



PARTNERS *in* CARE

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From the Desk of the Medical Director By Dr. James A. Duncan Medical Director

VMC Committee Updates

VMC has a Board of Directors and three committees which are integral to company operations. The Care Management and Finance Committees are committees of the Board; Credentials Committee acts independently and reports to the Board. The membership and duties of the Board and Committee members change over the years, and VMC has had recent membership changes. Therefore, this is an appropriate time to provide an update for our network.

The Board of Directors is composed of FAHC physicians, community physicians (including community PHO representation), and administrative representatives. The VMC Board is responsible for overseeing the Company's business decisions and driving strategic direction for the organization.

The Care Management Committee oversees items such as care guidelines and protocols, case management, utilization interventions and outcomes, care management statistics and trends, etc., as well as serving as the final appeals forum for Fletcher Allen Preferred Plan members. Care Management Committee members are also on the VMC Board of Directors.

The Finance Committee oversees the financial performance of the company and its paper contracts, and has responsibility for reviewing, adjusting, and approving the VMC medical and administrative budgets, including disbursement of withhold return. Finance Committee members are also on the VMC Board of Directors.

The Credentials Committee is composed of physicians that are not on the VMC Board, and is responsible for review and action on provider, facility and vendor applications for new or renewed network membership to VMC. As part of this process, the committee examines provider performance, quality, and service information.



Dr. John Fogarty, after serving VMC outstandingly for 11 years, has stepped down as Chairman of the Board of Directors to become Interim Dean of the UVM College of Medicine.

Dr. Robert Pierattini a long standing Board Member is the new Board Chairman; **Dr. Paul Reiss** is replacing Dr. Pierattini as Chairman of Care Management Committee.

Current Board and Committee Membership

* Care Management Committee

** Finance Committee

Board of Directors

Dr. Robert Pierattini *** Chairman of the Board

Dr. John Brumstead ** Chairman Finance Committee

Dr. Peter Casson *

Dr. PM Costello *

Ms. Barbara Guerard *

Dr. Jonathan Hayden *

Dr. Mark Healy *

Dr. Jerry Larrabee **

Mr. Richard Magnuson, CFO **

Dr. Stephen Mason **

Dr. Thomas Peterson *

Dr. Mark Pitcher **

Dr. Paul Reiss, * Chairman Care Management

Dr. Paul Unger **

Dr. Denis Vane **

Credentials Committee

Dr. James Duncan, Chairman

Dr. Douglas Campbell

Dr. John Fitzgerald

Dr. Robert Hayward

Dr. James Puma, O.D. ad hoc member

Dr. Susan Shane



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.

NPI Update

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

We are all becoming more and more familiar with the acronym NPI as we get closer to May 23, 2007, the deadline for all health care providers who are covered under HIPAA to identify themselves in HIPAA standard transactions. As a VMC participating provider, once you have received your NPI, pass that information to us and we will relay it to MVP, TVHP/BCBSVT, and APEX. In September, VMC began sending monthly NPI reports to these organizations and we will continue to do so through May, 2007. We encourage you to complete this process as soon as possible.

How Do I Send NPI Information to VMC?

Your NPI can be sent to VMC in any of the following ways:

- > If there are multiple providers in your practice, you can send the information in an excel spreadsheet. Please include the following fields.
 - First Name
 - Last Name
 - Degree (MD, DMD, etc.)
 - Practice Name
 - NPI
- > Send or fax VMC the confirmation page you received from CMS; or
- > Call VMC

How to Reach VMC:

- Email: vmcproviderenrollment@vtmednet.org
- Fax: 802-847-3427 – Attn: Credentialing Department
- US Mail: PO Box 1150
Burlington, VT 05402-1150
Attn: Credentialing Department
- Phone: 802-847-8161

When will MVP, TVHP/BCBSVT and APEX be able to accept the NPI on electronic claims?

	Can Accept NPI As Of:	Must I Submit My NPI and My Payer Specific Provider ID Number?
APEX	10/2/06	YES
MVP	12/1/06	Yes from 12/1/06 to 5/22/07*
TVHP / BCBSVT	Right Now	05/23/07 or will notify if sooner
*This is the recommended approach but is not mandatory.		



