



Provider News

Adult Respiratory Diseases

When Should Antibiotics Be Used?

The mantra is familiar: Reduce antibiotic treatment for respiratory tract infections (RTI) in ambulatory practice. Sound advice, since RTIs often have viral or allergic causes.

VIRAL VS. BACTERIAL

In RTI management, it is crucial to first determine whether the infection is viral or bacterial by considering the totality of symptoms. When a bacterial infection is present—especially for RTI patients with comorbidity and risk factors—prompt antibiotic therapy is indicated.

Bronchitis. For acute uncomplicated bronchitis, antibiotics are not justified. If, however, pertussis is suspected or confirmed, antibiotic therapy should start promptly. If the patient is elderly, has a compromised immune system, coughs for over three weeks, or presents abnormal vital signs, then chest radiography is warranted to rule out pneumonia. The patient's acceptance of nonantibiotic bronchitis care depends on the doctor-patient communication. Consider calling it a chest cold, not bronchitis.

Chronic Obstructive Pulmonary



Disease (COPD). Antibiotics should be prescribed only when a triggering infection is suspected to be bacterial. The root cause of COPD is typically smoking, and symptoms can dramatically improve with permanent cessation. Avoiding other lung-irritating substances and maintaining a healthy lifestyle reduces the incidence of acute flare-ups. COPD patients should be up-to-date with influenza and pneumonia vaccinations.

Community-Acquired Pneumonia (CAP). Typical CAP is caused by bacteria (*Streptococcus pneumoniae*). Atypical pneumonia can be caused by certain viruses or other unidentified microorganisms. Even with diagnostic testing, the causative pathogen cannot be identified in 40 to 50% of CAP patients. The main differentiator is often age: Young adults are more prone to atypical causes, very young and older patients to typical causes. Once CAP is

confirmed by chest radiography and a bacterial agent is suspected, antibiotics (macrolides, such as azithromycin, clarithromycin or erythromycin; beta-lactam; or both a macrolide and beta-lactam in high-risk patients) should be initiated.

Asthma. Multiple studies describe overuse of antibiotics and under-use of anti-inflammatory medications by asthmatic patients. Asthma clinical guidelines reserve antibiotics for asthmatics that present with clear bacterial infections (focal bacterial sinusitis, pneumonia, or fever associated with purulent sputum). Exacerbations can typically be resolved with treatment of symptoms, unless comorbid conditions present additional risks. Long-term antibiotics are inappropriate for asthmatics not only because of the risk of antibiotic resistance and side effects, but also because some antibiotics have been reported to aggravate asthma.

Improving Provider Service in 2008

Dear Health Plus Providers,

Our efforts to improve both service to our providers and provider satisfaction reaped huge rewards in the first six months of this year.

Your ability to get through to the Provider Service telephone staff easily—as measured by our average speed of answer and our abandonment rate—is significantly improved.

We also kicked off our Office Support Education Program (OSEP).

Presenters at the OSEP included myself, Chief Marketing Officer Ada Rodriguez, Claims Director Teresa Taylor, Director of Health Services Theresa Quarless and Regional Marketing Director Joseph Bouquet. Program highlights included “Tips for Avoiding Denials,” network updates, policy and procedure updates, and ideas for strengthening our partnership.

We will continue to roll out the program. Hope to see you there!

NPI

Effective May 23, 2008, providers are required to use their National Provider Identifier (NPI) number on all hard copy and electronic claim transactions. If you haven't already done so, please fax your NPI number to our secure NPI fax line at **718-233-3523**.



Sincerely yours,

Cleo Dixon, MBA
Vice President,
Network
Management
and Provider
Relations

CHILDREN'S HEALTH

ADHD: What to Know

Attention-deficit hyperactivity disorder (ADHD) has become a common chronic pediatric disorder. Furthermore, it often persists into adolescence and adulthood. According to the U.S. Centers for Disease Control and Prevention, ADHD might affect approximately 8% of children ages 4 to 17. Other prevalence estimates are in the range of 6 to 8% for children, 6% for adolescents, and 4% for adults.



