

News and updates from Community Health Plan to network providers

IN THIS ISSUE ...

Annual monitoring for patients on persistent medications	2
Breast cancer screening.....	2
Claims Corner.....	2
Covering practitioners.....	2
Appropriate treatment of adults with acute bronchitis	3
Customer Service.....	3
Benefit Summaries.....	4

Emergent care services claims processing

Community Health Plan's policy on emergent claims is in accordance with Missouri Statute RSMo354.600. Emergency medical conditions are defined as; "the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that immediate medical care is required." Emergency service is defined as, "a health care item or service furnished or required to screen and stabilize an emergency medical condition, which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider."

Community Health Plan's claims procedures

- Professional claims billed with place of service 23 (Emergency Room —

Hospital) will adjudicate with no review required.

- Outpatient facility claims with revenue codes 0450-0452 (Emergency Room) and bill type 13X (hospital outpatient) will adjudicate with no review required.
- Inpatient facility stay not prior authorized with Source of Admission of 7 (Emergency Room) will be reviewed for medical necessity and emergent services rendered in the Emergency Department will be paid.

These claims processing procedures apply to participating, non-participating, and out-of-area providers. This provides consistency and standardized workflow in addition to faster turn around time. If you have any questions, please contact your Provider Relations representative.

What's new for HEDIS 2009

To improve healthcare quality and effectiveness the National Committee for Quality Assurance (NCQA) continually reviews the Healthcare Effectiveness Data and Information Set (HEDIS) for improvements to current standards. Each year a technical specifications guide is published with any changes or additions to current guidelines. Community Health Plan recently received the HEDIS 2009 Technical Specifications. To keep you informed, listed below are the two new measures being reported for HEDIS 2009 by commercial health plans.

- Adult BMI Assessment - the percentage of members age 18 - 74 who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.
- Weight Assessment and Counseling for Nutrition and Physical Activity for

Children/Adolescents - the percentage of members age 2 - 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

With obesity becoming so prevalent among all age groups, NCQA saw the need for a greater emphasis on provider intervention with patients regarding a healthy weight and proper nutrition. As with all first year measures they will be evaluated by NCQA and individual plan results will be given, but benchmarking will not be available until at least two years of data have been collected.

Network News is published by Community Health Plan to provide network health care providers with current information regarding administrative changes, program updates and other health plan news.

To change your address or suggest an article for future Network News editions, please contact:

Client Services
Community Health Plan
137 N. Belt Hwy.
St. Joseph, MO 64506
(816) 271-1247 or (800) 990-9247



COMMUNITY
HEALTH PLAN
www.mychp.com

Annual monitoring for patients on persistent medications

Annual Monitoring for Patients on Persistent Medications is a relatively new Health Plan Employer Data and Information Set (HEDIS®) measure assessing whether patients utilizing certain medications receive appropriate monitoring to prevent potential harms associated with persistent use of particular drug classes.

Members on persistent medications are defined as members age 18 and older, receiving at least 180-day supply of ambulatory medication in the measurement year, for any of the medications included in the therapeutic agent classes including:

- **Angiotensin Converting Enzymes (ACE) Inhibitors or Angiotensin II Receptor Blockers (ARB's)** require at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.
- **Digoxin and digoxin combination products** require at least one serum potassium and either a

serum creatinine or a blood urea nitrogen monitoring test in the measurement year.

- **Diuretics (Thiazide diuretics, potassium sparing, aldosterone blockers/antagonists, potassium wasting diuretics include loop diuretics, combination potassium sparing/wasting diuretics, and all diuretic combination products)** require at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.
- **Anticonvulsants** require at least one drug serum concentration level monitoring test for the prescribed drug in the measurement year.
- **Statins** require both an ALT and an AST liver enzyme test in the measurement year.

Patients with long term use of certain medication are at a higher risk for experiencing harmful side effects and drug-related toxicities. With monitoring, you can adjust the patient's dosage to prevent possible adverse drug events.

