



PROVIDER FOCUS

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New 2008 Pre-Authorization Requirements

By Chris Senz, Health Programs Manager



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Changes in utilization, pharmacy, and network availability have sharply driven up costs over the past three years, dramatically increasing utilization and cost at an unsustainable level. Columbia United Providers has already taken several steps to manage these costs, such as a tighter formulary, more scrutiny of pre-existing conditions, and intervention to educate your patients who visit the ER inappropriately.

With the continued losses in 2007, CUP has undertaken a review of all our policies and procedures and has determined that we need to institute new and enhanced processes to address some ongoing issues:

- CUP will be conducting active concurrent reviews for all inpatient admissions to review medical necessity and lengths of stay for admission;
- CUP's Pharmacy & Therapeutics Committee will continue to limit our formulary to the least expensive efficacious medications in each class to reduce cost and promote efficient prescribing;
- CUP will not be approving referrals to out-of-network specialists for convenience reasons (shorter wait times, etc.) as long as we have services available in our network;
- CUP will actively seek secondary insurance information on members on the Basic Health Subsidized plan and will enforce the plan's nine-month waiting period on pre-existing conditions;

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New HIP Parent Program

By Allie Holte, Quality Coordinator

A report on well-child visits shows that providers may not have enough time to address all of a family's needs in the time allotted for an average office visit. Provider responsibilities seem to be ever expanding, while time for patient care continues to decrease. Office visits for acute illness often do not allow time for proper developmental screening, patient education, anticipatory guidance, and thorough exams for children. Well-child visits are the appropriate setting for these services. While providers want to apply a holistic approach to addressing family healthcare needs, the expanse of duties they are required to fit into sporadic opportunities for care can be frustrating.



CUP has heard these frustrations. We have developed a new program that will give providers added support in a holistic approach to medicine by addressing family

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- CUP will utilize expert case management companies to assist providers in managing oncology and NICU cases;
- CUP will conduct retroactive medical necessity reviews on selected services to ensure appropriate utilization and will require refunds for any services that are found to not meet medical necessity criteria;
- CUP will no longer accept retroactive requests for authorizations.



CUP is limiting further our list of services that require pre-authorization and we will no longer pay claims for these services if providers do not acquire the necessary pre-authorization. We have carefully reviewed our claims and referral data and have attempted to narrow this list to only those items where we have continued to see higher proportions of denials for medical necessity reasons.

The list of services that require pre-authorization is published on CUP's website at www.cuphealth.com. You may also contact CUP at (360) 449-8915 to request this information. Services not on this list can be conducted without prior authorization. However, services on this list that do not have an accompanying prior-authorization approved by CUP will not be payable claims. Because Medicaid regulations do not allow balance billing of Medicaid members, services that are not payable by CUP will be provider write-off. Similarly, providers should not hold Basic Health members financially liable for services that are provided inappropriately.

Additionally, CUP has a preferred lab services contract with Southwest Washington Medical Center and also contracts with Legacy Lab Services for those members and providers whose practices are near Legacy Salmon Creek hospital. Please be sure that your practice is utilizing CUP's contracted lab service providers – otherwise these services may be your responsibility for payment.

(Continued from page 1) **New HIP Parent Program**

psycho-social needs outside of the provider office visit setting. The HIP Parent Program will provide assistance and referrals to CUP members for the following: transportation, emergency grants, childcare assistance, child safety assistance, housing assistance, medical advocacy, nutritional advocacy, crisis management and prevention, in addition to support groups for parents. CUP believes that meeting family needs outside of the provider office will help with appropriate utilization of services and allow our providers more opportunity to focus on physical health needs.

The HIP Parent Program is a multifaceted program that addresses the numerous issues that have been of concern to the medical community. Over the last two years CUP has experienced a 34.5% increase in the number of ER visits; our well-child visit rates for infants hover around 40% completion; CUP's rate of children receiving NO well-child care is twice the state average. These data imply that there are barriers that prevent positive changes in our membership. The HIP Parent Program is designed to contribute to removing some of those barriers. As a result of removing barriers we are hoping to see behavioral changes in healthcare access, lowering no-show and ER visit rates, and increasing well-child and immunization rates.

The HIP Parent Program is currently accepting phone intakes. If you determine that a patient of yours would benefit from resources and support for family social issues, have them call The HIP Parent Program at (360) 449-8903. We will assess their needs for assistance, align them with community resources, educate them about navigating our healthcare system, and hopefully set them on the right track to a healthier lifestyle.

