



PARTNERS *in* CARE

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From the Desk of the Medical Director

*By Dr. James A. Duncan
Medical Director*

Pediatric Overweight Intervention Project

The problem of overweight children is nationwide and Vermont hasn't been spared. This past October "The Vermont Obesity Summit" highlighted this issue with dismal statistics about the growing incidence, the future disease burden and the unprecedented projection of decreased life expectancy for today's children.

Last year, VMC launched a small pilot project with five pediatric practices to see if we could partner with providers to assist overweight children and their families. We are now making this available to all eligible VMC members and we want to encourage their primary care providers to participate.

In March 2006, Family Practice and Pediatric offices were sent hard copies of VMC's "Pediatric Overweight Prevention and Intervention Toolkit" for use regardless of participation in the project. The Toolkit is also available online at the VMC Website www.vermontmanagedcare.org.

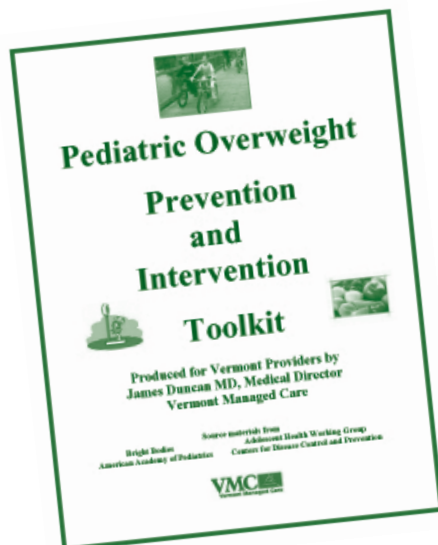


Any provider who is interested in participating should contact us for a list of their members to determine if any would be suitable for the project. The target groups for participants are children and youth age 4-15, with a BMI-for-age above the 85th percentile. The member and family must both agree to participate.

The provider will do office assessment and intervention with appropriate medical evaluations and referrals (if indicated). The provider will also be responsible for seeing the child on a frequent basis, documenting care and progress and coordinating care with the VMC project nurse. VMC will furnish the office with materials and tools as needed.

The VMC project coordinator will provide in-depth assessment of the child and family needs and strengths, provide tools and resources, assist in links to community and school resources and support nutritional and physical activity efforts. We at VMC recognize that some of the additional provider work involved may not be fully reimbursed by the usual office visit fees. VMC will pay a supplemental annual compensation for each member enrolled.

I strongly encourage you to take advantage of this service for your at-risk patients. Like turning an oil tanker at sea, we need to start early and keep at it. For information about participation, contact Carol Palmer, RN, Pediatric Overweight Project Coordinator, at 847-8271 or carol.palmer@vtmednet.org.





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.

Recent and Upcoming Events & Notices

VMC Conference

On March 8, 2006, VMC sponsored the morning conference "New Approaches in Health Care-Providers, Payers and Employers Collaborating to Enhance Health Care" at the Sheraton Hotel and Conference Center in Burlington, Vermont. We would like to thank you for attending. We received positive comments and plan to host future conferences.

CY 2005 Withhold Return

VMC is in the process of reconciling the CY 2005 withhold return. We allowed for four months of run-out (January-April 2006) to ensure most claims incurred in 2005 were adjudicated by MVP, TVHP and Apex. As we have done in prior years, we are on schedule to send withhold checks out in July. We are anticipating the professional and facility combined return for MVP, TVHP and FAP will be at least 100%. This excludes the MVP SelectCare Quality Incentive Program which is calculated separately and is not yet available.

Notice from BCBSVT

Blue Cross and Blue Shield of Vermont (BCBSVT) has been advised by Practice Management Information Corporation (PMIC) that their 2006 ICD-9-CM publication contained diagnosis codes that are incorrectly referenced or listed. If you utilize an ICD-9-CM coding manual for 2006 published by PMIC, please be advised of this and make the appropriate changes to your billing system to prevent claim denial or delay in processing. Visit the website below for full details of the codes involved:

<http://www.ama-assn.org/ama1/pub/upload/mm/362/2006pmicicd9errata.pdf>

If you have any questions, please feel free to contact your BCBSVT Provider Relations Representative toll free at (888) 449-0443.

