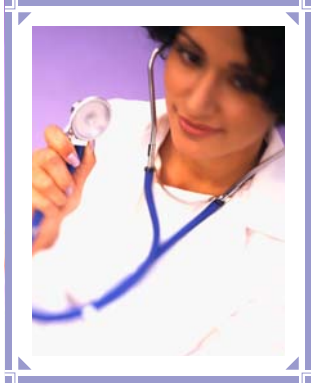




# PROVIDER FOCUS

DECEMBER 2007



## CUP Formulary Changes

By Chris Senz, Health Programs Manager

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CUP has experienced dramatic increases in pharmacy costs over the past two years, and unfortunately dramatic increases call for dramatic changes. To some degree, CUP has had a very open and inclusive formulary but as a Medicaid health plan we simply cannot afford to offer a “Cadillac” list of pharmacy options. CUP’s goal is to reduce pharmacy costs to allow us to continue to reimburse providers at more reasonable rates for the Healthy Options, SCHIP, and Basic Health Subsidized state programs.

Our Pharmacy and Therapeutics Committee has recommended a number of formulary changes that have already taken effect and many additional changes that are still to come. Through October 2007, our pharmacy utilization averaged:

- \$33.42 per prescription (8.5% increase over 2006)
- \$88.64 per brand name prescription (7.3% increase)
- \$17.21 per generic prescription (13% increase)
- 0.53 prescriptions per member/per month (5.7% increase)
- \$17.08 per member/per month total cost (13% increase)



While some cost issues are out of our control (we see this in particular in the increased cost of generic prescriptions), we have seen an increase in the number of prescriptions per member, and an increase in higher-cost medications being dispensed. Our ge-

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## CUP Addresses ER Utilization

Use of the emergency room for low-level conditions that can be treated in the primary care setting is a topic that plagues Medicaid health plans across the nation. With the opening of a second emergency room in our county in late 2005, CUP has experienced approximately a 30% increase in ER utilization. Compared to other Medicaid managed care plans in Washington, CUP’s ER utilization is still relatively low. Of course with higher ER utilization comes increased costs, but even more concerning is a lack of preventive care, treatment continuity, and follow-up related to receiving care for non-emergent conditions in the ER. CUP’s goal is to reduce inappropriate ER utilization to allow us to continue to reimburse providers at more reasonable rates for the Healthy Options, SCHIP, and Basic Health Subsidized state programs.

Several months ago, CUP started a new project to address our increasing ER utilization rates. Through survey of claims data we found that approximately 28% of ER utilization happens during daytime hours when PCP offices are open. Because Medicaid members have no cost-sharing associated with use of the ER, and because emergency departments must comply with strict EMTALA rules surrounding assessment and stabilization of all individuals, CUP felt the best intervention point was with members themselves. Our main goal for the project is to learn more about member behavior and help educate members about options that are more appropriate (PCP

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### **CUPNURSE TELEPHONE ADVICE LINE WILL BE DISCONTINUED**

effective 1/1/08. CUP will notify members about this change and will encourage members with an urgent condition to contact their PCP or to go to any of the six urgent care centers in CUP’s network.

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generic utilization hovers around 78% which is respectable, but many Medicaid plans have rates that are 10% higher.

The areas that are of particular concern are ADHD medications (our largest class of drug utilization and cost), pain medications, and the use of atypical anti-psychotics (which are very expensive) for off-label uses. Because CUP Medicaid members have no cost-sharing, the only method CUP has to control costs is to tighten our formulary.



Providers may have already experienced some of the changes our P&T Committee has recommended. Class II narcotics have quantity limits applied, some medications have been limited to specific provider specialties for initial prescriptions (refills can be managed by PCPs), and several brand name medications have been removed from the formulary entirely because there are sufficient generics available in the class to treat most conditions. While we recognize this may cause some disruption for members and frustration for providers, we also recognize that we are stewards of public funds and must do our best to meet the needs of as many people as possible.

Watch our website for notices of additional changes and updates as they occur, and please feel free to submit requests for specific changes/additions to be considered by our P&T Committee. If you would like to submit requests, serve on the P&T Committee, or would like to be consulted on a periodic basis regarding specialty classes of medications, please send an e-mail to [csenz@cuphealth.com](mailto:csenz@cuphealth.com).

(Continued from page 1) **CUP Addresses ER Utilization**

office visits, urgent care clinics, home care, etc.). After calling over 400 members on the day following their or their child's ER visit, we learned a few things about member choices:

- 96% know their PCP and have sense of medical home
- 40% feel their condition is a true emergency
- 40% call their PCP first, 62% of those say PCP told them to go to ER
- 96% do not call anyone other than PCP for advice before going to ER
- 87% were told to receive follow-up care at the PCP office



Given these findings, CUP is taking four actions.

