



# PARTNERS *in* CARE

From The Desk of the Medical Director

## Low Back Pain: New Imaging Guidelines and Payor Coverage

Low back pain is a ubiquitous condition, resulting in many primary care, specialist, and ER visits, accompanied by ever-increasing numbers of advanced imaging studies.

In October 2007, the American College of Physicians (ACP) and the American Pain Society (APS) jointly issued a Practice Guideline for Diagnosis and Treatment of Low Back Pain. This article notes the high cost and wide practice variation associated with low back pain care. [*\* Annals of Internal Medicine*, 147(7): 478, <http://www.annals.org/cgi/reprint/147/7/478.pdf>]

I would like to focus on the issue of imaging studies, and the correlation of these new guidelines with those used by payors for coverage determination of such studies.

### Recommendations from the guidelines:

Of course, the first recommendation is for a good history and physical, without which application of the guidelines is impossible (This may sound elementary and trite, but we do at times receive office notes accompanying an MRI request with absolutely no documented back or neurologic exam).

#### Clinicians should:

- “not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain”
- “perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of history and physical examination”



- “evaluate patients with persistent [ $>1$  month] low back pain and signs or symptoms of radiculopathy or spinal stenosis only if they are potential candidates for surgery or epidural steroid injection”  
[Serious underlying conditions include cancer, vertebral axis infection, and cauda equina syndrome. For suspected cancer, plain films are mostly advised, except for someone with a known prior history of cancer.]

A common belief held by some providers is that a patient needs to have a CT and/or MRI in order to be seen by a spine surgeon or pain specialist. I posed this question to both Dr. Tranmer (neurosurgery) and Dr. Schapiro (anesthesia), each of whom assured me that imaging is not “required” prior to a consultation.

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**Provider Newsletter**

**PARTNERS in CARE**

We encourage our readers to call or write us with your feedback about our newsletter.

Contact Martita Giard at 847-8161 or email to:  
martita.giard@vtmednet.org

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VMC, and many payors, have long used Interqual for guidance in CT and MRI coverage determinations. Interqual considerations of potential serious conditions, neurologic deficits, radicular pain, and duration of conservative treatment are consistent with the new ACP/APS guidelines.

I urge all of our providers who see patients with back pain to read and refer to this publication, its algorithms and glossary. There are two excellent articles in the same issue of the Annals which discuss the evidence regarding medications and non-pharmacologic treatments for back pain.

**Additional resources:**

- ICSI Guidelines (Sept. 2006)  
[http://www.icsi.org/low\\_back\\_pain/adult\\_low\\_back\\_pain\\_\\_8.html](http://www.icsi.org/low_back_pain/adult_low_back_pain__8.html)
- Diagnostic Evaluation of Low Back Pain with an Emphasis on Imaging (Oct. 2002)  
<http://www.annals.org/cgi/reprint/137/7/586.pdf>

**Community Needs Corner**

You may recall that VMC started the “Community Needs Corner” of our newsletter this year. We believe this will be a valuable resource to our network and continue to look to you to help us spread the word about the work you and your practice are involved in.

Let us know about events that you are involved in that support your local community, a mission abroad or in the United States so we can help you get the word out.

- Are you hosting a community event that you need to publicize?
- Are you involved in a medical mission trip and need volunteers?

We will run articles in our newsletter as well as post information on the Provider page of the VMC web site. Information can be sent to VMC by email at [askvmc@vtmednet.org](mailto:askvmc@vtmednet.org).



# Events & Notices

## Provider Satisfaction Survey

We would like to thank you in advance for taking a few minutes to complete the enclosed satisfaction survey for us. Your opinion of the service we provide to you is important to us. This year we will be holding a drawing for two \$50 gas cards, so get your responses in early. The survey must be completed and returned by November 14, 2008 to be eligible for the gas cards. Thank you!

## Hospital Admitting Privileges

The May, 2008 Partners in Care Newsletter article on hospital admitting privileges referenced a VMC Policy that would be available on our website. The policy has been delayed due to ongoing consideration by the involved parties. The policy will be incorporated in the VMC Provider Manual on-line when available.

## 2008 Withhold Return Snapshot

This past July when VMC returned the 2007 withhold, we committed to keeping you informed on the status of the 2008 return that will occur in July, 2009. At this time, we have data through the month of September, 2008 to share with you. Compared to the same time in 2007, there is \$235,000 less in withhold available to return. As the calendar year progresses, this figure will change and we believe it will continue to increase, though we may not reach 2007 levels (returned in July of this year). We will provide you with periodic updates by way of our newsletter in the months to come. If you have specific questions, please contact your VMC Provider Relations Representative at 800-639-3881.