Electronic Health Records – Decisions to Be Made

By Kevin W. O’Neal, External Provider Relations Specialist, VMC



The benefits of a fully implemented Electronic Health Record (EHR) are undeniable and affect all aspects of the healthcare industry. Some of which are:

- Improved patient care
- Quality of care
- Decrease in coding errors
- Decrease in provider costs
- Increase in provider revenue
- Eliminating redundant testing and wasted healthcare dollars
- Improved flow of patient information

With all these positive changes to be taken advantage of one would think the acquisition of an EHR system would be a “no brainer”, but it’s not.

The decision for any provider office to ‘go EHR’ will be one of the largest business decisions you will make. Management of the vendor selection process, hardware selection, implementation, training, and staff morale will challenge even the most organized and motivated office. But the most important and frightening aspect of deciding whether to implement an EHR system comes down to money. It is no secret that the cost of an EHR system can be downright prohibitive. “Will I see a return on my investment within a time-frame that will prevent my practice from closing?” That is the question that confronts all offices deciding whether to act or stand firm.

For the larger provider groups, with greater ability to withstand risk, the risks of EHR implementation are usually far outweighed by the benefits. The real struggle lies with the mid-sized and smaller offices where the room for error is far smaller. Size of patient panel, staff, and remaining length of physician’s career are the top considerations being weighed. The reality is we will likely never see 100% EHR adoption unless mandated or substantial financial assistance is given.

For those offices about to embark on their EHR adventure, or still decid-

ing whether to embark at all, real life experiences from other VMC provider offices could prove helpful. Go to the EHR Resources page within the Providers section of the VMC website (www.vermontmanagedcare.org/Providers/ehr_resources.html) where you will find detailed interviews with each of VMC’s EHR Grant recipients. In working with our grant recipients, some common themes and experiences have surfaced. The driving forces for EHR implementation have focused on improved documentation, improved patient information access, QI capabilities, and closer integration with facility lab and radiology software. EHR vendor selections were made to tightly integrate with Practice Management Systems (PMS). The main concern driving this decision was to eliminate any finger pointing between EHR and PMS vendors. Research of EHR vendors was done predominantly via The Web. Once the list of vendors was narrowed down, an actual site visit with a like practice already using the EHR software was conducted. This was found to be an invaluable tool. Vendor presentations, for the most part, proved to be frustrating and insufficient. Balancing EHR project management with “regular” duties became a pitfall for most. Time delays were a result, and many felt that an outside consultant/project manager would have been a good idea. Lack of internal IT expertise was also an issue, and external IT consultants were utilized. Interestingly, questions with hardware were the most difficult to answer. Unexpected cost overruns were caused mostly by hardware upgrades and implementation, and particularly the development of virtual networks allowing physicians to access EHRs from their homes. Cash flow took a brief hit as subtle adjustments to the billing process had to be made. It was noted that, something as small as not having the member date of birth in the correct format could cause denials, re-billing

and waiting for payments.

A program that could also prove helpful is DOQ-IT (Doctors Office Quality – Information Technology). The DOQ-IT Project is a physician-focused quality initiative program sponsored by the Centers for Medicare & Medicaid Services (CMS). DOQ-IT provides physician offices with resources and guidance on EHR, EHR vendors, and the decision making process. More importantly, they also provide FREE hands-on help in the office. Go to www.joindoqit.com/ for more information. Additional related links are also available on the VMC web site via the EHR Resources page.

At the recent National TEPR (Toward Electronic Patient Record) 2006 conference in Baltimore, Maryland, the Continuity of Care Record (CCR) was ‘all the buzz.’ The CCR is being developed jointly by a host of national organizations, as a way for offices with EHRs to communicate electronically with offices with out an EHR. The CCR uses web-based XML language to transmit and view standardized core patient information via multiple formats, including Browser, HL7 CDA-compliant document, secure E-mail, paper and PDF. The CCR is flexible to quickly include relevant information, can be used to justify prior-authorizations, coordinate care, provide clinical referrals, etc. The document can be updated and forwarded to the next provider and can include attachments. You don’t need an EHR to generate, update or view. This is a great way to get familiar with electronic records, and could be a first step toward a formal full EHR system. For more information on CCRs, go to www.centerforhit.org/x201.xml/.

