

PROVIDER *Notes*

FEATURED SPECIAL NEEDS PROGRAM

The Link Between COPD and Heart Failure

Patients with chronic obstructive pulmonary disease (COPD) have a two-to- three-times greater risk of developing cardiovascular disease (CVD), including heart failure (HF), than the general population.

In two recent studies of patients with COPD, using CVD outcomes as endpoints [*Chest*, Vol. 128 (2005), pp. 2640-46,

and *Chest*, Vol. 128 (2005), pp. 2068-75], researchers found significantly more hospitalizations for HF than for COPD. After following 45,966 patients with COPD in the Kaiser Permanente Medical Care Program of Northern California, researchers identified HF as the most prevalent comorbidity after asthma. The Kaiser Permanente study also found that COPD was a predictor of CVD hospitalization and mortality over an average follow-up time of three years.

INCREASED AND SHARED RISKS
COPD and HF share certain risk factors, the most significant being smoking. There is some speculation that COPD may be a marker for CVD, suggesting the systemic damage already done by tobacco smoke. In addition to shared risk factors, there is evidence that COPD may play a role in causing HF and vice versa. For instance, the persistent, low-grade-systemic inflammation that accompanies COPD may increase the risk for HF.

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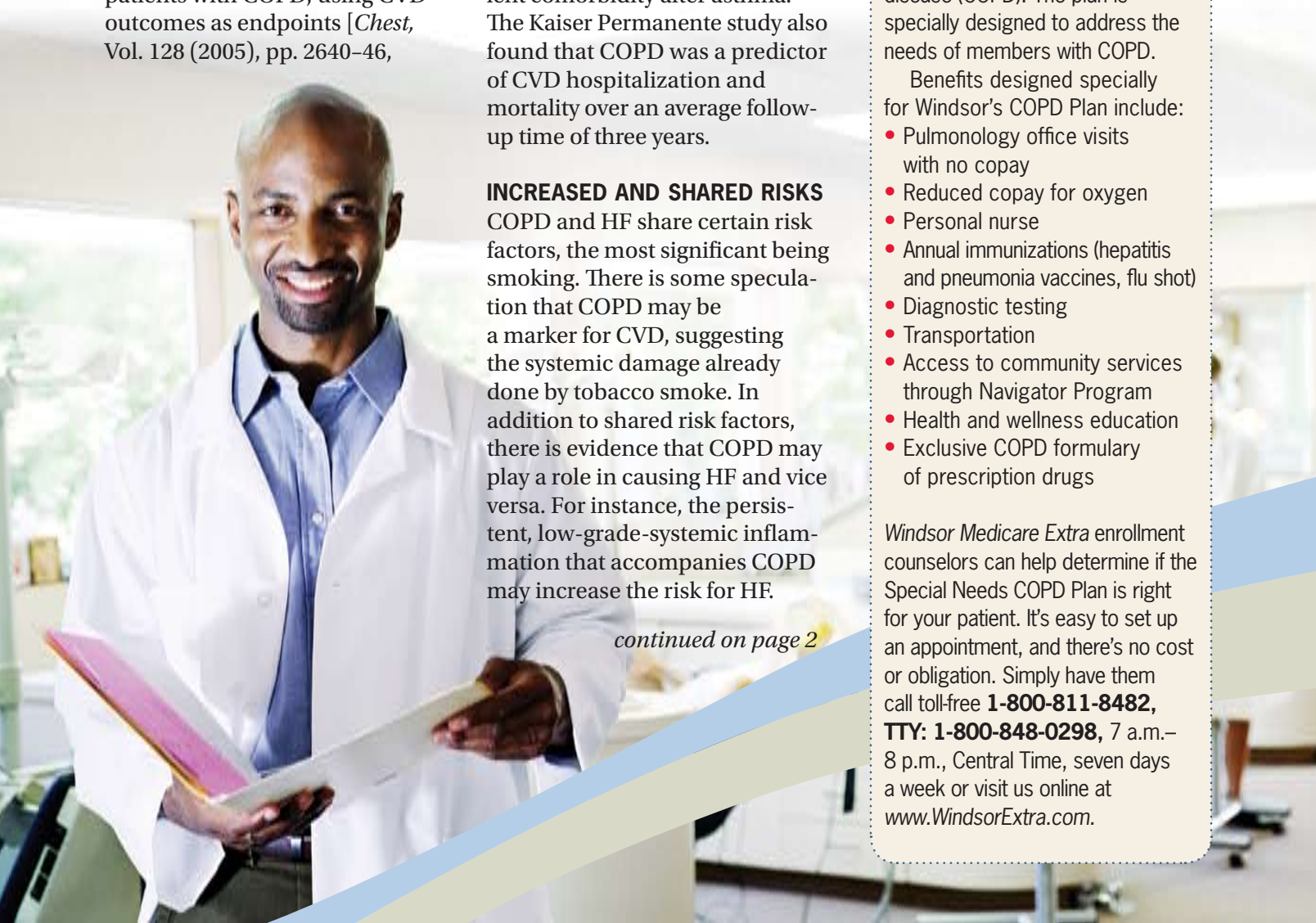
WINDSOR'S SPECIAL NEEDS PLAN

