



# Health Plus

Your community's guardian angel since 1984

# Provider News



## Coordination of Care Is Key

Health care in the U.S. is the most expensive in the world. There is much worth paying for—innovative techniques, advanced treatments, and state-of-the-art equipment—but for all our spending, our outcomes are not necessarily better than those of other developed countries. One reason for this is that our health care delivery is characterized by a lack of coordination. This has substantial effects on both economics and quality of health care.

### MEETING A NEED

Care coordination is important for all patients, but it is particularly important for those with one or more chronic conditions who receive services from different systems and multiple providers. Health care delivery for these patients becomes especially complex, fragmented, less effective, and, ultimately, very expensive.

**Reach out to your patients for a follow-up visit when you become aware of a hospital admission.**

As a consequence, coordination of care is becoming a responsibility of everyone in the health care system, including primary care physicians (PCPs), specialists, managed care plans, hospitals, health care facilities, and patients. Primary

care, the backbone of the health care system, is becoming central to coordination of care. Consider that properly delivered, timely primary health care can prevent unnecessary ER visits, avoidable hospital admissions and readmissions, and, most important, the progression of disease severity.

### GOOD MEDICINE

Health Plus has coordination of care on its agenda, too. Studies show that a post-discharge PCP visit reduces the likelihood of a readmission, further ER visits, and other adverse events. We have implemented a process in which our representatives will make calls to our members with CHF or diabetes or both within 48 hours of discharge. The purpose of the call is to address any questions and ensure that a follow-up appointment with the PCP has been scheduled. We are also considering hiring an in-hospital discharge nurse who will assist in making the PCP post-discharge appointments.

### HOW YOU CAN HELP

We are also asking you—primary care providers—to reach out to your patients for a follow-up visit when you become aware of a recent hospital admission. Timely care is appropriate care and, ultimately, better care.



## DOING OUR PART

# HIV and AIDS

New York City is the epicenter of the HIV/AIDS epidemic in the U.S. Moreover, the virus causing AIDS is spreading in New York City at three times the national rate, according to a study released by the city's Department of Health and Mental Hygiene.

Primary care physicians (PCPs) play a major role in testing for HIV and preventing transmission of the virus.

All PCPs should:

- Provide routine counseling and offer HIV testing.
- Routinely test all adolescent and adult patients for HIV infection.
- Promote prevention among HIV-positive patients to prevent further transmission.
- Monitor the health of HIV-infected patients and emphasize the importance of adherence to care and medication.

Health Plus cares. Our Outreach Department conducts regular education classes throughout the communities we serve. Our member newsletter encourages HIV testing and includes information about HIV and AIDS. If a Health Plus member is uncomfortable being tested in your office, he or she can

self-refer for free, confidential testing at any New York City Department of Health (DOH) STD clinic by calling 311. Members can also obtain all necessary information by going to the New York State (NYS) DOH website, [www.health.state.ny.us/diseases/aids/testing/index.htm](http://www.health.state.ny.us/diseases/aids/testing/index.htm).

**Remember that non-enrollees, or people who are not covered by Health Plus, have the same free access to all HIV/AIDS services provided by NYS DOH.**

Should a member test positive for

HIV, he or she can be referred to one of the NYS-designated AIDS centers, where experienced HIV specialists are available in our network for all five boroughs.

Health Plus also provides HIV Case Management services through Envision-Care, a company tailored to the needs of each member living with HIV or AIDS. In addition, we have a full-time certified HIV nurse who personally handles the most complex cases, and our Health Services representatives advocate for members who are having difficulty obtaining the range of services they need.

## Need to Contact Us?

**For general provider inquiries:**

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

**For more specific inquiries:**

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# Antibiotics: Misuse and Overuse

A patient presents with a common cold that lasts longer than a week. Green mucus is present, which is potentially indicative of a bacterial infection. A course of antibiotics won't hurt, right? Wrong.

Evidence shows that a common cold can indeed last longer than a week, and symptoms of bacterial and viral infections of the upper respiratory tract can be similar. And, unfortunately, decades of overprescribing and misuse of antibiotics have led to an increasing number of drug-resistant strains of bacteria.

Most physicians are now moving in the right direction and have dramatically decreased antibiotic prescriptions for adults and children with upper respiratory infections. But some still overprescribe these drugs.

## A SERIOUS PROBLEM

The consequences of antibiotic misuse are quite serious. Medications that were once reliably used against a variety of bacterial diseases now provide unpredictable results against new antibiotic-resistant strains.

