at 1-800-895-2421, and receive a timely response
- ✓ Make recommendations regarding the organization's member rights and responsibilities policies by contacting customer service at 1-800-895-2421
- ✓ Participate with practitioners in making decisions about your healthcare

As a member, you are responsible to:

- ✓ Provide information about your past illnesses, hospitalizations, medications and other matters concerning your health that will help your practitioner understand your health care needs and provide appropriate care
 - ✓ Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible
 - ✓ Follow plans and instructions for care that you have agreed to with your practitioner(s).
 - ✓ Read your MercyCare member handbook, certificate of coverage, schedule of benefits and provider directory so that you understand how to use your MercyCare benefits.
 - ✓ Choose a PCP with whom you will coordinate your care
 - ✓ Identify yourself as a MercyCare member by presenting your MercyCare insurance card before receiving health care services
 - ✓ Pay your co-payments at the time of your visit
 - ✓ Keep your appointments
 - ✓ Discuss any questions you have about your health with your practitioner
 - ✓ Notify MercyCare of address, telephone or other status changes within 30 days of the change
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Affirmation Statement

1. Utilization Management Decision making is based only on appropriateness of care and service and existence of coverage.
2. MercyCare Health Plans does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.
3. Financial incentives for utilization management decision makers do not encourage decisions that result in under utilization.

New Technology

MercyCare Health Plans evaluates new and existing technologies for possible inclusion in your benefit package. New technology can be a service, treatment, procedure, treatment facility, equipment, drug, device or supply. Health care determinations are based on expert opinion, however your benefit package may have exclusions for certain types of services or procedures.

Some of the criteria that may be used for evaluation of new technologies are:

- Whether it is commonly performed or used on a widespread geographic basis
- If the service is generally accepted by the medical profession in the United States of America to treat a specific bodily injury or sickness
- The failure rate or side effect of the technology is acceptable
- The technology is recognized for reimbursement by Medicare, Medicaid, and other insurers and self-funded plans

The Hayes Medical Technology Directory is one of the sources used by MercyCare as an aid in developing coverage determinations that are based on scientific evidence and proven to be safe and effective. Your member newsletter will contain or your network provider will receive notification of new technology that is approved for the membership by MercyCare.

Clinical Practice Guidelines

MercyCare has several clinical practice guidelines in place that are intended as a resource to assist practitioners in evaluation, treatment, and follow-up for chronic medical conditions. All of the following guidelines are available for our practitioners on the MercyCare website at www.mercycarehealthplans.com:

- Detection, Evaluation, and Treatment of High Blood Cholesterol
- Major Depression Treatment Guideline
- Wisconsin Essential Diabetes Mellitus Guideline
- Practice Guide for the Diagnosis and Management of Asthma
- Pharmacological Management of Alcohol Withdrawal
- Clinical Preventive Services for Normal Risk Adults & Child Preventive Care Timeline
- ADHD Treatment Guideline for Primary Care

If you would like a paper copy of any of these guidelines, please contact our provider relations representative Rebekah Falk at 1-800-752-3431 ext. 3058, or her direct line is 1-608-758-7739.

Denial Information and Reviewer Availability

When referral or requests for medical or behavioral health services are denied, MCHP will notify you and the member in writing of the denial decision.

If services you have requested for a member are denied, the practitioner reviewer at MCHP will be available to discuss the denial decision. As the referring physician, you may contact MCHP at 1-800-752-3431 to discuss this decision with the practitioner reviewer at MCHP who made the denial decision.

You may request a copy be sent to you of the benefit provision, certificate of coverage, schedule of benefits, guideline, policy, protocol, or criteria on which a denial decision was based or any future utilization management decisions are based.

The denial notification will also contain written notification to the member and their treating practitioners of the members' appeal rights, including the right to submit written comments, documents or other information relevant to the appeal, an explanation of the appeal process, including the right to member representation or a designated representative, the time frames for deciding appeals, and a description of the expedited appeal process for urgent pre-service or urgent concurrent denials. We will also notify the member and the referring physician of the Wisconsin Independent Review Process.

Annual Notice of Criteria 2008

MercyCare Health Plans uses McKesson Interqual Criteria for both Medical and Behavioral Health inpatient hospital reviews and McKesson Procedures Criteria for determining the medical necessity of surgical procedures. McKesson Imaging Criteria are used to determine the medical necessity of certain radiology procedures. MercyCare Health Plans receives annual updates of the criteria from McKesson. The criteria are reviewed and voted on annually by the Quality Utilization Management Committee.

MercyCare Health Plans maintains medical necessity policies for some benefits that the member may be eligible for under their certificate of coverage. These policies are developed with the assistance of appropriate network practitioners and reviewed and voted on by the Quality Health Management Committee.

You may contact the Quality Health Management Department at 1-800-752-3431 to request a copy of the benefit provision, certificate of coverage, schedule of benefits, guideline, policy, protocol, or criteria that MercyCare uses to make utilization management decisions.

Pharmaceutical Management Procedures

MercyCare's Pharmaceutical and Therapeutics (P&T) Committee meets regularly. The P&T committee is responsible for maintaining the formulary, making decisions on formulary limitations and exclusions, therapeutic interchange and step therapy. MCHP's formulary is located on our website at www.mercycarehealthplans.com and is updated monthly as a result of the P&T committee meetings. The following information is available within our formulary:

- Co-payment and co-insurance requirements and the pharmaceuticals/classes to which they apply
- The formulary consists of a list of the preferred pharmaceuticals
- Prior authorization criteria
- Procedures for generic substitution
- Procedures for therapeutic interchange
- Procedures for step therapy
- The formulary describes all restrictions and limitations for covered pharmaceuticals

If you would like a paper copy of our formulary please contact our provider relations representative Rebekah Falk at 800-752-3431 ext. 3058, or her direct line is 608-758-7739.