SUMMER 2009

# Provider Report™

ABSOLUTE TOTAL CARE
TOTAL™

IMPORTANT PROVIDER NOTIFICATION

## 'MY' Denials

Provider Relations Specialists have been working to assist providers with resolving "MY" denials. MY denials occur when a patient who is assigned to the panel of a capitated PCP accesses care from a different PCP practice. Because the capitated physician is paid to provide all primary care for his or her assigned members, primary care claims submitted by other PCPs will be denied. Our claims system recognizes that primary care for the member has already been paid to the capitated PCP. The MY denial code will be correctly assigned to these claims.

The following steps must be taken to avoid MY denials:

**1)** Verify eligibility for every visit to your practice.

**2)** Reference your patient listing to ensure that the patient is assigned to your panel.

**3)** Patients not included on your panel should be referred to their assigned PCP.

**4)** Patients can change their PCP, should they desire to do so, by contacting Provider/Member Services at 1-866-433-6041.

**5)** PCP change forms can also be faxed in for processing to 1-866-912-3605.

Patient lists can be obtained on our website. After logging in, click the Eligibility tab and select patient list to view or print your practice list. Your Provider Relations Specialist will be happy to deliver a patient listing to you upon request.

Please note that MY denials only apply to primary care physicians. Referrals are not required for patients to obtain medical care from contracted specialists.

# A Word From the CEO

Meet two of our newest leaders—and learn about the wealth of experience they bring.

I hope everyone has enjoyed a great summer! The team at Absolute TOTAL Care is working very hard for you and our members in South Carolina. If you missed the last edition of *Provider Report*, you can go to www.absolutetotalcare.com, click the Providers tab and view the last *Provider Report* along with a special update from the health plan CEO.

I wanted to take the opportunity in this edition of *Provider Report* to introduce you to two key players at our health plan. While each member of our team is critical to our success, I wanted to highlight two of our newest leaders.

**Medical Director Lilly Randolph, M.D.**

We were so pleased to have Dr. Randolph join Absolute TOTAL Care in April of this year. As Medical Director, Dr. Randolph is responsible for working with members of the provider community to ensure that our members receive the highest quality healthcare available. She is backed by a team of nurses, program coordinators, social workers and our Director of Pharmacy to achieve this goal. Dr. Randolph received her medical degree from Washington University School of Medicine and is board certified in Internal Medicine. She maintains a medical practice that she has had for over two years in Columbia, seeing patients part time during the week and on Saturdays. A health plan medical director who is also in active practice of medicine is critical to our partnerships with the provider community and to quality healthcare for our members (and your patients). In addition, Dr. Randolph is active in the community, participating in the Congaree Medical, Dental and Pharmaceutical Society.

Dr. Randolph's role allows her to be very hands-on, working directly with physicians to assist with the specific medical and social needs of each member and their families. We pride ourselves in limiting the "hassle factor" sometimes associated with the process side of healthcare delivery, and as a practicing physician (not to mention a participating physician in Absolute TOTAL Care), Dr. Randolph is very sensitive to the needs of providers.

If you ever need assistance or have questions, I hope that you will call on her at (803) 933-3750 or send her an e-mail at lrandolph@centene.com.

**Manager Ted Hanayik, Escalated Provider Service Unit (EPSU)**

Ted Hanayik joined Absolute TOTAL Care in May of 2008 and was recently promoted to lead our Escalated Provider Service Unit,

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# The Preferred Drug List (PDL) has been revised with the following changes:

| PRODUCT NAME | STRENGTH | PDL STATUS/CHANGED* |
|---|---|---|
| ALDARA | 5% topical cream | Packaging changed: QL of 24 units per 60 days/2 claims per 180 days |
| AZITHROMYCIN | 600 mg tab | Changed QL from 3 per fill to 8 per 28 days |
| AZITHROMYCIN | 1 gram tab | Changed QL from 1 per fill to 2 per fill |
| COLESTIPOL | 1 gram tab, 5 gram granules | Added to PDL (Generic Mandatory) |
| METFORMIN SR 24HR | 500 mg tab | Changed QL from 2 per day to 4 per day |
| OMEGA-3 | | Added to PDL with QL = 6 per day |
| PREZISTA | 310 mg tab | Added to PDL with QL = 4 per day |
| PREZISTA | 400 mg tab, 600 mg tab | Added to PDL with QL = 2 per day |
| RELENZA | 5 mg inhalation powder | QL: 1 package per claim/1 claim per 31 days. Age limit: limited to members age 5 and older |
| RESPIRATORY SPACERS | | Changed QL from 1 unit per 180 days to 2 units per fill; max 2 units per 360 days |
| RIMANTADINE | 100 mg tab | Added to PDL with QL = 20 per 10 days |
| SLO-NIACIN | 250 mg tab | Added to PDL |
| SUPRAX | 400 mg tab | Allow 1 only for Dx of Gonorrhea |
| TAMIFLU | 12 mg/mL | QL: 75 mL per 31 days. Age limit: remove minimum age restriction of 1 |
| TAMIFLU | 31 mg cap, 45 mg cap | Added to PDL with QL = 10 per 31 days |
| TAMIFLU | 75 mg cap | QL: 10 per 31 days. Age limit: remove minimum age restriction of 1 |
| VENLAFAXINE HCL ER | 37.5 mg, 75 mg, 150 mg, 225 mg | Added to PDL with QL = 1 tab per day |
| VERIPRED 20 | 20 mg/5 mL solution | QL: 150 mL/ 31 days |
| VIGAMOX | 0.5% solution | QL: 3 mL/ 31 days |

** (PDL = Preferred Drug List, QL Quantity Limit, Dx = diagnosis)*

## PROVIDER RELATIONS TEAM

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# The Key to Successful EHRs

Sending reminders directly to patients leads to higher screening rates.