As a result:

- Common infections become more difficult to treat and can become life-threatening.
- Infected people require longer, more expensive and increasingly toxic treatments during extended hospital stays.
- The spread of the drug-resistant bacteria to family members, co-workers, and friends threatens communities.
- Death rates for some communicable diseases that were formerly under control are now on the rise.

## CARE STANDARDS

Appropriate antibiotic usage also means meeting national standards of care. Some Quality Assurance Reporting Requirements (QARR) measurements directly address appropriate antibiotic usage. QARR measures like *Appropriate Treatment for Children with URI*, *Avoidance of Antibiotic Treatment*

*in Adults with Acute Bronchitis*, and *Appropriate Testing for Children With Pharyngitis* are all directly affected by antibiotic prescribing patterns.

Infections like a common cold, influenza, most coughs and bronchitis, many ear infections, and a variety of skin rashes can usually be treated successfully without antibiotics. When an antibiotic is necessary, consider prescribing first-line antibiotics, such as amoxicillin, ampicillin, penicillin, and erythromycin. These antibiotics are typically older, target a smaller range of bacteria, and are considered to be less harmful for the body. They also tend to be less expensive than other antibiotics.

When prescribing antibiotics for non-

specific URI or pharyngitis in children and adults, remember that:

- Antibiotic prescriptions should be preceded by a rapid Strep A test to confirm the appropriateness of treatment.
- Your encounter and claims data should indicate a diagnosis that justifies

Over time, some antibiotics have grown less effective against resistant bacterial strains.

antibiotic treatment.

For the CDC's clinical guidelines on antibiotic usage, please visit the Health Plus website at [www.healthplus-ny.org](http://www.healthplus-ny.org), choose "Providers," then "Educational Resources," and then "Antibiotics and Antibiotic Resistance."



# Fluoride Varnish for Kids

Children with suboptimal amounts of fluoride exposure are at an increased risk for dental caries. It is therefore important for health professionals to determine the level of fluoride exposure in their pediatric patients. The determination should consider both systemic (fluoridated water and fluoride supplements) and topical (fluoride foams, gels, and varnishes) routes. This is especially important for children who are deemed to be at a high risk for caries.

The **American Academy of Pediatrics** policy statement on oral health risk assessment identifies the following groups of **children** to be at **high risk** for caries:

- Children with special health care needs.
- Children whose mothers or siblings have a high caries rate.
- Children with visible caries, plaque, demineralization, or staining.
- Children from high-risk socioeconomic

and ethno-cultural groups.

- Children with low exposure to topical or systemic fluoride.
- Children with poor dietary or feeding habits.

## A SIMPLE TREATMENT

Fluoride varnish is a topical fluoride treatment (5% sodium fluoride). Clinical trials have found that when applied professionally, fluoride varnishes substantially reduce tooth decay in children, preventing new caries from forming and also helping to reverse any early demineralization.

**Health Plus will cover up to four annual fluoride varnish applications for children up to 7 years old who are at high risk for caries.** Prior authorization is not required for the first two applications in a calendar year, but it is required for subsequent applications within the year.



## Healthy Kids, Healthy Future

This month, more than 1.2 million public school children from kindergarten through grade 12 will receive their New York City (NYC) FITNESSGRAM report. The report shows the child's body mass index, muscular strength, endurance, flexibility and aerobic capacity.

Health Plus believes this information can be an important part of educating parents and children about healthy choices, encouraging physical fitness, and identifying children at risk for obesity and diabetes.

We suggest that you ask parents to

bring their child's FITNESSGRAM to their next visit and review it with them and their child. The FITNESSGRAM divides each component into low, healthy, high, and very high classifications. If the child has had a FITNESSGRAM before, it will also show the previous year's score. You can use the FITNESSGRAM to show parents and children how they compare to their peers, where they are doing well, and how they can become healthier.

NYC public schools are making a major effort to get children to be more active, improve their diet, cut out sweetened drinks, and limit their screen time. Doctors can reinforce and expand on these messages and help reduce the incidence of childhood obesity and diabetes that is becoming epidemic in many communities.

For more about fitness and health education programs from the NYC Department of Education, visit [schools.nyc.gov/fitness](http://schools.nyc.gov/fitness) or [www.champsnyc.org](http://www.champsnyc.org).

