

### Inside

- PCP Drug and Alcohol Assessment Tools Available Online . . . . . Pg. 2
- Clinical Criteria Available to Providers . . . . . Pg. 2
- UM Reminder . . . . . Pg. 3
- Clinical Practice Guidelines Updated . . . . . Pg. 3
- New Procedures and Services Available Through iEXCHANGE® . . . . . Pg. 3
- Practice Management Solutions . . . . . Pg. 4
- A Special Message For Your Office Staff . . . . . Pg. 6
- Office Access Reminder . . . . . Pg. 6
- Be Prepared: 2008-2009 Influenza Guidelines . . . . . Pg. 7
- Subscribe to POIS . . . . . Pg. 8
- How to Find an NPI . . . . . Pg. 8

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.



### Expanding Health Care Coverage for Kentucky Children

As health care costs and uninsured rates continue to rise, it has become increasingly important that we, as concerned Kentucky residents and providers, do everything possible to ensure our youngest citizens receive needed health care.

For years, the Kentucky Children's Health Insurance Program (KCHIP) has endeavored to meet this goal by providing health coverage at little or no cost to uninsured children who qualify. On November 1st of this year, a mail-in application process was implemented by Governor Beshear to encourage potentially-eligible families to apply for KCHIP.

Despite these efforts, there are many more families within the Passport Health Plan 16-county region whose children may be going without health insurance simply because they do not know about KCHIP.

Please encourage families with medically-uninsured children and teens to mail or fax an application for KCHIP. Applications and instructions are available on our web site, [www.passporthealthplan.com](http://www.passporthealthplan.com), and should be mailed to: P.O. Box 34090, Lexington, Kentucky 40588-4090 or faxed to (859) 246-2890. Providers may also request that applications be mailed to their offices.

**Note:** Children deemed eligible for KCHIP who live in the Passport Health Plan area will become members of Passport Health Plan, with the same comprehensive benefits.

To view the eligibility requirements for KCHIP and examples of potentially-eligible families, please turn to page 10 of this newsletter. I encourage you to use this important information to identify and educate families who could benefit from this wonderful program.

As always, thank you for your continued support and hard work on behalf of our members of all ages.

Sincerely,

Jacqueline R. Simmons, M.D., M.P.H., C.P.E.  
Chief Medical Officer, Passport Health Plan

## FACTS ABOUT KCHIP

### Eligibility Requirements

To be eligible for KCHIP, children must be uninsured for at least six months, under the age of 19, and live in families with incomes between 151% and 200% of the federal poverty level (FPL). Please note some families will be required to pay a \$20 a month premium to maintain KCHIP benefits for their eligible children.

continued on page 8

## PCP Drug and Alcohol Assessment Tools Available Online



The Plan recommends providers use the following approved drug and alcohol assessment tools, which are available for download on the Behavioral Health Care Coordination page of [www.passportadvantage.org/providercenter](http://www.passportadvantage.org/providercenter):

- The Drug Abuse Screening Test (DAST) was developed and validated by Harvey A. Skinner, Ph.D. Although there are several versions available, we have made available the DAST-20, which is a 28-item face-valid self-report measure of problematic substance use that is utilized for clinical screening and treatment/evaluation research. This test has been used for more than two decades to measure problematic drug usage, and can be administered by anyone, including self-administration.
- The Alcohol Use Disorders Identification Test (AUDIT) was created by the World Health Organization (WHO) as a simple method of screening for excessive drinking. This brief assessment allows practitioners to identify patients who could benefit from education on the risks of excessive drinking and who may need substance abuse treatment.

Although the AUDIT was developed primarily for primary care practitioners (PCP), it is appropriate for use by all healthcare practitioners, emergency rooms, or outpatient clinics. This test is consistent with ICD-10

definitions for alcohol dependence and hazardous use, is equally appropriate for men and women, and performs at a high level of accuracy.

Information for this article was gathered from: 1 Yudko, Lozhkina, and Fouts. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test.

### Refer a Member To Our Behavioral Health Care Coordination Program!

Our Behavioral Health Care Coordination Program is available to assist providers in managing the changing needs of Passport Advantage (PAD) members. PAD members may be considered for the program if they present with either behavioral health issues or serious physical health conditions that can exacerbate or interfere with behavioral health treatment.

To obtain more information or to refer a member to the program, please contact the Behavioral Health Care Coordination department at (800) 578-0603, press 0, then enter extension 72015. You may call 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.