Windsor Medicare Extra understands the special attention needed when treating a chronic disease and offers a Special Needs Plan for members that suffer from chronic obstructive pulmonary disease (COPD). The plan is specially designed to address the needs of members with COPD.

Benefits designed specially for Windsor's COPD Plan include:

- Pulmonology office visits with no copay
- Reduced copay for oxygen
- Personal nurse
- Annual immunizations (hepatitis and pneumonia vaccines, flu shot)
- Diagnostic testing
- Transportation
- Access to community services through Navigator Program
- Health and wellness education
- Exclusive COPD formulary of prescription drugs

Windsor Medicare Extra enrollment counselors can help determine if the Special Needs COPD Plan is right for your patient. It's easy to set up an appointment, and there's no cost or obligation. Simply have them call toll-free **1-800-811-8482**, **TTY: 1-800-848-0298**, 7 a.m.-8 p.m., Central Time, seven days a week or visit us online at www.WindsorExtra.com.



From the desk of the **President**

The only constant in life is change. If you've heard it once, you've heard it a thousand times and it surely seems to be true as we enter the summer season for 2008. After a year of tremendous growth, we're happy to report that Windsor has more than doubled its membership in the last 12 months. While exciting, this growth has come with many challenges.

One such challenge has been managing the increasing volume of incoming phone calls. To respond to more calls, we've hired and trained new representatives and we are upgrading our phone system. We've hit some bumps along the way, and have tried to learn from our mistakes. As we strive to enhance our availability and decrease time on hold, we continue to make changes. We know your time is incredibly valuable and appreciate your understanding and input as we continue to make improvements in our systems and processes.

An accomplishment that we are happy to tout is our record of claims payment—one that surpasses industry standards. While traditional Medicare pays claims in 14 days, Windsor averages 10–12 days to pay a clean claim. We've worked hard to refine our system of claims processing because we believe you should be paid as quickly as possible for the services you provide to our members. We're committed to maintaining this standard and, hopefully, exceeding your expectations.

Windsor continues to specialize in serving the underserved—those Medicare beneficiaries that are dually eligible for both Medicare and Medicaid/TennCare and also those with chronic conditions. We've recently rolled out several new Special Needs Plans—plans for those with diabetes, chronic obstructive pulmonary disease, congestive heart failure, and mental health conditions. These plans contribute to our goal to ensure an integrated model of care that offers more people access to quality health care. These new plans are complemented by our Navigator Program that assists members in tapping into local community resources.

Be assured that your feedback is very important. Your comments let us know what we can do to improve our plans, as well as our service to you and our members. We want to know what works and what doesn't work, so please feel free to contact us at **615-782-7851**, toll-free at **1-866-270-5223**, or through our Web site at www.WindsorExtra.com. Thanks for your continued support and commitment to our members.