VMC understands the magnitude of decisions around EHR systems. We also see the potential that a fully connected network can bring. We will continue to inform our Network with articles devoted to EHR in future publications of the Partners in Care Newsletters.

Flu Mist Coverage

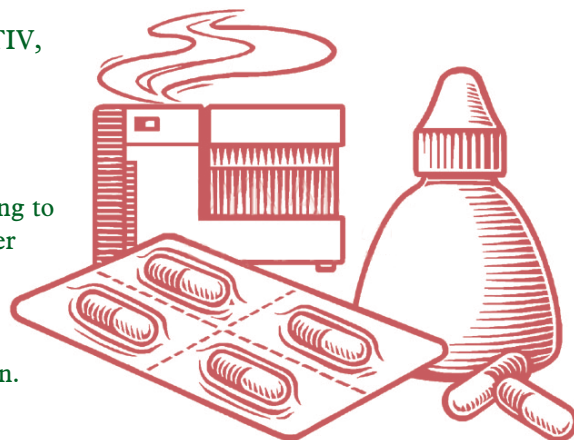
By James A. Duncan, Medical Director, VMC

The Centers for Disease Control and Prevention recommends influenza immunization for a variety of high-risk adults and children, and for those wishing to reduce the likelihood of influenza illness (see www.cdc.gov/mmwr/PDF/rr/rr5510.pdf for complete details).

The trivalent inactivated influenza vaccine (TIV) may be used for anyone over the age of 6 months with no specific contraindication such as egg allergy, whereas the live attenuated influenza vaccine (LAIV) is only approved for healthy non-pregnant people age 5-49.

LAIV is more expensive than TIV, although this price difference has decreased for the 2006-2007 season.

The following VMC contracted health plans are covering FluMist (LAIV) when administered according to the CDC recommendations. Fletcher Allen Preferred and Preferred Plus Plans and TVHP through March 2007. MVP will not be covering FluMist for the 2006-2007 flu season.



Spotlight on the VMC Web Site

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

Changes continue to happen on the VMC Web site. The Practice Management and Operational Tools page (Section 4) of the VMC Provider Manual is full of recent updates by our contracted payers. This section is frequently updated and provides the most current information available for MVP, TVHP and FAP. Save it on your "Favorites" and check it often. Also, the "EHR Resources" page located in the "Providers" area is 'live' and populated with helpful information for VMC offices working with or researching EHRs. Complete interviews with our five grant recipients, EHR related web links, Continuity of Care Record (CCR)

related web links, and contact information to DOQ-IT are all available for use. The EHR Library of articles is continuing to grow. These articles will be listed in chronological order by title, and should be a valuable source of information for those researching EHRs. If you have an article on EHR that you think the rest of the VMC Network would benefit from reading, please forward to kevin.oneal@vtmednet.org. The VMC web site can be found at www.vermont-managedcare.org.



Recent and Upcoming Events & Notices

Fletcher Allen Preferred Medical Plans Navimedix Update

By Elizabeth Roach, External Provider Relations Specialist, VMC

VMC reported in our last newsletter that Apex Benefits Services would be transitioning its benefits, claims and eligibility tracking website from Navimedix to AboveHealth. This transition was to take place on June 25, 2006. Please note that the transition did not occur and has been postponed until further notice. VMC will notify all VMC providers of the transition timeline once it's been defined by Apex.

The existing NaviMedix site remains in effect and all existing features are still available. There is a notice on the Navimedix site informing users the site will remain active until further notice.

VMC Data for Network Providers & Hospitals

By Martita I. Girard, Director of Network Development and Provider Relations

As our business continues to grow in complexity, one of the areas that is becoming more and more critical is relevant information and data for decision making. VMC's data management and reporting function has access to a wide variety of data elements, from which useful reports can be generated. VMC has recognized the importance of developing a policy that provides VMC's leadership guidance as to the content of data reports, individuals and organizations are eligible to receive. To that end, VMC is developing a Policy to be reviewed and ultimately approved by the VMC Board of Directors in the near future.

