Provider Focus

November 2006

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Basic Health Program is Open to New Enrollment

By Cindy Orth

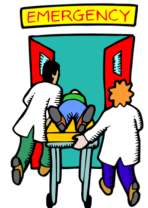
Basic Health received additional funding to increase statewide enrollment to approximately 106,500 enrollees. Currently there are slots open and Basic Health is accepting new applications. If you are aware of anyone who might qualify, please have them contact the Health Care Authority to apply online at http://www.basichealth.hca.wa.gov/ or by calling 1-800-660-9840.

ER Use and Costs Continue an Upward Trend

By Cindy Orth

Since the beginning of 2006, CUP has seen a significant increase in emergency room use, especially during normal business hours. As a result, we have developed an ER Task Force to review and collect data to determine how we might impact this trend.

The primary care medical home provides the foundation for accessing care in the appropriate health care setting. We have found that regular physician contact and access to timely appointments are factors in reducing ER utilization and costs. In addition, education of enrollees is critical in redirecting primary care services rendered in the emergency room. CUP enrollees need to have a clear understanding of an emergency medical condition and appropriate use of the emergency room. To that end, CUP has implemented a more direct education campaign with our enrollees and has been working with PCP groups and local emergency room departments to impact changes.



Efforts by CUP include:

- Meetings with local ER Departments and network physicians to collaborate on efforts to reduce ER visits and redirect non-urgent care to more appropriate settings;
- Better education of enrollees—those members who have visited the ER for non-urgent conditions will receive a letter from CUP with education regarding the definitions of a true emergency medical condition, promotion of contacting their PCP for direction in the future, information on what to do if their PCP cannot see them, other alternative sources of information such as the CUP Nurse Advice Line, and promoting the use of more appropriate settings, such as the Urgent Care Centers;
- Surveying ER users to better understand their reasons for going to the ER;
- Better detailed reporting to PCP groups related to their members accessing ER care; and
- Implementation of a pilot “Patient Restricting Program” beginning December 1st that will target the top 20 users of both ER use and narcotic abuse.

Thank you for your continued support and assisting CUP with these efforts. Together, CUP and our network physicians can work to provide better patient care in more appropriate and less costly settings. If you have any questions or want more information about our Task Force activities, please feel free to contact me at (360) 449-8867 or via e-mail at corth@cuphealth.com.

Provider Focus

2006 Washington State Medicaid Client Satisfaction Survey

By Sharon Brooks RN, CPHQ

Columbia United Providers would like to thank each of you for your contribution in improving the satisfaction of your CUP members. The *Washington State Medicaid Client Satisfaction Survey* is conducted every other year to evaluate the performance of the six Medicaid Healthy Options programs in Washington and is based on the health care services and experiences of *General Children* and *Children with Chronic Conditions.*

- The year to year comparison of CUP rates shows significant improvement in multiple composite and rating categories from 2004. There were also significant improvements in the individual questions making up each composite.
- CUP improved all single star ratings from prior years and rated statistically better than the Washington average of six Healthy Options plans in 7 of 24 categories.
- For the *General Child* survey CUP received seven 3-star ratings in a total of 26 questions. Only one other health plan received a 3-star rating and that was in 1 question.
- For the *Children with Chronic Conditions* survey, CUP received the highest number of 3-star ratings of any health plan or 8 of 47 questions.
- CUP rates equaled or exceeded the Washington average of six Healthy Options plans in 22 of 24 composite or rating categories.

Please contact Sharon Brooks RN, CPHQ at sbrooks@cuphealth.com for a more detailed copy of this Satisfaction Survey.

Formulary Update

By Tom Culhane, MD

The fourth serotonin specific reuptake inhibitor (SSRI) approved for treating depression, Zoloft®, has recently become available in its generic form, Sertraline. Sertraline now joins three other widely used antidepressants from this class to go generic. The others available are Citalopram, Fluoxetine and Paroxetine. Lexapro® remains the sole commonly prescribed antidepressant available in its brand form. The CUP Pharmacy & Therapeutics Committee recently reviewed the SSRI's now available on the CUP formulary. The Committee found no convincing proof that the currently-available Lexapro® offered any significant clinical advantage over the very similar generic Citalopram. Therefore, the Committee voted to remove Lexapro® from the CUP formulary starting January 1, 2007. Those patients already on Lexapro® at that time will be allowed to continue on this medication.

The following are other changes approved by the CUP Pharmacy & Therapeutics Committee: Effexor XR® and Cymbalta® will be removed from the CUP formulary starting January 1, 2007. These two medications will be available as a new start only if a provider certifies that the patient's diagnosis is chronic pain. Effexor XR® and Cymbalta® will be approved for patients with depression only after at least two generic SSRI's have been tried and failed. Those patients already on these two medications on January 1 will be allowed to continue on them for any diagnosis. Wellbutrin SR® will also be removed from the CUP formulary starting January 1. Short acting generic Buproprion will continue on the formulary. Again, those patients already stabilized on Wellbutrin SR® on January 1 will be allowed to continue on this medication.

