

aetnaSM ACQUISITION COMPLETE

On May 7, 2013, the acquisition of Coventry Health Care by Aetna became officially complete. This date represented Day One of a new combined organization — one with the strength, resources, and capabilities to take advantage of opportunities, navigate challenges, and drive real change in the U.S. health care marketplace. A date for transitioning from the “Coventry” brand to the “Aetna” brand has not been set.

What does this mean to our providers?

- There are no immediate changes.
- There are no changes in benefits or networks currently provided by either company.
- Providers should continue to bill claims as they do now.
- CoventryCares will keep you updated on any future changes that may impact our providers.
- CoventryCares and Aetna share a commitment to our providers and members, and the communities in which we live and work.
- We look forward to continuing to work together with you.

PROVIDER RELATIONS UPDATES

BY THERESE HUGHES, PHD, MPA, RN

CoventryCares of Kentucky is pleased to introduce the first edition of the Provider Connection, a newsletter for Coventry Health Care Providers. This will be a quarterly publication to disseminate useful information to our network providers and keep you in touch with news and developments company-wide. In this edition, we will be discussing news updates such as the recent acquisition of Coventry Health Care by Aetna; the role of the Quality Improvement Department and achieving our goal to attain National Committee for Quality Assurance (NCQA) Accreditation; the



Healthcare Effectiveness Data and Information Set (HEDIS) project; our current Performance Improvement Projects (PIPs); an update on our member survey; promotion of wellness for our children by way of the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program; and our Lock-In program.

Thank you for your commitment to improve the health and quality of life of our members and to promote continuity of health care. The Connection newsletter also is available on our website under the Provider section at www.coventrycaresky.com.



IMPORTANT PHONE NUMBERS:

Member Services Department	1-855-300-5528
Prior Authorization Department	1-888-725-4969
Provider Relations Department	1-855-454-0061
State Eligibility Verification	1-800-635-2570

If you have suggestions for topics in the Provider Connection newsletter, please contact Rhonda Petr at rlpetr@cvty.com.



QUALITY IMPROVEMENT PROGRAM AND PREPARATION FOR NCQA ACCREDITATION

The purpose of CoventryCares of Kentucky (CoventryCares) Quality Improvement (QI) program is to ensure that all services meet the highest standards of quality and safety. It provides a structure for promoting and achieving excellence in all areas through continuous improvement. We look at both medical and behavioral health care for our members. The program provides an ongoing evaluation process that lends itself to improving identified opportunities for under/over utilization of services. Core values of the program include maintaining respect and diversity for members, providers and employees.

CoventryCares is currently in the process of

preparing for the National Committee for Quality Assurance (NCQA) accreditation. Coventry Health Care has much experience in this area and has developed a quality organization model which will help to achieve enterprise wide NCQA accreditation for our Medicaid business, improve our Healthcare Effectiveness Data and Information Set (HEDIS) and Star results, and support a “Best in Class” quality organization.

The QI program monitors the review, identification and follow-up for all clinical and access issues. The program is evaluated each year and/or as needed to ensure it meets NCQA standards. NCQA accreditation is the most rigorous and comprehensive in the health

insurance industry. NCQA Health Plan accreditation verifies scores and publicly reports quality results, allowing “apples to apples” comparison among plans. NCQA is the only assessment program whose accreditation scores are based on a plan’s policies and procedures, as well as on a set of HEDIS measures and consumer experience measures such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program. CAHPS evaluates members’ experience with healthcare organizations through member surveys.

The goals and objectives of the QI program are to:

- Ensure that quality and safety of clinical care and services are measured using reliable methods.

- Take actions that result in improvements that can be measured.
- Involve administrative and clinical staff in support of the on-going quality improvement process.
- Focus always on quality issues of high importance.
- Ensure that all state and national requirements are met, and that NCQA accreditation is earned.

“CoventryCares of Kentucky is committed to Quality and NCQA Accreditation standards, which are the most rigorous in the industry. NCQA is the most comprehensive evaluation of health plans in the nation, and is the only assessment program whose accreditation scores are based on actual results achieved by a set of clinical measures and consumer experience measures.”

Therese Hughes, PhD, MPA, RN Manager of Quality Improvement



INTERPRETERS

To request a face-to-face interpreter for spoken or sign language for a CoventryCares of Kentucky member, please call Member Services at 1-855-300-5528 at least 72 hours prior to the member’s appointment.

