



PARTNERS *in* CARE

From The Desk of the Medical Director

Active Health

**By Dr. James A. Duncan
Medical Director, VMC**



In 2006, in an effort to assist our providers in improving health outcomes for our members, VMC entered into a partnership with Active Health Management, a physician-led organization which focuses on using claims and clinical data to generate clinically relevant information for practitioners.

The concept involves taking very specific, well-validated, evidence-based items of medical knowledge, and creating a logic system to see if such an item would be applicable in a particular patient. Such items (called "Care Considerations") might be drug-drug interactions, drug-disease interactions, monitoring related to medication, useful therapy that's not being provided, preventive services that haven't been performed, etc. These clinical knowledge items are regularly reviewed and updated based on the literature.

We provide Active Health with claims data (including diagnoses, visits, procedures, medications) and laboratory values, which are then entered into their "Care Engine" software system, which identifies if any of the almost 900 care considerations apply. Those are subjected to further scrutiny to eliminate duplicates, or clinically irrelevant (such as no mammogram for someone on hospice care) situations. An item of critical importance will go to the VMC Medical Director, who contacts the provider directly. Other care considerations are sent to the provider, along with the relevant literature citation and a feedback form.

These communications are purely informational and advisory (hence the term

"considerations"), and not intended to be prescribing a course of action. Anyone in medicine recognizes that there are perfectly understandable reasons why someone may not be on a certain drug, or may need to be on a medicine even if there's a potential interaction, or may have missed a screening test, etc.

At the close of the third quarter of 2007, VMC providers had received 612 care considerations, with 13 of those being of high severity. Although occasionally perceived as an administrative intrusion, the response has been generally positive, and several important clinical interventions have resulted.

This year, we will be sending our Fletcher Allen Preferred Plan members a version of their care considerations, called "member messaging." These will be sent two weeks after the provider notification has been sent, giving the provider time to initiate changes or follow-up. Additionally, the member's care consideration will be reviewed once more by VMC prior to mailing to ensure it is still applicable.

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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

Partners in Care is provided as an informational and educational service for participating providers in Vermont Managed Care, Inc. To the extent the content concerns operations and programs of Vermont Managed Care, the terms of applicable contractual and other legal documents shall prevail. Program descriptions and other specific content are for use in connection with Vermont Managed Care programs and are not intended to direct or prescribe activities unrelated to Vermont Managed Care.

If you have questions regarding any of the articles in the *Partners in Care* Newsletter, please contact your VMC Provider Relations Representative at 847-8161 or 1-800-639-3881.

Reimbursement Schedule Procedures For Vermont Managed Care

VMC updates our maximum reimbursement schedules for all of our contracted payers twice a year, in January and then minor changes in July. To accomplish this update, a series of steps are taken with the goal of establishing reimbursement terms for all services that, within budget constraints, are as fair and robust as possible, typically allowing for a modest increase in annual aggregate reimbursement. Given the 60 day implementation lead time required by our contracted payers, the process for the January update begins several months in advance, starting with assessing the annual changes in the Medicare fee schedule which serves as a benchmark for VMC professional reimbursement. An analysis is completed by code and volume to assess the cost impact if Medicare increases and/or decreases were applied to the VMC reimbursement schedules. VMC Management determines how to incorporate Medicare changes into our reimbursement terms, and considers other factors such as new and deleted codes, the reimbursement schedule minimum and maximum limits on multiples of Medicare, feedback from network providers, and increased weighting of particular high-value services (recent

examples include evaluation and management, preventive, critical care and vaccine codes). While we use Medicare as a benchmark, our reimbursement levels are set internally, and changes to our reimbursement are not strictly dependent on Medicare.

The July update is less comprehensive, mainly focusing on drug and vaccine reimbursement in order to keep current with frequent pricing changes established by our source for AWP (Average Wholesale Price). Drug/vaccine pricing updates are also made in January. Updates for new medical, drug, and vaccine codes are completed in July, or more often as payer restrictions allow, and are priced according to current year methodology. Medical codes billed by network providers that are not priced by Medicare, and drug/vaccine codes without an AWP, are reimbursed at a percentage discount from charges.

Facility reimbursement terms are based on negotiations, and as with the professional terms, are finalized within budget constraints. Facility terms are typically updated annually in January along with pricing framework for updates during the year, as approved by the VMC Finance Committee and Board of Directors.

Direct Questions or Comments to VMC Provider Relations
800-639-3881 or 802-847-8161

VMC Employee News

This past year VMC had several staff changes. We welcomed several new employees to the VMC staff, and several people transferred or were promoted within VMC departments. We would like to welcome and congratulate the following VMC employees.