Correction to November 2005 VMC "Partners in Care"

We have corrected typographical errors which appeared in the "VMC Provider Credentialing and Enrollment Process" flowchart of the November 2005 issue of "Partners in Care". We apologize for the errors. The corrected flowchart and complete newsletter is available on our web site.

Are You Getting Ready for National Provider Identifiers (NPI's)?

By Martita Giard, Director of Network Development and Provider Relations, VMC

May 23, 2007 is the deadline for providers to obtain a National Provider Identifier (NPI). The NPI will replace the billing numbers currently being assigned to Providers by health insurance companies. All health care providers who are covered under HIPAA, must obtain a NPI to identify themselves in HIPAA standard transactions. Are you one of these providers?

To find out more, go to the VMC web site at www.vermontmanagedcare.org and click on the "Important Links" selection and scroll down to "National Provider Identification (NPI) Standards". This link will bring you to the CMS website where you will find an overview, regulations and information on how to apply for an NPI. We encourage you to visit this site soon!

VMC is collaborating with MVP and TVHP in an effort to understand their respective implementation processes and requirements. Our desire is to keep you updated and to share this information with as many Vermont providers as possible. In this effort, VMC has contacted the Vermont Medical Managers Association and requested they add the topic of NPI to their future meeting agendas. They have agreed to do so beginning in June.

The VMC Care Management Department Annual Notices

By Barbara Drapola, RN, CCM, CPQH, Director of Operations and Clinical Affairs, VMC

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 cell phone. If a Medical Director is needed, the on-call nurse will coordinate this.
Local Number (802)847-8369
Toll-free number (800) 639-3881
On-call Cell Phone (802) 363-0974

UM Criteria

Annually, the Care Management Committee of the Board 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 Sub-Committee of the VMC Board of Directors.

<u>Area of application</u>	<u>Criteria</u>
Surgical and Special Procedures, Diagnostics and Imaging. Select DME items	Interqual
Inpatient, Home Care, Case Management, Recovery Facility	Milliman
New technology	Hayes

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".

A contract is also in place with MCMC II, a medical review firm that allows VMC access to external review and specialty physician input.

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 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. 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, Managed Care Service 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.

VMC Provider Manual Update

By Kevin W. O'Neal, Provider Relations Specialist, VMC

The Vermont Managed Care Provider Manual has been updated for 2006 and is live on the VMC Website via: http://www.vermontmanagedcare.org/Providers/provider_manual.html.

Throughout the year we will continue to post any updates under the relevant section so that information accessed is real time.

In February 2006, a notification letter of the update was mailed to your office along with a form to be faxed to VMC if you can not access the web and need to have a Provider Manual in CD format.

The VMC Provider Manual includes detailed information and logistics for each of VMC's payer contracts and their plans. Provider offices should be careful to access only information that reflects their contracts held through VMC as logistics and care management locations can vary.

Fletcher Allen Preferred Medical Plans Navinet Transitions to Above Health

Vermont Managed Care's third party administrator, Apex Benefits Services, will be transitioning its benefits, claims, and eligibility tracking web site from Navinet to Above Health. This transition will occur June 25th, 2006 and will be automatic for providers who currently have access to Navinet. Any provider who currently does not have access to Navinet will be eligible for access to Above Health on July 1st, 2006. Additional information on the navigation of the Above Health site and application process will be available soon from VMC Provider Relations.

Physical and Occupational Therapy

Update on Collaborative Discussions - VMC, VTAPTA and Individual Therapists

Collective VMC Authors - J.Duncan, S. Shane, M.Giard, B. Drapola, T. Dettre
Reviewed by Stephen Rambur, President VTAPTA

Over the past several months, VMC has met with individual therapists as well as the Chairperson and President of the Vermont Chapter of the American Physical Therapy Association (VTAPTA). These meetings have been informative for all of us. During these discussions, some questions have come up repeatedly, so we wanted to take this opportunity to provide the following information.

Network Statistics and Financial Information

There are 323 Physical Therapists and 70 Occupational Therapists in the VMC network, making up a total of 91 different practice group locations in the network, of which only 15 locations (8 groups) are participating in the clinical dialogue process. These practices were selected based on average visits per referral being more than 50%

above network average. When VMC moved to a flat per visit rate reimbursement methodology this resulted in about 27% of the PT/OT services receiving an increase in reimbursement as compared to the prior reimbursement methodology.

