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For articles specific to your area of interest, look for the appropriate icon.

- A** Administrative
- F** Facilities/Hospitals
- M** Medicare Providers
- P** Practitioners/Specialists
- Rx** Pharmacy

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A Message from the CMO

Jacqueline R. Simmons, M.D., M.P.H., C.P.E.



Implementing Technology in Modern Health Care

As health care providers, one of the greatest modern challenges we face is the implementation of information technology.

Over the past few decades, providers have witnessed a dramatic increase in the complexity of individual patient medical information and the diversity of payment processes. Not only has this placed a strain on your office staff, but it has also made tracking and organizing this information virtually impossible without technology.

Luckily, new software, systems and programs are continually being produced to ease the strain on office staff and improve services to patients. Technology can improve efficiency, reduce errors, expunge redundant processes, assist in teaching and communicating with patients, and speed up payments.

Implementing new technology, however, takes time, effort, and a change to many of the traditional methods of providing care. Also, new medical practice technology can be costly. The benefits may not always justify the expense to your practice or facility.

At Passport Health Plan, we understand this dilemma. We believe in the importance of developing services that are efficient, and practical, to our participating providers. We understand your work may not be exclusive to our Plan and our members, and so we are focused on making it easy for you to get the information you need, when you want it.

We hope you will take advantage of the many services we are working to implement in 2008, including:

- **Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)**
Direct deposit for fee-for-service and capitation payments and electronic remittance advices will soon be available to all our network providers. Passport Health Plan has partnered with Emdeon™ Business Services to streamline the payment process through EFT and ERA. We will be providing further implementation information as it becomes available.
- **Enhanced Secured Services**
The Secured Services portion of our web site is being enhanced to better serve your needs. You will be able to customize and administer multiple levels of access for various users in your office, and manage services and accounts for providers in your group.



Program Highlights: Behavioral Health and Smoking Cessation

The Behavioral Health Care Coordination (BHCC) Program

Program overview

The Passport Advantage (PAD) BHCC Program assists providers in managing the changing needs of members. Not only do we notify providers if their member has been admitted to a psychiatric facility, but we also link information between social workers, case managers, and treating psychiatrists in the event a problem arises.

PAD members may be considered for the program if they present behavioral health issues or serious physical health conditions that can exacerbate or interfere with behavioral health treatment. A registered nurse or social worker will assist members (with their permission) by answering questions about emotional or mental health care, finding other available services or providing referrals, helping with prescribed treatment plans, and monitoring progress.

How to refer a member

To obtain more information or to refer a member to the program, please

contact the BHCC department at (800) 578-0636, option 1, then follow the prompts for behavioral health between the hours of 8 a.m. and 5 p.m., Monday through Friday. Please leave a message if calling after hours. You may also send a fax to (502) 585-7997.

The Yes, You Can! Program (Smoking Cessation)

Program overview

The Yes, You Can! Program currently has 274 active members. Of these, 120 are now smoke-free, for a total quit rate of 44%. This year we hope to increase the number of participants. Passport Health Plan (PHP) believes a coordinated team approach is the best way to assist our members to become and remain smoke-free. Our program consists of two main components:

1. The pharmacological approach includes coverage of the following for members with a \$1.00 copay:
 - Chantix, or
 - Generic Wellbutrin, with or without the addition of
 - Nicoderm CQ patches (Note: Nicoderm CQ patches

2. The behavioral approach includes the following recommended dosing schedules for each medication:
 - **Chantix**
 - Days 1 – 3 = 0.5mg tablet once daily
 - Days 4 – 7 = 0.5mg tablet twice daily
 - Day 8 – 84 = 1 mg tablet twice daily
 - **Generic Wellbutrin or Bupropion 150 mg SR**
 - Days 1 – 3 = 150 mg tablet once daily
 - Days 4 – 84 = 150 mg tablet twice daily
 - **Nicoderm CQ patch**
 - At physician discretion based on current cigarette use.

