



PROVIDER FOCUS

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CUP BRINGS THE REFERRAL AUTHORIZATION AND OTHER SERVICES FOR BEHAVIORAL HEALTH IN-HOUSE

By Sarah Munson, Provider Relations & Contracting Coordinator

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Starting April 1, 2007, CUP brought all referral authorization, credentialing, and contracting services for the administration of the behavioral health benefits for CUP members enrolled in Healthy Options, SCHIP, and Basic Health in-house. CUP's contract with ProBehavioral Health ended March 31st.



CUP members and providers may now call CUP's Mental Health Services at (360) 449-8944 for help deciding where to get the appropriate health treatment or to request prior authorization. Starting April 1st, CUP will conduct an initial screening interview (similar to the initial evaluation done by ProBehavioral Health) for Healthy Options and SCHIP members to determine whether the member should be directed to the CUP network for services, to the Regional Support Network (RSN) for evaluation and services, or if the member needs further evaluation from a CUP network provider to determine where to receive treatment. Basic Health members will be directed to the CUP network for services. If you have questions about this change, contact Carol White, RN at (360) 449-8915.

CUP OFFERING SCHOLARSHIPS TO THE NORTHWEST IMMUNIZATION CONFERENCE

By David Killaby, MHA: QI Project Coordinator

CUP is offering a limited number of scholarships to attend the Northwest Immunization Conference May 15 & 16, 2007 at the Hilton Portland and Executive Tower. Providers and office staff are encouraged to apply. The conference is an opportunity for networking and immunization training for public and private immunization providers and partners. Continuing education (CE) credits will be offered. The agenda and additional conference details available at: www.regonline.com/immunization2007.

For consideration, please complete all information on this form at http://www.cuphealth.com/docs/SCHOLARSHIP_APPLICATION.pdf and fax to: David Killaby at 360.449.8937. For questions or further information: dkillaby@cuphealth.com



TREATMENT NOW!

By Tom Culhane, MD, Medical Director



The Washington State legislature has recently allocated \$33 million to the Washington State Department of Social and Health Services (DSHS) Division of Alcohol & Substance Abuse to expand treatment options for Fee for Service and Healthy Options Medicaid patients diagnosed with chemical dependency. As most providers are well aware, this population can be a difficult population to treat in an effective coordinated manner. Most patients in this category frequently visit emergency rooms, are often drug seeking in their behavior, and typically avoid routine care at their designated medical home. Addressing the needs of this population has become a priority for CMS (the Center for Medicaid and Medicare Services) and DSHS. Patients with these diagnoses are known to frequent emergency rooms and to avoid establishing ties with a designated primary care provider. Clark County along with Yakima, Pierce and Spokane counties have been designated as pilot counties for the rollout of this program. This program serves to direct considerable state resources at dysfunctional behavior of those afflicted with drug or alcohol problems.

This new and well funded program serves as the fast track to admit your public assistance patient into drug or alcohol treatment. The statewide 24-hour **Drug and Alcohol Hotline is 1-800-562-1240**. Components of the program include this drug and alcohol hotline, quick referrals for treatment, increased communication with providers, intensified case management as well as implementation of prescription restrictions for some of the most problematic cases.

The State's PRR (Patient Review and Restriction) program mentioned in a previous *Provider Focus* is but a small part of this more comprehensive program. The PRR is a process that restricts designated patients to just one emergency room, one pharmacy and one prescribing physician for scheduled medications. CUP has also started a similar PRR program.

In addition, there are new and innovative treatments offered for those patients who suffer from chronic pain. Also included are web based resources that include a toolkit at <http://fortress.wa.gov/dshs/maa/pharmacy/Toolkit.htm>. At this web site is published the Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain. Physician reports detailing year long prescription records will be available to primary care practitioners caring for these patients. Those eligible for these new programs include CUP Healthy Options patients. Others eligible include the Medicaid patients who are blind elderly or disabled on SSI.

CUP OFFERS TRAINING FOR ONLINE SERVICES

By Rose Johnson, Senior Systems Analyst

CUP would like to determine your clinic's interest in training login administrators and other clinic staff members for CUP's Online Services.

We have the ability to offer training sessions either at CUP or at your clinic, depending on the needs of your group. If you are interested in training, please notify CUP by sending an email to support@cuphealth.com before May 1, 2007.

Please include what type of training your clinic would like - login administrator training or other clinic staff training - as well as your preference for where you would like the training to be offered - at your clinic or at CUP.





