

Provider Bulletin

Winter 2011

Published for Members of the CHP Provider Network

Vol. 6 No. 1

Revitalizing Integrated Employment in Wisconsin

The State of Wisconsin continues to be a national leader in the field of long-term care with initiatives well underway to reform the system. The impact of these efforts focusing on system changes related to employment for people with disabilities is taking time to emerge.



In addition, the movement to enable people with disabilities to have full access to employment within their communities remains a challenge.

Data from 2006 that was presented in the Managed Care Employment Task Force Report indicates that most working age individuals with disabilities served by the public long-term care system in Wisconsin are unemployed or employed in non-integrated settings.

In May 2007 the Managed Care Task Force, representing a wide range of interested and knowledgeable consumers, their family members and guardians, providers, employers, Family Care organizations,

counties, advocates and state agencies, was charged with developing a blueprint for a comprehensive strategy that would:

- Expand work options for adults who rely on the community-based long-term care system
- Be implemented within the managed long-term care system being expanded throughout Wisconsin
- Effectively integrate all resources available to support consumers' employment goals; and
- Support and advance the four key values of Wisconsin's managed long-term care system – choice, access, quality and cost-effectiveness

At the same time, the federal government has shown a similar commitment through various employment initiatives and work incentive programs that encourage and support integrated employment for people with disabilities. Federal policy and legislative measures such as Ticket to Work and Work Incentive Improvement Act 1999, The New Freedom Initiative 2001, Social Security Administrations' Work Incentives, Individuals with Disabilities Education Act, American Recovery and Reinvestment Act, along with the Office of Disability Employment Policy, have all worked toward helping individuals eliminate barriers to integrated employment.

A key outcome from the Managed Care Task Force included supporting member vocational-related outcomes by increasing and improving the capacity of the Managed Care Organizations' (MCO) provider networks to meet the integrated employment needs of their members and

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Communication with Primary Care Physician is Key for Hospital Transitions

Increased communication between patients and providers, stronger record keeping, and more efficient, patient-centered care can reduce harm while making healthcare more reliable and accessible.

Care coordination is an endeavor that seeks to deliver the right care to the right patient at the right time. Ultimately, achieving coordinated care will be possible only when healthcare entities collectively agree to place the patient at the center of care.

Older or disabled adults moving between different health care settings are particularly vulnerable to receiving fragmented and unsafe care when transitions are poorly coordinated.

Community Health Partnership, Inc. (CHP) has dedicated Transition Coordinators and Interdisciplinary Teams that support the CHP member through the care transition process. The primary care physician (PCP) and family members are also very involved in this process.

In December 2010, CHP initiated the process of faxing a Care Transition Notification Form to the PCP (within one business day of admission) when his/her patient is admitted to the hospital. The PCP notification ensures that the PCP is aware of a health status change for his/her patient.

CHP works to maintain members in the least restrictive setting. The least restrictive setting is one that best aligns with a member's preferences while being clinically appropriate to manage a condition and medical need. This will allow the member the most control while remaining safe.

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provide an array of choices.

One of the lessons learned through the grant-funded projects was that providers benefited from more training on creative and innovative best practices such as customized employment and new concepts in supported employment and self-employment. MCOs should consider ways that they can offer, coordinate, or collaborate in ongoing training and technical assistance for their providers that will enhance their ability to meet the expectations of the organizations and their members.

While these are all lofty but important initiatives, this region has been leading the way in supporting the systems change. Community Health Partnership, Inc. (CHP) and our partner providers started out 2010 with 30% of our members with developmental disabilities population involved in integrated employment outcomes. This is in comparison to the statewide MCO average of 24% and IRIS member average of 8%.

CHP members remained at a consistent level of participation in integrated employment throughout the year, and it will be interesting to see if the statewide average caught up to this level by the end of 2010.

Systems changes are very difficult for everyone involved — from the members and their families and guardians, to the service providers and the MCO interdisciplinary care teams — all of whom work together to implement the chosen outcomes of the member. It has and will continue to take a great deal of collaboration and discussion while we all strive to work through financial and procedural challenges.

PROVIDER TRAINING SESSIONS

Coming Soon!
CHP will be offering a Provider Training opportunity in early Spring 2011.

Stay tuned for more details.

Diabetes Prevention & HEDIS

On an annual basis, Community Health Partnership, Inc. (CHP) participates in the “Healthcare Effectiveness Data and Information Set” (HEDIS) Audit.

All Medicare Advantage Plans (Partnership Health Plan, Inc.) with 1,000 members or more are required to report data related to specific health-related measures. The reporting of HEDIS measures assists CHP in measuring “what types” of medical care and/or medical screenings CHP members are receiving over time as well as the given health status of CHP members. More than 90% of U.S. health plans participate in the HEDIS audit annually.

