



PARTNERS in CARE

Vermont Managed Care
 P.O. Box 1150
 Burlington, VT 05402-1150
 Tel. (802) 847-8161
 (800) 639-3881

Clifford R. Frank
President

James A. Duncan, MD
Medical Director

Susan P. Shane, MD
Associate Medical Director

Thomas C. Dettre, CPA
Director of Finance

Barbara H. Drapola, RN,
 CCM, CPHQ
*Director of Operations &
 Clinical Affairs*

Martita I. Giard
*Director of Network
 Development & Provider
 Relations*

Elizabeth Roach
*External Provider Relations
 Specialist
 Newsletter Editor*

Inside:

Cervical Cancer Screening. 1
 Chlamydia Screenings 2
 Electronic Claims 3
 VMC PCP Chronic Care
 Enhancement Program 3
 Events & Notices 4-5
 Spotlight on Web 6
 VMC Payments 6
 APEX Taxonomy
 Requirements for Claims . . 6
 Fletcher Allen Medical Plan
 Outcome Measures 7
 Credentialing 7
 The American Recovery and
 Reinvestment Act of 2009:
 Health Information Technology
 Provisions. 7

From The Desk of the Medical Director

Cervical Cancer Screening

Screening for cervical cancer is a cornerstone of primary preventive services, and is one measure upon which provider and health plan quality is judged. Although it has been over 6 years since the last major revision of screening recommendations was released, there continues to be inconsistency in provider practice and patient expectations.

Epidemiology Facts (United States)

- 1) The majority of cervical cancers occur in women not screened within the prior 5 years.
- 2) USPSTF estimates that screening results in:
 - a) 60-90% reduction in cervical cancer rates.
 - b) 20-60% reduction in mortality rate of cervical cancer.
- 3) 5 year survival is over 90% for localized disease, 13% when distant disease is present.

Screening Technology

- 1) Conventional Pap cytology is only 60-80% sensitive for high-grade cervical lesions, and lower for low-grade lesions.
- 2) Liquid thin-layer cytology (e.g. ThinPrep, AutoCyte PREP) is reported to be more sensitive, but yields more false positives.
- 3) HPV DNA testing may be useful as an adjunct for planning future screening, but at this time does not have an approved role for stand-alone screening.

Of Pelvics and Paps

ACOG recommends annual gynecological and pelvic exams for all women, regardless of the frequency of Pap testing. It's important to explain to women that a routine annual pelvic exam does not necessarily mean an annual Pap test.

Screening Recommendations for Women of Average Risk* (ACOG, ACS, USPSTF)

First Screening – the earlier of age 21, or 3 years after first intercourse.

Up to Age 30 – Annually

ACS accepts every 2 years using liquid-based cytology, but ACOG states data is too limited to support this approach.

HPV testing not recommended, as in this age group it is frequently positive, will often clear over time, and is of uncertain predictive value.

Age 30 and Older

If 3 consecutive negative cytologic tests, may have cytologic screening every 2-3 years

OR

If cytologic and HPV-DNA tests are both negative, may be re-screened with the combined tests every 3 years

Discontinuing Screening may be considered for women who have had:

- 1) Total hysterectomy for benign indication, and have no prior history of abnormal or cancerous cells on adequate testing.
- 2) 3 consecutive normal Pap tests, and no abnormality in the prior 10 years,
 - a) at an older age at the discretion of the physician (ACOG)
 - b) at age 65 (USPSTF)
 - c) at age 70 (ACS)

*Factors Indicating Above Average Risk

- 1) History of abnormal or cancerous cervical cells
- 2) History of high-risk HPV detected in past
- 3) No reliable evidence of negative results from adequate recent screening
- 4) History of DES exposure in utero
- 5) HIV infection
- 6) Immunocompromise (e.g. cancer chemotherapy, organ transplant, chronic steroid use)

Cancer Screening in the United States, 2009 [CA Cancer J Clin](#) 2009;59:27-41
 Guide to Clinical Preventive Services, U.S. Preventive Services Task Force
 Cervical Cytology Screening, American College of Obstetricians and Gynecologists, [Obstetrics and Gynecology](#), 2003, 102;417

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.



(Originally published in FinePoints, Spring 2009)

Sharing Best Practices: Chlamydia Screenings

By: Matt Brockett

With approximately three million new cases of chlamydia reported in the U.S. every year, there is no doubt that this often overlooked sexually transmitted infection is making a big comeback both nationwide and in Vermont. Females are infected more often than males with an estimated five to 15 percent of reproductive age women infected with the disease. Infection rates are increasing most notably in girls in the 15-19 year old age range. The long-term consequences of untreated chlamydia are severe for females and include infertility and pelvic inflammatory disease. (*Centers for Disease Control, 2006*).

