

# PROVIDER FOCUS

JULY 2008

## CHANGES TO THE PRIOR AUTHORIZATION PROCESS AND REQUIREMENTS FOR BASIC HEALTH SUBSIDIZED MEMBERSHIP EFFECTIVE SEPTEMBER 1, 2008

By Cindy Orth, Provider Relations and Network Development Manager



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Thank you for reading our Provider Focus newsletter! Look for the words "Free Gift Card" hidden in this newsletter. Click on the link and enter the word "Gift Card" in the comment field and you will be entered in a drawing on 7/29/08 to receive one of 5 gift cards to Starbucks!!

To help CUP and the provider community manage the pre-existing condition waiting period and coverage of benefits for newly enrolled Basic Health Subsidized members, CUP will be requiring prior authorization for the Basic Health Subsidized membership.

The Basic Health Subsidized benefit coverage includes limitations and exclusions regarding pre-existing conditions. A pre-existing condition is defined by Basic Health as "Any illness, injury, or condition, for which, in the six months immediately preceding a member's effective date of enrollment in Basic Health:

1. Treatment, consultation, or a diagnostic test was recommended for or received by the member; or
2. Medication was prescribed or recommended for the member; or
3. **Symptoms existed** which would ordinarily cause a reasonably prudent individual to seek medical diagnosis, care, or treatment."

Basic Health does not provide benefits for services or supplies rendered for any pre-existing condition during **the first nine (9) consecutive months** following the member's

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## MID-YEAR BENEFIT CHANGES

By Sarah Munson, Provider Relations Coordinator

Starting July 1, 2008 there are three benefit changes affecting CUP members enrolled in Healthy Options, SCHIP, Basic Health Plus and Maternity Benefits programs. These changes do not apply to Basic Health Subsidized.

- The mental health benefit for children age 18 and younger is increased from 12 to 20 hours of treatment (including evaluation) per calendar year.
- For children under age 5, all prescriptions for psychotropic drugs must be reviewed and have a Second Opinion by a pediatric psychiatrist. For more information about mental health coverage, go to the HRSA website at <http://fortress.wa.gov/dshs/mag/download/Numberedmemos.html> for their 2008 numbered memorandums #08-17 and #08-18.
- Also starting in July 2008, all CUP members age 18 and older are eligible for the Free and Clear Quit for Life Program. For pregnant members, there is no age requirement to participate in this smoking cessation program. CUP patients may enroll by calling the Free and Clear Quit for Life Program toll free at (866) QUIT-4-LIFE or (866) 784-8454.



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effective date of coverage, except for PCP services, maternity care, prescription drugs defined in the plan's drug formulary, or for oxygen.

CUP has seen significant new enrollment in our Basic Health Subsidized plan over the last year and has had to manage this limitation and exclusion more tightly. As a result, many providers are learning after the fact that treatment may not be covered by CUP. [Free Gift Card](#) In order to better manage this for both CUP and the provider community, we have determined that we will need to re-implement the referral authorization process for Basic Health Subsidized members. **Therefore, starting September 1, 2008, CUP will require a PCP referral and approved authorization by CUP for all specialist visits, all imaging (except ultrasounds and flat film x-rays), and for all outpatient procedures for our Basic Health Subsidized members. We will continue to require authorizations for services such as inpatient procedures that are currently required. Please consult the referral matrix on our website which will be updated for the new requirements by September 1, 2008.**

Please note that **this change does not apply to our Healthy Options, SCHIP, Basic Health Plus, or Basic Health Maternity Benefits members.**

We appreciate your understanding of this change and your willingness to support CUP in this process. CUP will continue to refine these prior authorization requirements and will communicate any changes to you. Check our website at [www.cuphealth.com](http://www.cuphealth.com) for updates.

If you have any questions about this change or what requires an authorization, please contact CUP's Medical Management Department at (360) 449-8915 or Provider Relations at (360) 449-8867.

## 2007 PROVIDER SATISFACTION SURVEY RESULTS

*By Cindy Orth, Provider Relations and Network Development Manager*

CUP staff completed a Provider and Administrator Satisfaction Survey in late 2007 to assess network satisfaction with CUP operations and service delivery. The Survey was hand delivered or mailed to 374 CUP PCP offices, practice administrators, and to the high volume referral specialists in the CUP network. The response rate for 2007 was much lower than in prior years, with only 19.9% of providers responding to the survey and 58% of administrators. We believe this is primarily due to the timing of the Survey, overburdened practices, and a lack of an incentive that was provided in other years.