Are you wired up and ready to go with electronic health records (EHRs)? Be sure to tap patients as a resource for your preventive agenda. A recent study published in *Archives of Internal Medicine* found that actively involving patients in the reminder process for screenings was more effective than reminding physicians only.

In the study, the EHR system of a multi-specialty group practice identified patients who were overdue for colorectal cancer screenings. The patients ranged in age from 50 to 80. One group of patients received mailed reminders. The second group of patients did not receive reminders; instead their physicians received pop-up alerts when the patients' records were viewed. Overall screening rates were higher for the group of patients who received reminders directly, compared with the group whose physicians received the reminders. In the physician-reminded group, however, screening rates increased among patients with three or more primary care visits during the 15-month study period.

Snail-mail reminders work, but why not use health information technology to electronically connect with patients? Depending on your system, screening alerts generated by your EHR could automatically trigger e-mail reminders to patients and provide a link to an informational website on screening procedures.

Don't make assumptions about patients not being able to get on board the e-health bandwagon. The so-called digital divide has significantly narrowed. Recent studies show that patients from all socio-demographic groups are receptive to using interactive health IT; have benefited from it in terms of improved outcomes, convenience and lower costs; and have widespread access to the Internet through computers and mobile devices.

**Get Recognized for Making Connections** Would you like your practice to be recognized for its superior system that connects patients and doctors with information and with each other? Learn more about the National Committee for Quality Assurance Physician Practice Connections program at www.ncqa.org/tabid/141/Default.aspx.

## A Word From the Ceo

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called "EPSU" for short. I wrote to you about this fantastic new department in my CEO letter of May 18, 2009 (posted to the website for your reference). Ted brings over 17 years of experience in healthcare to his new role and is an expert in provider contracting, claims system setup, root cause analysis and provider billing. As a former practice administrator, Ted knows the ins and outs of provider billing and many of our contracted practices rely on him to guide them through the necessary billing processes to maximize claims payment timeliness and accuracy for their Absolute TOTAL Care members.

Ted's team in the EPSU consists of four individuals who receive and log nonroutine claims payment or setup issues, audit each issue for root cause determination, put the appropriate "fixes" in place to address the cause, and deliver personalized results back to the provider's office. We deployed this new unit in the first quarter of this year, and we achieved tremendous results for the provider community. The goal for the EPSU is to provide a new level of service for our provider partners and resolve issues going forward.

It is important to note that EPSU work flows through our Provider Services Department (1-866-433-6041) and your Provider Relations Representative, and is escalated appropriately. If you would like to submit an inquiry directly to the EPSU, you can send an e-mail to psuprojectrequest@centene.com.

Again, we appreciate the partnership with you. I hope you enjoy this edition of *Provider Report*.

Very truly yours,
Aaron Brace
Plan President and CEO

# **Diagnosis:** Incentive to Change

Patients make dramatic lifestyle changes when told they have a chronic disease.

Turn a negative into a positive. From lemons, make lemonade. Spin crisis into opportunity. To those upbeat instructions, add this one: Use sickness as a wake-up call for healthy change.

A study of middle-age and older adults found that smokers newly diagnosed (within the past year) with heart disease, diabetes or another serious condition were three times more likely to kick the habit, compared with smokers who received no new diagnoses, according to results published in the *Archives of Internal Medicine*. Smokers diagnosed with more than one serious illness were six times more likely to quit.

The study also found that a new diagnosis was associated with weight loss among overweight or obese adults. Among those newly diagnosed with lung disease, heart disease or diabetes, body mass index (BMI) decreased by an average of 0.34 units. They lost an average of 2 to 3 pounds more than their counterparts who had no new diagnosis. Those with multiple diagnoses lost an average of 0.64 units.

Data analyzed came from the Health and Retirement Survey, which collected health information on middle-age and older adults (to age 75) every other year over a period from 1992 through 2000.

New diagnoses may heighten patients' motivation to change unhealthy habits. Although many providers address lifestyle changes with patients during treatment for chronic conditions, the study findings suggest timing the lifestyle-change counseling to the diagnosis to achieve the maximum effect.

One reason smokers in the study may have had such dramatic results is that there's more help available for smokers who want to quit. Smoking-cessation programs are covered by many health insurance plans and are often offered at low or no cost through employers or local health organizations. This is not the case for weight-loss programs—although this is beginning to change as obesity is recognized as a public health crisis and employers experience lost productivity and rising healthcare costs. Effective weight-loss interventions require ongoing monitoring, and few primary care physicians have the time or resources to provide such services.

An editorial accompanying the study findings notes that "the effect of physician advice might only be as good as the availability of supportive services to which patients can be referred for specialized preventive care. Our healthcare system is incomplete to the extent that patients and healthy subjects do not have affordable access to evidence-based preventive services."