Patricia King, M.D., who practices at Fletcher Allen's Given Health Care Center in Essex Junction, recently achieved an impressive and unprecedented 100 percent chlamydia screening rate for women of eligible age in 2008. Dr. King has been working at Given since 1999, and partly attributes her perfect chlamydia screening rate to the methodical approach to health maintenance that she employs with all of her patients. One crucial element of that approach is Fletcher Allen's Adult Health Maintenance Report, which she receives before every patient visit.

The Adult Health Maintenance Report gives the doctor and patient one single sheet of paper that details the many important health maintenance procedures and screenings that a particular patient is due for. The sheet lists various screening and immunization recommendations from the CDC and the U.S. Preventative Services Task Force (USPSTF), as well as the last date that a patient had a particular screening or procedure. Dr. King says she finds the report to be particularly useful when conducting a patient's annual exam, as it covers everything from vaccines to cardiac screenings to women's health.

"I feel like you really have to have systems to keep up with your patients' health maintenance," relates Dr. King. "It's just simply too much information to dig through with a traditional paper chart. But with these reports, the patient's screening history and any guidelines and recommendations are all right there in front of me on one easy to read sheet. Plus seeing those guidelines several times a day at every patient encounter really helps to imprint them in my mind and keep them on my radar."

A copy of the Health Maintenance Report is given to the patient at the end of their visit so that they have a handy record of the various health screenings they've received, and can schedule any others that they are coming due for. "The reports are an incredibly useful tool for patient education," shares Dr. King. "And although we do all we can to make sure that patients receive any necessary screenings, ultimately much of the responsibility falls on the patients themselves, as they must actually schedule and attend their appointments."

Another aspect that likely contributed to Dr. King's high screening rate is the fact that she utilizes urine screening to perform the current state-of-the-art technology in chlamydia testing: nucleic acid amplification. This method can be performed with either urine or cervical swabs so it is especially useful in patients who don't require a Pap test but are due for chlamydia screening.

If you would like more information on the use of Health Maintenance Reports, or would like help in developing a similar report for use in your own practice, please contact your VMC Provider Relations Specialist at (800) 639-3881 or 847-8161.

Plan Offers Electronic Claims Submission Option for Smaller Practices

Great news for small to medium-sized practices! If your practice processes around 100 claims per month or less, BCBSVT now offers a free and secure online way for you to submit claims to us electronically. Electronic Data Interchange, or EDI for short, is a paperless process for exchanging claims and other data electronically between provider practices and insurance companies using Secure File Transfer Protocol (SFTP).

Historically, the EDI option only made sense for larger practices due to the high startup costs associated with purchasing the specialized computer software typically necessary to make electronic transactions, until now. Our EDI business department is proud to

announce the launch of a new secure CMS-1500 claim form for small to medium-sized practices who wish to submit claims to BCBSVT electronically. The form is an interactive PDF that you download and save to your desktop, and it offers a quick and easy way to edit a claim and send it directly into our claims system, at no cost to you.

Claims data submitted via the secure form enters our claims system and is processed in exactly the same way as any other electronically submitted claims we receive. After you submit a claim, an audit report is automatically generated, giving confirmation that it was successfully received by our EDI department. Another great benefit of the tool is the ability to store demographic

data for all of your patients, so that you only need to enter that data into the form once.

Our EDI business department provides customer service to over 100 providers, trading partners and internal customers every week. They are responsible for the handling of 4 million claims annually, and they help to ensure a smooth end-to-end process for all electronic health insurance-related HIPAA transactions.

To learn more about whether or not this option may be right for your practice, or to schedule a site visit with members of our EDI team to learn more about the benefits of this tool and how to use it, please contact us at EDItechsupport@bcbstv.com.

VMC PCP Chronic Care Enhancement Pilot Program

Quarter 2 Review

The VMC PCP Chronic Care Enhancement Pilot Program continues to grow in terms of PCP participation and member enrollment. The second quarter results show 19.9% PCP participation and 26.1% eligible members enrolled.

Participating PCP's receive \$90 per member per quarter. This pilot will continue through December 2009; at which time, VMC will assess the pilot's viability as an ongoing program.

For information about the Pilot, contact Martita Giard at 802-847-8065.