Michael Bailey



President & CEO



COPD and Heart Failure *continued from page 1*

Weight loss and skeletal muscle dysfunction may also increase the risk for CVD through the subsequent loss of exercise capacity and the resultant decrease in physical activity.

CLINICAL IMPLICATIONS

The presence of COPD complicates the diagnosis of HF, and when the conditions are concomitant, it may be difficult to distinguish between acute exacerbations of each. A study published last December in the *British Medical Journal* identified a diagnostic model for HF in patients with stable COPD and included the following indicators:

- A history of ischemic heart disease
- A laterally displaced apex beat
- High body mass index
- Raised heart rate
- Raised NT-proBNP
- Abnormal electrocardiogram

While there are no clear guidelines for treating patients with concomitant COPD and HF, American College of Cardiology/American Heart Association guidelines for treating patients with HF suggest that exercise testing with blood gas measurements and possibly right-heart catheterization can help determine which condition is more important. Also, treating COPD can help lower the risk for cardiac events. For instance, it has been suggested that treating the systemic inflammation with inhaled corticosteroids may help lower the cardiac risk associated with inflammation. And exercise training included as part of a pulmonary rehabilitation program can be beneficial in treating both pulmonary and cardiac conditions.

Call **1-866-270-5223** for more information today.

Reconsideration Requests

To provide better service to our contracted providers, Windsor Medicare Extra has created a department with the sole purpose of helping contracted providers resolve concerns with their denied claims. When claims are denied for lack of prior authorization or untimely filing, you have someone to turn to who will help resolve your claim usually within 30 days of your request.

To submit a Reconsideration Request, please complete the Appeal Reconsideration Form found online at www.WindsorExtra.com. Go to "I am a Provider," then "Provider Forms," and open "Appeal Reconsideration Form-Participating Providers." Fill out this form completely and attach all supporting documentation.

You may fax the information to **615-782-7971** or mail your request to:

Windsor Medicare Extra
Attn: Reconsideration
Department
7100 Commerce Way, Ste 285
Brentwood, TN 37027

Please include Attn: Reconsideration Department on the front of your fax or envelope to insure prompt delivery of your request. We look forward to serving you and resolving any concerns you may have.



*Joanna Smith, LPN
Par Provider
Reconsideration
Specialist*

WINDSOR MedicareExtra

Contracted Participating (PAR) Provider Appeal/Reconsideration Form
(PROVIDERS MUST FILE AN APPEAL WITHIN 180 DAYS FROM DATE ON WME ORIGINAL REMITTANCE ADVICE)

Claim and/or Medical Appeals/Reconsiderations may be filed with Windsor Medicare Extra to challenge any determination a contracted participating Provider feels was made in error. Print or type this form in completion, attach appropriate documentation and fax or mail to:

Fax Number: (615) 782-7971
Windsor Medicare Extra
Attention: Appeals Coordinator
7100 Commerce Way, Suite 285
Brentwood, TN 37027

DATE: _____ PROVIDER NAME: _____
ADDRESS (Street, City, Zip): _____
Tax ID: _____ PHONE # (_____) _____ FAX # (_____) _____
CONTACT NAME: _____ EMAIL: _____

CLAIM INFORMATION:
PATIENT NAME: _____
PATIENT ID # WX: _____ DATE OF SERVICE: _____
CLAIM # _____ BILLED AMOUNT: \$ _____

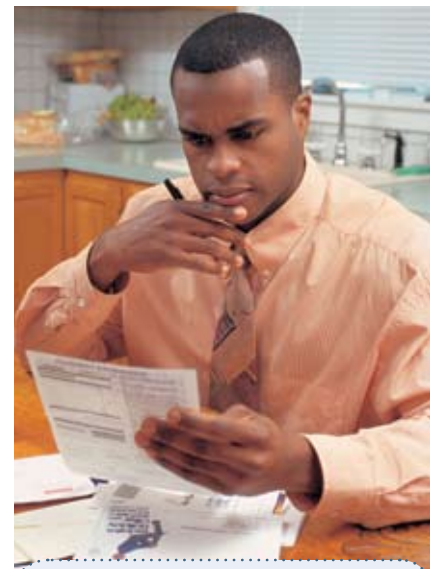
REQUEST FOR REVIEW: (Indicate the reason(s) this claim should be reconsidered)

