



# PARTNERS *in* CARE

From The Desk of the Medical Director

## Colorectal Cancer Screening

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Colorectal cancer is the second leading cause of cancer death in the U.S., and has long been considered a major focus for preventive screening in primary care. The USPSTF estimates that universal screening could prevent up to 60% of those deaths. Because of its role in early detection and treatment, it is a component of quality assessment by insurers, regulators, and public reports such as HEDIS (Healthcare Effectiveness Data & Information Set).

However, screening rates remain below target, with HEDIS data showing deficiency in a third of privately insured Vermonters for whom it would be appropriate.

The possible explanations for this have been widely debated, and might include:

Incomplete provider knowledge about screening:

- Appropriate candidates for screening
- Acceptable screening modalities
- Accurate information for patients about both the disease risk and the procedure

Patient compliance issues:

- Fear of pain or discomfort
- Intolerance of GI preparation
- Difficulty in committing two days for preparation and procedure
- Difficulty securing transportation home after a procedure
- Financial constraints

Access limitations:

- Open date availability
- Evening or weekend access
- Geographic factors

**2008 USPSTF guidelines for average risk people age 50-75 (and select to 85) include:**

- (1) Fecal Occult Blood Test (FOBT) annually
  - (a) Correct testing is for the patient to sample 3 consecutive bowel movements not associated with menses, active

anal bleeding, or contact with toilet bowl water that has cleanser. New recommendations are to use high-sensitivity cards (Hemoccult SENZA). Rehydration of cards prior to testing increases sensitivity (possibly as high as 64%), but also increases false-positives.

- (b) Ideal preparation: for 2-3 days prior (due to variable degrees of false positive/negative), avoid red meat, turnips, beets, radishes, horseradish, artichokes, mushrooms, broccoli, bean sprouts, cauliflower, apples, oranges, grapefruit, bananas, grapes, melon, iron, vitamin C. [some sources state that no diet change is needed, others that only red meat need be avoided].  
No ASA > 325mg/d or NSAIDs for 7 days (weak evidence for non-ASA NSAIDs).

- (2) Sigmoidoscopy every 5 yrs, with FOBT every 3 yrs

Note that a positive FOBT should be followed by colonoscopy, not sigmoidoscopy.

- (3) Colonoscopy every 10 yrs

Colonoscopy is more sensitive than sigmoidoscopy plus FOBT, but carries up to a ten-fold higher risk of perforation or complication requiring hospitalization.

Dropped by USPSTF, but still included elsewhere (including HEDIS):

- Double-Contrast Barium Enema (DCBE) every 5 yrs

Studies report sensitivity as low as 50%, although there were polyps and cancers detected on DCBE that were not found on colonoscopy.

CA Cancer J Clin 2008;58;130-160  
[http://caonline.amcancersoc.org/cgi/reprint/58/3/130.pdf]  
Ann Intern Med 2008;149;627-637  
[http://www.annals.org/cgi/reprint/149/9/627.pdf]



## 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.



## Prior Authorization Requirements

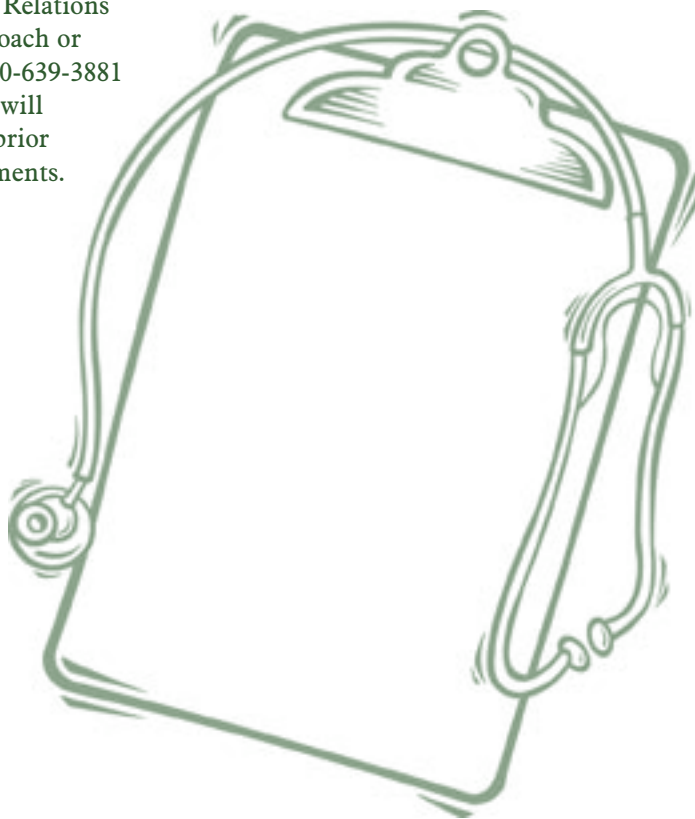
Please note there have been changes to the Prior Authorization requirements for the Fletcher Allen Preferred Medical Plans, MVP & TVHP. For more information please go to the following websites.