Provigil® (modafinil) has been added to formulary by prior authorization only. Provigil® will be approved for the following conditions only:

- Daytime sleepiness related to a diagnosis of narcolepsy that has failed a trial of Methylphenidate or Dextroamphetamine.
- Daytime sleepiness related to a diagnosis of sleep apnea/hypopnea that persists after a 2 month trial of CPAP.

Meloxicam (Generic Mobic®) has also been added to the CUP formulary.

Provider Focus

Wait-and-See Prescription for the Treatment of Acute Otitis Media

By David Killaby, QI Project Coordinator, MPA:HA

Resistance to antibiotics is a major public health concern worldwide and is associated with the widespread and often unnecessary use of antibiotics. Acute Otitis Media (AOM; ear infection) is the most common reason for which an antibiotic is prescribed to children. David M. Spiro, M.D., M.P.H., formerly of the Yale University School of Medicine, New Haven, Conn., and his colleagues conducted a study to determine whether treatment of AOM using a "wait-and-see prescription" (WASP) significantly reduced use of antibiotics compared with a "standard prescription" (SP), and evaluated the effects of this intervention on clinical symptoms and adverse outcomes. All patients in the study were treated in the Emergency Department and received ibuprofen and ear analgesic drops for use at home.

The researchers found that the WASP significantly reduced the use of antibiotics. Substantially more parents in the WASP group did not fill the antibiotic prescription compared to the SP group (62 percent vs. 13 percent). Parents of patients in the WASP group who did fill the prescription reported they did so because of fever (60%), otalgia (34%), or fussy behavior (6 %). No serious adverse events were reported for patients in the study.

"This randomized controlled trial has provided evidence that the WASP strategy significantly reduces the use of antibiotics … (but) remains controversial as most pediatricians in the United States have been trained to routinely prescribe antibiotics for AOM and believe that many parents expect a prescription; a small minority of practitioners who care for children routinely use watchful waiting. The WASP approach may interrupt the cycle of antibiotic prescription, the expectation of parents to immediately treat AOM with an antibiotic, and subsequent medical visits for this illness."

For More Information, go to the JAMA abstract at: http://jama.ama-assn.org/cgi/content/short/296/10/1235

CUP Contracts for Healthy Options/SCHIP and Basic Health in 2007

By Sarah Munson

CUP is pleased that our Healthy Options/SCHIP contract has been renewed and we have been awarded the Basic Health Subsidized contract for next year.

There are no changes to the Healthy Options/SCHIP benefits, but there are a few changes to the Basic Health benefits in 2007:

- Oxygen will be covered with no co-pay or co-insurance required;
- Inpatient and outpatient physical therapy, occupational therapy, and chiropractic will be covered up to a combined maximum of 12 visits per calendar year. (Of the 12 visits, no more than six can be for chiropractic care.) These visits qualify for coverage only when used as post-operative treatment for reconstructive joint surgery (such as hip or knee replacement) when received within one year following surgery;
- Durable medical equipment and supplies (such as C-PAP machines, ostomy supplies, and crutches) will be covered as follows: $25 co-pay for outpatient supplies; $500 maximum benefit per member per year for outpatient supplies; inpatient DME continues to be covered in full; and
- Coverage for sleep studies will be limited to one per member per year.

Provider Focus

CUP's Online Services Team is proud to present our upgraded Online Services for Providers!

By Janet Hamilton

Based on feedback from clinic users, we recently made a number of updates to our online services for providers. Please share this information with your clinic staff.

Please continue to use the 'Submit Feedback' link at the bottom right hand corner of each online page to submit feedback about your experience using our site. It is our ongoing goal to provide you with all the information you need to effectively serve CUP's population in an easy-to use format that supports your processes. Your feedback is invaluable toward that goal. Here are some of the changes we've made to CUP'S Online Services:

- **Meet the Challenge -** We added a 'challenge question' associated with the login ID and password for each staff member to make the password re-set option easier and more secure to use. The first time you log into the upgraded online services, you will be prompted to set up your "challenge questions." The combination of your username and correct answer to your challenge question will allow you to re-set your password if you forget it.
- **Updated Navigation -** We updated our menus to be more consistent with the overall website look and feel, and we updated the navigation structure which should make finding the information you need as easy as can be!
- **Increased Efficiency -** We upgraded to .NET 2.0 and this has some marked effects on our website's efficiency. Reports and lookups should load and display quicker than ever before!
- **Take Me Back -** When a staff member is logged out because their session has not been active for 30 minutes or more, upon logging back in they will be directed to the screen they were on when they timed out!
- **Shared Email Addresses -** It is no longer necessary to enter a unique email address for each staff member and your clinic login administrator is the only one who needs to have a valid email address. The same email address can now be used for staff members who do not have one of their own.
- **Check It Out -** Who's been checking eligibility? Who hasn't logged in lately? Savvy CUP Login Administrators want to know!!! Now CUP Login Administrators can view a detailed status report on their users and can also search to see if a particular patient was looked up by a clinic staff member.
- **Forms From the Menu -** There is now a new 'Forms' heading on the left navigation menu where you will find links to the Well-Child/Sports Physical Forms, Referral Request Form, and Synagis Request Form.