ADHD MANAGEMENT

Patient and family education about ADHD should begin immediately after diagnosis. Medication that targets symptoms is fundamental to treatment. Other treatment considerations include home, school (or work), and lifestyle adjustments; psychotherapy; cognitive behavioral interventions; and family therapy. Comorbid conditions, such as

substance abuse, oppositional defiant disorder, conduct disorder, and depression are common in ADHD patients, and they need to be identified and managed as well.

Compliance issues are common in ADHD patients. Hence, **adequate follow-up of patients treated with ADHD medication**, including at least one follow-up visit during the first month on medication and at least two additional visits during the next nine months, **is crucial**. When there is a lack of symptom improvement, referral to a mental health specialist should be considered.

Need to Contact Us?

For general provider inquiries:

Health Plus Provider Care Center and INFO PLUS 1-800-450-8753

For more specific inquiries:

Cleo Dixon, Vice President, Network Management and Provider Relations 1-718-491-6770

Gary Cowan, Provider Relations Senior Manager 1-718-491-7495

Brooklyn, Staten Island, Queens private-office providers and Health Centers

Stacey Ross, Provider Relations Manager 1-718-491-7509

Svetlana Kats, Provider Relations Field Supervisor 1-718-491-7513

Belinda Kavanagh-Lantimo, Provider Relations Field Supervisor 1-718-567-3251

Bronx hospitals, Manhattan and Bronx private-office providers and Health Centers

Saman Mey-Yin, Provider Relations Manager 1-718-840-4309

Nina Stone, Provider Relations Field Supervisor 1-718-840-4314

All network hospitals (except Bronx), Nassau private-office providers and Health Centers

Leroy Houston, Provider Relations Manager 1-718-491-7556

Monitoring Patients on Chronic Medications



Adverse drug events are an increasing concern in the ambulatory care setting. Some studies report that 18 to 25% of primary care patients taking one or more prescription drugs reported an adverse drug event (ADE).

With multiple medications, the picture is worse: Up to 35% of patients taking five or more prescription drugs reported an ADE. It has been estimated that the cost of misuse of drugs in the ambulatory setting exceeds \$76 billion annually.

Patients on long-term prescription medications have a relatively greater risk of ADEs. Consequently, there is now a related QARR (Quality Assurance Reporting Requirements) measure: Annual Monitoring for Patients on Persistent Medications (MPM). This measure requires:

- Annual monitoring for members on **angiotensin-converting enzyme (ACE) inhibitors** or **angiotensin receptor blockers (ARB)**.
- Annual monitoring for members on

digoxin.

- Annual monitoring for members on **diuretics.**
- Annual monitoring for members on **anticonvulsants.**

Long-term use of these medications warrants monitoring and follow-up by the prescribing physician to assess for side effects, adjust drug dosage, and change therapeutic agents if indicated. This is particularly important for seniors, since these medications have relatively more harmful effects on this group.

It is therefore imperative that patients on one or more of these medications visit their PCP (primary care physician) at least once annually. The visits must include an annual physiologic monitoring lab test. For **ACE inhibitors, ARBs, digoxin, or diuretics**, at least one serum potassium blood test and either a serum creatinine or blood urea nitrogen test should be performed annually (see Table 1).

For **anticonvulsants**, the visits **must** include at least one annual drug serum concentration level blood test (see Table 2).

Annual monitoring costs are easily offset by the reduced health care costs associated with complications arising from lack of monitoring and follow-up.