### The Results

The 2007 Provider Survey results show an overall satisfaction rate of 92.7% of providers rating CUP as Good, Very Good or Excellent. The highest rated category in the Provider Survey related to the "customer service" of Health Management nurses/Referral and Authorization staff, Quality staff, Member Services, and Provider Relations/Contracting staff. The lowest rated questions continue to be in the area of CUP's formulary. For the Administrator Survey, the administrators gave CUP an average score of 4.13 (on a scale of 1 to 5 with 4 being "very good" and 5 being "excellent") for overall satisfaction. The highest rated questions on the Administrator Survey were in the "interactions with CUP staff" category related to satisfaction with CUP's Member Services, Provider Relations, Credentialing, and Claims staff. The lowest rated scores on the Administrator Survey were in the areas of "Timeliness of claims processing and payment" and "Turnaround times or timeliness of authorizations for specialists." When comparing the 2007 results to prior years, there was no significant change in

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satisfaction by either the providers or administrators that was of concern.

### Opportunities for Improvement

The areas of the Survey that reported the greatest opportunity for improvement were the following (included with each opportunity is CUP's commitment to improve process and operations):



- **Communications** – CUP staff will continue efforts to maximize effective communications and promotion of excellent customer service to providers;
- **Formulary** – Continue efforts to work with our PBM, Pharmacy Network, and Pharmacy and Therapeutics Committee to streamline process for prior authorization and provide better on-line messaging to pharmacies on what is covered or what the formulary options are at the point of sale;
- **Referral authorization** – Continue efforts to reduce administrative burden by further streamlining the authorization process and improving timeliness of response;
- **Timeliness of Claim Payment** – Continue efforts to meet requirements to pay clean claims within 30 days.

The full 2007 Provider and Office Administrator Executive Reports are available on line at [www.cuphealth.com](http://www.cuphealth.com). We appreciate your support of CUP and THANK all those providers and administrators who took the time to provide us with this valuable feedback. Please feel free to share "compliments" and "concerns" or any suggestions to improve operations at any time by contacting me directly at (360) 449-8867.

## HAVE YOUR PATIENTS REQUEST A "BROWN-BAG CHECK-UP" FOR POSSIBLE DRUG INTERACTIONS WITH MULTIPLE PRESCRIPTIONS

*By Liz Addis, Health Programs Project Coordinator*

An important concern for members with chronic conditions, especially elderly members, is possible drug interactions from the multiple prescriptions they typically receive. Often the dose or frequency of the medication is adjusted as health conditions change or medications may be ordered by multiple physicians. These situations can lead to a great deal of confusion. As a safety measure, ask your patients to schedule a "brown-bag check-up" with you or their local pharmacist.



A "brown-bag check-up" is gathering all current medications, over-the-counter products, and herbal or "natural" products into a "brown-bag" and showing them to a doctor or pharmacist so he/she can look for any potential problems. Advise patients to schedule this appointment in advance so you or the pharmacist are able to allot enough time for the visit.

When your patient comes in for this check-up, be sure that all medications are listed correctly in the patient's medical record (dosage, frequency) and screen for potential duplication of therapy or side effects (this is why it is important to include non-prescription products in the bag.)

It's a good safety rule to have a single doctor "in charge" or aware of all of the medications and products that a patient takes. Encourage your patients to keep the list of medications and over-the-counter products they take up-to-date and to share this information with every doctor or healthcare provider they visit. It's also a good idea to have your patients fill all prescriptions at the same pharmacy, and to inform the pharmacist of any over-the-counter, herbal, or mail order prescriptions so there is complete oversight.

## NEW REQUIREMENTS FOR VARICELLA: USE BEST PRACTICES!

*By the Washington State Department of Health*

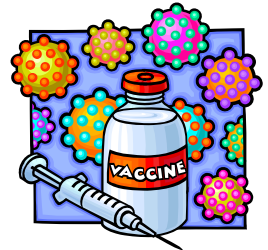
A new law passed in Washington State changes varicella (chickenpox) vaccine requirements as of July 1, 2008. This will impact children as they enter the upcoming school year. Children who receive all of the vaccines recommended for their age will meet school vaccination requirements. **Be sure to follow the current Recommended Childhood Immunization Schedule when giving immunizations.**

The following must be reflected on the Certificate of Immunization Status (CIS) form.

