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*According to responses from CoventryCares first CAHPS® Member Survey: "Member responses reflected they would like better communication with their clinician about their care. . ."*

### CAHPS® Member Survey

#### Results Exceeded NCQA National Averages

CoventryCares of Kentucky (CoventryCares) recently completed its first Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Member Survey. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), and results of the survey are reported to the National Committee for Quality Assurance (NCQA). CAHPS® supports the use of comprehensive NCQA approved standardized surveys that ask our members to report on, and evaluate, their experiences with the health plan and their provider. The survey covers topics that are important to members, such as communication skills of providers, and accessibility of services. A random sample of 3,000 CoventryCares' members from the Commonwealth of Kentucky was surveyed (1,350 adults and 1,650 children).

Results were compared to the 2012 NCQA Quality Compass (QC) national averages for Medicaid Health Management Organizations for adults and children. Overall, results exceeded NCQA national averages. However, results that fell below the national average were in the "shared decision making" area for both adults and children. Member responses reflected they would like better communication with their clinician about their care-especially with regard to medications.

With this in mind CoventryCares has posted an article on *Shared Decision Making* in this newsletter to assist you in working together with your patients on medical management and medication compliance. Please help your members understand what medications are for and the importance of compliance. ■

#### IMPORTANT TELEPHONE NUMBERS

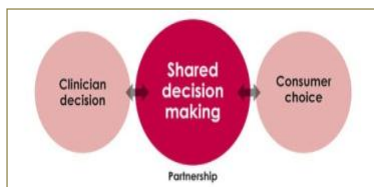
Member Services Department	1-855-300-5528
Prior Authorization Department	1-888-725-4969
Provider Relations Department	1-855-454-0061
State Eligibility Verification	1-800-635-2572
MHNet 24/7 Service Line	1-888-604-6106
24-Hour Nurse Line	1-855-620-3924

### Taxonomy Update!

Effective October 1, 2013, the Kentucky Department for Medicaid Services will implement a new threshold edit on encounter records submitted to them. This edit will reject any encounter record that does not contain the taxonomy number for both the billing provider and the rendering provider, as applicable, and in compliance with standard billing procedures. ■

### Six Steps of Shared Decision Making

- 1) Invite patient to participate
- 2) Present options
- 3) Provide information on benefits and risks
- 4) Assist patient in evaluating options based on their goals and concerns
- 5) Facilitate deliberation and decision making
- 6) Assist with implementation



### BMI Percentile

BMI Percentile is an important part of a Well Child visit and a HEDIS® requirement. BMI percentiles are used for children and teens because the amount of body fat differs between boys and girls and body fat also changes with age. Charting just the BMI is not enough, make sure you are documenting BMI Percentiles or using a BMI-for-age growth chart.▪

## Shared Decision Making Involve Members in the Care They Receive

Shared decision making is a process in which clinicians and patients work together to select tests, treatments, management, medications, or supportive resources, based on clinical evidence and patients' informed preferences.

Shared decision making occupies the middle ground between more traditional clinician-centered practice, where patients rely on the healthcare professional to make decisions about their care, and informed patient choice, where patients are given information and then left to make their own choices.

Healthcare is changing. More and more people want to have a greater understanding about healthcare choices. They want better information and the chance to have a say in their care.

Research shows that choice about treatment matters more to patients than the decision about where to receive care. National patient surveys show that 48% of inpatients and 30% of outpatients wanted more involvement in decisions about their care than they had<sup>1</sup> and 24% of patients in primary care did not feel their healthcare provider was good at involving them<sup>2</sup>.

The goal at CoventryCares of Kentucky is to involve our members regarding the care they receive and inform providers of the need for shared decision making. The collaboration between patient and clinician has proved to be vital in their health, outcomes, costs of care, continuity of care and compliance with care. Taking the steps to shared decision making has proven effective in accomplishing these goals.▪

#### Resources:

The Health Foundation, Informed Medical Decisions Foundation

<sup>1</sup>CQC patient surveys 2010

<sup>2</sup>The GP Patient Survey July – September 2011, ipsos MORI

### Case Management Available for Members

If you have members who you feel may benefit from case management or disease management services, or if you or the member have any questions about these services, please contact Customer Service at 1-855-300-5528, Monday through Friday, 7:00 a.m. to 7:00 p.m., Eastern Time (TTY users dial 711/TDD users dial 1-800-627-4702). Ask to speak to a Case Manager.▪

*If you have suggestions for topics in the provider newsletter, please contact Rhonda Petr at [rlpetr@cvty.com](mailto:rlpetr@cvty.com)*

## Easy Access – Clinical Practice Guidelines

CoventryCares of Kentucky (CoventryCares) has adopted Clinical Practice Guidelines to improve the health and quality of life of our members.

CoventryCares makes every effort to ensure that current scientific data and expert opinion is the basis for each guideline. Each guideline is evaluated as new data becomes available, or at a minimum of every two years.