PROVIDER RELATIONS REPRESENTATIVES

Region 1	Regina Gullo	(502) 612-9958	rlgullo@cvty.com
Region 2	Kimberly Berry	(812) 660-1394	kdberry@cvty.com
Region 3	Lesley Lewis	(502) 719-8743	ldlewis@cvty.com
Region 4	Holly Garcia	(502) 719-8785	hxgarcia@cvty.com
Region 5	Kristy Cabell	(502) 689-4894	kwcabell@cvty.com
Region 6	Jon Gillispie	(502) 689-3748	jdgillispie@cvty.com
Region 7	Holly Garcia	(502) 719-8785	hxgarcia@cvty.com
Region 8	Angela McGraw	(606) 527-5002	admcgraw@cvty.com
Supervisor	Holly Garcia	(502) 719-8785	hxgarcia@cvty.com



HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) results are used to measure the effectiveness of many of these Quality Improvement (QI) initiatives. HEDIS is a set of standardized performance measures designed to ensure that the public has the information it needs to reliably compare performance of managed health care plans. HEDIS results are based on statistically valid random samples of members. The HEDIS results are subjected to a rigorous review by certified HEDIS auditors.

HEDIS MEASURES

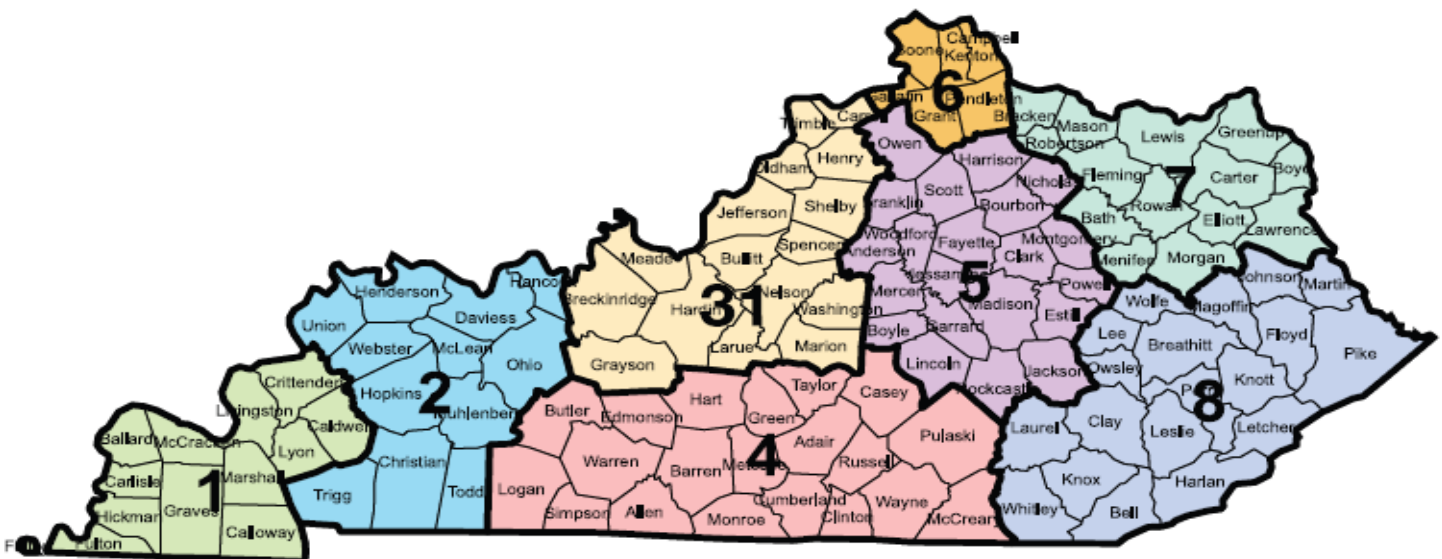
HEDIS measures can be generated using three different data collection methodologies:

- Administrative (uses claims and encounter data)
- Hybrid (uses medical record review along with claims and encounter data)
- Survey

Medical record review is an important part of the HEDIS data collection process. The medical record contains information such as lab values and results of tests that may not be available in the administrative data. Quality Improvement (QI) staff calls a provider's office to schedule an appointment for the chart review. If there are only a few charts to be reviewed, the office may choose to fax or mail the specific information to CoventryCares.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits a provider to disclose protected health information to a health plan for the quality-related health care operations of the health plan. See 45 CFR 164.506(c)(4). In addition, our Provider Agreement states that the health plan has the right to review medical records to monitor the quality and appropriateness of treatment of members by our participating providers. We greatly appreciate the care you give your patients, our members. Thank you for your assistance with our annual HEDIS project. A full description of our QI program is included in the provider manual which is located on the CoventryCares of Kentucky website (www.coventrycaresky.com).

COVENTRYCARES OF KENTUCKY SERVICE REGIONS



CONSUMER ASSESSMENT OF *HEALTHCARE* PROVIDERS AND SYSTEMS (CAHPS) ALSO KNOW AS THE MEMBER SATISFACTION SURVEY

CoventryCares of Kentucky uses a certified survey firm to administer the CAHPS member satisfaction survey to our members. This survey provides information on the experiences of members and gives a general indication of how well the plan meets member expectations. The CoventryCares survey is in progress and results will be reported in the next quarter. A full description of our Quality Improvement (QI) program is included in the provider manual which is located on the CoventryCares provider web site (www.directprovider.com).

PROMOTING THE HEALTH OF KENTUCKY'S MEDICAID CHILDREN IS VALUABLE!