CUP DEPRESSION GUIDELINE REVIEW AND COMMENT

By David Killaby MHA: QI Project Coordinator



Clinical practice guidelines are an integral part of CUP's programs to manage chronic and high-risk conditions such as depression. To assist our PCPs and behavioral health specialists, CUP publishes and distributes guidelines for "Major Depression Disorder in Adults." These guidelines are currently being revised.

To ensure the guidelines meet local practice patterns, CUP is requesting review and comment of the Guidelines at: <http://www.cuphealth.com/docs/depressionguideline.pdf>

Please e-mail your comments to dkillaby@cuphealth.com.

CUP thanks you in advance for your time and consideration of these depression guidelines to improve the diagnosis, assessment, treatment and pharmacological management of CUP members.

SOUTHWEST WASHINGTON MEDICAL CENTER IS A TOP 100 HOSPITAL ONCE AGAIN!

By Tom Culhane, MD, Medical Director

Southwest Washington Medical Center (SWMC) has been awarded the Solucient Top 100 National Benchmarks for Success Award for 2006. This is the second time in a row and the sixth time overall that SWMC has been recognized for this award. We should all be quite proud of CUP's parent organization for again attaining this national quality award. It is very difficult to stay on this list year-to-year. Since there are over 5,000 licensed hospitals in the US, this Top 100 award places SWMC in the top 2% of all hospitals nationally for quality outcomes.

SWMC is one of only three hospitals in the State of Washington to attain Top 100 status in 2006. There were none in Oregon and a total of only four hospitals in California on this very exclusive list.

For a complete list of the 2006 award winners follow this link: <http://www.100tophospitals.com/winners/nationalwinners.aspx>

MEMBER RIGHTS

By Liz Addis, Health Promotions Project Coordinator

Washington is unique in many ways in its focus on patient protections. People enrolled in state-funded health insurance programs are afforded a long list of rights. These rights are communicated to CUP members when they first enroll in the health plan, they are mailed to all members in January of each year, and they are available at any time on CUP's website. Ensuring that members may exercise their rights without fear of retribution is an important issue for CUP and we rely on our provider community to know and honor these rights. Following is a list of the rights that members received in their 2007 handbooks. If you have questions about these rights or how they can be carried out in your office, please contact CUP's Member Services department for more information at (360) 891-1520 or toll free at (800) 315-7862.

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(Continued from page 3) **Member Rights**

- To refuse treatment and to be told what may happen if you refuse
- To understand your treatment options and alternatives
- To have a language interpreter or an interpreter for deaf/hearing impaired at your medical visits and in dealing with your health plan
- To receive medically necessary care without discrimination of any kind 24 hours a day and 7 days a week
- To get a second opinion from another provider in your plan when you are uncertain about your treatment. Call CUP if you want a second opinion, we will help you get one
- To file an appeal or complaint about your plan or providers and receive a timely answer
- To get information about covered medical services. You may choose to pay for services not covered by your plan
- To get information about CUP at the first of the year, or whenever you ask
- To be treated with respect by your provider and CUP
- To talk to your provider and expect that our records and what you say will be kept private
- To be included in making decisions about your health care
- To be informed about Advance Directives
- To request copies of CUP's policies, procedures, or practice guidelines at any time by calling our Member Services department
- To contact CUP to recommend changes in CUP policies and procedures
- To change your PCP at any time
- To know about possible side effects of your care and to give your consent before you get care
- To be free from any form of restraint or seclusion used as coercion, discipline, convenience or retaliation



PREVENTIVE HEALTH GUIDELINES

By Liz Addis, Health Programs Project Coordinator

Preventive Health Guidelines are an integral part of CUP's programs to reduce the incidence of illness, disease, and accidents. Early detection of potentially serious illnesses may also reduce the impact of the illness on the member and improve care outcomes.

Columbia United Providers has a systematic process for the initial development of Preventive Health Guidelines and the distribution of the Guidelines to all network Practitioners. All CUP guidelines are evidence-based and adopted from recognized, authoritative professional medical associations. Practitioners are encouraged to use these Guidelines in the promotion of health for our members.

Columbia United Providers has a systematic process for developing and updating preventive health guidelines and the distribution of these guidelines to all network Practitioners. Practitioners are encouraged to use the Guidelines in the promotion of health for our members.

