

Provider Bulletin

December 2011

Information for Participants in the CHP Provider Network

Vol. 6 No. 3

CHP Implements New EMR System

Beginning in early 2012, CHP will incorporate a new electronic medical record (EMR) system that is helping to streamline processes and create efficiencies that will ultimately result in more cost-effective and better care for program members.

For our members the most visible aspect of the EMR system will be the use of computer tablets by our clinical teams. During visits members will see our staff using the computer tablets to document information about their care.



The tablets will also allow our staff to locate information directly from the member's care plan and other medical record sources — resulting in a much more efficient record keeping process. With the capability of direct access to health and record information, our staff will have the data needed to share with the member, including all their supporting care coordination documents.

With faster electronic data collection, our members' records can be kept much more current and accurate. Duplicate entries will no longer be a problem, and errors will be reduced since manual data entry from paper notes will no longer be required. Since file folders or paper records will not be a necessity during member visits, our staff will find it easier to more fully comply with privacy and security guidelines.

The use of computer tablets is just one aspect of an overall effort at CHP to have its staff become more mobile. A more mobile

See **New EMR System** page 2

A Commitment to 2012 Initiatives

Since 2009 CHP has actively been working to bring its cost structure in line with the Family Care pilot county expectations. This has been done through extensive work with CHP's providers as well as its own internal processes.

In 2011 CHP:

- Reduced its workforce by 10%
- Implemented processes to impact the developmental disability service vision to transform the service model to promote independence while supporting members in reaching their highest quality of life while maintaining the fiscal viability of the system.

In 2012 CHP will continue its work to implement the service vision for all members through the following key initiatives:

- Claims
- Electronic Medical Record (EMR)
- Hospitalization
- Nursing Home
- Residential
- Supportive Home Care
- Transportation
- Vocational

Claims processes will leverage technology, expand payment per authorization, including the development of a provider fee schedule database that will integrate with CHP's EMR and allow for automating auditing functions, which allow for accurate comparison of paid claims to authorized services.

CHP has created a Member Benefit Management Department which combines CHP's current Claims and Purchasing departments. This newly combined department will be responsible for consistency and accuracy of authorization data entry, resulting in few errors and greater timeliness of authorization submissions to providers. CHP's Electronic Medical Record will also leverage technologies and create efficiencies through simplified documentation requirements and allowance

of immediate documentation capabilities. As a result of a more mobile workforce, CHP will be able to reduce its office space needs.

Hospital readmissions will receive additional attention through the use of enhanced care management practices which include the use of a new assessment tool at admission and development of post-discharge action plans.

There will be a focus on reducing the length of temporary nursing home stays by enhancing expedited discharge planning. CHP will also be improving current processes for community relocation initiative enrollees and redefining Medicare stays for chronic members.

Residential services are being evaluated to help facilitate the movement of individuals into true community settings such as supported apartments or other means. As such, CHP issued an RFP requesting proposals for creative development to include such services as use of technology in homes, transitional housing, crisis homes, high behavioral and/or high medical homes and homes prepared to serve those with mental health and/or AODA concerns.

CHP is also implementing contractual changes that prevent the potential for duplication of payment in areas such as respite, transportation and time away from the facility.

CHP teams will continue to evaluate supportive home care utilization through the use of standardized utilization tools when

See **2012 Initiatives** page 2



IN THIS ISSUE



New EMR System
pg 1

2012 Initiatives
pg 1

Online Resources For Providers
pg2

Measuring Quality of Services
pg 3

Pharmacy Reminders & Updates
pg 4

Functional Screen Changes
pg 4



Visit Us Online to Get the Information You Need

Go to:
www.communityhealthpartnership.com

Community Health Partnership's website is a valuable resource for providers to obtain updated information related to CHP's network. You can view the most current Provider Directory information as well as access many other tools and resources. As an example, a link specific to Fraud, Waste, & Abuse was recently added that includes a FREE training module related to this concern.

CHP will also be utilizing its website to share resource needs, which may create opportunities for providers to develop programs. For instance, as CHP continues its work on community placements for a number of our members, we may need homes specifically developed to meet unique needs. To support the development of these creative options, a Residential Profile tool is available on our site outlining the development and service needs.

In a related process, CHP will be sending out Requests for Proposal (RFP) in different service areas in 2012. Information regarding the RFPs will be available on CHP's website as they are released.

Updated Provider Manual Now Available Online

Beginning in January 2012, the most current version of CHP's Provider Manual will be available on our website.

The Provider Manual is developed as a tool for In-Network providers to use when they provide care and treatment to Partnership Health Plan, Inc. (PHP) and Community Family Care (CHP-LTS) members. It defines policies, procedures, and guidelines required by the Centers for Medicare and Medicaid Services (CMS), the State of Wisconsin Department of Health Services (DHS), PHP, and CHP-LTS. The manual is divided into sections according to general topics.