**FAP** – [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org) click on providers/provider manual/practice management operational tools

**MVP** – [www.mvphealthcare.com](http://www.mvphealthcare.com) click provider/reference/UM Policy Guide (VT)

**TVP** – [www.bcbsvt.com](http://www.bcbsvt.com) click provider/eligibility and benefits/prior approval

If you do not have access to the internet, contact your Provider Relations Specialist Elizabeth Roach or Carrie Germaine at 800-639-3881 or 847-8161, and they will provide you with the prior authorization requirements.



# Events & Notices

## Vermont Managed Care's Credentialing Department

Please be advised if you or your office staff need to reach the VMC Credentialing department, they can be reached by

- Email: [vmccredentialing@vtmednet.org](mailto:vmccredentialing@vtmednet.org)
- Phone: 800-639-3881 or 847-8161
- Fax: 802-847-6254

## Save the Date for Vermont Managed Care's Annual Conference

This year's free conference will be held on Thursday morning September 24, 2009. The conference will be held at The Sheraton Hotel and Conference Center in Burlington, Vermont.

This will be a clinically focused conference with relevant topics such as, minimally invasive surgery.

Watch for additional information in future issues of the VMC Partners in Care newsletter.

## The Benefits of Joining the Vermont Medical Group Managers Association

Vermont Managed Care is a proud member of the Vermont Medical Group Managers Association (VMGMA), and we would like to remind you of the many benefits of membership in this innovative organization. We are excited to work with the VMGMA on achieving their goal of "supporting medical practices through networking, information and education."

### What is VMGMA all about?

The mission of the VMGMA is to advance the health care management profession by providing networking opportunities with other health care professionals, up-to-date information and professional training and education.

### Who can join VMGMA?

Any Vermont health care manager, billing office employee or staff member is welcome to join.

### Why join the VMGMA?

- ⊙ Continuing Education Credits and professional development in a variety of medical management areas.
- ⊙ Access to regional and national benchmarking data from similar practices.
- ⊙ Professional networking with other medical administrators – Four meetings are planned for 2009 in March, June, September and November in various locations throughout the state.
- ⊙ Presentations and interactions with representatives from health care payers.
- ⊙ Timely and relevant news on legislative matters of interest.
- ⊙ Professional leadership opportunities.
- ⊙ Up-to-date information from key organizations such as the Vermont Medical Society, Vermont Department of Health and Centers for Medicare and Medicaid Services.

For more information on the VMGMA, or to join, please contact Wendy Andrews at: [wandrews@chcrr.org](mailto:wandrews@chcrr.org).

# Members Satisfied with Fletcher Allen Preferred Medical Plan Providers

In October, VMC conducted its second member satisfaction survey of the Fletcher Allen Preferred Medical Plan members. The survey was sent electronically to 5,488 employee work and home addresses. 1,372 surveys were fully completed and 77 were partially completed for a return rate of 25%. The 25% return rate provides us with a high level of confidence in the survey results.

The results are strongly positive in most areas of survey content. Content areas include Administrative, Clinical Care, Member Service, Case Management, Network Adequacy and Overall Health Plan Satisfaction.

Of interest to the VMC provider network, we will review the results specific to Network Adequacy and Satisfaction with Clinical Care for your information.

## Network Adequacy:

92% of respondents were satisfied with the type and selection of providers in the VMC network, whereas only 70% were satisfied in 2002. 81% felt that they were always or usually able to get an appointment as soon as they wanted compared to 70% in 2002.

## Clinical Care:

96% of all respondents reporting experience seeing a provider were satisfied or very satisfied with the care provided by the provider seen most often compared to 86% in 2002. 89% reported that it was easy to get the care, tests or treatment needed through the health plan always or usually compared to 75% in 2002. 95% reported that their PCP treated them with respect always or usually. 91% reported that their PCP spent enough time with them always or usually. On a scale from 0-10, 10 being best possible, 87% rated their primary care doctor at a 7 or above and 87% rated their specialist at 7 or above.