How to refer a member

If you believe a member would benefit from our new program, please submit their information on www.passporthhealthplan.com or call us at (800) 578-0636, ext. 78366 or 78361. You may also prescribe the above product(s) of your choice.

Utilization Management Department Implements New Fax Numbers

The following fax numbers became effective October 15, 2007:

- **Home Health** – (502) 585-8204
- **Retro Review** – (502) 585-8207
- **Therapies/Pain Management** – (502) 585-8205

The following fax numbers will remain the same:

- **Hospice, Concurrent Review SNFs and UM** – (502) 585-7989
- **DME** – (502) 585-7990

Please note that the prior authorization process has not changed.

UM Reminder

Remember, you may contact our Utilization Management department at anytime! Call (800) 578-0636 between the hours of 8:00 a.m. and 5:30 p.m. If you call after hours, please leave a message. You may also send a fax to (502) 585-7989.



WARNING: A F M P Rx
**Atypical Antipsychotics
 Not Indicated for Use with
 Anti-Dementia Patients**

A recent FDA advisory addressed the significant possibility of untoward side effects in elderly patients treated for behavioral disturbances of dementia with atypical antipsychotics¹. Based on this advisory, Passport Advantage (PAD) recently conducted a claims analysis².

Please be aware that atypical antipsychotics have an FDA warning of serious outcomes when used for the treatment of dementia-related psychosis. Concomitant use of an atypical antipsychotic with an anti-dementia medication is not within FDA indications.

Please carefully evaluate the risks versus benefits when using antipsychotics for the treatment of dementia in elderly PAD members, and to consider limiting the use of these drugs to situations in which nonpharmacologic measures have not provided an optimal response.

For further information, visit www.passportadvantage.org or contact the Pharmacy Department at (502) 585-7900.

¹ Based on an FDA advisory, available at www.fda.gov. Findings from an analysis of seventeen (17) placebo-controlled trials revealed a 1.6 to 1.7 fold increase in mortality in patients treated with atypical antipsychotics compared to the placebo. The causes of these deaths appeared to be either cardiovascular (e.g. heart failure, sudden death) or infectious (e.g. pneumonia) in nature.

² PAD analyzed medical claims of members with dementia who appear to be receiving concomitant treatment with atypical antipsychotics. The presence of dementia was determined by identifying a primary diagnosis of dementia, and/or treatment with a medication indicated for dementia.

Please note: This article is for informational purposes only and is meant to serve as an aid in the clinical evaluation of PAD members.

**PRACTICE
 MANAGEMENT
 SOLUTIONS:** P
Rx
M
F
A
 Tips To Advance
 Patient-Centered Care

- Take time to explain things and answer patients' questions
- Train staff to be courteous and respectful
- Promptly return telephone calls
- Schedule appointments within a reasonable time
- Ensure nurses and medical assistants show concern for patients

Information contained in this article was gathered from the following source:
 Sullivan K. Luallin M. Star-Studded Service: Six Steps to Winning Patient Satisfaction (Englewood, CO: Medical Group Management Association, 2007)

**Performance
 Credentialing:** P
Rx
M
F
A
 New Name of Our
 Credentials Verification
 Organization (CVO)

Passport Health Plan's credentials verification organization (CVO) has changed its name to Performance Credentialing. If your practice is contacted by Performance Credentialing via telephone, we would appreciate your cooperation with these important credentialing activities.

Please address any questions to the Credentials Coordinator at (502) 657-5427.



Our Mission Begins With You



At Passport Health Plan (PHP) and Passport Advantage (PAD), our Health Management department, comprised of nurses and support staff, is unique. Keenly aware of how providers impact member propensity towards preventive care, our focus is comprehensive... we believe your advice and treatment plans are key to the improvement of our members' health status.

To meet the goal of improving our members' health and quality of life, we believe the first step as an organization is to assist you – the provider.