These guidelines are intended to assist the practitioner in clinical decision-making and attempt to define clinical practices that apply to most patients in most circumstances. The treating practitioner should make the ultimate decision regarding the care of a particular patient.

CoventryCares Practice Guidelines include Clinical, Preventive, Immunization and Behavioral Health. They can be accessed electronically at [www.coventrycaresky.com](http://www.coventrycaresky.com), click on the *For Providers* tab, and go to *Practice Guidelines*. ■

## Help Members Stop Nicotine Addiction!

As of September 1, 2010, tobacco cessation medication and/or nicotine replacement therapy has been available to Kentucky Medicaid members who want to stop using tobacco products. Please contact us for more information about the tobacco cessation program for CoventryCares of Kentucky members.

A prescription is needed from a licensed Kentucky physician, nurse practitioner or physician assistant to receive benefits. All FDA-approved medications are covered for two 90-day treatment regimens per year. Some products are not preferred and will require a review via the prior authorization process. In addition, all refills require prior authorization.

A tobacco cessation assessment must be performed face to face and must include: asking the patient about tobacco use; advising the patient to quit; and assessing the patient's readiness to quit. If the assessed member's readiness to quit occurs during a regular office visit, the tobacco cessation counseling may be billed separately by using CPT codes: 99406, 99407, G0436\* or G0437\*. The assessment must include a history of tobacco use, medical and psychosocial history, review of coping skills and barriers to quitting and a written referral to a cessation program.

Medications that are covered with no copay by the patient are: Nicoderm CQ<sup>®</sup>, Nicorette<sup>®</sup> gum, Commit<sup>®</sup> lozenges, Bupropion (Zyban<sup>®</sup>). Chantix<sup>®</sup> is covered but requires a prior authorization.

Telephonic counseling is available through The Quit Line at 1-800-QUIT-NOW (1-800-784-8669). The Quit Line helps tobacco users who are ready to quit; smokers who are pregnant; people who use smokeless tobacco; and former smokers who had a setback and need help getting back on track. ■

\*Medicare patients only

## HEDIS<sup>®</sup> Spotlight – Thanks to our Providers!

CoventryCares of Kentucky would like to thank all the providers that participated in our HEDIS<sup>®</sup> 2013 request for chart documentation. We understand that your office is busy taking care of our members/your patients. While HEDIS<sup>®</sup> is a state and government reporting requirement, the overall goal is increased quality care for our members.

Our HEDIS<sup>®</sup> 2013 project is just completed and we now look forward to HEDIS<sup>®</sup> 2014. HEDIS<sup>®</sup> is an essential requirement of the health plan by the Commonwealth of Kentucky at demonstrating the quality of health care provided to our members by our provider network. CoventryCares of Kentucky is planning many HEDIS<sup>®</sup>-related initiatives in 2014. *Continued on Page 5*

## Flu Season

### Flu Shots for Children

Flu vaccines are provided through the Vaccines for Children program. Both injections and the nasal spray are covered. Please bill the vaccine to CoventryCares in order to receive the administration fee. Providers must bill the vaccine code with a 26 modifier for the administration fee to pay.

### Flu Shots for Adults

Vaccinations provided in the office can be billed directly to CoventryCares. Providers are responsible for ordering vaccine from their supplier of choice. Please bill both the vaccination and the administration codes to CoventryCares.

CoventryCares will reimburse for standard flu vaccines administered to adults from trained pharmacists. Pharmacies may bill CoventryCares through the pharmacy billing system for these services. Influenza vaccine coverage through pharmacy is limited to standard dose, intramuscular forms of flu vaccine. Fluzone<sup>®</sup> HD and intradermal are not covered. Flumist<sup>®</sup> is also not covered through pharmacy. ■

## Respiratory Syncytial Virus (RSV) Season

For the 2013-2014 RSV season, CoventryCares of Kentucky has in-network companies that will supply Synagis<sup>®</sup>. Synagis<sup>®</sup> requires prior authorization. Prior authorization criteria for Synagis<sup>®</sup> are based on the American Academy of Pediatrics (AAP) guidelines on eligibility criteria for immunoprophylaxis of high risk infants and young children.<sup>1</sup>

Highlights of the criteria include:

- For infants born between 32 and 35 weeks of gestation (32 weeks, 0 days through 34 weeks, 6 days), prophylaxis will be limited to those who are at the greatest risk of RSV hospitalization:
  - Infants younger than 3 months of age at the start of or during the RSV season, **AND**
  - Have an increased risk of RSV exposure due to either child care attendance or sibling(s) younger than 5 years of age.
- For Infants born between 32 and 35 weeks of gestation who qualify for RSV prophylaxis, a maximum of 3 doses will be allowed. Prophylaxis is only recommended until 90 days of age (maximum of 3 doses).

For initiation and termination of prophylaxis, a maximum of 5 doses will be allowed. According to the AAP, five monthly doses of Synagis<sup>®</sup> provides over 20 weeks of protective serum antibody concentration for most infants.