Internal and External Review Process

VMC has selected the APTA Guide to Physical Therapy Practice, Apollo Managed Care Guidelines and The Therapy Referral Guide as references to inform our review process. VMC uses MCMC II for external reviews for all medical specialties. MCMC II, located in Boston, Massachusetts has a staff of providers to perform peer-to-peer reviews. PT reviewers are available for PT reviews. When any of the practices involved in the clinical dialogue process requests visits beyond the initial six, a

VMC Case Manager obtains clinical information from the requesting therapists. This is reviewed by a VMC Medical Director, who may approve the visits based on the provided information. If the VMC Medical Directors feel that additional review is needed to evaluate the request, they forward the clinical information provided by the therapist to the external reviewer, MCMC II. If the MCMC II recommendation is against further visits, VMC will share that recommendation and the included rationale with the requesting physical or occupational therapist for their response, after which a decision regarding the course of treatment is agreed upon between the VMC Medical Director and the treating therapist.

For questions on the VMC PT/OT process, please contact Kevin O'Neal, VMC Provider Relations at 847-8358.

Spotlight on the VMC Web Site

By Kevin W. O'Neal, Provider Relations Specialist, VMC

Big changes are underway for the "Provider Section" of the VMC Website. First and foremost the VMC Provider Manual has been updated to reflect the changes over the past year and continues to be The Network's primary source of information on VMC and our contracted payers and plans. As a reminder, all referral and pre-authorization requirements for each of our contracted payers and their plans are detailed in Section 4, "Practice Management Operational Tools" of the VMC Provider Manual.

Under the Provider Section of the VMC web site, sample Performance Reports have been loaded for review and can be used as a guide to understanding your personal reports. At this time Provider Performance Reports are being

distributed only to Network PCP's with a practice panel of 100 patients or more.

The Pediatric Overweight Prevention and Intervention Toolkit, produced for Vermont Providers by James Duncan MD, Medical Director Vermont Managed Care, is now "live" on the VMC Web. Documents are presented in Adobe format for easy printing, review and use in the clinical setting.

The Electronic Health Record (EHR) resource portal will soon be live. EHR articles, sources of information including web links, and actual transcribed interviews with each of our five EHR Grant Recipients will be available for review and print.

Point your browser to www.vermontmanagedcare.org.



UM Responsibility Chart for VMC Members

MVP distributed a similar chart, as seen below, at the Fall 2005 MVP Provider Seminars. We thought it would be helpful to expand this document to include all VMC contracted plans. This document identifies which organization is responsible for providing the care management function. The definition of “care management responsibility” is the organization who is responsible for reviewing and making clinical decisions on the medical services that either members or their providers are requesting.

Utilization Management Responsibility for VMC Members

Plans	Care Management Responsibility		
	VMC	MVP	TVHP
MVP			
Fully-Insured Plans			
HMO	X		
POS	X		
Direct Access	X		
PPO	X		
Non-Group Indemnity			
		X	
Self-Funded Plans			
ASO-HMO		X	
ASO-POS		X	
ASO-PPO		X	
ASO-Indemnity		X	
TVHP			
HMO & POS (except DME and MH)	X		
DME			X
Fletcher Allen Medical Plans (FAP)			
Preferred Medical Plan	X		
Preferred Plus Medical Plan	X		
Retiree Medical Benefit Plan Pre-65	X		
Retiree Medical Benefit Plan Post-65	X		

Vermont Managed Care MVP/TVHP

Phone: (802) 847-8369
Toll Free: (800) 639-3881
Fax: (802) 847-6213

MVP Health Care

Non-Group Indemnity
Toll Free: (800) 380-3530
Option 3
Fax: (802) 264-6556

Vermont Managed Care FAP

Phone: (802) 847-4862
Toll Free: (866) 582-6836
Fax: (802) 847-6213

MVP Health Care

ASO Product Lines
Toll Free: (800) 229-5851
Fax: (800) 280-7346

The Vermont Health Plan

DME
Toll Free: (888) 882-3600
Fax: (802) 371-3491

TVHP Eliminates the Paper Referral Requirement

By Martita Giard, Director of Network Development and Provider Relations

On March 29, 2006, TVHP announced the elimination of the paper referral requirement previously required to authorize routine in-network services. TVHP and VMC recognize the role of the primary care physician in coordinating and managing their patient's care and we understand a record of that clinical referral already exists in the patient's medical record.