The following attachments are required:
1. Supporting documents (operative reports, med records, chart notes, Medicare EOB, etc.)
2. Claim form
3. WME original denial remittance advice
4. Proof of eligibility verification or explanation of why eligibility verification was not obtained (if applicable to reason for reconsideration)

INCOMPLETE APPEAL/RECONSIDERATION REQUESTS WILL NOT BE CONSIDERED

For Windsor Medicare Extra Use Only
Date of Receipt: _____
Decision: _____
Date of Decision: _____
Adjusted Claim # _____

Revised 1/2007



BILLING UPDATE FOR ASC PROVIDERS

For providers billing on the Form CMS-1500, an important ASC billing update is now available. The Place of Service (POS) code is "24" for procedures performed in an ASC.

Prior to January 1, 2008, the Type of Service (TOS) code was "F" (ASC Facility Usage for Surgical Services). This code is appropriate when the modifier SG appears on an ASC claim. Otherwise, TOS "2" (surgery) for professional services rendered in an ASC is the appropriate code.

Beginning January 1, 2008, ASCs no longer are required to include the SG modifier on facility claims in Medicare. Modifier-TC is required unless the code definition is for the technical component only. TOS should remain "F" when billing the facility usage for surgical services.

If you have questions about this or have any other claims question, please contact Provider Services toll-free at **1-866-270-5223**.

**WINDSOR MEDICARE EXTRA
PROVIDER REPRESENTATIVES**

- Jenifer Mariencheck, Vice President
Network Services
- Susan Davis, Provider Relations Manager:
615-782-7884
- **Alabama**
Michael Miller: **205-329-1636**
- **Arkansas**
Fred Chism: **501-221-5214**
- **Central Arkansas**
Chepeka McKinney: **501-221-5211**
Katrina Perciful: **501-221-5215**
- **Northeast Arkansas**
Andrea Davis: **870-631-0068**
- **Northwest Arkansas**
Myriame Davis: **479-973-2013**
Carrie Teeter: **479-287-9160**
- **Central Mississippi**
Teresa Morris: **601-383-6259**
Tonja Gilson: **601-321-5612**
- **East Tennessee**
Kindra Akers: **865-617-1801**
- **Middle Tennessee**
Robin Bigham: **615-308-8666**
Michele Jackson: **615-772-6941**
Alice Miller: **615-587-2943**
- **Middle Tennessee/East Tennessee/
South Carolina/Alabama**
Samaki Robinson: **615-782-3261**
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Toni Johnson: **901-356-1679**
Tabitha Liddell: **901-573-4203**
Tarsha Riley: **901-725-8836**
Margaret Snyder: **731-267-7447**
Stephanie Tate: **901-725-8810**
- **South Carolina**
Tonya Ruff: **864-316-5124**

FEATURED PROVIDER

Memphis Lung Physicians

This month's featured provider is Memphis Lung Physicians, P.C., with three locations in the Memphis metropolitan area. Memphis Lung Physicians, a practice specializing in pulmonology, is dedicated to serving the pulmonary needs of Memphis, Tenn., and the surrounding communities.

Memphis Lung Physicians focuses on the diagnosis and treatment of the following pulmonary diseases and conditions: ARDS (acute respiratory distress syndrome), asbestosis, asthma, bronchitis, chronic cough, COPD (chronic obstructive pulmonary disease), cystic fibrosis, emphysema, hemoptysis, lung cancer, obstructive sleep apnea, pleural effusion, sarcoidosis, solitary pulmonary nodule, and tuberculosis.

Memphis Lung Physicians is comprised of 12 doctors and two nurse practitioners. They operate three full-service facilities in

Memphis, Collierville, and Southaven. Congratulations to Memphis Lung Physicians, our featured provider this quarter.




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