Breast cancer screening

The month of October marks National Breast Cancer Awareness Month. Breast cancer is one of the most common types of cancer among American women. It is the second leading cause of death in women, preceding lung cancer. The American Cancer Society estimates 240,000 new cases of breast cancer will be diagnosed each year. An estimated 40,460 women will die from the disease this year. There are more than 2 million women living in the United States who have been treated successfully for breast cancer.

Fortunately, deaths resulting from breast cancer have been declining in

recent years. This decline is associated with early detection, and advanced and improved treatment. More than 70 percent of women diagnosed with breast cancer have no identifiable risk factors, such as family history of breast cancer, which might alert their doctor to potential breast cancer without a mammogram, which is why screening is vital.

Community Health Plan's HEDIS® breast cancer screening rates for 2007 have increased slightly, reflecting 71 percent of women age 40 - 69 have obtained a mammogram during the measurement year, or the year prior

CLAIMS CORNER

Community Health Plan is proud to report the following claims statistics for the month of August 2008:

Average turn around time (clean claims paid from received date)
5.21 calendar days

Auto adjudication
78.23 percent

Electronic claim submission
78.46 percent

Claims finalized in 30 days
99.59 percent

Covering Practitioners

When a member's primary care provider (PCP) is not available to see them, the member may see any practitioner within that group. The best way to determine if there is a need to have the member change PCP's is by using the tax I.D. The member can see any PCP who is under the same tax I.D. as their PCP. The only time there is a need to call Community Health Plan to change is if they are to see a practitioner in an entirely different group under a different tax I.D.

to the measurement year. This data indicates that nearly 30 percent of our female members within this age range are not being appropriately screened. Mammography screening for women age 40 - 49 can reduce mortality by 17 percent. For women age 50 and older, this screening can reduce mortality by 30 percent. By recommending a mammogram at least every other year for those women age 40 and older, many lives can be saved.

CUSTOMER SERVICE

Community Health Plan is proud to report the following customer service statistics for the month of August 2008:

Abandonment rate (percentage of lost calls)

3.49 percent

Average speed of answer

25 seconds

Appropriate treatment of adults with acute bronchitis

Cough is the most common symptom that results in an office visit to a physician, with acute bronchitis being the most common diagnosis given. Each year up to 5 percent of the population are reported to have an episode of acute bronchitis leading to more than 10 million office visits per year. Colds, upper respiratory infections, and bronchitis have been targeted as conditions that are associated with excessive antibiotic prescription use and much of this is fueled by public

expectation. The descriptive term used to qualify the cough seems to be very important with patients. One survey suggests 44 percent of patients diagnosed with “acute bronchitis” felt treatment with antibiotics was important for recovery, whereas only 11 percent of those diagnosed with a “chest cold” respond the same. To increase the appropriate treatment for acute bronchitis the American College of Chest Physicians (ACCP) released the following table in 2006.

Eligible Population	Key Components	Recommendation and Level of Evidence
Adults 18 years or older with clinical suspicion of uncomplicated acute bronchitis	Assessment	<ul style="list-style-type: none"> Perform thorough history (including tobacco status [A]) and physical exam Assess the likelihood of uncomplicated bronchitis using the following items: <ul style="list-style-type: none"> Acute respiratory infection (ARI) manifested predominantly by cough, with or without sputum production lasting no more than 3 weeks No clinical evidence of pneumonia Common cold, acute asthma, or exacerbation of COPD have been ruled out as cause of cough Consider other diagnoses if cough persists >3 weeks
	Diagnosis	<p>Clinical Information and Testing</p> <p>Presumed diagnosis of acute bronchitis:</p> <ul style="list-style-type: none"> ARI and cough with or without sputum production lasting no more than 3 weeks No clinical evidence of pneumonia <p>Viral cultures, serologic assays and sputum analyses should not be routinely performed [C]</p> <p>Chest x-ray is not indicated if all of the following are present [B]:</p> <ul style="list-style-type: none"> Acute cough and sputum production suggestive of acute bronchitis Heart rate < 100 beats/min Respiratory rate < 24 breaths/min Oral Temp < 38° C (100.4° F) Chest exam lacks findings of focal consolidation, egophony or fremitus
	Treatment	<ul style="list-style-type: none"> Condition is a self-limited respiratory disorder. Symptomatic treatment only. Routine treatment with antibiotics is not justified and should not be offered. Avoid Antibiotics [A] Beta2agonist bronchodilators should not be routinely used to alleviate cough. In select patients with wheezing, treatment with beta2agonist bronchodilators may be useful [C] Antitussive agents can be offered for short-term symptomatic relief of coughing [C] Mucokinetic (mucolytic) agents are not recommended (no consistent favorable effect) [D]
	Education and Counseling	<p>Educate patient/family regarding:</p> <ul style="list-style-type: none"> Condition often does not require medical treatment Inform patient that cough may last for 3 weeks Routine use of antibiotics is not recommended [A] Use the term “chest cold” which is associated with less patient belief that antibiotics are needed Rest and increase fluid intake Smoking cessation and second-hand smoke avoidance [C]