New Prior Authorization Requirements for High Cost Injectables

By Carol White, RN, BSN, CCM

To simplify our High Cost Injectable pre-authorization requirement, we have eliminated our prior "High Cost Injectable List" and replaced it with the following:

Prior Authorization is required for ALL High Cost Injectables greater than $100, except for Chemotherapy, Chemotherapy-related injections, Blood/Blood Products, and when Chemotherapy and ESRD related.

- Aranesp: J0881, J0882
- Epogen: J0885, J0886
- Leukine: J2820
- Neulasta: J2505
- Neumega: J2355
- Neupogen: J1440, J1441
- Procrit: J0885, J0886

Prenatal Incentive Program

By Carrie Thomas, RN, MSN

CUP's Prenatal Incentive Program gives pregnant women the opportunity to talk with CUP's OB Case Manager, Carrie Thomas, RN MSN, and provides community resource information, maternal support service referrals, and educational materials. Surveys returned by participating members have been overwhelmingly appreciative of the contact and program.

We urge all our obstetrical providers to ask their pregnant CUP members of less than 20 gestation weeks to call Carrie to enroll in CUP's Prenatal Incentive Program. Historically, the 'no show' rate for prenatal visits has been exceedingly high, so CUP now offers a $50 gift card incentive to its pregnant members to go to all their prenatal visits between 20 and 36 weeks gestation. Participation has been limited this past year with CUP issuing just 23 gift cards thus far out of the nearly 400 new pregnant CUP members eligible. But, we are on track to double that number in the next four months.

CUP offers OB Case Management services for all pregnant members and infants under one year of age who could benefit from having another resource to help meet their medical and psychosocial needs. For more information or to enroll a member, contact Carrie by phone at (360) 449-8927, fax (360) 449-8916, or e-mail cthomas@cuphealth.com.

Vaccine Update—Rotavirus and Human Papillomavirus

By David Killaby, MPA:HA

These vaccines will be covered in 2007 according to the following instructions:

ROTAVIRUS VACCINE (Rota Teq® Merck)
Healthy Options/State Children's Health Insurance Program (SCHIP)/Basic Health Plus (BH+)

- Providers must bill Medicaid under FFS through the EPSDT program for children. EPSDT billing instructions are available online in the Provider Publications section of the Health and Recovery Services Administration (HRSA) Website at: http://fortress.wa.gov/dshs/maa/download/bl.html

HUMAN PAPILLOMAVIRUS VACCINE (Gardasil® Merck)
Healthy Options/State Children's Health Insurance Program (SCHIP)/Basic Health Plus (BH+)

- Providers must bill Medicaid under FFS through the EPSDT program for children. EPSDT billing instructions are available online in the Provider Publications section of the Health and Recovery Services Administration (HRSA) Website at: http://fortress.wa.gov/dshs/maa/download/bl.html

Basic Health

- CUP will not reimburse for HPV vaccine for Basic Health members until the ACIP provisional guidelines are published in the MMWR, probably in December 2006. CUP will notify providers regarding CUP HPV billing instructions for Basic Health members via our monthly Provider Web Notification.

For More Information

- MMWR "Prevention of Rotavirus Gastroenteritis Among Infants and Children": http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1.htm
- HPV ACIP provisional recommendations: http://www.cdc.gov/nip/recs/provisional_recs/hpv.pdf

COLUMBIA UNITED PROVIDERS

Provider Focus

Criteria for Newborns with Sacral Dimples

By *Tom Culhane, MD*

CUP receives many referral requests from area pediatric practitioners regarding newborns with sacral dimples. Some of these referral requests are for MRI's or ultrasound imaging. Other requests are for referrals to pediatric neurosurgical specialists. Many times it is not clear to us from the clinical record why there is concern about a particular infant with a sacral dimple.

Five percent (5%) of newborns have sacral dimples at birth. The vast majority of these cases are no cause for concern regarding sacral dysraphism. There are now clearly defined clinical criteria for imaging workup of sacral dimples. These are:

1. Deep (the bottom of the dimple can't be seen)
2. Large (> 0.5 cm in diameter)
3. High on the back (> 2.5 cm above the anal verge)
4. Associated with other skin findings at the site of the dimple (a tuft of hair, a tail or a hemangioma)

A 2000 review article[1] indicated that unless one of the above findings is present, the chance of occult sacral dysraphism is nonexistent. These imaging guidelines have been reviewed by a Portland pediatric neurosurgeon who concurred with their use in deciding whether or not to order imaging. These guidelines are consistent with local practice standards.

Therefore, I have instructed the CUP Medical Management nurses to look for clear documentation of one of these particular clinical risk factors when approving either imaging or referrals for sacral dimples. It is anticipated that by following these guidelines that we can together provide the highest quality of care to CUP members without incurring undue expense.

[1] Drolet BA. Cutaneous signs of neural tube dysraphism. Pediatr Clin North Am 2000;47:813-23.

CUP Administration Directory

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