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## Clinical Criteria Available to Providers

Utilization Management (UM) strives to ensure our members use their benefits as needed and as appropriate. To assist us, we use Milliman USA, Healthcare Management Guidelines, InterQual Level of Care Criteria, Medicare, and/or Medicaid criteria/guidelines to evaluate the necessity of medical services.

These guidelines support the delivery of quality health care and assist us in evidence-based clinical decision making and reviewer consistency.

In addition, we utilize Passport Health Plan (PHP) / Passport Advantage (PAD) medical policies in the decision

making process. We involve actively practicing providers with like or similar expertise in the adoption of criteria, the development of policies, and the review of procedures for applying the criteria.

If you wish to receive a copy of the criteria/guideline utilized in the decision making process or a copy of the PHP/PAD medical policies, please call the Utilization Management Department at (800) 578-0636.

PHP/PAD medical policies are also available on the Plan's web site, [www.passporthealthplan.com/providercenter](http://www.passporthealthplan.com/providercenter).

## UM Reminder

Remember, you can contact our Utilization Management department at any time! Call (800) 578-0636 between the hours of 8:00 a.m. and 5:30 p.m., Monday through Friday. If you call after hours, please leave a message.

Send a fax to (502) 585-8204 for Home Health, (502) 585-8205 for Therapies and Pain Management, (502) 585-8207 for Retrospective Reviews, or (502) 585-7989 for all other requests.

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## Clinical Practice Guidelines Updated

The following Clinical Practice Guidelines have recently been added or updated and are available on the Passport Health Plan Provider Center of the Plan's web site, [www.passporthealthplan.com](http://www.passporthealthplan.com):

- Otitis Media
- Viral Upper Respiratory Infection
- Sickle Cell Disease
- Lead Screening (NEW)
- Diabetes
- Perinatal Care

The following Clinical Practice Guideline has recently been added and is available on the Passport Advantage Provider Center of the Plan's web site [www.passportadvantage.org](http://www.passportadvantage.org):

- Chronic Kidney Disease (NEW)

If you do not have Internet access and would like a copy of the guideline, please contact the Quality Improvement department at 1-800-578-0636, extension 78434.

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## New Procedures and Services Available Through iEXCHANGE®

Passport Health Plan's online authorization system, iEXCHANGE®, continues to simplify the authorization process. Our list of procedures and services available for online authorization through iEXCHANGE® now includes cardiac catheterizations and select home health services (such as MediPlanners). For a complete list of procedures and services available, please visit the iEXCHANGE® section of our web site at [www.passporthealthplan.com/providercenter](http://www.passporthealthplan.com/providercenter).

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

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## Reminder - Formularies Available Online

Visit the Pharmacy page of our web site, [www.passporthealthplan.com](http://www.passporthealthplan.com), for the Passport Health Plan and Passport Advantage formularies. Also, watch for more information about our online searchable formularies coming in 2009!



# Practice Management Solutions

## Five Tips for Generating Patient Satisfaction and Compliance

by Manoj Pawar, MD, MMM

### 1. Establish a sense of trust

This is a crucial first step in any patient encounter. To do so means we must learn to be perceptive listeners and careful observers of small details that give us a glimpse into the lives of patients and enable us to understand their values, goals, challenges and interests over time. Effective salespeople know this tactic, and they gather pieces of important information about their customers. Effective physicians must do the same, using the skills in the next step.

### 2. Uncover patients' actual needs

Perhaps the most critical skill in uncovering the needs of a client or patient is the skill of inquiry. Central to good dialogue, inquiry involves asking questions with a spirit of curiosity and with a goal of trying to understand how others perceive the world around them. Great salespeople strive to meet customer expectations and to see how they can be of assistance in the future. I use this approach often, especially with new patients or with those who come for annual physical exams. Asking patients to describe how they see themselves in five years and how I can help them attain their goals is a good starting point. Physical exams become "game plans" for meeting needs over time, and they allow us to pace our progress.

This article is the first installment in our series of three special "Practice Management Solutions" articles. Watch for the remainder of the series in our upcoming Provider Newsletter editions:

- Think dialogue, not monologue  
Don't force "the close"  
*Volume 11, Number 1, 2009*
- Always follow up  
Happier, healthier patients  
*Volume 11, Number 2, 2009*

*Dr. Pawar is a managing partner for Nivek Consulting, which helps teams and individual leaders in health care to enhance their effectiveness and maximize their potential.*

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## Partner with Your Patients in Shared Decision-Making

Passport Health Plan encourages all health care providers to engage in shared decision-making during the process of diagnosis and in all phases of care. Accurate and effective communication can greatly enhance treatment outcomes.