# Prevention Quality Indicators



Prevention plays an important role in health care. The Agency for Healthcare Research and Quality (AHRQ) has developed a set of Prevention Quality Indicators (PQIs). PQIs are measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory-sensitive conditions. Also, they are used to identify quality of care issues related to conditions for which good outpatient care can prevent the need for hospitalization, as well as conditions for which early intervention can prevent complications or progression of disease.

The PQIs are available in a software package that is distributed by AHRQ. Although PQIs are based on hospital inpatient data, they provide insight into community health care systems and services outside the hospital setting.

PQIs can:

- Be used as a means to help spot potential health care quality problem areas.
- Provide a quick check on primary care access or outpatient services in a community by using patient data found in a hospital discharge abstract.
- Assist public health agencies, health care systems, and others interested in improving health care quality in their communities.

PQIs are:

- Population-based and adjusted for age and sex.
- Publicly available at no cost.
- Available to download anytime.

The PQIs represent hospital admission rates for the following 14 ambulatory-sensitive conditions:

- Diabetes—short-term complications.
- Perforated appendicitis.
- Diabetes—long-term complications.

## PQIs can be used as a means to spot potential health care quality problem areas.

- Chronic obstructive pulmonary disease.
- Hypertension.
- Congestive heart failure.
- Low birth weight.

- Dehydration.
- Bacterial pneumonia.
- Urinary tract infections.
- Angina without procedure.
- Uncontrolled diabetes.
- Adult asthma.

- Lower-extremity amputations in patients with diabetes.

With high-quality primary care in ambulatory settings, hospitalization for these conditions can be avoided.

## Spring and H1N1 Flu

As we enjoy the sunny days of late spring, it is important to realize that concern about H1N1 flu continues. According to the Centers for Disease Control and Prevention (CDC), the timing and intensity of the H1N1 virus cannot be fully predicted in advance. There is a concern that there could be another wave of H1N1 infection with a greater severity of illness.

Health Plus primary care physicians should remember to:

- Visit [www.nyc.gov/flu](http://www.nyc.gov/flu) for weekly surveillance updates.
- Vaccinate priority group patients.
- Begin antiviral treatment as early as possible when indicated.
- Not send patients with mild respiratory symptoms to the ER.

A pamphlet on pandemic flu and a City Health Information article about influenza can be found on our website at [www.healthplus-ny.org](http://www.healthplus-ny.org). Click "Providers," then "Educational Resources," and then "Influenza."



cause of their medical, behavioral, cognitive, or functional limitations, these individuals require a coordinated approach to delivering care, providing needed support services and ensuring quality outcomes.

To achieve this, the Health Plus SNP will offer additional benefits and services to attain the following:

- Coordination of care among providers, agencies, and institutions.
- Promotion of preventive services and early detection of chronic conditions.
- Member awareness and competence in terms of their conditions.
- Compliance with medications and other treatments.
- Reduction of avoidable procedures, admissions, and ER visits.
- Promotion of best clinical practices.
- Proper attention to special needs of the frail elderly and those needing end-of-life care.

Health Plus will deliver these augmented services by building on our success in the Medicaid program. The Health Plus model of care has achieved excellent ratings on state and national performance measures, has received recognition by New York State Department of Health, and has received several quality-of-care awards.

# About Our Special Needs Plan

Health Plus provides services to low-income segments of the population. In 2009, we expanded this service by creating Health Plus Elite, Medicare Advantage Plan. And now we have also added a Special Needs Plan (SNP), which will

enable us to offer a new health insurance product to individuals who are eligible for both Medicare and Medicaid (dual-eligible).

Health Plus already serves dual-eligible members, and we understand that be-

# Members With Gaps in Care

Health Plus must submit performance data to the Office of Managed Care at the New York State Department of Health every year. The data, which are used to evaluate our performance as a plan, are known as the Quality Assurance Reporting Requirements (QARR).

Although we are proud of our record of distinction, we know there is still room for improvement. For example, our members can be noncompliant or simply unaware of necessary services. You, our providers, can make all the difference in that regard.

To help you recognize patients in your panel who have gaps in care, such as missing A1C testing, mammograms, or chlamydia testing, our

Quality Improvement Department is working on a new initiative. We will be sending you a roster on a quarterly basis that identifies members who are noncompliant or who have gaps in care for other reasons. In addition to the patient's full name and date of birth, the roster will indicate which services each patient is missing.

We are planning to launch this initia-



tive by the third quarter of 2010. We hope this will make it easier for you to manage your panel and fill gaps in care.