Step 1: Supporting You in the Diagnosis and Prevention of Chronic Health Conditions

Provider Reports: Individualized Guides to Diagnosing Care

Each quarter, the Provider Reports we send you identify members on your panel in need of screenings, immunizations, medication refills, or other testing. The reports also include information about members' comorbidities and lifestyle issues. This information is intended to increase your awareness of member adherence to the treatment plan you have established.

We encourage you to utilize these reports in your individual preventive health treatment diagnoses.

Preventive Health Reminders: Quarterly Updates

In each provider newsletter, we communicate the main areas of preventive health improvement needed for our entire membership. This quarter, we urge you to be aware of the following:

Who Needs Your Help This Quarter	The Preventive Health Goal
1. All women ages 40 and older ⁽¹⁾	One annual mammogram
2. All female members ages 21 and older ⁽¹⁾	One annual pap test for three or more normal tests, then once every 1 – 3 years
3. Prehypertensive adult members with chronic kidney disease or diabetes ⁽²⁾	Blood pressure goal is < 130/80 mm HG
4. Stage 1 hypertensive adult members with a systolic blood pressure (SBP) of 140-159 or a diastolic blood pressure (DBP) of 90-99	Treat with thiazide diuretic for most; consider other antihypertensive medications alone or in combination.
5. Stage 2 hypertensive adult members with SBP of ≥ 160 or DBP or ≥ 100	Initially treat with a two-drug combination for most: usually thiazide-type diuretic and other antihypertensive

(1) Screenings for chlamydia and breast cancer are components of the Provider Recognition Program and play an important role in participating PCP reimbursement. Please read Step 3 of this article for more information on the Provider Recognition Program.

(2) This information is an excerpt from the Passport Health Plan Clinical Practice Guidelines (CPG) for hypertension. To read the full CPG, please visit the Provider Center of our web site, www.passporthealthplan.com.

Step 2: Working with Members To Follow Your Treatment Plan

Health Management Programs: Care Coordination For Those In Need

To assist members with chronic conditions adhere to a treatment plan, a number of specific health management programs have been developed. In these programs, members receive one-on-one interventions, educational mailings, reminder postcards

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Our Mission Begins With You

continued from page 4

for specific screenings, and other interventions tailored to the member's individual needs. Members are automatically enrolled in a program when a specific condition is identified; however, they have the option to "opt out" at any time.

Refer a member!

To refer a PHP member in need of a specific program, please contact:

- Asthma Disease Management Program: (502) 585-8307 or (502) 585-8311
- Mommy & Me Perinatal Program: (502) 585-7908
- EPSDT Program: (502) 585-7909
- Smoking Cessation Program: (502) 585-8366
- Diabetes Disease Management Program: (502) 585-7074
- ER Utilization: (502) 585-7942
- Screenings such as mammography or pap smears: (502) 585-8364

To refer a PAD member in need of a specific program, please contact:

- Coronary Artery Disease Management Program: (502) 585-8212
- COPD (Chronic Obstructive Pulmonary Disease) Management Program: (502) 585-8215
- Diabetes Disease Management Program: (502) 585-8259

Step 3: Rewarding Excellence and/or Improvement through the Provider Recognition Program

The PCP Provider Recognition Program rewards PCPs who demonstrate improvement and/or excellence in the categories of cost containment, member satisfaction, access to care and health outcomes. The program rewards improvement and uses the National Committee for Quality Assurance's (NCQA) methodology to measure statistically significant improvement. Program measures include breast cancer screenings, cervical cancer screenings, chlamydia screenings, ER utilization, member satisfaction, PCP Profile, and EPSDT screening and participation rates.

If you have any questions or concerns, or would like to request training for the Provider Recognition Program, please e-mail provider.recognition@amerihealthmercy.org. You may also contact your Provider Relations representative or the Provider Relations department at (502) 585-7943, or view the Provider Recognition Program web page on the Provider Center of www.passporthealthplan.com.

The Plan acknowledges your commitment to serving our membership and we strive to support you through the services and opportunities we provide.

