

Select Health of South Carolina Progress Notes



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 **Select Health**
of South Carolina, Inc.
An AmeriHealth Mercy Company



CMO Update: Supporting and Understanding Comparative Effectiveness Research

By Fred M. Volkman, M.D., FAAP

While comparative effectiveness research (CER) has received a lot of press lately, the concept is one that has

been around for a while and goes back to our medical school and residency training. In fact, the Centers for Medicare and Medicaid Services (CMS) and health plans like Select Health have long been employing CER when reviewing the appropriateness of certain medical services, pharmaceuticals or devices.

CER is the comparison of two or more healthcare interventions in order to identify which works best. The concept gained national attention about six years ago when the Medicare Modernization Act of 2003 authorized the Agency for Healthcare Research and Quality (AHRQ) to compare clinical effectiveness and outcomes of healthcare devices and services. At the time, AHRQ was allocated about \$15 million to carry out the research. Given Congress' recent annual allocation of \$300 million in stimulus funds for the research, CER is once again in the news garnering attention, praise and concern.

Although the idea of choosing the best therapy sounds simple, there have always been pros and cons. While CER can be a good way to promote quality healthcare, some providers think it can be a barrier to patient choices or may damage the provider-patient relationship. Some think it will be a good quality check and promote innovation of new medical therapies and devices.

Others feel it will stifle innovation.

The debate on CER has become political and emotional. A recent Kaiser Family Foundation/Harvard University/National Public Radio poll found that the majority of those polled supported having an outside group make decisions about which tests and treatments should be paid for by an insurer until they realized that the panel would be selected by the government. They were then asked about having an insurer pay for a more expensive medical treatment that has not been proven to be more effective than less expensive treatments. More than half of those polled thought the insurers should have to pay for it anyway.

To mitigate politics and emotion, the stimulus bill included a provision that the Institute of Medicine submit a set of recommendations and priorities for the program to Congress by June 30, 2009.

At Select Health, we use external and nationally acknowledged evidence-based guidelines. They are reviewed and approved by our Clinical Care and Pharmacy and Therapeutics committees. The majority of voting members are comprised of South Carolina practicing physicians. We support the judicious use of CER derived guidelines in conjunction with physician input when reviewing medical services.

I encourage you to learn more about CER. I recommend reading the New England Health Care Institute's white paper, which can be found on their website at www.nehi.net. ■

Pharmacy Updates

We recently analyzed all prior authorization (PA) requests and discovered that Topamax and Lyrica are two of the most requested medications. Here are some guidelines to help you with the PA criteria for these medicines.

TOPAMAX (topiramate)

Tablet: 25mg, 50mg, 100mg, 200mg; Sprinkle Capsule: 15mg, 25mg

PA CRITERIA FOR APPROVAL

Epilepsy:

- Diagnosis of seizure disorder (partial onset, primary generalized tonic-clonic or Lennox-Gastaut syndrome).

Migraine:

- Diagnosis of migraine headaches.
- Documented use of abortive migraine medication use in the past 6 months (Cafergot, Imitrex, Migranal, Relpax, Zomig).
- Documented trial and failure with therapeutic doses or intolerance to at least 2 of the following preferred agents with demonstrated efficacy for migraine prophylaxis: Depakote, propranolol or timolol, verapamil and amitriptyline or nortriptyline.

LYRICA (pregabalin)

Capsule: 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg

PA CRITERIA FOR APPROVAL

Partial-Onset Seizures:

- Documented diagnosis of partial-onset seizures.
- Patient currently receiving another anticonvulsant medication at a therapeutic dosage.
- Documented trial and failure or intolerance to gabapentin.

Postherpetic Neuralgia:

- Documented diagnosis of postherpetic neuralgia.
- Documented trial and failure or intolerance to gabapentin. Trial consists of a minimum of 30 days at a dose of at least 1800mg/day.

Neuropathic Pain Associated with Diabetic Peripheral Neuropathy:

- Documented diagnosis of peripheral neuropathy.
- Documented trial and failure or intolerance to gabapentin. Trial consists of a minimum of 30 days at a dose of at least 1800mg/day.