Safeway and WalMart Pharmacies Join the CUP Network

By Sarah Munson, Provider Relations Coordinator

For the convenience of our members, CUP added ten Safeway pharmacies and three WalMart pharmacies to our pharmacy network starting February 1, 2008.



CUP's pharmacy network located in Clark County now includes Fred Meyer, Hi-School Pharmacy, Mike's Eastside Drugs, Mill Plain Medical and Pharmacy, Olympic Drug, QFC, SW Washington Medical Center, Safeway, The Vancouver Clinic, Walgreens, and WalMart.



Poly-Pharmacy Reports Coming Soon!

By Chris Senz, Health Programs Manager



CUP's Pharmacy and Therapeutics Committee has worked very hard over the past year to rein in pharmacy costs while also maintaining a formulary that meets most needs for most of our members. This is a delicate balancing act! At this point, we feel we've made some changes that will control cost and utilization in particular classes of drugs, and are ready to tackle pharmacy costs from a different perspective – poly-pharmacy.

In 2007, 660 CUP members accounted for over **\$2 million** in pharmacy costs. Some of these members have conditions that warrant high-cost medications, but the majority of members receive multiple prescriptions from multiple providers. In one case, a member received 22 unique prescriptions (refilled every month) from eight different prescribers across five different specialties. Often, we see multiple prescriptions for pain, behavioral health, seizure, and anti-psychotic medications all being prescribed at the same time. Not only is this a safety concern on the part of the members, but it is also a legal and coordination-of-care concern on the part of our providers.

To address these concerns, CUP will begin sending poly-pharmacy reports to all providers who treat members with concerning pharmacy utilization patterns. By informing you, the providers, of all the other medications members are receiving, you will be better able to watch for interactions, addictions, and injurious behaviors. Our intent is that providers will communicate one-on-one with the other prescribers to negotiate the appropriate drug regimen for these members and control their utilization. If you identify members who you need help managing, please contact CUP's Medical Management Department at (360) 449-8915 and we will assign a case manager to assist you in whatever way we can.

We will begin sending these reports monthly, so it is possible you will see them in your mailbox within the next few weeks. Please review the reports and coordinate with other providers the member sees to provide the best care possible. If you receive a report that seems inaccurate or you need help contacting the other providers who have written prescriptions, please contact our Pharmacy Benefits Coordinator, Irma Valdez, at 360-449-8931 and CUP will assist you.

Member Rights

By Liz Addis, Health Programs Project Coordinator



One of the many ways that Washington State is unique is in its focus on patient rights and protections. People enrolled in state-funded health insurance programs are afforded an extensive 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 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.

In the most general sense, member rights pertain to the ever-increasing focus on educating and empowering people in their choices regarding the health care they seek. The advantage of this to providers, who face the challenge of meeting increasing requirements in each visit, is to have an informed and involved patient.

To find the list of rights that members received in their 2008 Handbooks, go to the Member Home Page on CUP's website at www.cuphealth.com. If you have any questions about these rights or how they can be carried out in your office, please contact CUP's Member Services Department at (360) 891-1520 / (800) 315-7862 for more information.

CUP Rolls Out Children's Packets

By David Killaby, Quality Improvement Project Coordinator

Nearly half (47.2%) of CUP children three through six years of age do not receive an annual EPSDT (well-child) examination. Once children are fully immunized, parents see less value or importance in bringing their children in for non-acute care preventive visits. However, the identification of children at risk for developmental delay during well-child visits is an urgent need in Washington State.

National statistics indicate that 16% to 18% of children have disabilities such as speech-language impairments, mental retardation, learning disabilities, and emotional/behavioral disturbances. A Washington State survey of parents of Medicaid children three months to four years of age revealed that 42% of children were identified as being at risk for developmental and/or behavioral delays. Yet only 20% to 30% of these children are detected prior to school entry. Research shows that many of these children will persistently lag behind their peers throughout their school years.

The AAP recommends that "developmental surveillance" be incorporated into every well-child visit. Parent observations, experiences and concerns can provide the clinician with valuable information regarding development and research has shown that parent observations are often good predictors of developmental delay.