More Services Now Available Through iEXCHANGE®



iEXCHANGE®, the Plan's web-based prior authorization system, continues to expand. In 2007, over 10,000 authorizations were submitted electronically, with 89.2% auto-approved. Also, providers conducted 12,000 treatment searches to access authorization numbers without calling the Plan.

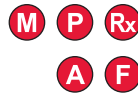
Providers may now use iEXCHANGE® to request authorizations for the following services and procedures:

- OB Inpatient Deliveries
- OB Globals
- Select ENT
- Hospice
- Esophagogastroduodenoscopy (EGD)
- Colonoscopy
- Continuous Positive Airway Pressure (CPAP)
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Select MRIs
- Cholecystectomy by Laparoscopy
- Synagis Treatment

iEXCHANGE® enables providers to conveniently view authorizations and updates, and print authorizations related to their facility at any time.

For additional information or training, please contact the Provider Training Specialist at (502) 585-8224.

Use of Cold Medicines Not Recommended in Young Children



The Federal Drug Administration (FDA) recommends that over-the-counter (OTC) cough and cold medicines not be used to treat infants and children less than two years of age.

This recommendation was in response to increasing concerns about the safety and effectiveness of cold medicines for children. Since 2004, more than 1,500 children under two years of age have been treated in the emergency room for the adverse effects of receiving too much OTC medications. Excessive doses of these medications have been known to lead to arrhythmias, increased blood pressure, and stroke.

Due to potential misuse for infants, makers of all OTC cough and cold medicines withdrew products that refer to “infants.” For a list of the medications voluntarily withdrawn, visit <http://www.aap.org/new/kidcolds.htm>.

According to the Federal Drug Administration’s (FDA) Director of Non-Prescription Products, Dr. Charles Ganley, there was no mandate that effectiveness, safety or dose be determined for children when these medications were originally approved. Instead, guidelines were extrapolated from studies with adults. When the FDA approved the drugs for pediatric use, it was determined that they were safe and effective for children aged 6 to 12. However, the American Academy of Pediatrics concluded there is no evidence that OTC cough and cold products are effective for children under age six.

The FDA is currently reviewing information about the safety of OTC cough and cold medicines in children 2 –11 years of age and is expected to communicate recommendations for this age group in the near future.

Clinicians are encouraged to educate caregivers on the importance of administering cough and cold medications only as directed and to stress the risk for overdose if additional medications with the same ingredient are administered. Instead, non-pharmacologic remedies are encouraged.

Please note OTC prescriptions are covered by Passport Health Plan. Passport Advantage members have coverage for OTC prescriptions through their Medicaid benefits.

2008 Guidelines for Administration of Part D Vaccines

Effective January 1, 2008, the administration of a Part D-covered vaccine is included in the definition of “covered Part D drug.” The administration cost of a Part D vaccine can no longer be billed to Medicare Part B with the special G code (G0377).

Therefore, all vaccines must now be billed to Passport Advantage as a Medicare Part D benefit - with the excep-

Passport Health Plan Clinical Practice Guidelines Updated



The following Clinical Practice Guideline has recently been updated and is available on the Provider Center of the Plan’s web site www.passporthealthplan.com:

- COPD

If you do not have Internet access and would like a copy of the guideline, please contact the quality improvement nurse at 1-800-578-0636, extension 8434.

tion of the influenza, pneumococcal, and hepatitis B vaccines, which remain covered under Medicare Part B.

Providers are presently unable to bill a vaccine as Medicare Part D, and will not be reimbursed for administration. Providers should issue a prescription to the member to have vaccines administered at a local pharmacy.

For a list of pharmacy vaccine providers in your area, please refer to the Provider Center of the Passport Advantage web site, www.passportadvantage.org.

Information contained in this article was gathered from the following sources:

- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5459.pdf>
- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5486.pdf>
- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0727.pdf>
- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0723.pdf>



How to Receive Confirmation Notices from our PBM, PerformRx

To receive an automatic fax confirmation notice when you submit a prior authorization (PA) request to PerformRx, please make sure your office fax machine is programmed with a CSID (Called Subscriber Identification) number.