Once the Policy has been approved by the VMC Board of Directors, the parameters will be shared with you in a future Newsletter article. Our goal is to provide you with as much information as you need to effectively manage your VMC business while maintaining a level playing field and protecting confidentiality throughout the VMC Network.

Questions about this process can be directed to Martita I. Girard, Director of Network Development & Provider Relations at 802-847-8065.



Active Health Management

Impact on Active Health Management Program for Fletcher Allen Preferred Plans

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

Active Health Management (AHM), was engaged last July, for the Fletcher Allen Preferred Medical Plans. AHM is a technology driven, evidence based program that seeks to improve the quality of care while reducing medical costs and illness burden of the groups they serve. Medical claims, drug claims and laboratory results are transmitted to AHM monthly. These data are put through a series of clinical algorithms to identify individually actionable Care Considerations ranging in severity from life-threatening concerns (severity level 1) to recommended but not completed preventive care screening (severity level 3).

Since implementation in July of 2005, 757 individual Care Consideration notices have been sent to VMC Network Providers.

Severity Distribution of Care Considerations (CC)

Severity 1	Severity 2	Severity 3	Total	Total
				CC/1,000
7	516	234	757	76.6

Of these, 523 were considered to be high clinical impact (severity 1 or 2) and 234 were wellness focused. (Severity level 3).

Top 5 Care Considerations by Volume:

Diabetes Mellitus- Consider eye Exam	15.0%
Heart Protection Study- Absence of lipid lowering agent	10.0%
Cholesterol Primary Prevention- High cholesterol by lab result	6.0%
Diabetes Mellitus- No microalbumin	5.0%
Cholesterol Primary Prevention- Candidate for lipid lowering therapy	3.0%

The VMC Provider Network has demonstrated a 27.4% compliance rate with recommended Care Consideration action. This has resulted in a reported but unconfirmed savings of \$3.22 PMPM.

AHM also provides Disease Management Services for Fletcher Allen members. To date, 51 members are actively enrolled in a Disease Management Program.

For more information or questions, please contact Barbara Drapola, at 802-847-6249.

VMC Enters Into Agreement With Vermont Clinical Decision Support

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

On September 18, 2006, VMC entered into an agreement that will allow VMC Network providers and members continued services through the Vermont Diabetic Information System (VDIS) provided by Vermont Clinical Decision Support, LLC. (VCDS). Formerly a grant-funded effort through UVM, VDIS is now available commercially to Plans. VMC has determined that it is in the best interest of diabetic members covered through VMC sponsored plans to continue to receive this monitoring. VCDS monitors four key components of Diabetic Care. Hb/A1C, Cholesterol profile, serum creatinine, and urine microalbumin/creatinine ratio. Flowsheets, reminders and quarterly population reports are transmitted to participating providers for overdue tests by VCDS staff, and patient alerts are sent for out-of-range results to the member's provider.

If your practice already participates with this program you will see no change. For practices that are interested in participating, please contact Benjamin Littenberg, MD at 802-847-8268. For general questions please contact Barbara Drapola at 802-847-6249.

Note: TVHP and MVP members managed by VMC are covered under this agreement. Fletcher Allen Preferred members have been excluded because they are monitored by the Active Health Management program.