	Qtr. 1 (Jan-Mar)	Qtr. 2 (Apr-Jun)	Qtr. 3 (Jul-Sept)	Qtr. 4 (Oct-Dec)	YTD Total
PCP's Invited to Participate (Fixed)	166	166			166
PCP's Participating	29	4			33
% of Eligible PCP's Participating					19.9%
VMC Members Enrolled by Quarter	140	93			233
Members Nominated by PCP by Quarter	36	21			57
Total Members by Quarter	176	114			290
VMC Identified Members	723	332			1055
PCP Identified Members	36	21			57
Total Identified Members					1112
Total Members in Pilot	176	114			290
% of Eligible Members enrolled					26.1%

Events &

Physician Brag Board

If you, your group practice or an individual provider, within your practice has been recognized or awarded for services you provide to your patients or to the community you serve, we want to know.

VMC would like to share your recognition by featuring you in the Partners in Care Newsletter. Please contact Elizabeth Roach, Provider Relations Specialist at 847-4035 or Elizabeth.Roach@vtmednet.org with details.



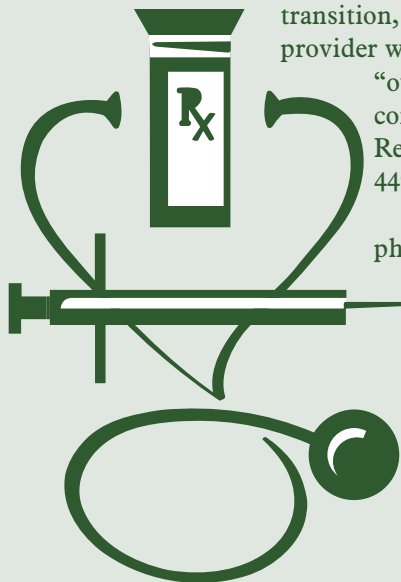
—And

Are you or your coworkers doing something different and unique to improve the quality of the care you provide? Share your office's best practices with your Provider Relations Representative, and you might be featured in a future edition of Partners in Care.

Change in Pharmacy Benefit Manager for TVHP members

BCBSVT will be partnering with a new pharmaceutical benefit manager, Express Scripts, beginning July 1, 2009. Express Scripts, Inc will provide utilization management, retail and mail order benefits and complete customer service for both providers and members. For details regarding this transition, please visit the bcbsvt.com provider website and select the link "our transition to ESI", or contact your BCBSVT Provider Relations Consultant at (888) 449-0443.

Please remember, pharmacy items dispensed to TVHP members in a physician office that require prior approval will still require the approval of Vermont Managed Care, these will not be transitioning to Express Scripts, Inc.



Vermont Managed Care

Third Annual Conference

Save the DATE

This year's conference will be held on Thursday September 24, 2009 from 7:00 am – 11:30 am. at the Sheraton Hotel and Conference Center in Burlington, Vermont.

Speakers and Topics are

Dr. Raymond J. Lanzafame, MD MBA FACS - Minimally Invasive Surgery: Opportunities and Challenges

Art N. Lerner, Esq. – Partner, Crowell & Moring, LLP
Anti-Trust Regulations and The State of Health Care in the Obama Administration

Implementing the Red Flags Rule Identity Theft Prevention Program

There is no charge to attend and registration information will be available soon.

For further information you may email VMC at VMCCConference@vtmednet.org or contact your Provider Relations Specialist.

Notices

Managing Chronic Pain while Putting the “Control” Back into Controlled Substances

Hampton Inn Conference Center,
Colchester, Vermont
Rescheduled to October 23/24, 2009

Who Should Attend?

The program is designed for health care providers who care for patients with chronic pain and related conditions, including problems with opioid medications.

Program Includes:

- “Prescribing Opioids for Chronic Pain,” a nationally recognized CME program offered with support of the Center for Substance Abuse Treatment/SAMHSA
- VT Legal Counsel— “Understanding Patient Consent and Other Legal Issues”
- “Creating a Community Based Medical Controlled Substance Monitoring System”
- “Utilizing Effective Standardized Provider Tools”
 - Initial Patient Consent to Treat Form
 - HIPAA Privacy Policy
 - Chronic Pain Initial Patient Assessment Tool
 - Patient Consent & Controlled Substance Agreement
 - Chronic Pain Patient Progress Notes
 - Termination of Agreement Form
- Vermont Prescription Monitoring System/Registration
- Conflict Management— “Getting Ready for Tough Discussions”
- Available Resources
 - Complimentary & Alternative Treatment Modalities
 - Local/State Agency Programs
 - Faith Based Programs / Teen Challenge

