



PARTNERS *in* CARE

From The Desk of the Medical Director

VMC Sponsors a Spring Conference

By Dr. James A. Duncan

A number of analyses have concluded that, compared to other highly developed nations, U.S. health care is expensive, doesn't come close to providing ideal care, and results in less than stellar outcomes. Fragmentation of health care is sometimes suggested as one culprit in this problem. With elements of health care residing with primary providers, behavioral health, specialists, home services, self-care, employer programs, insurer initiatives, government programs, paper charts, electronic records, personal health records, etc., "managing care," especially for complex patients, starts to seem overwhelming.

Proposals for health reform often include discussions of re-integrating care to provide a seamless, transparent, protocol-driven, multidisciplinary system to move closer to ideal care. Making sense out of all these proposals, and evaluating what works and what's possible, is difficult at best.

VMC is hosting a conference to bring to our provider community three outstanding national experts to present information and ideas relating to these issues.

Brian Klepper will discuss the critical economic pressures in the health care and insurance markets, some of the information technology opportunities for health



care, and how process improvement can lead to efficiency, savings, and improved care.

Jerry Reeves will present specific examples from various insurer and employer markets of how data, patient and physician engagement, and structured support can result in savings and improved health.

John Charde will present the outcomes of his company's experience, which shows how medically complex patients benefit from an intensive program of community-based, multi-disciplinary care and support.

Please join us for what promises to be an informative "real-world" look at the status of 21st century health care, along with its challenges, opportunities, and possible remedies.

RSVP to vmconference@vtmednet.org or 802-847-8161. See page 3 for a program description and agenda.

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*

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Provider Newsletter

PARTNERS in CARE

We encourage our readers to call or write us with your feedback about our newsletter.

Contact Martita Giard at 847-8161 or email to: martita.giard@vtmednet.org

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

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

Changes to VMC Participating Provider Agreements

VMC has been working over the past six months on a project to address the impact of changes to state and federal laws and regulations as they affect our business, including our contractual relationships. It is periodically necessary for VMC to update your Vermont Managed Care Participating Provider Agreement to ensure compliance with current law. Soon your Participating Provider Agreement, which was written in 1997, will be replaced with a new Agreement to incorporate changes in our payor programs as well as changes in state and federal laws and regulations which have occurred since our last Regulatory Amendment. The changes include revisions from State of Vermont Rule 10.000, HIPAA, and other changes that directly affect the work we do to provide the best care to our members.

In the future, we will be issuing Regulatory Amendments each time there are material changes in laws and/or regulations that impact your

Participating Provider Agreement. Although we will endeavor to issue our Regulatory Amendments on an annual basis, material changes can occur at any time during the year and may necessitate the issuance of a Regulatory Amendment more than once in a year. We most commonly receive changes from the State of Vermont Department of Banking, Insurance, Securities and Health Care Administration for Rule 10.000, but any type of state, federal, or regulatory changes may generate a Regulatory Amendment.

If you have questions about your Participating Provider Agreement, please contact Martita Giard, at 847-8065. For operational questions please contact your Provider Relations Specialist, at 847-8161 or toll-free at 800-639-3881.

VMC Care Management Department Reduces Pre-Approval Requirements

The VMC Care Management Committee of the Board has approved the following reductions in pre-approval requirements. Effective May 15, 2008 you will no longer need to submit requests for the following procedures/services:

Fletcher Allen Preferred Medical Plan:

- Orthognathic surgery
- Cervical and lumbar fusion
- Laparoscopic banding adjustments
- Lumbar laminectomy
- Speech therapy for medical conditions
- Removal of skin lesions
- CPAP

The Vermont Health Plan (VMC):

- Orthognathic surgery
- Cervical and lumbar fusion
- Laparoscopic banding adjustments
- Speech therapy for medical conditions

Please direct any questions to Barbara Drapola at 847-6249.

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

New Approaches to Integrating Health Care

Topics include:

- How Health Care change will occur – opportunities and threats
- The makings of health care market instability
- Physician practice variations
- Reformulating data for transparency, decision support and revitalized health care markets
- Emerging trends for Primary Care and redefining the role of Primary Care
- Case studies in achieving better health and lower cost trends
- Engaging patients in making better decisions
- Achieving behavior change in medically complex patients
- Community based hands-on care management and intervention

Program

7:30 - 8:00 a.m.
Registration and
Continental Breakfast

8:00 – 8:15 a.m.
Opening Comments and Welcome
Cliff Frank

8:15 – 9:00 a.m.
How the Market will Reform
Health Care
Brian Klepper, Ph. D.