BY DEBBIE MOORHEAD, RN, BSN, MBA

CoventryCares of Kentucky would like to support you and your practice in the care and treatment of Medicaid children from birth through their 21st birthday through the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program. This is a federally mandated Medicaid program used to prevent and treat conditions discovered in children.

What are the EPSDT services?

Comprehensive screening exams for children from birth to 21st birthday which includes unclothed physical exam, growth and development assessments, nutrition assessment, hearing, vision and dental screenings, lab testing, lead screening, immunizations and parental anticipatory guidance. The frequency of visits is outlined in the Periodicity Schedule, available in the CoventryCares Provider Manual.

EPSDT Special Services offer additional coverage beyond customary Medicaid services which may include; a third pair of eye glasses annually, additional dental cleanings for chronic diseases or a customized positional seating system for children.

How can a provider participate in the EPSDT Program?

- 1) Apply for status as an EPSDT Provider from the State Medicaid Office. Each EPSDT Provider will then have both a Medicaid Provider Number and an EPSDT Provider Number.
- 2) Learn the requirements of the screening visits by each of the age groups.
- 3) Bill using the appropriate physical exam code.
- 4) Add the "EP" modifier along with the physical exam code.

To learn more:

- Visit the CoventryCares provider website (www.directprovider.com) to view the Provider Manual's section on EPSDT.
- Look for the CCKY EPSDT Provider Manual to arrive soon.
- Visit www.ky.gov to learn more about EPDST in Kentucky.



CHRONIC DISEASE AND DISABILITY SYSTEM INFORMATION

BY ROSEMARIE KORMANEC

The Commonwealth of Kentucky utilizes the Chronic Disease and Disability Payment System (CDPS) to measure the relative illness of individuals and populations. Risk adjustment is dependent on accurate demographic data and diagnosis coding from both ambulatory and inpatient encounter data.

- CDPS organizes diagnoses into 20 major categories, which correspond to body systems and types of diagnoses.
- Each diagnosis category and subcategory is assigned a weight.
- The higher the acuity, the higher the weight.

How can providers assist in capturing the accurate acuity level of patients?

- Encourage your patients to come in for office visits.
- Submit timely encounters for every office visit.
- Accurately report the ICD-9-CM diagnosis codes to the highest level of specificity.
- For members with chronic illness, always report the chronic illness on the claim form if they coexist at the time of the visit.
- Be specific on diagnosis coding, ill-defined diagnoses receive NO weight in the CDPS scoring.

Continued on page 5

Chronic Disease (Continued from page 4)

- Complete and accurate diagnosis coding will minimize the need for retrospective chart reviews.
- Examples of Disease Conditions that should always be considered at the time of the visit:

Amputation status	Diabetes mellitus	Multiple sclerosis
Bipolar disorder	Dialysis status	Paraplegia
Cerebral vascular disease	Drug/alcohol psychosis	Quadriplegia
COPD	Drug/alcohol dependence	Renal failure
Chronic renal failure	HIV/AIDS	Schizophrenia
Congestive heart failure	Hypertension	Simple chronic bronchitis
CAD	Lung, other severe cancers	Tumors and other cancers
Depression	Metastatic cancer, acute leukemia	(Prostate, breast, etc.)

CURRENT PERFORMANCE IMPROVEMENT PROJECTS

CoventryCares of Kentucky implemented two (2) Performance Improvement Projects (PIPs) for the Commonwealth of Kentucky in December 2012 titled; 1). *Major Depression: Antidepressant Medication Management and Compliance*, and 2). *Decreasing Non-Emergent/ Inappropriate Emergency Department Utilization*. These PIPs were identified by the Commonwealth as priority areas for the State. Kentucky ranks as one of the worst in the nation for prevalence and seriousness of depression. Major depression is a common and treatable disease and anti-depressants are usually an effective treatment for adults. Children and adolescents have more risk

factors associated with anti-depressant therapy so for the purpose of this PIP we are focusing on the adult population, members 18 years of age and older. In addition, Kentucky had approximately 380,000 Emergency Department (ED) visits in Year 2011 with over 111,000 Medicaid patients (29.3 percent). According to national health statistics, the State ranks six out of the 50 states in ED visits with 519 visits per 1000 persons. Our membership reflects that over 50 percent of ER visits are by members under 18 years of age for non-urgent care such as otitis media and pharyngitis. Decreasing avoidable and inappropriate ED use can free up access

to ED for emergent issues, decrease the cost of healthcare, increase health and outcomes of insured members, and facilitate establishing a medical home for the member.

Study questions and methodology were designed to measure the outcome of interventions. The Quality Improvement (QI) Department will monitor the interventions and outcome results for each PIP on a quarterly basis and will add new interventions and/or make improvements as indicated.

Notice:

CoventryCares of Kentucky does not reward practitioners or other employees for any denials of service. CoventryCares of Kentucky does not encourage nor reward clinical decisions that result in decreased services.