## When Patients Need J-code Drugs

J-code drugs, such as chemotherapy treatment, immunosuppressive drugs, and inhalation solutions, are specialty infusible and injectable biologic medications that ordinarily cannot be self-administered and hence have to be injected or infused in a doctor's office. (Immunizations are not J-code drugs.)

BioScrip Pharmacy is our vendor for J-code drugs. If you need to order J-code drugs for your patients, please call BioScrip at **1-877-842-5097**. BioScrip will send the patient's drugs directly to your office or, if they will be administered by a home care agency, to the patient's home. BioScrip will then bill Health Plus directly.

If you choose to purchase the J-code drugs for your patients yourself, please submit your claims to Health Plus.

# Transition of Medicare Pharmacy Benefits

The pharmacy benefits transition policy for all new **Health Plus Medicare Elite** and **Special Needs Plan** members is as follows:

For each of the drugs that is not on Health Plus's Medicare Formulary, or for situations in which a member has a limited ability to get his or her medications, a temporary one-time 30-day supply of that medication will be covered during the member's first 90 days of enrollment in the plan when the member uses an in-network pharmacy.

After the one-time fill of the drug, Health Plus will not continue to pay for these drugs under the transition policy. The member is reminded to discuss appropriate alternative therapies in the Health Plus Formulary with his or her PCP or specialist. If there are no alternative therapies, the doctor or member can request a formulary exception by

contacting Health Plus.

For a resident of a long-term facility, Health Plus will cover a temporary 31-day transition supply, unless a prescription

is written for fewer days. Health Plus will cover more than one refill of these drugs for the first 90 days of enrollment. If the member needs a non-formulary drug or has a limited ability to get a required drug, but the time period is beyond the first 90 days of enrollment, Health Plus will cover a 31-day emergency supply of that drug (unless the prescription is written for fewer days) while the member pursues a formulary exception.

## Where to Find Important Information

### INFO PLUS online (Member Eligibility, Claims, Authorizations)

..... log on to [www.healthplus-ny.org](http://www.healthplus-ny.org), choose "Providers," then "INFO PLUS"

### INFO PLUS by phone (Member Eligibility, In-Network Referrals,

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](http://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.

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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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# Top 10 Documentation and Coding To-Dos

1. The chart must contain pertinent information that identifies patient (i.e., name, DOB, MR #) and service date.
2. Use a ballpoint pen in handwritten charts, and ensure that documentation is clear and legible.
3. Document all information that supports medical care rendered and all conditions (chronic and acute) treated. This helps health insurance plans to properly credit you for the quality of care and to project future resources necessary to treat health plan members.
4. Assign an office/outpatient E&M visit code for patients presenting with illnesses, injuries, or follow-up of a previous health encounter.

## Office/Outpatient CPT Codes

New patient	99201–99205
Established patient	99211–99215

5. Assign a diagnosis code that accurately describes the medical problem being treated or followed up.

## ICD-9-CM

Illness Injury	001.0-999.9
Health Status	V01.0-V89.09

6. Assign a preventive medicine E&M visit code if patient presents for an

annual physical (i.e., well-infant, well-child, well-adolescent, well-adult).

## Preventive Medicine CPT Codes

New patient	99381–99387
Established patient	99391–99397

7. Assign the diagnosis code that describes preventive medicine services provided to a patient in the absence of an illness or injury.

## ICD-9-CM

Well-infant and well-child	V20.2, V20.31, V20.32
Well-adolescent and well-adult	V70.0–V70.9

8. If both sick visit and preventive medicine visit services are rendered during the same encounter, assign the applicable sick visit CPT code and the applicable preventive medicine CPT code. Modifier 25 must be appended to the preventive medicine visit CPT code.
9. Assign applicable vaccine administration CPT codes when reporting vaccines. Remember to adhere to code sequencing guidelines.
10. The attending physician must sign and date every chart.

**Proper documentation means:**



## Why Encounter Data Is Important

In order for Health Plus to meet all reporting requirements and to recognize services provided under capitation, our network primary care physicians must send encounter data for each encounter.

The submission of encounter data is a state-mandated requirement that is stipulated in your contract with Health Plus. All encounter data must be submitted within 120 days of providing covered services to the member. This includes all capitated and non-capitated services.

Encounter data completeness and quality is monitored by Health Plus regularly. If problems are identified with timeliness, quality, or quantity of submissions, Health Plus will contact the PCP to review and correct the identified problems.

- Accurate and timely reimbursement.
- Continual quality improvement.
- Reduced risk of litigation.

And remember the first law of reimbursement: **If it's not documented, it didn't happen.**