9:00 – 9:15 a.m.
Break

9:15 – 10:00 a.m.
Report Cards, Incentives, and
Reminders –
Impacts on Health and Costs
Jerry Reeves, M.D.

10:00 – 10:45 a.m.
Closing Care Gaps:
Improving Outcomes of Complex
Chronic Illness in Older Fragile
Patients with Multiple Comorbidities
John Charde, M.D.

10:45 – 11:00 a.m.
Closing Remarks

A VMC SPONSORED HEALTH CARE CONFERENCE

New Approaches to Integrating Health Care

**Thursday
June 5, 2008**

7:30 – 11:00 a.m.

**Sheraton Hotel and
Conference Center**

Burlington, Vermont



VMC 
Vermont Managed Care

Speakers

(in order of appearance)

Cliff Frank

President, Vermont Managed Care

Brian Klepper, Ph.D.

Managing Principal, Healthcare Performance Inc.

Jerry Reeves, M.D.

Principal, Health Innovations

John Charde, M.D.

Vice President, Enhanced Care Initiatives, Inc.

Events & Notices

Abovehealth Update

Abovehealth is an online application that is used by many Vermont Managed Care providers for your FAP members. The application currently provides eligibility and benefit information. Many provider offices have questioned when Claims Inquiry and EOP/RA Inquiry will be available. Effective May 12, 2008, Claim Inquiry functionality will be available. EOP/RA Inquiry is currently being tested and will be available by the end of the third quarter of 2008. We appreciate your patience during this process. If you have any questions regarding Abovehealth, please contact the VMC Provider Relations department at 802-847-8161 or toll free at 1-866-639-3881.

Provider Enrollment Update

VMC requires written notification of any modification to your practice information before we can notify the Health Plans or make contractual changes. We wanted to let you know that going forward, if you notify us that your business is to reflect a corporation delineation (PLLC, LLC, Inc., etc.) we will apply this change to both your billing address as well as your physical practice address. The physical practice address is what is published in both the paper and on-line provider directories. Please direct any questions to your Provider Relations representative at 847-8161 or toll free at 1-800-639-3881.

Hospital Admitting Privileges

With the increase of hospitalist programs, there is a shift toward physicians electing to surrender their admitting privileges. This shift has caused VMC to look at our credentialing criteria which required admitting privileges for network participation. VMC's Credentials and Care Management Committees have reviewed the trends in our service area related to this topic. A recommendation was made to our Board of Directors to eliminate admitting privileges as a requirement for VMC Network Participation if the provider's primary hospital has a defined process for ensuring that the provider's

patients would receive inpatient care. This recommendation was approved at the April 2008 Board meeting.

Physicians who elect to surrender admitting privileges must make arrangements to notify their patients and enrolled members that they do not have admitting privileges, how admissions will be handled, and by whom.

VMC will be posting a Policy on our web site specific to this topic by the end of June. If you would like a hard copy of this policy and do not have access to the internet, please contact VMC Provider Relations at 802-847-8161 or toll free at 800-639-3881.

Spotlight on the VMC Web



VMC is sponsoring a conference on June 5th called, "New Approaches to Integrating Health Care." The conference brochure gives an overview of the program topics, speakers and registration information. This can be found in the Provider Welcome section on the VMC website at www.vermontmanagedcare.org.

Good news for our providers effective 05/15/08, VMC has reduced several prior approval requirements for the Fletcher Allen Preferred and Preferred Plus Medical Plans. To view the updated Prior-Approval list go to the VMC website and follow file path: Provider/Provider Manual/Practice Management Operational Tools/Recent Updates.

Other updates have been made in the "About VMC" and Provider Manual sections of the website under "Recent Updates."

Updates include:

- Board of Directors
- Care Management Committee of The Board
- Finance Committee of The Board
- Organization Chart
- Phone List
- FAP Prior Approval List

Since many practices and hospitals have web access, we continue to make the VMC Provider Manual available on our website. However, if your office is unable to conveniently access the VMC Provider Manual via our web site, please call your VMC Provider Relations Specialist at 802-847- 8161 or toll free at 800-639-3881 and we will provide you a copy on CD. The VMC Web Site can be found at www.vermontmanagedcare.org

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

Community Connection Corner

One of VMC's corporate goals this year is "Community Service". In this effort, we are interested in giving back to our community through our provider network. Our goal is to identify one of our network practices which is involved in a community service activity that could benefit from some additional volunteer services provided by VMC employees. If this is of interest to you, please send an email to askvmc@vtmednet.org or submit a fax to 847-6214 containing the following information below. Submissions must be received by June 20th. We will select a practice by the end of June and publish that selected practice and their community service activity on our web site and in the Fall Partners in Care issue.