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(Continued from page 4) **Preventive Health Guidelines**

CUP's website at www.cuphealth.com has a link to our Preventive Health Guidelines. They are age or condition specific and give you parameters for screenings to be done at each of these stages:

- Birth to age 10 years
- Age 11 – 24 years
- Age 25 – 64 years
- Age 65 and Older
- Guidelines for Pregnant Women



CUP CHANGES FORMULARY TO PROTECT THE OZONE LAYER

By Tom Culhane, M.D., Medical Director



Twenty years ago this year a global treaty called the Montreal Protocol was signed requiring a stepped phase-out of all CFC (chlorofluorocarbons) containing compounds. Internationally CFC's have been eliminated from new production of all devices such as refrigerators, freezers and air conditioning units. This ban is an attempt to maintain the earth's natural stratospheric ozone layer that protects life from the harmful effects of the sun's intense ultraviolet radiation. CFC's are very stable compounds and remain in the environment for a very long time. CFC's were recognized previously to interfere with the earth's protective ozone layer.

The medical use of CFC's was primarily as a propellant in meter-dose inhalers. Medical CFC use is the last area to be phased out. While medical usage once represented less than 1% of the total CFC demand, it is now in the 97% range because its previous elimination in other products. Once the complete phase out has been accomplished, now scheduled for the end to 2008, there will be no further need to make these compounds. The production, distribution and sale of these propellants will be illegal after December 31, 2008.

A newer propellant, hydrofluoroalkane (HFA), has been deemed safe for the environment. Albuterol is the most commonly used prescription affected by the impending CFC ban. Generic albuterol containing CFC has been widely available for the last ten years. But its production will cease at the end of next year. Because all HFA-containing albuterol inhalers are currently patented, all generic prescriptions written will actually be filled with a brand name medication by the end of 2008. The good news: the ozone layer will apparently be protected. The bad news: the average cost of an abuterol inhaler will triple.

Because of this somewhat unprecedented phenomenon where a predominantly generic product is returning to brand name only, CUP has had to plan accordingly. The retail supply of the older generic CFC-containing albuterol has recently become spotty and somewhat unpredictable. Therefore we have added both ProAir HFA® and Proventil HFA® to both the Healthy Options and the Basic Health formularies. These products are both environmentally friendly brand name albuterol meter-dose inhalers. This addition will insure adequate supply of albuterol inhalers as the CFC containing products wind down over the next two years.

On a related note, any patient needing more than two albuterol inhalers per year may not be adequately controlled with current preventative medications. High albuterol usage is associated with increased emergency room visits, increased rate of hospitalization and even respiratory arrest. Therefore, with the anticipated sudden tripling in cost of albuterol inhalers, it is even more incumbent upon providers to make absolutely certain that preventative strategies are maximized for all their patients with asthma. This approach is ultimately not only the most efficient but also the safest way to manage patients with asthma.

Myths about E&M Coding
By Chris Senz, Health Programs Manager

Coding for the appropriate level of Evaluation and Management is one of the most complex and often-misunderstood tasks of providers and office staff. For this reason, E&M coding is also subject to increased auditing by payers. Here are some common myths about E&M coding, borrowed from a 2003 presentation by PricewaterhouseCoopers, LLP:



1. Forms labeled “consultation” do not always mean you should bill for a consultation;
2. Completing a template (e.g., fill in all of the blanks) doesn’t necessarily mean you can always bill a high-level E&M service;
3. Even though a patient presents for a procedure doesn’t automatically mean you can bill for a separate E&M service;
4. Just because you document a comprehensive history and physical examination doesn’t mean it was medically necessary or that you can automatically bill a level 5 E&M service;
5. Just because you are a specialist doesn’t mean you can always bill the highest level E&M services;
6. Sending a letter to a referring physician doesn’t mean that the visit is automatically a consultation;
7. Even though the patient who has a chronic condition comes in for an annual examination doesn’t mean you will always work-up that condition to enable the billing of both a preventive medicine and problem-oriented E&M service;
8. Just because you recorded an entry in the medical record doesn’t mean it is a billable service; and
9. A higher level of E&M service should not be billed just because you had a lengthy discussion with the patient.

CUP Administration Directory

<u>Position</u>	<u>Name</u>	<u>Phone</u>	<u>E-Mail Address</u>
Chairman of the Board	Lisa Morrison, MD	(360) 449-8861	
President and CEO	Ann Wheelock	(360) 449-8938	awheelock@cuphealth.com
Medical Director	Tom Culhane, MD	(360) 449-8866	tculhane@cuphealth.com
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Provider Relations Coord.	Sarah Munson	(360) 449-8865	smunson@cuphealth.com
Information Systems Mgr.	Janet Hamilton	(360) 449-8960	jhamilton@cuphealth.com
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Health Programs Manager	Chris Senz	(360) 449-8933	csenz@cuphealth.com
Quality Supervisor	Sharon Brooks, RN	(360) 449-8932	sbrooks@cuphealth.com
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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	