Prior Approval for select medical procedures, durable medical equipment, prescription drugs and all out of network services are still required for TVHP members. Services that require written Prior Approval, along with applicable request forms, are available on the VMC web site at www.vermontmanagedcare.org/Contribution/Providers/Provider_Manual/Manual_PDFs/Section%204%202006.pdf.

Additionally, a copy of the March 29, 2006 letter from TVHP to participating providers and their April 4, 2006 letter to members can be obtained from the VMC web site at http://www.vermontmanagedcare.org/Providers/Provider_Manual/04.html and scroll down to TVHP under “Recent Updates”. Questions can be directed to VMC Provider Relations at 800-639-3881 or locally at 847-8369.

A Message on Depression

From The Employee and Family Assistance Program at Fletcher Allen Health Care

By Evelyn A. Sikorski, CSW, CEAP FAHC

Depression is a serious medical condition that involves the body, mood and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. Depression is a medical disorder just like diabetes and high blood pressure are medical disorders. People with major depression experience a number of symptoms all day, every day, for at least two weeks. About 1 out of every 20 Americans gets depressed annually. One key component of depression management is helping the patient recognize that he/she has depression and that treatment is needed to improve the quality of life.

Research and clinical findings reveal that while both men and women can develop the standard symptoms, they often experience depression differently and may have different coping styles. Men may be more willing to report fatigue, irritability, loss of interest in work or hobbies, and sleep disturbances rather than sadness, worthlessness and excessive guilt. Four times as many men die from suicide in the United States, even though women make more attempts during their lives. In light of the research indicating that suicide is often associated with depression, the alarming suicide rate among men may reflect the fact that men are less likely to seek treatment for depression.

More than 80% of people with depressive disorders improve when they receive appropriate treatment, often a combination of medication and counseling. Patients should always be encouraged to consult with their primary care provider to rule out other possible causes for their symptoms. The primary care physician may conduct a diagnostic evaluation for depression and suicide risk or suggest the patient seek mental health services for this evalua-

tion. A diagnosis of depression requires a patient's participation in making decisions about their own care, setting realistic goals for improvement and helping them monitor changes in their depression.

Medication Management

It is essential to monitor a person's response to medication treatment for depression. Management plans frequently need adjustment to optimize response. Many patients need significant support to maintain compliance. Side effects account for as many as two-thirds of all pre-mature discontinuations of antidepressants. Most side effects are early onset and time limited. Strategies for managing side effects with patients may include allowing patients to verbalize complaints about side effects, wait and support; some side effects will subside over 1-2 weeks, treat the side effect, and consider other treatment options.

Counseling in Combination with Medication

Psychological counseling for individuals with mild to moderate depression has been shown to be an effective treatment for many people with depression. More than half of the people with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 6 - 20 weeks. If depression is not noticeably improved after 6 to 12 weeks of counseling, this usually means that the individual needs to try a different treatment for depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is recurrent, more chronic or severe. Medication is needed for those types of depression and it can be taken in

Know the Signs of Depressive Illness:

- Depressed or sad mood
- Loss of interest or pleasure in most activities
- Significant weight gain or weight loss
- Difficulty concentrating, remembering or making decisions
- Changes in sleep pattern – difficulty sleeping or sleeping too much
- Decreased energy or fatigue
- Feelings of hopelessness or helplessness
- Increase in use of substances (alcohol or drugs) to cope with any of the above
- Thoughts of death or suicide

combination with psychological counseling.

Referring to an Employee Assistance Program or a Counselor

Primary care providers deliver a significant amount of depression care and recognize the need for mental health referrals. Consider a referral to the Employee and Family Assistance Program (EFAP) available through the individual's work place. Often the EFAP is an effective route for immediate, no-cost, confidential intervention for depression. If an outside referral is needed, the individual may need assistance identifying the appropriate level of care and whether the type of counseling services are covered under their insurance. In all cases, the primary care provider and EFAP counselor or mental health specialist must continue to communicate and coordinate treatment until the problem has resolved.

For more information on Resources on Depression and Primary Care visit www.depression-primarycare.org.