## MD License Renewals

Please be advised that all Vermont MD licenses are due for renewal on November 30, 2008. Pre-populated renewal forms were sent to physicians on September 1, 2008. Please go on line to [www.healthvermont.gov](http://www.healthvermont.gov) and look under physician profiles to ensure that your current mailing address is reflected correctly. If the information listed on the website is incorrect, please email corrections to: [medicalboard@vdh.state.vt.us](mailto:medicalboard@vdh.state.vt.us). This will help to ensure that there is not a delay in receiving your renewal form.

Note that this information is available to the public to view. Whatever address you list as your mailing address will be available for the public to view on the website. If you have any questions feel free to contact Tracy Hayes at 802-657-4223 or via email at [thayes@vdh.state.vt.us](mailto:thayes@vdh.state.vt.us).

# PCP Chronic Care Support Enhancement Pilot Program

On December 1, 2008, VMC will be introducing our PCP Chronic Care Enhancement Program Pilot. The goal of this pilot is to identify VMC members enrolled in MVP, TVHP and FAP who may be at high risk for medical compromise and/or high cost and provide supplemental resources in support of their care. Additionally, we want to encourage our PCP's to continue to provide high quality care for these patients with the long-term goal of improving outcomes and avoiding excess subsequent cost. VMC will identify eligible Members using our Symmetry Episode Treatment Group (ETG) software in addition to our internally-developed Case Management Indicator report to

identify eligible Members. PCP's who have Members that meet the criteria will have the opportunity to participate in this pilot. PCP participation will involve completion of a simple care management plan for each enrolled Member. VMC will provide additional reimbursement to participating PCP's on a quarterly basis for each of their enrolled members in the pilot. Additional information on this pilot will be sent to all VMC Primary Care Providers. For those of you who join this pilot, we look forward to working with you and encourage you to share your thoughts with us throughout the pilot which will run from 12/1/08–12/1/09.



## Price & Quality Transparency

By the end of fourth quarter 2008 BCBSVT/TVHP will make Price and Quality Transparency information available to their members. The information will be available for view only through the [bcbsvt.com](http://bcbsvt.com) member website. At a glance members will be able to obtain Price and/or Quality Transparency information on services that fall into a HEDIS measure category. First phase of implementation is isolated to releasing Primary Care Physician information only which includes Family Practice, Internal Medicine and Pediatricians. The information to be released will be based on reporting of certain HEDIS measures that was collected during 2007 and 2008 calendar years. Primary Care Physicians will have their data reported either at the practice site level and/or the individual level, reporting is dependent upon whether there are 30 or more HEDIS eligible members for that particular physician and service or HEDIS measure. For more information, please contact TVHP Provider Relations at 888-449-0443.



# The VMC Care Management Department Annual Notices

## UM Availability

The Care Management Department is available to you 24 hours a day, 7 days per week to assist with Utilization Management Determinations. During normal business hours, you can call us directly through our local or toll free numbers listed below. On weekends, holidays, and off-hours you can access assistance by contacting the on-call Nurse Case Manager by cellular telephone. If a Medical Director is needed, the on-call nurse will coordinate this.

Local Number . . . . .(802) 847-8369  
Toll Free Number . . . .(802) 639-3881  
On-call Cellular  
Telephone Number . . . .(802) 363-0974

## UM Criteria

Annually, the Care Management Committee of the Board reviews and approves the utilization management criteria for use as guidelines and benchmarks to inform the Care Management process. The most current versions of the following criteria are approved for use by the Care Management Subcommittee of the VMC Board of Directors.

Area of application	Criteria
Inpatient, Home Care, Case Management,	Milliman Care Guidelines
Recovery Facility, Surgical Procedures, Imaging and select DME items	
New technology	Hayes Directory

Other criteria sets are also approved for reference. These include “Apollo’s Medical and Rehabilitation Review Criteria”, “Therapy Referral Handbook, Second Edition” and the “APTA Guide to Physical Therapist Practice, Second Edition”.

External Review firms contracted to provide specialty review services include American Medical Review (AMR) Medical Review Institute of America (MRIoA) and MCMC II.

Providers may request a copy of the criteria used to make a Utilization Management decision by contacting the Care Management Department at the numbers listed under UM Availability.

## Medical Director Availability

When there is an adverse determination for one of your VMC members, you may always access a VMC Medical Director to discuss the case. You can make arrangements to contact one of them by dialing the numbers listed above and request a Case Manager. They will work with you to schedule a convenient time for you to discuss the case with one of the Medical Directors.