Diabetes is one area of focus during the annual HEDIS audit. A number of components are measured to assess whether or not CHP members with diabetes are being properly managed and controlled.

A number of other areas measured by participating in the HEDIS audit are: adult body mass index (the measurement of obesity), colorectal cancer screening, glaucoma screenings in older adults, controlling high blood pressure, cholesterol management after an acute cardiovascular event, and breast cancer screenings. In all, CHP reports approximately 48 HEDIS measures annually.

The table below describes Partnership Health Plan’s performance as it relates to diabetes over the past three years.



Comprehensive Diabetes Care

HEDIS Comprehensive Diabetes Care Measure	2007		2008		2009	
	*NPR	Rate %	*NPR	Rate %	*NPR	Rate %
HbA1c Testing	90th	96.74	90th	97.03	90th	96.06
Poor HbA1c Control > 9	10th	15.22	10th	11.90	10th	9.09
**HbA1c Control	NA	NA	90th	74.72	90th	76.97
*** Good HbA1c Control < 7	NA	53.80	NA	52.94	50th	51.22
Eye Exams	75th	73.91	75th	78.07	75th	76.67
LDL-C Screening	50th	89.13	50th	89.96	25th	85.76
< 100 LDL-C Level	25th	45.11	75th	57.62	50th	54.24
Med Attention to Diabetic Nephropathy	50th	89.67	75th	91.45	75th	90.00
Blood Pressure Control < 140/90	90th	78.80	90th	79.55	90th	84.85
Blood Pressure Control < 130/90	90th	52.17	90th	49.07	90th	62.73

Special Notes:

*NPR (National Percentile Ranking) is based on the comparison of all Medicare Advantage Plans across the U.S. that submit HEDIS data to the National Committee for Quality Assurance (NCQA).

**Not a reported sub-measure in 2007.

***Benchmarks not available for this given sub-measure in 2007 or 2008.

Attestations and Quality Compliance Reviews

Community Health Partnership, Inc. (CHP) is committed to developing and maintaining a competitive, high-quality provider network for members of our Community Family Care and Community Health Partnership programs. One of CHP's strategic goals for 2011 is to ensure high-quality provider options for members. CHP believes the best way to do this is through teamwork and partnership with network providers (Providers). Vital components to maintaining a competitive, high-quality provider network are that Providers conduct criminal background checks on their employees and that CHP enacts measures to ensure Providers are continuously meeting this required quality standard.

In an effort to accomplish CHP's 2011 strategic goal of ensuring quality provider options for our members, CHP has enhanced the Provider Attestation of Conducting Criminal Background Checks for Employees (Attestation) process. CHP has been engaged in using the Attestation process with Providers for many years but will begin a more formal Quality Compliance Review process in 2011 to ensure the accuracy of the Attestation documents. We anticipate our efforts to be efficient and easily integrated into Providers' current business practices.

The Attestation and Quality Compliance Review processes are as follows:

1. Attestation of Conducting Criminal Background Checks for Employees

- ▶ Upon an initial Service Agreement with a Provider, or renewal thereof:
 - The Provider must submit an Attestation to CHP.
 - During the initial Service Agreement only, if "caregiver" services are provided by the Provider, the Provider must also submit a copy of the Provider's employee hiring policies and procedures to CHP.
- ▶ Annually, Providers must submit an updated Attestation to CHP.

2. Quality Compliance Review

- ▶ CHP will conduct Quality Compliance Reviews with Providers of at least four different service types within the benefit

- package within a calendar year.
- ▶ Provider service types to be reviewed in a certain calendar year will be identified by random selection.
- ▶ CHP may adjust the selection methodology and sample sizes in order to accommodate an emergent need or matter.
- ▶ An on-site review process will occur at the appropriate location of the Provider's business and with the Provider's designated staff present at the time of the review. This process will be the same for each selected Provider.
- ▶ Confidentiality will be in accordance with all applicable laws.
- ▶ Each employee file that is designated for review will be scored for three specific documents in an official format*:
 - Signed, dated employment application and date of hire;
 - Original background check date that is after the application date and prior to the date of hire; and
 - Additional background check date(s), if applicable
- ▶ Upon completion of the Quality Compliance Review, a feedback notification will be forwarded to the Provider and a copy will be placed in CHP's Provider file.
- ▶ The Provider will be expected to correct any errors and provide missing documentation within a designated time period not to exceed two (2) weeks. As CHP continues efforts to meet and exceed identified strategic goals, any new or enhanced processes in this area resulting from these efforts will be communicated to Providers.

Employees from CHP's Provider Relations Department may be in contact with Providers over the next several months related to the Attestation and Quality Compliance Review processes.