ActiveHealth Management

By Barbara Drapola, RN, CCM, CPHQ, Director of Operations and Clinical Affairs, VMC

The partnership of VMC and ActiveHealth Management for the Fletcher Allen Preferred Plan is showing positive results. Reports for the third quarter 2005 (July 1, 2005-September 30, 2005) show a reported return on investment of \$3.52 PMPM.

You will remember that there are two aspects of the ActiveHealth Management Program. The first, called Care Considerations (CC), are evidence-based clinical alerts generated to providers based on claims analysis from medical claims, pharmacy claims and laboratory data. The second, called Informed Care Management (ICM), is a member outreach program focusing on disease management and participation is voluntary. In the third quarter of 2005, ActiveHealth generated 145 Care Considerations and only care considerations with high clinical impact were generated. Lower clinical impact care considerations, such as those relating to preventive care, were activated in the fourth quarter. We therefore expect a higher level of activity going forward.

ActiveHealth Management reports a total of 90 Fletcher Allen Preferred members have been enrolled in Informed Care Management out of the 128 that were identified as eligible. The majority of members are enrolled in the vascular disease cluster which includes CHF, CAD, Hypertension and Diabetes. There are no reported savings associated with ICM at this time. We anticipate savings reported as we gain more experience with the program.

More information about ActiveHealth Management may be found on the ActiveHealth Website, www.activehealthmanagement.com, or by calling Barbara Drapola, Director of Operations and Clinical Affairs at 847-6249.

VMC Employee Spotlight

Network Development and Provider Relations

By Martita I. Giard, Director of Network Development & Provider Relations

The Provider Relations Department at VMC is made up of three core functions

- Contracting
- Network Management (enrollment additions, changes & terminations)
- Education & Servicing

There are seven individuals in the department that deliver these services to our Network. Billie-Jo Lesperance and Mary Cook are Staff Assistants supporting the department. Mary is responsible for coordinating office visits between network providers

and our PR representatives, as well as administrative support for the department. Billie-Jo provides administrative support to the Director or Network Development & Provider Relations as well as the Director of Finance and Data Management and is instrumental with respect to provider contracting and communications.

Kelley Roy and Kelley Beams are Network Profile Specialists and are responsible for managing and communicating information about a VMC contracted provider to our contracted payers. This includes general individual and group demographics that will be published in Plan's provider directories both hard copy and on-line, billing information to ensure providers are accurately set up with the payers to receive payment for services rendered to their patients, and information needed



Back row, left to right Kevin O'Neal, Billie-Jo Lesperance, Kelley Beams. Front Row, left to right Mary Cook, Martita Giard, Kelly Roy. (Elizabeth Roach is missing from the picture and will be featured in our Fall Partners in Care issue.)

to generate contracts as needed.

Kevin O'Neal and Elizabeth Roach are External Provider Relations Representatives. Their role is to provide education and servicing to VMC Network participants and their staff relative to the contracts held through VMC. VMC utilizes its newsletter, Partners in Care, and website as a communication and education tool. Additionally, we meet with our Network participants at their office locations and assist them by phone.

Martita Giard is the Director of the department. In this role, she is responsible for the network development, contracting and the overall management of the department. All members of the Provider Relations team are available to assist you and your practice and can be reached at 800-639-3881 or locally at our direct extensions:

Mary Cook, Staff Assistant	847-8052
Billie-Jo Lesperance, Staff Assistant	847-6253
Kelley Roy, Network Profile Specialist	847-6242
Kelley Beams, Network Profile Specialist	847-0837
Kevin O'Neal, External Provider Relations Specialist	847-8358
Elizabeth Roach, External Provider Relations Specialist	847-4035
Martita Giard, Director Network Development & Provider Relations	847-8065

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Paul Reiss, MD
Private Practice
Family Practice

Paul Unger, MD
Private Practice
Hematology/Oncology

Dennis Vane, MD
Fletcher Allen Health Care
Pediatric Surgery

* Board Officers

Vermont Managed Care Contact Numbers



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

Case Managers		
802-847-8369	802-847-4862	802-847-6212

Customer Service		
802-847-8369	802-847-4862	802-847-6213
800-639-3881	866-582-6836	

Provider Enrollment		
802-847-8161		802-847-3427

A complete phone list of all staff is available in the VMC Provider Manual available online at www.vermontmanagedcare.org.

Tel. (802) 847-8161
(800) 639-3881

Vermont Managed Care
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