Table 1: Annual Blood Tests for Patients on ACE Inhibitors, ARBs, Digoxin, or Diuretics

Annual Blood Test	CPT Code
Serum Potassium (K+)	80048, 80050, 80051, 80053, 80069, 84132
with	
Serum Creatinine (SCr)	80048, 80050, 80053, 80069, 82565, 82575
or	
Blood Urea Nitrogen (BUN)	80048, 80050, 80053, 80069, 84520, 84525

Table 2: Annual Blood Tests for Patients on Anticonvulsants

Annual Blood Test	CPT Code
Drug Serum Concentration for Phenobarbital	80184
Drug Serum Concentration for Phenytoin	80185, 80186
Drug Serum Concentration for Valproic Acid	80164
Drug Serum Concentration for Carbamazepine	80156, 80157

Providing Care for Those in Need



SSI (Supplemental Security Income) recipients arguably represent the most vulnerable group of people needing health care. They include special needs children, developmentally disabled people, the severely and persistently mentally ill, chronically ill, and severely physically disabled people, people with HIV/AIDS, and blind people.

Managed care increases access to and coordination of health care for SSI recipients. Health Plus has a team of professionals whose sole duty is to coordinate and monitor the health care of SSI members. With our structured, multidisciplinary care management approach, we hope to increase access to health care and improve the quality of life for SSI members.

PRIORITIZING CARE

SSI members often have resource-intensive chronic conditions; psychological issues; and inadequate finances, housing, and nutrition—all of which impede adherence to a treatment plan and access to care. Using a holistic approach, we stratify SSI members into three risk categories—high, medium, and low. Depending on conditions, severity of

conditions, and risk categories, various Health Plus staff members are assigned to manage SSI recipients.

High-risk SSI members include, but are not limited to, transplant recipients and patients with catastrophic illness, multiple traumas, HIV/AIDS, and cancer. Members identified as high-risk patients are assigned to our most seasoned RN clinical case managers.

High-risk interventions include frequent phone contact, disease-specific patient education, specialty referrals, and other care coordination. Complex patients are also discussed at our weekly grand rounds by our cross-functional team.

A SUCCESSFUL SYSTEM

Health Plus's risk stratification system enables us to focus our most experienced clinical resources on SSI members with the highest illness burden and needs. For low-risk members, we employ nonclinical staff—social workers, patient advocates, and community resources. We believe that our risk-level-sensitive system of management will reduce adverse events (ER visits, admissions) and improve health outcomes for our SSI members.

Tele-Nurse Often Replaces ER

When a doctor is unavailable, Health Plus members can avoid unnecessary trips to the emergency room by calling Tele-Nurse Plus.

Tele-Nurse Plus is available 24 hours a day, 7 days a week at **1-800-437-PLUS (1-800-437-7587)**.

This toll-free number puts members in touch with one of our nurses, who can quickly assess the seriousness of a problem and refer a patient to the appropriate level of care.

Managed Care Marketing Guidelines

Please remember the following Medicaid managed care marketing guidelines:

- Permit Health Plus to conduct marketing activities at provider office locations or facilities.
- Prominently display a list of all managed care plan affiliations.
- Speak to patients about plan affiliations, encouraging them to select the plan that best meets their needs, without promoting one plan over another.
- Avoid offering material or financial gain to potential members as an inducement to enroll in Health Plus or any other Medicaid managed care plan.
- Avoid paying or accepting a payment, commission, or bonus from Health Plus or any other Medicaid managed care plan to increase the numbers of Medicaid-eligible members enrolled in that particular plan.
- Avoid targeting individuals and families who are already enrolled in managed care plans in an attempt to persuade them to switch plans.

Managing Cholesterol

Hypercholesterolemia is one of the major contributors to coronary **heart disease** (CHD), which is **the leading cause of morbidity and mortality** in the United States. In particular, a high level of low-density lipoprotein (LDL), or “bad,” cholesterol and a low level of high-density lipoprotein (HDL), or “good,” cholesterol have been implicated in CHD.

Starting at age 20, a patient’s lipid profile—total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides—should be obtained every five years to determine risk for CHD. Total cholesterol over 200 mg/dL with LDL cholesterol over 100 mg/dL might present a risk. Other significant risk factors include:

- Any other cardiovascular disease.
- Diabetes.
- Hypertension (BP = or >140/90 mmHg) or being on antihypertensive medication.
- Low HDL cholesterol (<40 mg/dL).
- A family history of premature CHD

(CHD in a male first-degree relative who is <55 or in a female first-degree relative who is <65).