- In 2008 we will be providing specific member-level information to large clinics to allow them to investigate which staff spoke to the members and gave the impression the ER would be a better place for care. This will allow clinics to train their staff on appropriate handling of calls from members for perceived emergencies.
- CUP has started an educational program for young parents. The program will offer parenting classes, opportunities for social interaction with other young parents to build a support network, and telephone support for concerns during business hours.
- Continue calling all members who visit the ER during business hours and provide direct education about appropriate use of PCPs, urgent care centers, and emergency rooms.
- Continue discussions with administrative staff in both ERs to explore options for providing lower-level care for non-emergent conditions. We know emergency physicians prefer not to treat non-emergent conditions and also believe these conditions are better managed in PCP offices. With their partnership we can explore creative solutions.

We recognize that the addition of a second ER in our community and the resultant advertising from both facilities geared toward children's care in the emergency rooms has changed behavior among our members. In the past few months, as the "newness" of Legacy Salmon Creek Hospital has worn off, we have seen a leveling-off of utilization and we are hopeful that our continued efforts and new programs will lead to little to no increase in utilization next year.

### The HIP PARENT PROGRAM

By Allie Holte, Quality Coordinator

CUP is designing the *HIP* (Healthy, Informed, and Powerful) *Parent Program* to provide health information and empower parents. The focal point of this program is in the removal of socio-economical barriers that interfere with healthcare utilization practices.

The *HIP Parent Program* will provide an advocacy based social service Help Line assisting parents with telephonic case management and offering information about local community resources including low-income and transitional housing information, crisis intervention services, transportation assistance, childcare assistance, WIC, and many other agencies.

In addition, the *HIP Parent Program* will provide parenting education classes and crisis intervention/management classes. Parents will learn about healthy eating and child safety. Parents will be able to join a group that will allow them to develop supportive friendships and networking.

CUP expects to implement the *HIP Parent Program* for CUP members by Spring of 2008. Please check the CUP website at [www.cuphealth.com](http://www.cuphealth.com) at that time for more information.



### CHILD Profile Development Brochures—Good Tools for Parent Education

By David Killaby, MHA: QI Project Coordinator

The CHILD Profile Immunization Registry has developed a series of age-specific growth and development charts called *Watch and Help Me Grow* for use in your work with families. These charts are part of the CHILD Profile Health Promotion mailings that are regularly sent to nearly all parents of children from birth to age six years in Washington State.

The charts were created so parents and other caregivers may increase their understanding of children's growth and development from birth to age five years and to gain ideas of ways to promote healthy development. Providers are encouraged to use the materials for discussion with parents about early learning and development issues.

CHILD Profile Developmental Charts:

- Watch and Help Me Grow, Birth to 18 Months.
- Watch and Help Me Grow, 1½ to 3 Years.
- Watch and Help Me Grow, 3 to 5 Years.



You can order up to 25 of each development chart online at <https://fortress.wa.gov/prt/printwa/wsprt/default.asp> or by calling 360-586-6363. They are available in English and Spanish.

For more information about CHILD Profile mailings, call 206-296-2785 or visit [www.childprofile.org](http://www.childprofile.org). If you are interested in reviewing and commenting on CHILD Profile materials, please contact the number above or [health-childprofile@metrokc.gov](mailto:health-childprofile@metrokc.gov).

### Chronic Disease Self-Management Program

By Sharon Brooks, RN, CPHQ

#### For Your Patients with Chronic Disease:

CUP is working to improve the health status and outcomes of our members with chronic conditions by offering Stanford University's evidence-based Chronic Disease Self-Management Program (CDSMP).

This program has gained worldwide recognition as a proven methodology that teaches people with chronic conditions how to effectively manage their illnesses. Participants who complete the program feel better, are less limited by their illness, have better health outcomes, and less healthcare utilization. CUP Quality Department staff are trained to conduct this six week workshop. To date, three workshops have been conducted.

Please call Susan at (360) 449-8925 for more information or to refer your CUP patients to this program. The workshop is **FREE to CUP members** and includes a copy of the book *Living a Healthy Life with Chronic Conditions*.

#### For Your Interested Clinic Staff:

CUP Quality Department staff will conduct Leader Training for clinic staff interested in offering the Chronic Disease Self-Management classes to their patients. Participants are required to attend all four days of full-day classes. Stanford University requires a licensing fee for organizations that offer the program and the licensure must be in place before the leader training.

Please contact David Killaby by email [dkillaby@cuphealth.com](mailto:dkillaby@cuphealth.com) or by phone at (360) 449-8936 to request further information about the upcoming training and details on licensing.



### 2007 CAHPS Survey Results

By Sharon Brooks, RN, CPHQ



CUP once again conducted the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey of our both our Basic Health Subsidized and Healthy Options Adult populations.

For 2007, this survey was revised to include new questions, new composites, and changes in response options. Because of these changes to the survey tool, many of the results were not trendable. The new Composites added to the survey included *Shared Decision Making*, *Plan Information on Costs*, *Health Promotion and Education*, and *Coordination of Care*. The *Courteous and Helpful Office Staff* Composite was deleted from this survey tool.