Questions and feedback from our providers are always welcomed. For more information on this topic or to share a concern, contact CHP's Provider Relations Department at 715-838-7420.

*There may be differences with these requirements depending on the type of provider.



First Point of Contact for Billing Inquiries

Our providers have the right to request reconsideration of payment if payment for Partnership Health Plan, Inc. (PHP) covered services and/or Family Care (CHP-LTS) covered services is denied. PHP/CHP-LTS will make every effort to assure matters are resolved in a timely fashion.

As a provider, if you have questions or concerns regarding the reimbursement by PHP/CHP-LTS, you should first attempt to resolve the matter by contacting the PHP/CHP-LTS third party administrator, Security Administrative Services, at:

Security Administrative Services
1515 St. Joseph's Avenue
PO Box 8000
Marshfield, WI 54449-8000
Website: www.securityhealth.org
Telephone: 1-800-548-1224

If you are not satisfied with the results of this action, you can forward your questions or concerns to:

Community Health Partnership
Attn: Claims Specialist
2240 EastRidge Center
Eau Claire, WI 54701
Telephone: (715) 838-1270
Fax: (715) 838-2910

Assisted Living Billing Reminder: CMS 1500 Forms

When completing CMS 1500 forms for payment, be sure to check the CPT codes, current rates, and their effective dates. Community Health Partnership, Inc. provides this information to our providers when contracts are renewed/revised.



2240 EastRidge Center • Eau Claire, WI 54701

RETURN SERVICE REQUESTED

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www.communityhealthpartnership.com



Pharmacy Reminders & Updates

Pharmacy Claims Review

The Partnership Health Plan, Inc. (PHP) formulary includes all drugs in the six classes of clinical concern which include: immunosuppressant (*for prophylaxis of organ transplant rejection*), antidepressant, antipsychotic, anticonvulsant, antiretroviral, and antineoplastic drugs.

At its Fall 2010 quarterly meeting, the CHP Pharmacy and Therapeutics (P&T) Committee, which represents regional physicians, nurse practitioners and pharmacists, reviewed pharmacy claims adjudicated for the six classes of clinical concern and confirmed appropriate access to these drugs for members enrolled with CHP.

Formulary

The CHP P & T Committee is responsible for the development and maintenance of the PHP formulary. The Committee has recently approved the following medications for inclusion in the PHP formulary:

New Drugs - Dulera[®], Exalgo[®], Gilenya[®], Jalyn[®], Jevtana[®], Kuvan[®], Menveo[®], Oleptro[®], Pancreaze[®], Pradaxa[®], Prolia[®], Provenge[®], Tekamlo[®], Wilate[®], Zenpep[®], Zortress[®], Zyclara[®], Zymaxid[®].

Generic Drugs - Accolate[®]/Zafirlukast, Ambien-CR[®]/Zolpidem-ER, Amerge[®]/Naratriptan[®], Aricept/Donepezil,

Arimidex[®]/Anastrozole, Astelin[®]/Azelastine, Cleocin Soln[®]/Clindamycin Soln, Differin[®]/Adapalene[®] cream/gel, Exelon/Rivastigmine, Lovenox[®]/Enoxaparin, Sanctura[®]/Trospium, Zegerid[®]/Omeprazole Sodium Bicarbonate.

To obtain the most up-to-date copy of PHP's Formulary, providers are encouraged to view the Community Health Partnership, Inc. (CHP) website at: www.communityhealthpartnership.com and link to the Partnership Program formulary section.

DID YOU KNOW?

- When comparing the first six months of 2009 vs. 2010, the number of Partnership Program members receiving medplanners or medication set-ups through PHP-contracted pharmacy providers increased by 27 percent.
- During 2010, 83.8 percent of the medications authorized through PHP were generic. This is not only beneficial for CHP members but helps optimize CHP's overall drug expenditures.

News From DHS

Residential Rate Setting Project

The Wisconsin Department of Health Services (DHS) is currently in the process of developing a residential rate methodology. Information as to the current status of the Residential Rate Setting Project can be found on the DHS website at: <http://www.dhs.wisconsin.gov/ltcare/ProgramOps/ResidentialRate/index.htm>.

Guidance Memo - SHC Waiver Service & Medicaid Personal Care

DHS recently issued a new memo providing guidance on differentiating between the supportive home care (SHC) waiver service and Medicaid personal care (PC), as well as updated SHC coding requirements for dates of service on and after January 1, 2011. MCOs have been directed to follow these guidelines when working with supportive home care and personal care agencies and reporting these services via the Encounter system. <http://www.dhs.wisconsin.gov/ltcare/Partners/infoseries/tamemo10-12.pdf>.

Do you have a
question or comment?

Call us at
715-838-2900
or
Toll Free 800-842-1814

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