- Age (men = or >45 and women = or >55).
- Obesity.
- A sedentary lifestyle.
- Other causes (conditions or medications that cause high cholesterol).

LEVELS OF RISK

There are three risk groups based on the above factors:

1. Having no risk factors or one risk factor for heart disease presents a low to moderate risk. In these cases, lifestyle changes can keep the cholesterol in check.
2. Having two or more risk factors presents a moderate to high risk, depending on a cardiovascular factor if it exists. Lifestyle changes might be tried here, but cholesterol-lowering drugs are often required.
3. Having a known cardiovascular disease, diabetes, or multiple risk factors

presents a high to highest risk. A combination of aggressive lifestyle changes and cholesterol-lowering medications is needed.

TARGETING A GOAL

A cholesterol goal, or more precisely an LDL goal, in CHD prevention is based on the risk level a patient has for heart disease. The higher the risk, the lower the goal.

If patients already have been diagnosed with heart disease or diabetes, the clinical guidelines place them into the high-risk category. Hence, the desirable LDL numbers for such patients are as follows:

- Patients with diabetes: **100 mg/dL** or less.
- Patients with a diagnosed CHD, depending on condition: **100 to 80 mg/dL** or less.
- Patients with diabetes and already-diagnosed CHD: **80 mg/dL** or less.
- Patients at very high risk for cardiovascular events: **70 mg/dL** or less.



Check Out Our Website!

If you do not refer to the Health Plus website for information, we recommend that you start doing so. It has a lot of useful information and links, and it gets updated regularly.

Our address is www.healthplus-ny.org. On the left side of our home page, click "Providers" to go to the providers' portal. You can find answers to many of your questions either on the providers' main page or on the list under "Providers" on the left side.

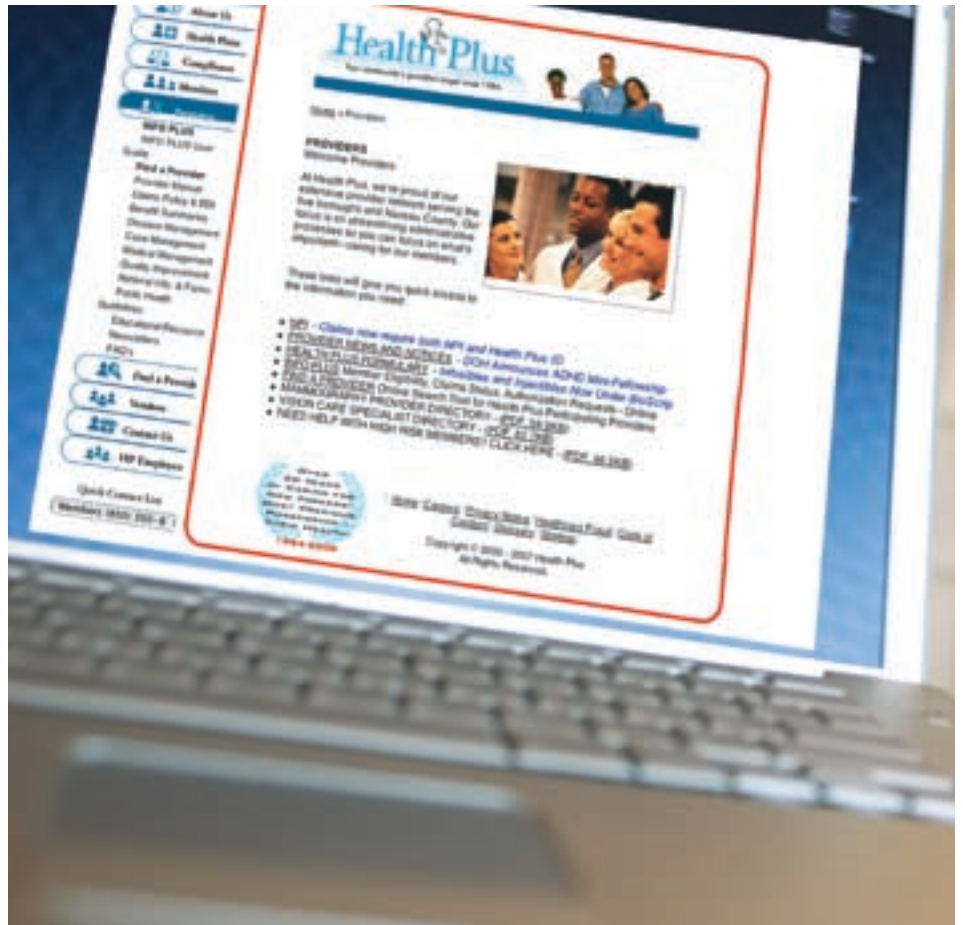
Here is what you can find on the providers' main page:

- **NPI.** Information and updates on National Provider Identifier (NPI).
- **Provider News and Notices.** News and notices you received since January 2005.
- **Health Plus Formulary.** Our formulary and its updates.
- **INFO PLUS.** An online tool for inquiries about member eligibility and claims information, as well as for submitting authorization requests. You can also find INFO PLUS information on the left side of the main page under "Providers."
- **Find a Provider.** An online search tool to find a network practitioner by location or name. You can also find this search tool on the left side of the main page under "Find a Provider."

You can find useful, up-to-date information on our website, www.healthplus-ny.org.

- **Mammography Provider Directory.** Find where you can send a member for mammography.
- **Vision Care Specialist Directory.** Find an ophthalmologist or optometrist for a member.
- **Need Help With High-Risk Members? Click Here.** Learn how we can help to manage high-risk members.

Here is what we have for you in the list



under "Providers" on the left side of the main page:

- **INFO PLUS User Guide.** An online manual about how to use INFO PLUS and its details and navigation.
- **Provider Manual.** A newly revised Health Plus Provider Manual online.
- **Claims Policy and EDI.** Claims submission policies, electronic claims submission, Health Plus submission requirements, and more.
- **Benefit Summaries.** A summary of all the services available through the three Health Plus programs: Child Health Plus, Family Health Plus, and Health Care Plus (Medicaid).
- **Disease Management.** A description of the Health Plus Disease Management (DM) program and how to refer patients for these services.
- **Case Management.** A description of

the Health Plus Case Management (CM) program and how to refer members to the program.

- **Medical Management.** Health Plus Medical Management policies.
- **Quality Improvement.** A description of the Health Plus Quality Improvement program.
- **Referral Information and Forms.** Referral forms for specialty care and DM/CM, as well as a W-9 form, which can be printed and used anytime.
- **Public Health Guidelines.** The most frequently used public health guidelines.
- **Educational Resources.** Useful links, guidelines, and articles about various conditions.
- **Newsletters.** Online copies of our provider newsletters, beginning Summer 2002.
- **FAQs.** Frequent questions and answers to them.

Correct Coding Is Key

As part of our coding initiative, Health Plus has created a new team, the **Coding Department**, within the Quality Improvement Department. The Coding Department has been given the responsibility of ensuring compliance with applicable state and federal billing and coding guidelines.

WHAT DOES IT DO?

The Coding Department will perform medical chart reviews to determine whether all medical conditions, complications, and comorbid conditions are properly reported in the medical record. Information reflected in the medical record and rendered care should be properly reported on claims that we receive.

The Coding Department will also review and compare data on claims and data in the medical record to identify complex-care members with multiple chronic illnesses. If there is a gap in care for such members, corrective action plans will be implemented to ensure not only that the members are receiving high-quality care, but also that the correct information is reported in medical records and on claims.

WHY IS IT IMPORTANT?

Correct coding is extremely important because it:

- Helps us to pay our providers properly.
- Assists us in assessing quality of care appropriately.
- Ensures that we receive premiums from New York State in a timely manner.