#### Basic Health Subsidized (performed annually)

For 2007, the results showed no statistically significant differences from the 2006 results for the prior Composite measures that were trendable. The results for *Rating of Health Care*, *Rating of Personal Doctor*, *Rating of Specialist*, and *Rating of Health Plan* also showed no statistically significant differences from 2006.

#### Healthy Options (performed every other year)

For 2007, the results showed a statistically significant increase from 2005 results for the *Getting Care Quickly* Composite (81.0% to 87.1%). The results for *Rating of Health Care* showed a statistically significant decrease from 2005 results (72.1% to 64.1%). This is an important measure of quality as it gives the members the opportunity to rate all of the health care they have received in the prior six months.

CUP has an established internal team that focuses on member satisfaction issues and that team will use this information along with other sources of member data to determine areas of focus for quality improvement efforts over the coming months.

### Basic Health DME Benefit Change in 2008

By Sarah Munson, Provider Relations

The Health Care Authority made the decision to discontinue the outpatient DME benefit in 2008. Starting January 1, 2008, outpatient Durable Medical Equipment and Supplies will no longer be covered for Basic Health Subsidized members, although CUP will continue to provide limited coverage for diabetic and asthma supplies in order to support CUP's Asthma and Diabetes Management Programs.

CUP will inform providers about the details of the limited coverage for these two programs in a few weeks and will post this information on CUP's website at [www.cuphealth.com](http://www.cuphealth.com).

For questions about CUP's Asthma Management Program, including special coverage of Asthma supplies, please contact Cheryl Bailey Horner RN. Cheryl's e-mail address is [cbhorner@cuphealth.com](mailto:cbhorner@cuphealth.com).

For questions about CUP's Diabetes Management Program, including special coverage of Diabetes supplies, please contact Mary Kay Duvall RN. Mary Kay's e-mail address is [mkduvall@cuphealth.com](mailto:mkduvall@cuphealth.com).

### False Claims Act Fluency

By Liz Addis, Health Programs Project Coordinator

The federal Deficit Reduction Act of 2005 requires that CUP, and our contracted providers, adhere to certain standards in terms of billing practices. The main purpose of the False Claims Act is to combat fraud and abuse among those participating in government health care programs. The Act makes it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. The culpability factor in these laws goes beyond anything before. Penalties are assessed per false claim and may include exclusion from participation in federal healthcare programs.

Examples of false claims actions are: (1) billing for services that were not actually rendered; (2) billing for a more highly reimbursed service or product than the service or product that was actually provided (up-coding); or (3) billing multiple payers for the same service or product.

The False Claims Act forbids knowing that false statements are made in connection with a submitted claim. "Knowing" means that a person: (1) has actual knowledge that information is false; (2) deliberately ignores whether information is true or false; or (3) acts recklessly in disregard of the truth or falsity of information.

Part of the False Claims Act is the "whistleblower" provision. This law is designed to protect employees who suspect dishonest, illegal, or fraudulent activities. The whistleblower employee is expected to exercise sound judgment in making claims, but is also protected from retaliation in doing so.

Changes in the medical industry - in terms of procedural methods, coding practices, and managing multiple practice locations - make it challenging for providers to meet the requirements of this regulation. Provider groups are compelled to institute practice standards that foster employee's awareness of this law and the issues it raises in terms of personal accountability and protection and ensuring that claims are submitted accurately.

If this is a part of your business that you feel may be vulnerable, please contact CUP for input in auditing and monitoring your procedures.





## Member Satisfaction and Accessibility of Services

By Sharon Brooks, RN, CPHQ

Annually, Columbia United Providers (CUP) 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 2006 was summarized with the following highlights noted:



**Member Satisfaction Surveys:** Overall for *Adult Basic Health* members, satisfaction did not show any significant change. However satisfaction for *Child and Children with Chronic Conditions Healthy Options* members was statistically better than the average of Medicaid health plans in Washington.

**Grievances and Appeals:** No significant issues were identified.

**Vendor Satisfaction Surveys:** Most members were very satisfied with the 24-hour nurse service and with the maternity management service.

**Office Site Survey:** Compliance with access standards for access and after-hour coverage 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 increased significantly with the opening of a new facility in CUP's service area. No apparent access issues were identified; rather inappropriate visits appear to be driving the increase.

**Incentive Programs:** Member behavior and clinic strategies to increase Immunization and Well Child Exam rates lacked significant improvement.

**Language, Cultural, and Disabilities Access:** Multiple interventions were implemented 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 will use this information along with other sources of member data to determine areas of focus for quality improvement efforts over the coming months.

## CUP Administration Directory

<u>Position</u>	<u>Name</u>	<u>Phone</u>	<u>E-Mail Address</u>
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