What is a CSID number?

- A series of numbers electronically identifying a fax machine during a fax transmission.
- Typically identical to the machine's ten (10) digit fax number (including area code)

How do I program a CSID number?

You must program a CSID number into a fax machine or enter it into a field within the fax software. For programming information, consult the software manual for your fax machine.

What happens if I don't have a CSID number?

If you do not program your fax machine with a CSID number identical to your fax number, your office will not receive a fax confirmation.

Please note the confirmation also includes the transaction code, which is important for tracking your PA requests.

Helping Members Make the Most of Their Passport Health Plan and Passport Advantage Benefits

A F M P Rx

It is important for all members to know about the Plan's decision-making policies. Many members have questions about their benefits and how the Plan decides what benefits are authorized for payment.

We hope you will join us in reminding members of the following important points:

- The purpose of Utilization Management is to validate that services are medically necessary and covered by the Plan.
- Passport Health Plan and Passport Advantage do not reward anyone, including practitioners, for denying services to members.
- The Plan does not compensate associates or practitioners to make decisions that keep members from getting the care they need.

Like you, our first concern is that members receive appropriate care in a timely manner. Therefore, if members who visit your office have questions about the UM process or benefit decisions, please refer them to Member Services at 1-800-578-0603 (TTY/TDD 1-800-691-5566). We will be happy to assist them with questions or concerns.

2007 Review of Medical Records

A F M P Rx

Each year, the Plan conducts a review of medical records to evaluate continuity and coordination of care, as well as practitioner compliance with our Clinical Practice Guidelines (CPGs).

The Plan's 2007 review of medical records revealed a 94 percent compliance rate with medical record documentation and continuity of care (a two percent increase from 2006).

Opportunities for improvement were identified through medical record review in the following areas:

1. Documentation of immunizations;
2. Documentation of identified nicotine, alcohol or other substance abuse; and
3. Documentation of advance medical directive.

The provider's documentation of counseling for lifestyle modifications showed the largest area of opportunity in the CPG compliance results.

A Message from the CEO

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Also, the enhanced look and feel will get you quickly to the information you need.

Note: The new Secured Services will continue to include the same capabilities providers have used in the past.

- Online Claims Editing (OCE)**
We now offer online claims editing (OCE). Through our new Secured Services, you will be able to correct claims that have been flagged for select denials during auto-adjudication. You will have the ability to update and resubmit your claims for processing prior to manual review, thus reducing the number of claims denied due to data entry errors.
- Real-Time Eligibility and Claim Status HIPAA Transactions**
Providers may now submit HIPAA-compliant eligibility (270 - 271) and claim status (276 - 277) transactions.

For more information

Communications have been sent to providers that include more detailed information on these new technology initiatives. To view a copy, please visit the Provider Center of www.passporthealthplan.com.

I also encourage you to take advantage of our other electronic resources, such as iEXCHANGE® and electronic referrals. To view recent enhancements made to this web-based prior authorization system, turn to page 5.

Also, if you have access to e-mail and have not already signed up for our free e-mail service, POIS (Passport Online Information Service), I encourage you to sign up! You may receive important communications about billing/claims, Kentucky Medicaid, Medicare, clinical reports, and information tailored to your specialty. To enroll, simply visit www.passporthealthplan.com and click the “POIS Sign Up” option under “News and Information.”

As a Plan, we may not be able to ease all the pressure you may feel to utilize new technology in the medical setting, but our continuing priority is to enhance your experience with us – whether it’s in person, on the telephone, or through electronic communication. Inevitably, the more streamlined technology we can provide for you, the easier it will be for you to care for our members. And in the end, the best compliment we can receive is to see improvements in the health and quality of life of our members. We couldn’t change the lives of so many without your continued dedication and support.

With sincere thanks for the quality care you provide our members every day,



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