The Provider Manual is incorporated in its entirety into all Provider Service Agreements and Letters of Agreements. All policies, procedures, and standards contained within the Manual reflect contractual expectations. Updates to the Manual (including Member Safety and Risk Policies & Procedures) are summarized on our website.

Look to our website as a source for the following:

- Members' Rights & Responsibilities
- Provider Quality Standards
- Program Benefit Summary
- Compliance & Privacy Information
- Fraud, Waste, & Abuse Information
- Appeals & Grievances Process
- Provider Billing Procedures
- Privacy Policy
- Provider Directory
- Provider Manual
- Clinical Practice Guidelines
- Pharmacy Information
 - Formulary
 - Over-the-Counter Medications
- Provider/Application/Change Form
- Adult Family Home Information
- And.....much more!

As a reminder, hard copies of any of our website materials can be obtained by calling the Provider Relations department at 715-838-7420.



2012 Initiatives

continued from page 1

making authorizations. They will also continue evaluating all cost-effective options for members with high supportive home care costs. At the same time, CHP expects that utilization will increase in this category in alignment with movement from paid residential settings into the community.

To help facilitate this movement, CHP plans to release an RFP for the development of a supportive homecare preferred provider network and to establish consistent fee schedules across this service category. As a part of this activity, CHP would like to see greater use of Self-Directed Supports and has established budget thresholds to make approval of member budgets more consistent in practice.

In the transportation service category, work is being done to enhance efficiencies of regularly scheduled and/or route based systems such as dialysis and vocational/day center service trips. Members with high utilization patterns are also being reviewed to determine opportunities for better coordination of appointments or alternatives to any high cost services.

The Vocational initiative will continue in its focus on increasing community integrated employment using natural supports as well as reducing reliance on job coaching.

We invite the input of our providers for ideas to help us to be successful in the above initiatives. If you should have any ideas, questions or recommendations, please contact CHP Provider Relations at 715-838-7420.

While these are key initiatives for CHP in 2012, CHP will be continuing its work on creating efficiencies and reducing waste in all areas. We look forward to continuing our work with members and providers and are eager to receive feedback on any and all areas that will help us all achieve Family Care stability.

New EMR System

continued from page 1

workforce is allowing us to reduce the amount of space needed in our offices, which in turn, will help us to realize a significant cost-savings. We have already begun the process of reducing our footprint at the Eau Claire office.

The EMR system is an important milestone for CHP, and our staff is very excited about the many advantages it will bring in carrying out the services we provide to our members. The efficiencies and additional cost-savings linked to the EMR are a very important step to ensure CHP's long-term viability while allowing us to continue to build the finances needed to support our providers.

Measuring the Quality of the Services We Provide



2011 CAHPS® Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey asks consumers and patients to report on and evaluate their experiences with health care. The CAHPS® Survey is a program of the U.S. Agency for Healthcare Research and Quality.

CAHPS® Surveys have been developed for ambulatory care (health plans, group practices, and individual physicians), hospitals, and nursing homes. The surveys are a collection of information to fulfill a requirement of Congress under the Balanced Budget Act of 1997 and the Medicare Modernization Act of 2003. The Centers for Medicare and Medicaid (CMS) are committed to measuring and reporting information from the consumer perspective for Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP) contracts.

CAHPS® Surveys play an important role as a quality improvement tool for health care organizations that use the standardized data to:

- identify relative strengths and weaknesses in their performance;
- determine where they need to improve; and
- track their progress over time.

See our most recent CAHPS scores listed in the chart at right.

2011 HEDIS Results

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry and is developed and maintained by the National Committee for Quality Assurance (NCQA).

HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks. HEDIS results are increasingly used to track year-to-year performance.

The Centers for Medicare and Medicaid Services (CMS) requires HMOs like Partnership Health Plan, Inc. to submit Medicare HEDIS data.

HEDIS data are collected through medical chart reviews (Hybrid) and insurance claims (Administrative) for hospitalization, medical office visits, and procedures as specified by NCQA.

CHP's has recently received its 2011 HEDIS Hybrid Rates (2010 data). See chart at right.

For more information about HEDIS measures, visit NCQA's website at: www.ncqa.org.

CHP Recognized in AARP Publication

Community Health Partnership, Inc. was among five Medicare/Medicaid organizations recently recognized in a special research report published by AARP.

The publication titled, *Experienced Voices: What Do Dual Eligibles Want From Their Care*, provides a summary of information collected during member, guardian, and caregiver focus groups held earlier this year at CHP. The focus group project was funded by the AARP Public Policy Institute (PPI) and conducted by the Lakeland Research Center from Washington, D.C. The focus groups sought to learn more about what older adults who are enrolled in both Medicare and Medicaid experience with different models of care, what they want from their care delivery models, and where they experience problems with the way they receive their care.

A copy of the full report is available on the AARP Public Policy Institute's website at: <http://www.aarp.org/health/medicare-insurance/info-12-2011/dual-eligibles-focus-group.html>.