## Overall Health Plan Satisfaction:

The overall rating of all the health care received in the last 12 months on a scale of 0-10, 10 being best possible, 90% of all respondents rated their health care at 7 or above. 51% rated it at 9 or 10. 97.3% of all respondents with an opinion felt that their health care information was treated confidentially at VMC compared to 56% in 2002. Finally, 77% of all respondents rated their health plan at a 7 or above on a scale of 0-10 where 10 is the best health plan possible.

### Percent of Responses “Satisfied” or “Very Satisfied”

Survey Question	2008	2002
Network Adequacy	92%	70%
Ease of getting Appointment	81%	70%
Provider seen most often	96%	86%
Ease of getting care	89%	75%
Respectful PCP	95%	Not measured
Enough time with PCP	91%	Not measured
Best PCP (Scale 1-10) 7 or above	87%	Not measured
Best Specialist (Scale 1-10) 7 or above	87%	Not Measured
Overall rating of Health care in past 12 months. (Scale 1-10)	90%	Not Measured
Best Health Plan (Scale 1-10) 7 or above	77%	Not Measured

## Spotlight On The Web

The VMC Provider manual has been updated for 2009 and is now available on the VMC Web Site at [www.vermontmanagedcare.org/Providers/Provider\\_manual.html](http://www.vermontmanagedcare.org/Providers/Provider_manual.html).

This annual update continues to bring practice management information about Operational & Contractual requirements for the MVP, TVHP and FAP Plans. The VMC Provider Manual is referenced in your VMC Participating Provider Agreement as your resource for VMC policies, plans and logistical information, and is an extension to your Contractual Agreement.

Updates include:

- Board of Directors listing
- Credentialing and Care Management Plans
- VMC Policies
- Payer Matrices
- Org Chart
- VMC Phone List
- Site Visit Tool
- Pre-Approval Form

Since many practices and hospitals have web access, the VMC Provider Manual is available on our website. However, if your office is unable to conveniently access the internet,



please call VMC Provider Relations at 802-847-6253 or toll free at 800-639-3881 and we will gladly provide you a copy on CD. To access The VMC Web Site please go to [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org)

## MVP Taxonomy Requirements for Claims

Effective January 1, 2009 all claims submissions, (paper and electronic) for dates of service 1/1/09 and beyond will require taxonomy codes for all providers credentialed and billing with multi-specialties. Submission of the taxonomy code is critical for proper claim reimbursement, and member liability calculations, for multi-specialty providers.

As of January 1, 2009, claims submitted without taxonomy codes, when required will be rejected. If your claims are rejected for this reason, please resubmit your claim using the MVP Claims Adjustment form, with the appropriate taxonomy code(s). Please contact your VMC Provider Relations Specialist, Elizabeth Roach or Carrie Germaine at 847-8161 or 800-639-3881, if you have any questions regarding claim submission requirements

## Provider Practice and Billing Changes – 60 Days Prior Notification Required

VMC is responsible for notifying MVP, TVHP and Apex Benefit Services (the third party administrator for FAP, Medical plans) of any change in a provider's profile information. VMC requires written notification of these changes 60 days in advance as outlined in your Participating Provider Agreement with VMC. Examples of changes which VMC must receive in writing include, but are not limited to:

- Adding a new provider
- Terminating a departing provider
- Changing any credentialing information
- Changing the practice name, address, phone number, billing name, billing address or tax identification number
- Opening or closing the practice to new patients.

Any modification to a contracted VMC provider's practice will become effective 60 days from the date VMC receives written notification or sooner if possible. Unfortunately we are not able to back date Provider Adds, Terms or Changes. Please send updates to VMC at: [vmcproviderenrollment@vtmednet.org](mailto:vmcproviderenrollment@vtmednet.org) or via fax at 847-3427.

# Provider Network Survey Results

Last Fall we sent you a survey specifically asking about our utilization management and provider relations functions at VMC. We are happy to announce our return rate increased from 3.5% to 13.37%. We would like to provide you with those results we received. 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 Wayne Warnken, MD, from the Community Health Center in Burlington; & Robyn Skiff, Practice Manager at FAHC Aesculapius in Burlington; they were each lucky winners of a \$50 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

- |   |            |
|---|------------|
| 1. Have the notices from Active Health Management caused you to change your patient's plan of care? . . . . .                                 | <b>3.4</b> |
| 2. How satisfied are you with the ease of contacting a nurse case manager when you need to? . . . . .   | <b>3.8</b> |
| 3. How satisfied are you with the speed in which your pre-approval requests handled? . . . . .  | <b>3.6</b> |
| 4. How satisfied are you with the accessibility in speaking to a Medical Director as needed? . . . . .  | <b>3.9</b> |
| 5. How satisfied have you been with reaching the on-call nurse case manager off-hours or weekends for a UM decision? . . . . .                | <b>3.6</b> |
| 6. Overall, how satisfied are you that your issues been handled completely by the Utilization Management or Customer Service Staff? . . . . . | <b>3.7</b> |
| 7. If one of your patients was under Case Management, how satisfied were you with the care they received? . . . . .                           | <b>3.6</b> |