Fibromyalgia:

- Documented diagnosis of fibromyalgia.

Trigeminal Neuralgia Pain:

- Documented diagnosis of trigeminal neuralgia.
- Documented trial and failure or intolerance to at least 3 of the following: baclofen, carbamazepine, gabapentin, lamotrigine, oxcarbazepine, phenytoin. ■

The Results Are In

Select Health's 2008 Provider Satisfaction Survey

Select Health of South Carolina is committed to providing quality care to its members. To help with this effort, we annually survey our practitioner community to assess our strengths and opportunities in a variety of areas including overall provider satisfaction, claims reimbursement process, utilization management and provider relations representatives.

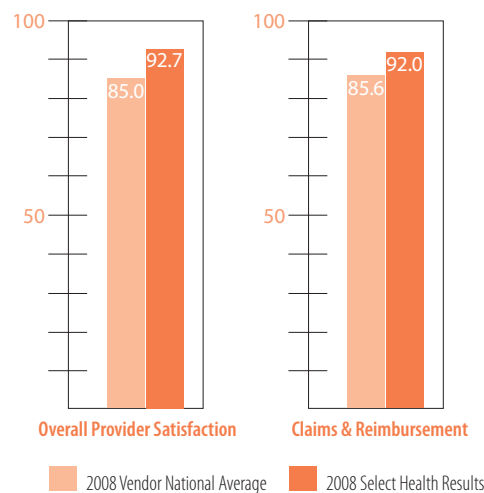
A total of 963 practices were surveyed with a response rate of 389 surveys returned or 40.4 percent. Of these returned surveys, 172 were primary care practices (PCPs) and 217 specialist (SCP) practices.

During this time, the Select Health provider network expanded into all 46 South Carolina counties as well as bordering counties of North Carolina and Georgia. Membership increased significantly, and we also introduced a new health plan, First Choice Kids. As both our network and membership continue to grow, we strive to maintain and improve our excellent provider satisfaction ratings.

A summary of some of the survey results are provided below:

Overall Provider Satisfaction

Overall, 92.7 percent of respondents replied very satisfied or satisfied with Select Health. This compares to 89.6 percent in 2007 and is categorized as 92.9 percent for PCP and 92.6 percent for SCP. The vendor national average for overall satisfaction is 85.0 percent.



Claims Reimbursement Process

Ninety-two percent of respondents replied very satisfied or satisfied with the claims reimbursement process. These components included ease of claims submission process, accuracy of claim payments, timeliness of claims payment, claims customer service knowledge and timeliness of telephone response to our customer service line. The 2007 rate was 92.7 percent.

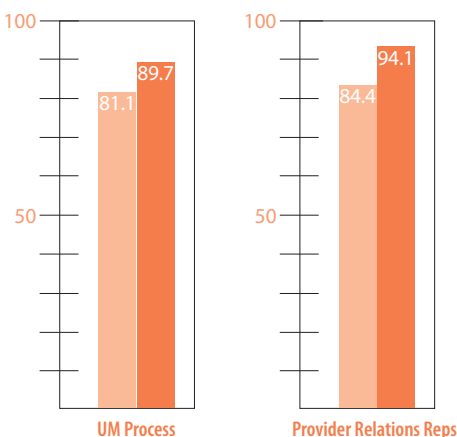
We continue to focus on even greater results by expanding and improving our claims reimbursement process to include electronic funds transfers and self-service options.

Utilization Management (UM)

The UM process continues to excel with an overall satisfaction rate of 89.7 percent. This compares to the vendor's national average of 81.1 percent and includes rating elements such as ease of the referral and pre-authorization submission process and timeliness of UM decisions.