### Children entering child care or preschool after July 1, 2008

For all children 16 months of age up to Kindergarten entry who are attending child care or preschool:

- Date of **one dose** of varicella vaccine; or
- Proof of provider diagnosis (CHILD Profile-generated CIS form or a signed note) or verification of a history of varicella disease or herpes zoster; or
- Date of blood test (titer) showing serologic proof of immunity to varicella or herpes zoster; or
- Exemption from immunity based on medical, religious, or personal reasons.



### Children entering Kindergarten after July 1, 2008

- Dates of **two doses** of varicella vaccine, received on or after the child's first birthday and at least 28 days apart; or
- Proof of provider diagnosis or verification of a history of varicella disease or herpes zoster; or
- Date of blood test (titer) showing serologic proof of immunity to varicella or herpes zoster; or
- Exemption from immunity based on medical, religious, or personal reasons.

### Children in Elementary School after July 1, 2008

- Children entering 1<sup>st</sup>, 2<sup>nd</sup>, and 6<sup>th</sup> grade:
- Date of **one dose** of varicella vaccine; or
- Parent reported **OR** health care provider-documented history of varicella vaccine; or
- Positive blood test (titer) for history of varicella disease; or
- Exemption from immunity based on medical, religious, or personal reasons.

### Requirements for reporting history of disease are changing

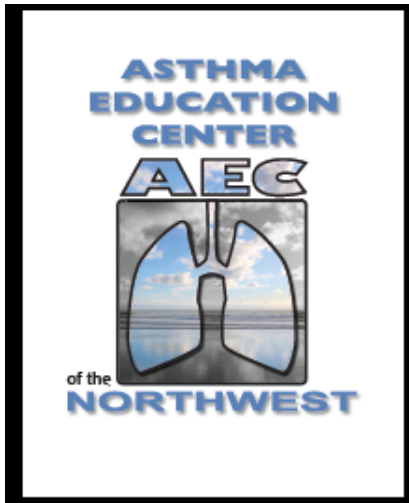
It is easy for parents and even health care providers to misdiagnose chickenpox as a rash or skin irritation. If children are misdiagnosed, they are more vulnerable to getting and spreading the disease in times of outbreak. For this reason, ACIP recommends **not** accepting a parent's report as proof of disease. In Washington, therefore, **parent-reported history of varicella disease is being phased out, beginning at the child care and Kindergarten levels.**

### Inform your patients

1. Remind your patients that they must update their child's CIS form after July 1, 2008.
2. Let your patients know that you can help them complete the necessary paperwork by printing a child's Certificate of Immunization Status form directly from the CHILD Profile Immunization Registry. (To set up a free account with CHILD Profile, visit <http://www.childprofile.org> for an account application and data sharing agreement.)
3. Encourage your patients to get varicella vaccine for their children.

## **NEW PILOT PROJECT BETWEEN CUP AND THE ASTHMA EDUCATION CENTER OF THE NORTHWEST**

*By Cheryl Bailey-Horner, RN, AE-C Quality Coordinator*



January 31, 2008 the Asthma Education Center of the Northwest opened its doors to serve patients in the community; ages infant through elderly with asthma. The Center held an Open House on March 20, 2008 for the medical community and other state-wide asthma partners across Washington and Oregon. The Center focuses on community partnerships utilizing a system-side approach to integrate the guidelines into practices with healthcare providers, hospitals, and schools as stressed in the new NHLBI guidelines; Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, released fall of 2007.

The program consists of six visits spread out over one year, intensive up front, and a one year follow-up visit which occurs at the end of year two. The Center is patient focused and intensity is placed on teaching the patient self-management skills to live with their chronic disease, overall decreasing unplanned office visits, utilization of urgent care, emergency room visits and hospitalizations.

We are excited about this innovative approach to asthma education in our local community and the opportunity of partnership between the Asthma Education Center of the Northwest and Columbia United Providers (CUP) to improve patient outcomes.