2011 Partnership Health Plan CAHPS® Scores

REPORTING COMPOSITE OR ITEM	SCORES	STAR RATING
Ratings of Health Plan Responsiveness or Care		
Getting Needed Care	89	★★★★★
Getting Appointments and Care Quickly	84	★★★★★
Customer Service	92	★★★★★
Overall Rating of Health Care Quality	91	★★★★★
Overall Rating of Health Plan	91	★★★★★
Vaccines		
Flu Vaccination	85	★★★★★
Pneumonia Vaccination	85	★★★★★
Member Experience with Drug Plan		
Getting Needed Prescription Drugs	96	★★★★★
Getting Information from the Plan About Prescription Drugs	93	★★★★★
Overall Rating of Prescription Drug Plan	91	★★★★★

Total Sample: 800 Response Rate: 52%

2011 HEDIS Hybrid Rates

MEASURE*	MEDICARE ADVANTAGE PLAN % RATE	SPECIAL NEEDS PLAN % Rate
Adult Body Mass Index	97.48	NR
Cholesterol Management — LCL-C Screening	82.35	NR
Colorectal Screening	71.28	72.30
Diabetes - HbA1c Testing	94.74	MR
Diabetes - Eye Exams	77.96	NR
Diabetes - Nephropathy Testing	90.79	NR
Diabetes - Cholesterol Screening	87.83	NR
Diabetes - Blood Pressure < 140/90	85.53	NR
Controlling Blood Pressure	78.68	78.14
Care for Older Adults - Advance Care Planning	NR	98.00
Care for Older Adults - Medication Review	NR	100.00
Care for Older Adults - Functional Screen	NR	100.00
Care for Older Adults - Pain Screening	NR	99.0
Medication Reconciliation - Post-Discharge	NR	97.32

NR = Non-Reportable

* Medicare Advantage Plans and Special Needs Plans HEDIS measures vary for required reporting.



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Pharmacy Reminders & Updates

Medication Copay Changes for 2012

As part of the Affordable Care Act, the Home and Community-Based Services (HCBS) waiver eliminates drug copays for dual-eligible Medicaid/Medicare Part D patients who qualify for Nursing Home Level of Care. This change permits equal medication copays of \$0 whether the member resides at home or in a skilled nursing facility. This change is effective January 1, 2012. This will impact all of CHP's dual-eligible Partnership members and some of CHP's Family Care members who have a Part D benefit.

Formulary

The CHP Pharmacy & Therapeutics Committee meets quarterly to review and maintain the Partnership Program drug formulary. This committee consists of five local physicians and one local long-term care pharmacist. In September 2011, the Committee approved the following medications for inclusion in the Partnership Health Plan (PHP) formulary:

New Drugs - Amturnide®(Aliskiren/Amlodipine/H), Caprelsa®(Vandetanib), Daliresp®(Roflumilast), Edurant®(Rilpivirine), Nulojix®(Belatacept), Sylatron®(Peginterferon Alfa 2B), Tradjenta®(Lingaglipitin), Victrelis®(Boceprevir), Viibryd®(Vilazodone), Xarelto®(Rivaroxaban), Yervoy®(Ipilimumab), Zytiga®(Abitaterone)

New Generics - Alfuzosin(Uroxatral®), Budesonide(Entocort®), Carbamazepine(Carbatrol®), Estradiol/Norethindrone(Activell 0.5-0.1 mg®), Fondaparinux(Uroxatral®), Levofloxacin(Levaquin®), Methylergonovine(Methergine®)

For the most up-to-date copy of PHP's Formulary, go CHP's website at: www.communityhealthpartnership.com. See the Partnership Program formulary section.

Did you know?

- CHP Partnership members averaged 10.7 prescriptions per member in October 2011.
- The most expensive drug class of therapy is antipsychotic medications. In October 2011 the average cost per prescription was \$232 per month.
- Antihypertensive medications are now averaging only \$11.50 per month.

Change in Long-Term Care Functional Screen Process

In December 2011 CHP will be implementing a new process for completion of the Long-Term Care Functional Screen (LTCFS). The LTCFS is a State of Wisconsin-developed eligibility tool that CHP is required to use in determining a member's ongoing eligibility for its Partnership and Family Care programs.

Currently, clinical teams gather information for these screens during an "annual review" visit with each member. Screens may also be updated when significant changes in a member's health or ability to function independently are noted. Information may be gathered at one visit or during additional visits or phone conversations if needed. Screen information may come from members, their formal or informal supports, caregivers, and providers.

CHP has identified and trained a specific team of functional screeners who will be responsible for completing *all* members' screens. Functional screeners will be doing face-to-face visits with members to obtain necessary information. They may also call providers to gather additional information over the telephone. This new arrangement will allow our clinical teams to have more time for case management and will also help to improve the overall accuracy and consistency of completed screens.

Providers are encouraged to continue communicating with our clinical teams on an ongoing basis regarding any concerns or changes noted when interacting with our members.

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