Provider Relations Representatives

Provider Relations representatives continue to receive high satisfaction marks. The 2008 survey shows overall satisfaction at 92.0 percent of respondents. This compares to a vendor national average of 84.2 percent. Components of this category are accessibility, knowledge, timeliness of response and problem resolution. PCPs assessed provider representatives at a slightly higher rate (93.5 percent) than did SCPs (90.7 percent). ■



Steady Increase of Hispanic Members



The demographics of South Carolina have changed drastically over the last decade. Data released by the U.S. Census Bureau revealed that South Carolina's Hispanic population showed the largest percentage increase in the nation in 2008. We have seen an 8.37 percent increase among Hispanics in our state. Although census data indicates we have about 169,000 Hispanics in our state, research conducted by the USC Consortium for Latino Immigration Studies suggests that there are about 500,000 Hispanics in South Carolina. While we lack a universal explanation as to why there is an increase in Hispanic migration to the Palmetto State, suggested factors include the mild weather, job market and low cost of living.

Our Hispanic membership has also been steadily increasing. In 2006, less than 4.5 percent of our members were Hispanic. As of April 2009, about 8 percent of First Choice and First Choice Kids members identify as being Hispanic. Forty-seven percent of our Hispanic members self-identify as being of Mexican decent. Of the 165,306 First Choice and First Choice Kids members, only 3 percent list Spanish as their preferred language. Counties with a high percentage of Hispanic members include: Beaufort, Newberry, Greenville, Charleston, Lexington, Berkeley, Horry, Spartanburg, Greenwood and Richland.

From this data, we can conclude that the Hispanic community in our state cannot be categorized into one homogenous group. This culturally and linguistically diverse group resides in both rural and urban areas. They may be monolingual, bilingual or multilingual, and they may very well be of an ethnicity other than Mexican. While the cultures within the Hispanic community are uniquely diverse, health professionals have identified patterns of chronic disease that disproportionately affect this population. The mortality rates of certain cancers, cardiovascular disease, diabetes and the health-related issues associated with these illnesses have a considerable impact on Hispanics and require increasing attention from healthcare providers.

We recognize the importance of culturally and linguistically appropriate healthcare services and are available to support you in your efforts to serve our diverse membership. To learn how you can enhance the services you provide to our Hispanic members, call Jill Lemay, Cultural Competency Coordinator, at 843.529.5218.

For free telephonic interpretation services in any language, call Member Services at 888.276.2020 to be connected to the Language Line. ■

New Heart Failure Program

5.7 million According to the American Heart Association, that's how many people are living with heart failure in the United States. We all understand the tremendous cost of this disease, not only in financial terms, but also in terms of quality (and quantity) of life.

We also know, however, that although heart failure is a serious diagnosis, many patients can control the symptoms and progression of their disease with the right treatment and follow-up care.

Therefore, we are happy to announce that Select Health has launched a new heart failure disease management program. This is a high-touch program in which our nurses provide one-on-one patient education, teaching our members about their disease and their treatment plan—including medications and lifestyle changes.

Most importantly, we address our members' barriers to compliance. We make sure they get the medicines that have been prescribed, that they understand their dietary restrictions and exercise needs and that

members have scales to weigh themselves every day and blood pressure monitors if they have uncontrolled hypertension. We even make sure members have transportation to their provider appointments. Most importantly, we convey a sense of empowerment to our members—helping them to realize that they can manage this disease and live well with heart failure.

We want to work with you, our providers, to make a difference in the lives of our members with heart failure. If you have any First Choice members that would benefit from participation in our program, please call the heart failure staff at 1.888.559.1010. ■

Source: www.americanheart.org

Quality Improvement

The overall goal for our Quality Improvement (QI) Program is to ensure that all members have access and availability of safe health-care and services through the development of quality initiatives to improve member health outcomes and the satisfaction of providers. The program's formal process is to objectively evaluate and monitor the quality, appropriateness, efficiency, effectiveness and safety of the care and services provided to members.

Select Health annually evaluates and analyzes the previous year's QI Program effectiveness. This evaluation identifies the strengths and challenges of the quality activities conducted throughout the year. Information from the analysis is used to develop recommendations for quality activities and initiatives for the following year.

Overall, the 2008 QI Program operated effectively by achieving or exceeding many of the clinical and service goals set by the plan. Following a thorough analysis, opportunities and activities were identified and incorporated into the 2009 QI Program to address the goals we did not meet. The program's accomplishments and challenges are highlighted below.