Even though asthma education has always been available, this approach is different than what primary care or specialty can provide to their patients in their day to day schedules. The Center provides a total of four (4) hours of one-to-one education with a Certified Asthma Educator (AE-C) and Registered Nurse for patients/parents/caregivers and includes phone calls and home, school or hospital related visits as necessary. Correspondence with the primary care provider is maintained throughout the entirety of the program.

Physician support is provided to Cindy Cooper, RN, AE-C at the Asthma Education Center of the Northwest by Board Certified Allergists from Allergy & Asthma Center of SW Washington; Carolyn Comer, MD and Michael Noonan, MD who also believe in a community team focus around the care of asthma.



**Carolyn Comer, MD**

The partnership looks forward to obtaining data as the Asthma Education Center of the Northwest and Columbia United Providers move forward in this pilot project, with the potential through this pilot project to provide and extend this state-of-the-art asthma education to others across the community who are in need!



**Michael Noonan, MD**

CUP members are admitted to the pilot project only through contact with the Asthma Program Nurse. Please contact Cheryl Bailey-Horner, RN, AE-C at (360) 449-8926 with questions.

Please contact Cindy Cooper, RN, AE-C at the Asthma Education Center of the Northwest at (360) 567-3984 for any questions regarding referrals and services for non-CUP members.



**Cindy Cooper, RN, AE-C**

## **THE WINNER IS...THE FREE CLINIC OF SOUTHWEST WASHINGTON**

*By Shannon Kelley, Office Administrator*

Each year CUP employees enjoy voting for a particular philanthropy to support. CUP is pleased to report the 2008 vote resulted in a clear win for the Free Clinic of Southwest Washington. As the winner, the Free Clinic of Southwest Washington will be the benefactor of several CUP-sponsored fundraising events throughout 2008.

The first event, CUP's Annual Easter Basket Fundraiser, took place in March. CUP employees gathered donated products and met after-hours to produce beautiful Easter Baskets, raising over \$700 for the Free Clinic. We sought out other businesses that were willing to install and raffle the baskets.

**The following businesses contributed to the success of our Easter Basket event and we couldn't have done it without their support and donations and we thank these business for their generosity:**

- **Fisher's Landing Storage** – Donated a 10 X 10 climate controlled room to house donated products
- **Kolor Kraze Printing** – Donated printing, cutting and delivery of over 2,000 Raffle Tickets
- **Party City** – Donated baskets, stuffed animals, flutes, Easter grass, basket wrap, tablets, pencils, children's jewelry, stickers and toys.
- **Employees at Columbia United Providers** – Designed and filled Easter Baskets.
- **CUP, the Free Clinic, Linear Technology, and QFC** were some of the local businesses that raffled the Easter Baskets.

***The Free Clinic of Southwest Washington sends their deepest thanks to everyone who participated in the Annual Easter Basket Fundraiser.***

### ***More Fun Fundraising Ahead...***

For the remainder of the year, CUP plans to explore a few other fundraising ideas such as a company indoor garage sale, dessert auction (always a big success at CUP), and volunteer our individual skills to the Free Clinic. We are particularly proud of our employee, Keith Condon who has dedicated many personal hours to the improvement and expansion of the Free Clinic Website. If you would like to help the Free Clinic in their great community work, please go to their website at [www.freeclinics.org](http://www.freeclinics.org) where you will find all the information you need to get involved! If you would like to support Team CUP in their efforts to raise money, please contact Shannon Kelley at [skelley@cuphealth.com](mailto:skelley@cuphealth.com).

### **UPCOMING EVENTS:**



***Come Fly Away Dinner and Auction***  
***Saturday, September 27, 2008***  
***Pearson Air Museum***

For more information: [www.freeclinics.org](http://www.freeclinics.org)



***Step out for Diabetes, Annual Walk***  
***Saturday, September 27, 2008***  
No registration fee  
Available Routes: 3 and 6 Miles

Esther Short Park - Vancouver  
Registration Opens at 8:00 am  
Event Start Time is 9:00 am  
For more information: [www.diabetes.org](http://www.diabetes.org)

## MEMBER SATISFACTION & ACCESSIBILITY OF SERVICES

By Sharon Brooks, R.N., Quality Improvement Project Coordinator

Annually, Columbia United Providers analyzes measures of *Member Satisfaction and Accessibility of Services* across the continuum of health plan operations in order to facilitate improvement opportunities to increase member satisfaction. The aggregate data for 2007 was summarized with the following highlights noted:

**Member Satisfaction Surveys:** The Consumer Assessment of Health Plans Survey® was revised for 2007 and not all measures could be trended. For the measures that were trended, Adult Basic Health measures exceeded the benchmark in *Rating of Health Plan* and *Claims Processing*, and Adult Medicaid measures showed significant improvement in *Getting Care Quickly*. The Washington State Medicaid Client Satisfaction Survey utilizes a star rating system from 1 (lowest) to 3 (highest) to compare the five (5) Washington Healthy Options plans. *Customer Service* improved from 2 stars to 3 stars and CUP was the only state health plan with that rating.

**Grievances and Appeals:** No practitioner or group specific trends were identified.

**25 Hour Nurse Line:** Overall satisfaction with the 24-hour nurse line remained high however this service was not renewed for 2008 due to low member utilization.

**Office Site Survey:** Compliance with access standards for routine care access and after-hours access was met.

**Geo-Network Analysis and Access Plan:** Distance standards for primary care and high-volume specialty services were met.

**Emergency Department Utilization:** ED utilization continued to experience increases in 2007. Approximately 30% of the visits occurred during normal business hours. A project utilizing mail and telephonic contact with members was implemented to reduce unnecessary ED use.

**Language, Cultural, and Disabilities Access:** Multiple interventions continued to increase access for members with limited English proficiency and diverse cultural backgrounds.



CUP has an established internal team that focuses on issues surrounding both member satisfaction and access to care and that team uses this information along with other sources of member data to determine areas of focus for quality improvement efforts.

## CUP OUTREACH FOR WELL-CHILD VISITS

By Crystal Holstrom, Supervisor, Member Services

CUP's Member Services team is reaching out to the parents of children age 0-15 months who have received four of the five recommended well-child visits. CUP representatives contact the member at home and conference in the PCP clinic; with the two connected...the appointment is scheduled. As the program builds success with the 0-15 month age group, the age group focus will change according to the highest need.

Scheduled appointments are tracked allowing CUP to provide a seven-day reminder call, followed by a call the day prior. The reminder calls will allow CUP to facilitate rescheduling the visit if the family is not

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able to keep the initial appointment time. CUP expects the reminder calls to help reduce the number of “no shows” in the physician’s schedule.

Member Services will work with the parent or guardian to facilitate transportation if needed, also offering the family the opportunity to learn more about CUP’s *HIP Parent Program* when interested.

Individual clinics also have a tool that allows them to reach out to the families of children needing well-child care. Starting in July of 2007, CUP published the EPSDT / Immunizations Online Report to our website ([www.cuphealth.com](http://www.cuphealth.com)). This tool is still available to providers to help identifying members who are in need of well-child visits and/or immunizations. For additional information about this report, please review the August 2007 issue of the *Provider Focus* on our website.



## CUP ADMINISTRATION DIRECTORY

<u>Position</u>	<u>Name</u>	<u>Phone</u>	<u>E-Mail Address</u>
Chairman of the Board	John White	(360) 449-8861	
President and CEO	Ann Wheelock	(360) 449-8938	awheelock@cuphealth.com
Controller	Vicki Inglis	(360) 449-8939	vinglis@cuphealth.com
Network Development Manager	Cindy Orth	(360) 449-8867	corth@cuphealth.com
Provider Relations Coordinator	Sarah Munson	(360) 449-8865	smunson@cuphealth.com
Information Systems Manager	Janet Hamilton	(360) 449-8960	jhamilton@cuphealth.com
Medical Management Supervisor	Carol White, RN	(360) 449-8924	cwhite@cuphealth.com
Health Programs Manager	Chris Senz	(360) 449-8933	csenz@cuphealth.com
Quality Coordinator	Sharon Brooks, RN	(360) 449-8932	sbrooks@cuphealth.com
Claims & Member Svcs. Manager	Hope Murray	(360) 449-8895	hmurray@cuphealth.com
Credentialing Lead	Michele Luffman	(360) 449-8934	mluffman@cuphealth.com
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Claims Main Number		(360) 891-1520	
Medical Management Main Number		(360) 449-8915	
Mental Health Services		(360) 449-8944	
HIP Parent Program		(360) 449-8903	