A= Level of evidence good; net benefit, substantial; B= Quality of evidence, low; benefit substantial; C= Quality of evidence, low, benefit, intermediate; D= Quality of evidence, fair: benefit, none.

Benefit summaries

Please note the following list of renewed, new and termed groups with Community Health Plan:

Renewed Groups	Product Type	Effective Date
Agape Family Medicine	GPM2710, GPK2710	September 1, 2008
Auto Medic, Inc.	GPM2720, GPK2720	September 1, 2008
Bolin Auto & Truck Parts	PPM3800	September 1, 2008
Case Contracting, LLC	GPM3290, GPK3290 PPM3290	September 1, 2008
Shamrock Restaurant Group, LLC d/b/a Cheddar's	GPM3300, GPK3300 PPM3300	September 1, 2008
Community Press, Inc.	GPM2010, GPK2010 PPM2010	September 1, 2008
Evans Pediatric Clinic PC	GPM3230, GPK3230	September 1, 2008
Lifeline Foods	GPM1660, GPK1660 PPM1660, PPM1660B	September 1, 2008
Meierhoffer Funeral Home	GPM0440, GPK0440 PPM0440	September 1, 2008
Midland Empires Resources for Independent Living	GPM0410, GPK0410	September 1, 2008
Proffer Concrete Construction	GPM2740, GPK2740	September 1, 2008
Prompt Engineering Systems, Inc.	GPK2760	September 1, 2008
Speedy's Convenience, Inc.	PPM3780	September 1, 2008
Sprague Excavating Co., Inc.	GPM3270, GPK3270 PPM3270	September 1, 2008
Symes & Schurke, Inc. d/b/a Schurke & Associates	GPM3810, GPK3810 PPM3810	September 1, 2008
Unity Home, Inc.	PPM1195	September 1, 2008

New Groups	Product Type	Effective Date
Jim Miller Construction, Inc.	GPK6200	September 1, 2008
R J Promotions	PPM6090	September 1, 2008
Robbins & Black Agency	PPH9510	September 1, 2008
Sky Pix, LLC d/b/a Midwest Aviation	GPM6095, GPK6095	September 1, 2008
St. Joseph Fuel Oil & Manufacturing Company	GPM6080, GPK6080	September 1, 2008
St. Joseph Youth Alliance	GPM6210, GPK6210 PPM6210	September 1, 2008

Termed Groups	Product Type	Effective Date
Carpet Center	PPC8000	August 31, 2008
Frazier Oil & LP Gas Co.	GPM2030, GPK2030	August 31, 2008
Leaverton Auto Supply	GPM0860, GPK0860	August 31, 2008
Eidmann Motor Sports d/b/a St. Joe Honda	PPM2000	August 31, 2008

Community Health Plan

137 N. Belt Highway
 St. Joseph, MO 64506
 (816) 271-1247
 (800) 990-9247
 www.mychp.com

PRSRT STD
 U.S. POSTAGE
 PAID
 St. Joseph, MO
 Permit No. 2455