When participating in the shared decision-making process, remember to:

- Provide information on the nature, course and treatment of the condition;
- Present information in clear and understandable language;
- Discuss possible treatment options;
- Listen to and consider the member's preferences and suggestions, as well as outcomes of their previous experiences;
- Encourage the member to take medication as prescribed;
- Provide information on pharmacology surrounding the diagnosis;
- Provide contact information for resources and support groups as applicable; and,
- Schedule any follow-up appointments before the member leaves the office.

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## Covered Services Available to Members Without PCP Referrals

### Passport Advantage (PAD)

PAD members do not need referrals for any services.

### Passport Health Plan (PHP)

PHP members can make appointments with participating practitioners without referrals from their primary care practitioner (PCP) for the following covered services:

- Cervical cancer screenings\*
- Breast cancer screenings\*
- Chlamydia screenings\*
- Commission for Children with Special Health Care Needs
- WINGS Clinic
- Vision care services, including diabetic retinal exams
- Dental care services
- OB/GYN services
- Orthopedic services
- Immunizations for members younger than 21 years

- Chiropractic services
- Perinatologist/geneticists
- Specialists – for the following members only:
  - Children living in out-of-home placements.
  - Injury or trauma for certain procedure codes (available in the PHPProvider Manual)
  - Members with Original Medicare

For more information regarding direct access services, please refer to the PHP Provider Manual, available on [www.passporthealthplan.com/providercenter](http://www.passporthealthplan.com/providercenter).

\*Components of the Provider Recognition Program.



## A Special Message For Your Office Staff

### Remember to Verify Member Eligibility

Passport Health Plan (PHP) and Passport Advantage (PAD) member eligibility varies by month. Please verify member eligibility before providing services or writing prescriptions. There are three quick ways to verify member eligibility:

1. Visit [www.passporthealthplan.com/providercenter](http://www.passporthealthplan.com/providercenter), log in to Secured Services, and go to the Eligibility Inquiry function or NaviNet, our new web-based solution for provider access to electronic transactions and information through a multi-payer portal.
2. Call the Interactive Voice Response (IVR) System at (800) 578-0775, press 1, and follow the voice prompts.
3. Utilize real-time eligibility services through your clearinghouse. Depending on your clearinghouse or practice management system, real-time eligibility and claims status information is available to participating providers. Contact your clearinghouse to access:
  - Emdeon Products for member eligibility and claims status transactions.
  - Zirmed Products for member eligibility transactions.
  - All other clearinghouses: Ask your clearinghouse to access transactions through Emdeon.

#### Please Note:

- Our members may have as many as four medical ID cards with them when they arrive at your practice.
- ID cards are not returned to the Plan when a member loses eligibility. Therefore, the presentation of a card is not sole proof a person is still a PHP or PAD member.

If you have any questions, please call Provider Services at (800) 578-0775.

## Office Access Reminder

Providers must adhere to the following appointment scheduling standards to assure timely access to medical care as required by the Department for Medicaid Services (DMS). Compliance with these standards will be audited by periodic on-site review of provider offices and chart sampling.

Appointments with primary care providers (PCP) and specialists must be scheduled:

- Within 30 days for routine care and preventive care visits.
- Within 48 hours for urgent care services.
- Immediately for emergency care.
- Pregnant women in their first trimester are to be provided preventive care visits within 14 days of request.
- Pregnant women in their second trimester are to be provided preventive care visits within seven days of request.
- Pregnant women in their third trimester are to be provided preventive care visits within three days of request.

Providers should provide care for conditions that are non-urgent but require attention within seven days. If you have any questions or concerns regarding the above policies, please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943.

## Be Prepared: 2008-2009 Influenza Guidelines

We encourage providers to offer influenza vaccines to Passport Health Plan (PHP) and Passport Advantage (PAD) members from October through May as necessary. Flu shots are covered without prior authorization for both plans.

This flu season, the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has recommended that the 2008-2009 trivalent influenza vaccine for the United States contain:

- an A/Brisbane/59/2007 (H1N1)-like;
- an A/Brisbane/10/2007 (H3N2)-like; and
- a B/Florida/4/2006-like antigens.

**Please encourage our members to receive their vaccination!**

### Influenza Guidelines Updated

The Advisory Committee on Immunization Practices (ACIP) has issued updated guidelines for the prevention and control of influenza, including the following recommendations:

- NEW ACIP RECOMMENDATION: All children aged six months to 18 years should receive annual vaccination beginning in the 2008 to 2009 influenza season, if feasible, but no later than the 2009 to 2010 influenza season.
- All children aged six months to eight years who have not received a vaccination against influenza previously should receive two doses of the vaccine, separated by at least four weeks, the first year they are vaccinated.