Recap on 2005 Withhold Return

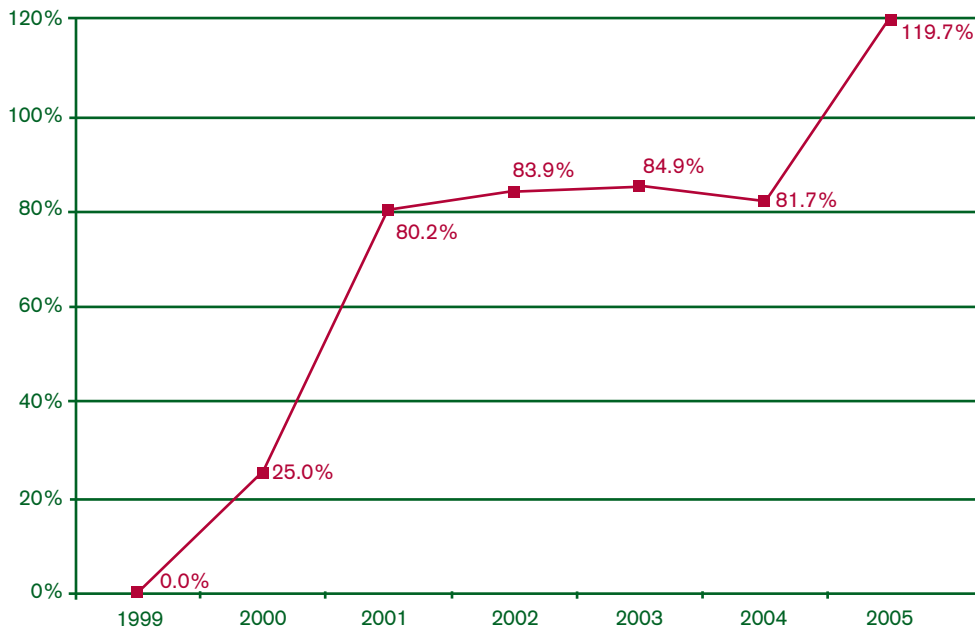
By Elizabeth Roach, External Provider Relations Specialist, VMC

This past July, VMC providers received their 2005 Withhold Return which was an average of 119.7% of the eligible amount for the MVP fully insured, TVHP and Fletcher Allen Preferred (FAP) Plans and 90.3% for the MVP SelectCare Quality Incentive Program.

Over the past few years, the percentage of return has been climbing. While there are many factors involved in the final return rate, a few include annual

contract negotiations between VMC Management and our Contracted Payers, good stewardship of clinical resources available within network by our providers thus reducing out-of-network expenses when possible, and managing & guiding your patients to the appropriate clinician or service to name a few. It is your diligence in these areas that has allowed for the continued success in Withhold return.

VMC Withhold Return Percentage



VMC Employee Spotlight

New External Provider Relations Specialist

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

Vermont Managed Care welcomes Elizabeth Roach, new External Provider Relations Specialist to their team. Elizabeth recently transferred to VMC from Fletcher Allen Health Care's Contracting Department, where she had worked for the past three years. While at FAHC she was a Contract Analyst. In this position she negotiated contracts with insurance companies for services provided by FAHC.

Elizabeth brings eighteen years experience in the health care field. She has a wide range of knowledge including provider billing and claims processing, worker's compensation management, mental health coordination, contracting, and credentialing. Her experience with both the payor and provider community gives her insight to what VMC provider's expectations and concerns are, and an understanding of payer operations.

Elizabeth has replaced Roberta Mitchell and has assumed her practices. Elizabeth has been reaching out to her customers and will continue to do so. If you would like to set up time with Elizabeth she can be reached at 847-4035 or at elizabeth.roach@vtmednet.org.

VMC Board of Directors

* Robert Pierattini, MD, Chairperson
Fletcher Allen Health Care
Chairman, Dept. of Mental Health

* John Brumsted, MD, Treasurer
Fletcher Allen Health Care
Chief Medical Officer

Peter Casson, MD
Fletcher Allen Health Care
Women's Health Services

PM Costello, MD
Private Practice
Pediatrics

Barbara Guerard
Fletcher Allen Health Care
Executive Director, Medical Group
Management

Jonathan Hayden, MD
Fletcher Allen Health Care
Family Practice

Mark Healey, MD
Private Practice
Surgery

Jerry Larrabee, MD
Fletcher Allen Health Care
University Pediatrics

Richard Magnuson
Fletcher Allen Health Care
Chief Financial Officer

Stephen Mason, MD
Vermont Anesthesia Consortium
Northwestern Vermont PHO

Thomas Peterson, MD
Fletcher Allen Health Care
Family Practice

Mark Pitcher, MD
Private Practice
Internal Medicine

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

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