2008 Major Accomplishments

- The following HEDIS measures met or exceeded goals:
 - + Cervical cancer screening
 - + Adolescent well visits
 - + Well visits in the first 15 months of life
 - + Frequency of prenatal care
 - + Appropriate medication use for asthma 18-56 years of age
- Member satisfaction continues to be above the CAHPS Medicaid mean in the following areas:
 - + Overall health plan
 - + Healthcare
 - + Customer service
 - + Personal doctor, specialist
 - + Getting needed care
- Claim's auto-adjudication and rework rates exceeded business goals.



- Member Services met two significant call center metrics—average speed of answer and abandonment rate.
- Ninety-seven percent of all primary care providers' practice sites are providing services after hours, exceeding the plan's goal for after-hours access.

2009 Challenges

- Continue collaborative efforts and implement interventions that will improve the plan's overall HEDIS results.
- Increase new member orientation rates with auto-assigned and broker-enrolled members.
- Focus efforts to improve member satisfaction in the area of "getting care quickly."
- Maintain low voluntary disenrollment rates as auto-enrollment increases in the enrollment broker environment.

The 2009 QI Program and 2008 QI Summary are now available on our Secure Services site. To review them, log in to: www.selecthealthofsc.com/xtra/login. ■

Provider Spotlight

Kudchadkar Clinic

We appreciate your efforts in encouraging our members to take an active role in their health and well being. This involves encouraging members and their families to make appointments for EPSDT exams.

We would like to recognize one provider, **Dr. Shubha Kudchadkar in Winnsboro, SC**, for doing an excellent job of eliminating barriers to get her patients in to have their EPSDT exams. **In 2008, Dr. Kudchadkar averaged a 100 percent compliance rate for EPSDT exams.**

"I love children and keeping them healthy is what I really want to do," said Dr. Kudchadkar.

Congratulations to the **Kudchadkar Clinic** for an extraordinary job of encouraging the use of preventive healthcare and for helping patients take an active role in their own health.

As a Select Health provider, you receive a monthly roster of the members in your practice that are now due or past due for EPSDT visits. Also, all practices with at least 100 First Choice members receive quarterly compliance scorecards for their practice's percentage of scheduled EPSDT exams. For more information about our EPSDT efforts, call Leann Isenhour, RN, BSN, at 843.569.4853. ■

Coding Corner

17-P Authorization Form

We are now using the 17-P Authorization Form for ordering progesterone. Women eligible for progesterone have a history of a previous singleton birth between 20 and 36 weeks (spontaneous) and have a current singleton pregnancy.

The 17-P Authorization Form should be used when the injections will be given in the office. This form should be completed, signed by the authorizing physician and faxed to the Select Health Prenatal Department at 866.368.4562. Incomplete forms will not be reviewed. The progesterone prescription should be faxed to Boothwyn Pharmacy at 610.485.9223.

Once approved and filled, the medication will be shipped next day to the physician's office or to the member, depending on the office preference. If you have any questions, please call Prenatal Outreach at 888.559.1010.

The form is available on our website at www.selecthealthofsc.com.

Facility-Based Outpatient Services

We have noticed an increase in denied claims for facility-based outpatient services billed with certain revenue codes that require a CPT code for processing. Therefore, we encourage facility coders and billers to review Section 4 of the current South Carolina Department of Health and Human Services' Hospital Services Provider Manual.

The revenue codes can be found on page 4-2 in the Reimbursement Type 4 schedule of the hospital manual. Services for these revenue codes that do not have a CPT code included will be denied.

We would also recommend reviewing of the Revenue Codes section that begins on page 4-3. This chart identifies covered services by the indicators in the Covered Service column. ■

To report suspected fraud and abuse, please contact the Corporate and Financial Investigations Unit Fraud Hotline at 866.833.9718 or the SCDHHS Fraud and Abuse Hotline at 888.364.3224.

Contract Management Representatives	
Lowcountry	Lisa Hart 843.569.4614
FeeDee	Paige Watford 843.933.0276
Midlands	Kay Steele 803.348.5792
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Upstate	Pam Peterman 864.238.2041
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