- Children aged six months to eight years who received only one dose in their first year of vaccination should receive two doses the following year.
- Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) should be used when vaccinating healthy persons aged two through 49 years.
- LAIV should not be administered to pregnant women or children aged less than five years with possible reactive airways disease.

### No Change to Annual Recommendations for Adults

Annual vaccination against influenza is recommended for any adult who wants to reduce the risk of becoming ill with influenza or transmitting it to others. Vaccination is also recommended for people at high risk for complications from the flu, including:

- Adults aged more than 50 years;
- Women who will be pregnant during the influenza season;
- People of any age with certain chronic medical conditions;
- People who have immunosuppression;
- Residents of nursing homes and other long-term care facilities;
- Health care workers;
- Household contacts and caregivers of children aged less than five years and adults aged more than 50 years, with a particular emphasis on vaccinating contacts of children aged less than six months (these children are too young to be vaccinated); and
- Household contacts and caregivers of persons with medical conditions which put them at high risk for severe complications from influenza.

### Use of the Intranasal Spray Flu Vaccine – Flumist®

Vaccination with the LAIV (intranasal spray) is always an option for healthy, non-pregnant people aged two through 49 years. Please see complete prescribing information for FluMist® at [www.flumist.com](http://www.flumist.com) People who should NOT be vaccinated with the nasal spray include:

- Children aged less than 24 months and adults aged 50 years and over;
- Children aged less than five years with possible reactive airways disease; and
- Pregnant women.

### Oral Antivirals for the Flu

Oseltamivir-resistant influenza A (H1N1) strains have been identified in the United States and some other countries. However, oseltamivir and zanamivir continue to be the recommended antivirals for treatment of influenza because other influenza virus strains remain sensitive to oseltamivir, and resistance levels to other antiviral medications remain high.

Passport Health Plan has made the following oral antiviral agents available to prescribers without prior authorization: Zanamivir (Relenza®), Oseltamivir (Tamiflu®), and Amantadine (Symmetrel®). Please see the individual drug prescribing information for detailed information on the use of these agents. Vaccination is the CDC's preferred method of prevention unless contraindicated or timing does not permit the use of a vaccine.

Information contained in this article was gathered from the following source: [www.cdc.gov/flu](http://www.cdc.gov/flu)

**FACTS ABOUT KCHIP** *continued from page 1*

The following chart demonstrates the **KCHIP Income Limits** for 2008:

Number of Family Members (includes parents and children)*	Total Monthly Gross Income (before taxes)	Total Yearly Gross Income (before taxes)
1	\$1,734	\$20,800
2	\$2,334	\$28,000
3	\$2,934	\$35,200
4	\$3,534	\$42,200
5	\$4,134	\$49,600
6	\$4,734	\$56,800
7	\$5,334	\$64,000
8	\$5,934	\$71,200

Note: These income limits change in the spring of each year. This table shows the current 200% FPL guidelines.

\*A family is defined as a child or children and the natural or adoptive parents residing together in a household. For family units of more than 8 members, add \$3,600 for each additional member to the yearly gross income.

Families whose incomes are slightly higher are also encouraged to apply. Remember, if deemed eligible by the Department for Community Based Services (DCBS), KCHIP members who live in our service area will become members of Passport Health Plan.

**Potentially-Eligible Families**

The following are some examples of families who might qualify for KCHIP:

- Children who receive free or reduced lunch
- Children who receive community coordinated child care
- Parent/guardian(s) who recently lost or quit a job (and cannot afford COBRA)
- Parent/guardian(s) whose employer does not offer health insurance
- Families who cannot afford employer’s health insurance
- Families moving from another state
- Parent/guardian(s) who are self-employed
- Family members who receive other government assistance (i.e. WIC, food stamps, or commodities)
- Families who are homeless or living in a shelter

**Subscribe to POIS**

The Passport Online Information Service (POIS) is the free e-mail service for Passport Health Plan and Passport Advantage providers. With POIS, you will receive information 5 to 10 days sooner than via standard mail!

To sign up, simply visit our web site, [www.passporthealthplan.com/providercenter](http://www.passporthealthplan.com/providercenter). It takes only a few moments to join.

**How to Find an NPI**

To search for a provider’s National Provider Identifier (NPI) at no charge, please visit the following web pages:

To search for an individual provider: <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>

or

<https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=org>



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