New Employees:

Pam Fregeau – Staff Assistant, Network Development & Provider Relations and Finance

Cameron Lucey – Information Analyst

Hannah Grout – Client Account Representative

Mary Pigeon – Network Profile Specialist

Carrie Germaine – External Provider Relations Specialist

Wendy Morse-Bellows – Client Account Representative

Ana Anderson – Credentialing Coordinator

Transfers/Promotions:

Kelley Roy – Transferred from a Network Profile Specialist to Credentialing Coordinator

Michael Moshovetis – Was promoted from an Information Analyst to Senior Information Analyst

Leah Fullem – Was promoted from Information Analyst to Supervisor of Data Management & Reporting



Kevin O'Neal Pursues New Opportunities

Over the past 10 years many of you have had the opportunity to interact with Kevin O'Neal, External Provider Relations Representative at VMC. It is with mixed emotion that we say farewell to Kevin. On February 25, 2008, Kevin will begin his new role at Fletcher Allen Health Care as Project Manager, EDMS- HIM for the FAHC Electronic Health Record implementation project. Kevin has been a long-

time employee at VMC with a true focus on bringing his practices and hospital clients the best service possible. He interfaced with our contracted health plans on behalf of the providers he serviced always striving to assist the providers in the best way he could. His dedication and loyalty to the network will be missed. We wish him all the best in his new endeavors.

If your group was serviced by Kevin, please direct your calls to Elizabeth Roach, External Provider Relations Representative until further notice. Thank you

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Events & Notices

Vermont Medical Group Managers Association Welcomes New Board Members

President - Cynthia Critchlow, CAPP, Practice Administrator, Poulin Performance & Rehabilitation,

President Elect - Monique Corcoran, FACMPE, Practice Manager, Champlain Valley Oral & Maxillofacial Surgery,

Vice President - Marlene Smith, CEO, Turning Point Solutions,

Treasurer - Pamela Slattery, Practice Manager, Evergreen Family Health,

Secretary - Danielle Bundy, Patient Accounts Manager, Planned Parenthood of Northern New England,

Immediate Past President - David Jillson, Business Manager, Associates in Orthopedic Surgery.

The mission of VMGMA, the Vermont affiliate of MGMA, is to advance the health care management profession by providing networking opportunities, current information and professional training and education. We are a statewide organization which welcomes new members who are involved in the administration of medical, dental, physical therapy and related practices. For more information our mailing address is: PO Box 1437, Williston, VT 05495-1437.

NPI Updates

Please review and share the following requirements with your billing staff regarding NPI.

MVP's NPI contingency plan will end May 23, 2008. As of May 24, 2008 all, HIPAA mandated electronic (EDI) and online transmissions must contain appropriate NPI information only. This applies to both electronic and paper claims submissions.

APEX (for the Fletcher Allen Preferred Medical Plans) has extended their contingency period to May 23, 2008. If you are a provider enrolled with multiple specialties; e.g., PCP Internal Medicine and Cardiology, you must include your appropriate Taxonomy Code when billing. If you submit paper claims, APEX will only accept the new CMS 1500 professional or UB 04 facility claim forms as of May 23, 2008. Claims submitted on the old forms will be rejected for payment.



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Spotlight on the VMC Web

Care Management

The most important interactions VMC has are between our providers and our Care Management Department. For this reason, VMC has developed a comprehensive section on the VMC Website devoted to Care Management. Care Management information can be accessed through the Member area, but the most detailed information is found in the Provider area under the sub-heading of "Care Management." Here you will find Staff Information, Care Management Policies, and the entire Care Management Utilization Plan. Details on VMC "Site Visits" conducted for new locations and re-credentialing, information on 24/7 Nurse Access, and Care Guideline and Review Criteria are



also found under the Care Management area. To access this information go to: www.vermontmanagedcare.org/Providers/care_management.html.

Fletcher Allen Preferred Medical Plans PCP Member Eligibility Reports

In a continuing effort to help our Primary Care Physicians (PCP) manage their Fletcher Allen Preferred Medical Plan (FAP) patients, VMC will be providing our PCP offices with a monthly report of their FAP patient panel. The FAP PCP Member Eligibility Report provides our PCPs with a comprehensive listing of their patient panels, by practice location. Reports include Member Number, Member Name,

Member Address and Phone Number, Date of Birth, Sex, Effective Date, Group Number, and PCP Co-payment amount. The first reports were delivered in December 2007. If you should have any questions about your PCP Member Eligibility Reports, please give your Provider Relations Specialist a call at 802-847-8161 or 800-639-3881.

VMC Provider Manual is Live

The VMC Provider Manual, updated for 2008, is now available on the VMC Web Site at www.vermontmanagedcare.org/Providers/provider_manual.html. The start of a new year always brings changes to The VMC Network, and this year is no exception. The annual update to the VMC Provider Manual brings all the practice management information you need to one location. The VMC Provider Manual is referenced throughout your provider contracts as your primary resource for VMC policies, plans, and logistical information. Information on VMC, Payer requirements, and State and National legislative summaries can all be found in the VMC Provider Manual.