Since the Coding Department's inception, staff has actively worked on **QARR/HEDIS** measures, such as Pharyngitis Proper Testing. Staff members also assisted with coding-related claim appeals. In addition, they plan to start reviewing the medical records of providers that appear to be low on encounter-submission data.

Health care coding has many chal-

lenges, but with the new coding specialists, Health Plus should be adequately equipped to meet these challenges.

QUESTIONS?

Feel free to call the Health Plus Quality Improvement Coding Department if

you have questions:

■ Eric Wentz, Quality Improvement Director,
1-718-491-7561.

■ Stacey L. Murphy, Quality Improvement Medical Auditing Manager,
1-718-491-7473.



Where to Find Important Information

INFO PLUS online (Member Eligibility, Claims, Authorizations)

..... log on to www.healthplus-ny.org, choose "Providers," then "INFO PLUS"

INFO PLUS by phone (Member Eligibility, Claims,

Optometry Benefits) 1-800-450-8753 (press 1)

Provider Care Center (all provider inquiries) 1-800-450-8753

Provider Updates 1-718-504-9602 (fax)

NPI Number 1-718-233-3523 (fax)

Request a Provider Directory 1-800-450-8753

Disease or Case Management Referrals 1-718-360-1314 (fax)

Domestic Violence Coordinator 1-718-491-7545

Health Education and Community Outreach 1-888-743-3508

Website: www.healthplus-ny.org

For expert health information, Health Plus members may call
Tele-Nurse Plus 24 hours a day, 7 days a week: 1-800-437-7587.

Claims Processing Updates

NEW FORM: CMS-1500 (08-05)

Are you aware that the HCFA-1500 form has been replaced with a new form: CMS-1500 (08-05)? This new version of the professional claim form was revised to accommodate the reporting of the National Provider Identifier (NPI).

If you continue to submit a hard copy form, you must utilize the new CMS-1500 (08-05) form. The old version of the hard copy form might be incorrectly processed or even rejected in the near future.

Health Plus prefers that you submit all of your claims electronically. Electronic claim submission provides quick data validation that reduces errors and time-consuming resubmissions, which delay the claim payment.

In addition, electronic claims processing is much quicker than processing hard copy claims. Furthermore, you can check the status of the submitted claims within 24 hours of submission on INFO PLUS, our automated provider phone line and online service.

Tom Early
Executive Director

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Chief Medical Officer

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HEALTH PLUS PROVIDER NEWS is published as a community service to members of the HEALTH PLUS provider network. HEALTH PLUS Executive Offices are located at 335 Adams St., Suite 2600, Brooklyn, NY 11201. Our phone number is 1-800-450-8753.

HEALTH PLUS is a not-for-profit health care plan committed to quality health care and dedicated to the health and well-being of our culturally diverse communities through partnerships with members, providers, and community-based organizations.

Information in HEALTH PLUS PROVIDER NEWS comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, please call 1-718-840-4418.

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AVOID DENIALS

Duplicate claim submissions account for our largest weekly denial rate. To prevent your claims from being denied as a duplicate claim, please ensure that your claims are submitted once and meet all “clean claim” billing data requirements.

The information required includes:

- The servicing provider name.
- The federal tax ID number.
- The National Provider Identifier (NPI).
- The billing provider name and identification number.
- The client’s last and first name, date of birth, and identification number (the

Health Plus ID or CIN number).

- All appropriate and up-to-date ICD-9-CM diagnosis codes with valid fourth or fifth digits, when applicable.
- Up-to-date CPT or HCPCS procedure codes. Use an appropriate modifier corresponding to:
 - The procedure code billed.
 - The date of service.
 - The number of units given for the service rendered.
 - Charges.
 - The appropriate location code corresponding to the location, the service rendered, and the procedure code billed.

Correct and accurate claim information ensures that your claim is processed accurately and in a timely way.

Health Plus
335 Adams St., Suite 2600
Brooklyn, NY 11201

ADDRESS SERVICE REQUESTED

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