## No Incentives

The purpose of Utilization Management is to facilitate efficient safe and appropriate care that meets standards for quality. Because this is one of the guiding principles for Care Management at VMC, the Care Management Committee of the Board has adopted a policy that prohibits the application of incentives for anyone involved in making UM decisions. UM decision making is based only on the appropriateness of care and service and the existence of coverage. VMC does not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives for UM decision makers do not in any way encourage decisions that result in underutilization. VMC regularly monitors utilization trends to look for and encourage appropriate utilization of services. This policy can be found in the Utilization Management Plan. In summary, the volume or type of adverse determinations or denials does not affect in any way incentives given to any person. This includes Medical Directors, Case Managers, Client Account Representatives, Managers or anyone involved in Utilization Management decisions.

## UM Policies

The Utilization Management Policies are provided to you in the VMC Provider Manual. The policies have recently been reviewed and revised. The updated policies can be accessed on the VMC website: [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org).

# VMC Board of Directors

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## Vermont Managed Care Contact Numbers



Phone #	Phone # FAP	Fax #
<b>Main</b>		
802-847-8161		802-847-6214

<b>Customer Service (CS) / Case Managers (CM)</b>		
802-847-8369 (CS)	802-847-4862 (CS)	802-847-6213 (CS)
800-639-3881 (CS &CM)	866-582-6836 (CM)	802-847-6212 (CM)

<b>Provider Enrollment (PE) / Provider Relations (PR)</b>		
802-847-8161 or		802-847-3427 (PE)
800-639-3881		802-847-6214 (PR)

A complete phone list of all staff is available in the VMC Provider Manual available online at [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org).

# Rate your satisfaction with the VMC Utilization Management & Provider Relations Departments

**Here's your scale:**  
**5** - Completely Satisfied  
**4** - Very Satisfied  
**3** - Satisfied  
**2** - Partially Satisfied  
**1** - Not Satisfied  
**0** - Not Applicable or No Experience.

**Return surveys by  
November 14, 2008**

**Are you a:**  
 \_\_\_ Practice Manager  
 \_\_\_ Billing Manager  
 \_\_\_ NP/PA  
 \_\_\_ Physician  
 \_\_\_ Other \_\_\_\_\_

**All returned surveys will go into a drawing for two \$50 gas cards!**

**Utilization Management Questions:** (Please circle applicable response)

- |  |             |
|--|-------------|
| 1. Have the notices from Active Health Management caused you to change your patient's plan of care?                                      | 5 4 3 2 1 0 |
| 2. How satisfied are you with the ease of contacting a nurse case manager when you need to?  | 5 4 3 2 1 0 |
| 3. How satisfied are you with the speed in which your pre-approval requests are handled?   | 5 4 3 2 1 0 |
| 4. How satisfied are you with the accessibility speaking to a Medical Director as needed?  | 5 4 3 2 1 0 |
| 5. How satisfied have you been with reaching the on-call nurse case manager off hours or weekends for a UM decision?                     | 5 4 3 2 1 0 |
| 6. Overall, how satisfied are you that your issues have been handled completely by the Utilization Management or Customer Service staff? | 5 4 3 2 1 0 |
| 7. If one of your patients was under Case Management, how satisfied were you with the care they received?                                | 5 4 3 2 1 0 |

**Provider Relations (PR) Questions:** (Please circle applicable response)

- |  |             |
|--|-------------|
| 1. Your PR Rep., handles your questions in a timely manner?                                      | 5 4 3 2 1 0 |
| 2. When a PR Rep. visits our office, I find the material covered to be relevant to our business? | 5 4 3 2 1 0 |
| 3. VMC PR is my advocate for issue resolution with their contracted payers?                      | 5 4 3 2 1 0 |
| 4. Using the VMC Web Site as a resource tool, I can find the answers I need?                     | 5 4 3 2 1 0 |
| 5. I am confident that the information provided by VMC PR is accurate?                           | 5 4 3 2 1 0 |

**Have you implemented or are you now implementing an EHR system? Yes    No**  
 If yes how was your experience (good or problematic, explain)

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**What improvements could VMC make?**

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Your Name: \_\_\_\_\_

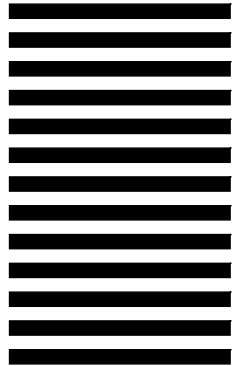
Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you! We appreciate your time and will continue to work toward improving our service for you.  
 To return your survey by November 14, 2008 do one of the following:  
 1. Fold and secure with tape and drop it in the mail 2. Fax it back to us at (802) 847-6214

Fold and secure with tape and drop in the mail.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



# BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 392

BURLINGTON VT

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: PROVIDER RELATIONS  
VERMONT MANAGED CARE  
PO BOX 1150  
BURLINGTON VT 05402-9987