This year's updates include:

- Updated Board of Directors listing.
- Updated Credentialing and Care Management Plans.
- Updated VMC Policies.
- Revised "Matrices" in Section 4 reflect 2008 payer requirements, including a Matrix for the new MVP Catamount Choice Plan.
- Sections 5, 6, and 7 include the most up to date payer forms and information.

As in years past, VMC will not be distributing The VMC Provider Manual to each individual provider office. If your office is unable to conveniently access the VMC Provider Manual via our web site, please call VMC Provider Relations a call at 802-847-8161 and we will gladly burn you a copy on CD and send it out to your office along with a free copy of Adobe Reader 5.0. The VMC Web Site can be found at www.vermontmanagedcare.org.

Direct Questions or Comments to VMC Provider Relations 800-639-3881 or 802-847-8161

Fletcher Allen Preferred Medical Plan

Maternity Wellness Program

If you have a Fletcher Allen Preferred Health Plan member who is expecting or planning the adoption of a child - please look at the enhanced benefit plan options listed below.

The Fletcher Allen Preferred (“FAP”) Maternity Wellness Program offers a choice of any three of the following options:

- Two skilled nursing visits or two in home lactation consultation visits within the first 15 days following the baby’s birth
- Pre-natal and post-natal yoga classes through Evolution Yoga
- An American Red Cross Infant/Child CPR Class & First Aid Course
- An approved childbirth education course
- *What to Expect When You Are Expecting*
- *What to Eat When You Are Expecting*
- *What to Expect, The First Year*
- *What to Expect, The Toddler Years*
- *The Whole Life Adoption Book*
- *Raising Adopted Children*
- *Pregnancy, Childbirth and the Newborn*
- *The Expectant Father*
- *The Ultimate Breastfeeding Book of Answers*



To participate in the program please have your FAP member call Jeanette Iverson, RN, CCM Care Coordinator with Vermont Managed Care (VMC) at (802) 847-0606, toll free at (866) 582-6836 or email Jeanette.Iverson@vtmednet.org .

Your patient will be asked to complete a health risk questionnaire and if their medical needs indicate that they may benefit from case management, a VMC Certified Nurse Case Manager will be available to assist them during their pregnancy and post-partum care. Information will be held in strict confidence and participation is voluntary.

Brochures describing the FAP Maternity Wellness Program are available by calling VMC Provider Relations at 847-8161 or toll free at (866)582-6836.

Please note, the services and goods offered through VMC for The Maternity Wellness Program are a benefit enhancement and the services and products may vary at the time of service from what is listed above.

Direct Questions or Comments to VMC Provider Relations 800-639-3881 or 802-847-8161

Provider Network Survey Results

Last Fall we sent you a survey specifically asking about our utilization management and provider relations functions at VMC. Although the return rate was low (3.5%) we want to provide you with the results we did receive. We understand that you are being asked to participate in various surveys and we would like to thank those of you who did take the time to respond. Your feedback is appreciated and we welcome hearing from our network anytime. We would also like to congratulate Georgia Eltabbakh, PA-C of Lake Champlain Gynecologic Oncology; she was the lucky winner of a \$100 gas card.

Scale:

- 0 - Not Applicable
- 1 - Not Satisfied
- 2 - Partially Satisfied
- 3 - Satisfied
- 4 - Very Satisfied
- 5 - Completely Satisfied

Utilization Management Questions:	Average Ranking
How satisfied are you with the ease of contacting a nurse case manager when you need to?	4.0
How satisfied are you with the speed in which your pre-approval requests handled?	3.9
How satisfied are you with the accessibility in speaking to a Medical Director as needed?	3.6
How satisfied have you been with reaching the on-call nurse case manager off-hours or weekends for a decision?	3.8
Overall, how satisfied are you that your issues been handled completely by the Utilization Management or Customer Service Staff?	3.9
If one of your patients was under Case Management, how satisfied were you with the care they received?	3.8

Provider Relations Questions:

Your PR Rep., handles your question in a timely manner?	4.4
When a PR Rep visits your office, I find the material covered to be relevant to our business?	4.5
VMC PR is my advocate for issue resolution with their contracted payers?	4.2
Using the VMC web site as a resource tool, I can find the answers I need?	3.9
I am confident that the information provided by VMC PR is accurate?	4.2

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Fletcher Allen Health Care
Pediatric Surgery

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Vermont Managed Care Contact Numbers



Phone #	Phone # FAP	Fax #
Main		
802-847-8161		802-847-6214

Customer Service (CS) / Case Managers (CM)		
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)

Provider Enrollment (PE) / Provider Relations (PR)		
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.