Community Service Outreach

- Practice Name
- Contact Person's Name & Phone No.
- Description of community service activity
- Description of assistance needed from VMC

In addition to the community service outreach noted above, we recognize that many providers in our network routinely participate in local or global medical mission projects, and that there are others who may be interested in doing so. We hope to create a resource for sharing information about such opportunities. Providers are encouraged to send us information regarding upcoming projects which are in need of, or could accommodate additional personnel. We will post these events on our website as well as in a "corner" of our newsletter. Information should be emailed to askvmc@vtmednet.org. Remember, the newsletter is sent out quarterly, but our website is continually updated.

FAP Prescription Drug Copay Assistance Program

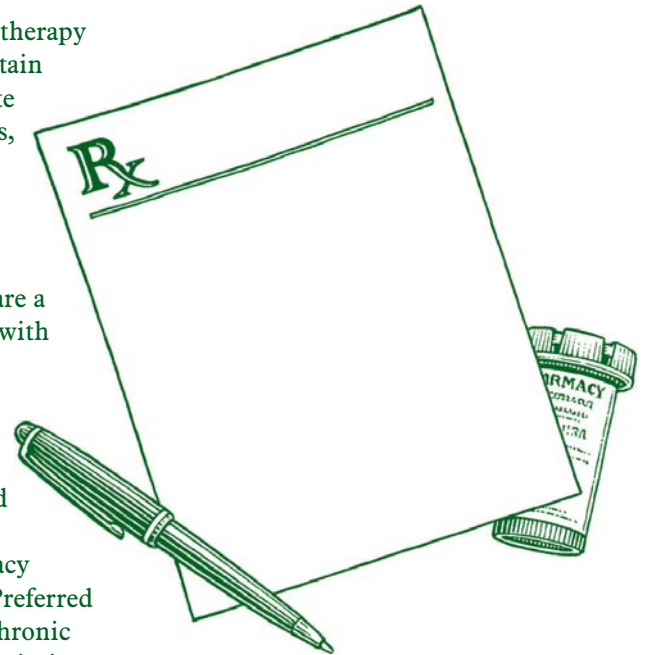
Consistent pharmacologic therapy can have a major impact in certain chronic diseases, reducing acute symptoms and/or exacerbations, associated co-morbidities, and long term consequences. Numerous scientific studies have documented that in some populations pharmacy copays are a barrier for patient compliance with prescribed medications; the effect is largest for intermittent or symptom-oriented medicines, but has also been demonstrated for chronic illness medicine.

VMC has analyzed pharmacy usage data for Fletcher Allen Preferred (FAP) members with certain chronic conditions, showing that the majority have good prescription compliance; however, it is unclear why up to 30% do not consistently refill their medications. To address this concern, the VMC Board of Directors has approved a pilot program which selectively subsidizes copays for high clinical value prescriptions for the following chronic conditions:

- Hypertension
- Diabetes
- Congestive Heart Failure
- Asthma
- Chronic Obstructive Pulmonary Disease
- Hyperlipidemia
- Mood Disorders

If you have a patient with one of these conditions who is covered by a Fletcher Allen Preferred or Preferred Plus (FAP or FAPP) Medical Plan and is having difficulty with medication compliance due to copay cost, financial assistance may be available. To administer this program, VMC has teamed up with the FAHC Health Assistance Program (HAP), who determines financial eligibility. The program is open to all FAP/FAPP subscribers and dependents.

Please contact your VMC Provider Relations representative at 847-8161 or toll-free at 800-639-3881 for a listing of the covered drugs. FAP members may contact FAHC HAP directly to set up an appointment to see if they are eligible for the program by calling 802-847-6984.



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

VMC Board of Directors

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Fletcher Allen Health Care
Neurology

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Fletcher Allen Health Care
Pediatric Surgery

James Viapiano, MD
Fletcher Allen Health Care
Anesthesiology

* 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)		
802-847-8161 or		802-847-3427 (PE)
800-639-3881		802-847-6214 (PR)

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

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

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P.O. Box 1150
Burlington, VT 05402-1150