To enhance the perceived value of well-child visits by parents and to assist clinicians with developmental surveillance, **CUP has developed age-specific packets for the parents of children three to six years of age.**



Each packet includes a developmental milestone checklist for parents to complete prior to their child's well-child visit. The packet also includes age-specific safety, health and learning information along with tips for parenting. The developmental milestones are based on Bright Futures™ and the Washington State WELL-CHILD EXAM forms.

For more information or to order the children's packet for your office, please contact David Killaby at (360) 449-8936 or dkillaby@cuphealth.com.

CHILD Profile Posters Now Available

By David Killaby, Quality Improvement Coordinator

CHILD Profile Health Promotion mailings are sent to over 80% of Washington parents and guardians of children between birth and age six. These mailings serve as our state’s centralized reminder system about immunizations and well-child visits, and also provide information about safety, nutrition, oral health, development and more.

A recent analysis shows that significantly fewer parents in border counties receive the mailings. In Clark County, only 74.2% of eligible parents receive the mailings, resulting in nearly 10,000 Clark County parents not receiving these important materials.

CHILD Profile produces a “bookmark” explaining how to sign-up for the mailings for parents who are not receiving the mailings. At CUP’s request, CHILD Profile has produced a poster-sized version of the bookmark appropriate for office windows and exam rooms.

Please contact David Killaby at 449-8936 or dkillaby@cuphealth.com to request the posters and bookmarks for your office.



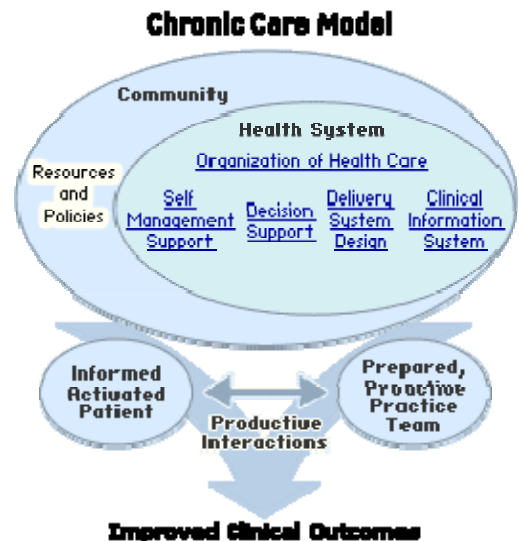
Washington State Collaborative to Improve Health

By David Killaby, Quality Improvement Project Coordinator

Chronic conditions are now the leading cause of illness, disability, and death in the United States and account for 75% of total health care costs. The Washington State Collaborative to Improve Health helps busy medical practices improve their systems of care for patients with chronic disease. A collaborative is a learning process where several medical teams work to improve the quality of care delivered by their practices.

In 2008, Family Wellness Center and Family Medicine of Southwest Washington are participating in the Children’s Medical Home track. Healthy Steps Women’s and Children’s Center is participating in the Children’s Asthma track. Clinical teams from these clinics will use the Chronic Care Model and the Model for Improvement (rapid cycle PDSA) to develop quality improvement changes. A total of 41 clinics are participating from all areas of the state.

Your office will be contacted in late 2008 regarding the opportunity to participate in the 2009 collaborative. For more information, please contact David Killaby at 449-8936 or dkillaby@cuphealth.com.



Patient Safety

By Liz Addis, Health Programs Project Coordinator

Washington's State agencies that manage and fund health programs (Health Care Authority, Dept. of Social and Health Services, Labor and Industries, and Dept. of Health have been charged with developing a collaborative five-year plan for health promotion within our population.

This plan is to integrate disease and accident prevention and health promotion into state-purchased health programs that the agencies administer by:

- Structuring benefits and reimbursements to promote healthy choices and disease and accident prevention;
- Encouraging enrollees in state health programs to complete a health assessment, and providing appropriate follow up;
- Reimbursing for cost-effective prevention activities; and
- Developing prevention and health promotion contracting standards for state programs that contract with health carriers.



Disease and accident prevention and health promotion are critical to achieving quality and efficiency in the health delivery system, especially when activities are focused on each individual's involvement in maintaining their own health. Many benefit changes that produce healthier clients are not cost saving in the short term, but will result in reduced costs in the future. This is especially true of preventive health care provided in the prenatal and early childhood periods, and is also true for avoiding complications of injury in the elderly. The vision of a healthier Washington will require new thinking, new resources, and ongoing support.

CUP Administration Directory

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Mental Health Services		(360) 449-8944	
HIP Parent Program		(360) 449-8903	