Resource Fair

Exhibitor Fair

Conference Brochure & Registration Form to Follow
CME Credits Will be Awarded

Organized by:

The Franklin-Grand Isle Chronic Pain/Narcotics Community Forum

VMC Employee News

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

New Employees:

Pam Bolster – Administrative Assistant
Pennilee Shortsleeve – Claims/Information Auditor
Yolande Franklin – Client Account Representative

Transfers/Promotions:

Jodi Couture – Was promoted from Credentialing Coordinator to Senior Credentialing Coordinator



Spotlight on Web

Several forms have recently been added to the VMC website. The forms include, the Provider/ Practice Information Change Form, Add Location Application and a W-9 form.

The “Provider/Practice Information Change Form” should be used when:

- > An individual Provider or Group needs to change their physical and/or billing address
- > Termination of a group location and/or individual provider location
- > Tax ID change
- > Physical group name change
- > Legal business name change
- > Provider/Group name change
- > Termination of Provider

The “Add Location Application” should be used when adding an additional practice location. When submitting an Add Location Application please include a current copy of your Malpractice Insurance along with a completed W-9. For your convenience you can download a W-9 form from the VMC website.

The above forms can be found on the VMC website at http://www.vermontmanagedcare.org/Providers/Provider_Manual/04.html

Future VMC Website Enhancements:

VMC is in the process of updating our website. We will be adding a Credentialing tab to provide relevant information regarding the VMC credentialing process, and a Forms tab which will include all necessary forms for the VMC provider network to utilize.

Updates since the last VMC Newsletter include:

- VMC > Org Chart
- FAP > Prior-Approval Form
- MVP > UM Guidelines
- TVHP > RESTAT to Express Scripts
- > Efax for Bluecard correspondence

The VMC Web Site can be found at www.vermontmanagedcare.org. Please call your VMC Provider Relations Representative Elizabeth Roach or Carrie Germaine at 802-847-8161 or toll free at 800-639-3881 for any questions you may have.

VMC Payments: Change in Business Decision

(not related to claims payments)

We want you to be aware of a new business process at VMC regarding how we will be handling payments cut on VMC check stock going forward. For the most part, this will apply to the VMC withhold return payments that are generated each July, but it will also apply to any payment VMC makes from our VMC check stock.

Historically, withhold return was made payable to the business organization that was in operation at the time funds were withheld even if VMC was notified that a new business organization was replacing the old one. Based on a review of IRS regulations, VMC is changing this process effective immediately. We will be making payments payable to the most current business organization on file. This will ensure that payments VMC makes to you will coincide with the legal business name you have on file with the IRS and will not result in 1099 mismatch issues the following year. We ask that you share this information with the appropriate individuals in your organization, please direct any questions to Martita Giard, Elizabeth Roach or Carrie Germaine at 802-847-8161.

APEX Taxonomy Requirements for Claims

To be HIPAA compliant, Apex Benefits Services can only use a combination of tax ID and National Provider Identifier (NPI) to identify a provider. Dual-specialty providers should provide an additional piece of data to enable a programmatic selection of the correct provider role and appropriate co-pay. We will use a combination of tax ID, NPI and taxonomy code to map an incoming claim to the correct provider

and specialty. With the correct taxonomy pre-loaded in our system and included on the incoming claim data, efficient automated processes select the correct provider and apply the appropriate member co-pay.

If Apex Benefits Services does not receive a taxonomy code on a claim for a dual-specialist or if a different taxonomy code is loaded in our system from what you submit on your claim, the automatic

claims processing will be interrupted. When this occurs, a manual review is required to select the appropriate provider. For efficient claims processing, please be sure to include the expected taxonomy value in your claims data. Please notify VMC of changes to your taxonomy code(s) so we can keep Apex Benefit Services updated.

Fletcher Allen Medical Plan Outcome Measures

VMC continues to regularly monitor performance measures to ensure high quality service to our members and providers. The following is a synopsis of selected performance measures for the time frame January – December 2008. If there are ways we can serve you better please let us know.

You will notice a drop in performance for claims processing, in October 2007 our TPA implemented a system upgrade which affected the timeliness of claims payment for several months. We are confident that this issue has been rectified and all claims are processing well within our performance standards.