A full copy of the Synagis<sup>®</sup> prior authorization criteria (Statement of Medical Necessity), can be obtained by contacting the CoventryCares prior authorization department at 1-888-725-4969 or on our website at [www.coventrycaresky.com](http://www.coventrycaresky.com), click on the *For Provider* tab, to *Document Library* and scroll to *Synagis<sup>®</sup> Enrollment Form*. Requests which are approved will be automatically forwarded by the health plan to your in-network supplier of choice, who will coordinate distribution of Synagis<sup>®</sup>.

For questions related to Synagis<sup>®</sup> distribution, a phone number for the supplier is included on the authorization form. We look forward to working with you during the 2013-2014 Synagis<sup>®</sup> season. ■

<sup>1</sup> American Academy of Pediatrics. Respiratory Syncytial Virus. Red Book 2009, 28th



## Lock-In Program

A member may be placed in the Lock-In Program based on his/her use of multiple providers, hospitals, pharmacies, and prescriptions, or for the use of the emergency department for non-emergency medical conditions. A member may be locked into a primary care provider (PCP) and a pharmacy, and/or a hospital (see sidebar) for an initial period of two (2) years. The long-term goal of the program is to help members learn to use medical care appropriately while ensuring quality of care.

Letters informing members of their lock-in status and their designated providers have been mailed. The providers of these members also received a letter to notify them of the members that have been assigned to them. Members have been assigned to designated lock-in providers based on claims history. Best efforts have been made to assign members to their existing PCPs and most often used pharmacies and hospitals. New members will be identified each month for assignment to this program.

Designated lock-in providers serve for at least twenty-four (24) months except in cases where: (a) the designated provider requests in writing to be released from serving as a member's lock-in provider, and CoventryCares identifies a new provider; (b) the member relocates outside of the designated provider's geographic area; (c) the member requests in writing, a change to their designated lock-in provider and satisfies the requirements for a change; (d) the designated provider no longer participates in our network; or (e) either CoventryCares or the Department for Medicaid Services determines it is in the member's best interest to change the designated lock-in provider.

If you have questions regarding the Lock-In Program, please call 1-888-470-0550, Option # 8, 8:00 a.m. to 5:00 p.m., Monday through Friday, Eastern Time, or you may contact your Provider Relations representative. ■

**Designated PCPs** - The designated PCP is responsible for authorizing referrals for the member's services from other providers. The designated PCP is the only authorized prescriber for the member unless the PCP has authorized a referral for non-designated provider services.

**Pharmacy** - Members may only get prescriptions filled at their designated pharmacy. If a member tries to get a prescription filled at a non-designated pharmacy, the pharmacist will receive a point-of-sale denial. Prescriptions written by providers other than the member's designated PCP will also be denied at point-of-sale unless the non-lock-in provider received the referral from the members lock-in PCP.

**Hospitals** – As required by Kentucky Medicaid regulations, CoventryCares does not cover non-emergency services provided to lock-in members, if provided by a hospital other than their designated hospital. CoventryCares will pay for a screening to determine if the member has an emergency medical condition. CoventryCares will reimburse DRG hospitals \$25 for a screening of a lock-in member, to determine if an emergency medical condition exists. DRG hospitals should bill revenue code 451 for the emergency medical condition screening.

## HEDIS® Spotlight-Continued from Page 3

HEDIS® improvement initiatives will be implemented for providers as well as our members. The primary focus of these initiatives will be to get members in for preventive health services/screenings (i.e. mammograms, Pap tests, and an annual check up). Initiatives will also be implemented for the treatment of select chronic conditions, such as diabetes and cholesterol management. As part of these initiatives, we may contact the office for chart documentation regarding the services, whether already performed and/or request that your office work with us in reaching out to members to schedule the necessary service(s). Several of our measures are time sensitive (i.e. Prenatal, Post Partum, and Well Child). If you have questions regarding the HEDIS® initiatives, please feel free to contact the Quality Improvement Outreach Coordinators at 1-855-737-0872, Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Time. ■



## How Do I Contact My Provider Relations Representative?



### 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.*

REGION	NAME	TELEPHONE	EMAIL
Region 1	Regina Gullo	(502) 612-9958	rlgullo@cvty.com
Region 2	Kimberly Berry	(812) 660-1394	kdberry@cvty.com
Region 31	Lesley Lewis	(502) 719-8743	ldlewis@cvty.com
Region 4	Phillip Kemper	(502) 719-8604	pxkemper@cvty.com
Region 5	Jackie Richie	(502) 709-0680	jxrichie@cvty.com
Region 6	Jennie Cahill	(859) 412-0052	jrcahill@cvty.com
Region 7	Donna Moor	(502) 689-3629	dmmoor@cvty.com
Region 8	Angela McGraw	(606) 527-5002	admccgraw@cvty.com
Region 8	Jacquelyne Pack	(606) 331-1075	jmpack@cvty.com



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