## Provider Relations Questions:

- |  |            |
|--|------------|
| 1. Your PR Rep., handles your question in a timely manner? . . . . .                                       | <b>4.2</b> |
| 2. When a PR Rep visits your office, I find the material covered to be relevant to our business? . . . . . | <b>3.9</b> |
| 3. VMC PR is my advocate for issue resolution with their contracted payers? . . . . .                      | <b>4.0</b> |
| 4. Using the VMC web site as a resource tool, I can find the answers I need? . . . . .                     | <b>3.3</b> |
| 5. I am confident that the information provided by VMC PR is accurate? . . . . .                           | <b>4.0</b> |

# “PCP Chronic Care Enhancement Program” Pilot

On December 1, 2008, VMC kicked off the PCP CCEP Pilot. The goal of this pilot is to identify VMC Members enrolled in MVP, TVHP and Fletcher Allen Preferred Medical Plans 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 provide a list of patients that qualify for the Pilot. PCP’s may also request to add additional VMC Members in the Pilot if it is believed that they would benefit from it.

Participating PCP’s will be asked to create a simple care management plan for each Member. Every six months from the Member’s enrollment date in the Pilot, their care plan will need to be

reviewed, updated as needed, and submitted to VMC in order for the Member to remain enrolled in the Pilot.

On a quarterly basis, VMC will send participating PCP’s in this pilot a listing of any new eligible Members who can be enrolled in the program.

VMC recognizes that the time and coordination needed to manage chronically ill members exceeds that which can be provided during routine visits, and may require additional resources. We are hopeful that by allocating additional funds, we can help enhance the care provided to chronic care members.

This Pilot will run through December 2009, at which time we will evaluate its success and whether it should be continued. We will evaluate the program’s success by incorporating results of a small PCP survey as well as reviewing the submitted care management plans. We will also review claims and utilization data received for the duration of the Pilot compared to historical data.

We will provide you with statistics periodically throughout the pilot.

# NPI Or Taxonomy Updates

Physicians and non-physician practitioners are responsible for keeping their National Provider Identification (NPI) records up to date. The Centers for Medicare and Medicaid (CMS) advise practitioners to review and update their NPI record, and change their password, once a year.

As a VMC Participating Provider, it is your responsibility to provide VMC with any changes to your NPI number (individual or group) or Taxonomy code.

Taxonomy codes are national specialty codes used by providers to indicate their specialty at the claim level. With the implementation of NPI it is necessary for providers who practice in a multi-specialty capacity to include their respective taxonomy code(s) when billing; to ensure correct reimbursement, and adjudication of Member Copayments based on the specialty of the Provider.

If VMC does not have the most current NPI or Taxonomy code information on file for you or your practice, your claims could be affected by this.

Please forward any changes or updates regarding your NPI or taxonomy codes to VMC Provider Enrollment. You may submit written changes via fax to 847-3427 or email at [vmc.providerenrollment@vtmednet.org](mailto:vmc.providerenrollment@vtmednet.org). Any changes or updates received will be forwarded to Apex Benefits Services for FAP, TVHP and MVP.

Should you have any questions feel free to contact your External Provider Relations Specialist, Elizabeth Roach or Carrie Germaine at 847-8161 or 1-800-639-3881. Practitioners may also visit the web site of the National Plan & Provider Enumeration System (NPPES) at [www.nppes.cms.hhs.gov](http://www.nppes.cms.hhs.gov) or call (800) 465-3202 with questions regarding the NPI system.

	Qtr. 1 (Jan-Mar)	Qtr. 2 (Apr-Jun)	Qtr. 3 (Jul-Sept)	Qtr. 4 (Oct-Dec)
<b>PCP’s Invited to Participate</b>	166			
<b>PCP’s Participating</b>	29			
<b>VMC Eligible Members</b>	723			
<b>VMC Members Enrolled</b>	77			
<b>Members Nominated by PCP</b> (in addition to VMC eligible members)	7			
<b>% of Eligible PCP’s Participating</b>	17.5%			
<b>% of Eligible Members enrolled</b>	10.7%			

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Medicine, Inc.  
Hematology/Oncology

James Viapiano, MD  
Fletcher Allen Health Care  
Anesthesiology

# 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)

<b>Credentialing</b>		
802-847-8161 or		802-847-6254
800-639-3881		

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