January – December 2008	Goal	VMC Performance
Client Account Representative		
Average time to answer calls	45 sec	22 sec
Abandoned Call Rate	less than 3%	1.08%
Time on Hold	less than 45 seconds	1 min 58 sec
Claims Processing January – December 2008		
Clean Claim Turnaround		
1-14 Days	75%	67.6%
15-30 Days	93%	86.7%
31-60 Days	99%	82%
Claims Payment Accuracy	98.5%	77.8%

Credentialing

Did you know?

- The VMC Credentials Committee meets the 3rd Friday of each month, and is comprised of physicians in the VMC network.
- On average it takes approximately 60 days to fully credential a new provider.
- Providers need to be re-credentialed every 3 years.
- Site Visits and Medical Record Reviews are done every 2 years for PCP's, OB/GYN and high volume behavioral health providers.
- The use of the universal CAQH credentialing application was mandated by the State of Vermont on 1/1/07. You will need to re-attest that the information you have supplied on your CAQH application is correct and up to date every 120 days.
- You can update your taxonomy codes at the NPPES website <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>
- If you are moving from another state you need to change your address on your DEA to reflect your VT address.
- The Credentialing Department has a dedicated fax number, it is 802-847-6254.
- The Credentialing Department email address is vmccredentialing@vtmednet.org.
- The Credentialing Staff includes:
 - Terry Burbo, CPCS, Credentialing Supervisor – 802-847-8199
 - Jodie Couture, Senior Credentialing Coordinator – 802-847-8056
 - Kelley Roy, Credentialing Coordinator – 802-847-6242
 - Ana Anderson, Credentialing Coordinator – 802-847-4244

The American Recovery and Reinvestment Act of 2009: Health Information Technology Provisions

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act of 2009 (“ARRA”). Title XIII of ARRA contains a set of provisions known as the Health Information Technology for Economic and Clinical Health Act (“HITECH Act” or “Act”). The stated purpose, or goal, of the HITECH Act is to encourage the development of a nationwide health information technology infrastructure allowing the utilization of an electronic health record (“EHR”) for each person in the United States by 2014.

The HITECH Act sets up an elaborate structure to establish policy and standards, adopt a strategic plan, and receive industry and public comment guiding and insuring the implementation of an interoperable health IT network. The Act also provides \$19 billion in federal grant and loan funding for, among other things, distribution of incentive payments to providers who become “meaningful users of EHR technology”, establishment of regional extension centers to provide technical assistance and disseminate best practices, and purchase of EHR technology by states and Indian Tribes.

Adopting an EHR system is “voluntary”; however, the Act imposes financial consequences for a non-compliant physician and hospital participating in Medicare.

Key points of the HITECH Act include:

- ❖ Planning, Standard-Setting and Implementation of Health Information Technology (“HIT”) Under the HITECH Act
- ❖ Funding Authorized by the HITECH Act for EHR
- ❖ Grants, Loans and Demonstration Funding
- ❖ Incentive Payments under the Medicare and Medicaid Programs for Physicians and Hospitals

To obtain more information regarding The American Recovery and Reinvestment Act of 2009: Health Information Technology Provisions go to the VMC website at www.vermontmanagedcare.org and look under Provider/Welcome.



Vermont Managed Care
 P.O. Box 1150
 Burlington, VT 05402-1150

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

VMC Board of Directors

* Robert Pierattini, MD, Chairperson Fletcher Allen Health Care Psychiatry Services	Jerry Larrabee, MD Fletcher Allen Health Care University Pediatrics
Peter Casson, MD Fletcher Allen Health Care Women's Health Services	* Stephen Mason, MD, Secretary and Treasurer Vermont Anesthesia Consortium Northwestern Vermont PHO
Christopher Commichau, MD Fletcher Allen Health Care Neurology	Thomas Peterson, MD Fletcher Allen Health Care Family Practice
PM Costello, MD Essex Pediatrics Pediatrics	Mark Pitcher, MD Good Health, P.C. Internal Medicine
Roger Deshaies Fletcher Allen Health Care CFO	Paul Reiss, MD Evergreen Family Health Family Practice
Nancy Drucker, MD Fletcher Allen Health Care Pediatric Cardiology	Paul Unger, MD Vermont Center for Cancer Medicine, Inc. Hematology/Oncology
Jonathan Hayden, MD Fletcher Allen Health Care Internal Medicine	James Viapiano, MD Fletcher Allen Health Care Anesthesiology
Mark Healey, MD Mountain View Surgery Surgery	

* Board Officers

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) / Credentialing		
802-847-8161 or		802-847-3427 (PE)
800-639-3881		802-847-6214 (PR)
		802-847-6254 (CRED)

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