

WINTER 2010

## RIGHT TO REVIEW

During the credentialing and re-credentialing process, Sunshine State Health Plan obtains information from various outside sources (e.g., state licensing agencies, National Practitioner Data Bank).

Practitioners have the right to review any primary source information that was collected during this process. Information obtained from outside primary sources will be released to a practitioner only after a written and signed request has been submitted to the credentialing department.

Additionally, should any information gathered as part of the primary source verification process differ from that submitted by the practitioner on the application, Sunshine State will notify the practitioner in writing requesting clarification.

A written explanation detailing the error or the difference in information must be submitted to Sunshine State within fourteen (14) days of receipt of the letter in order to be included as part of the credentialing/re-credentialing process.

## Health IT Training Centers

**Adopting an EHR? Technical support is on the way.**

**A**re you willing to adopt electronic health records, but need some assistance to make the transition? HITRC is another way to spell help for qualifying providers in their efforts to achieve meaningful use of electronic health records.

### A Legislative Recap

HITRC stands for Health Information Technology Research Centers and was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the 2009 federal economic stimulus law.

To stimulate a transformation of the nation's health system, HITECH makes funds available for the development of a nationwide electronic health information system that, ultimately, will enhance the quality and value of healthcare. HITECH offers Medicare and Medicaid incentive payments that health providers can start claiming once they demonstrate their adoption and meaningful use of EHRs. (The formal definition of "meaningful use" will be issued in early 2010.)

### Services and Support Available

If you're like most primary care providers, you're somewhat willing to adopt and use EHRs but reluctant to take the leap on your own. You'd like expert assistance every step of the way so that you make the right choice of vendor and implement the system with the least disruption to your practice. What you need are the services of one of the 70 HITRC-established regional extension centers. You'll receive health IT education, training and on-site technical assistance, including unbiased guidance and troubleshooting for a wide range of EHR vendor products.

The extension centers are targeting clinicians furnishing primary care services and small group practices (fewer than 10 clinicians with prescribing privileges). Each extension center will help approximately 1,500 PCPs, for a nationwide goal of 100,000.

Groups seeking to be a not-for-profit extension center must apply for a HITRC grant. Possible applicants are health information exchanges, Medicare quality improvement organizations, universities with health profession programs, hospitals and health centers, medical or professional societies, and provider organizations or associations. Grants are capped at around \$10 million per center. The first centers are expected to be operating in early 2010.

→ The extension program is a work in progress. Frequently updated information is available online at the Department of Health and Human Services' Health IT website. Visit [healthit.hhs.gov](http://healthit.hhs.gov). Click HITECH Funding Opportunities, then HIT Extension Program.

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SUNSHINE STATE HEALTH PLAN

## COMPLIANCE FOCUS

When you've newly diagnosed depression in a patient and are ready to prescribe an antidepressant, keep in mind that 30 to 60 percent of patients don't take depression medication as prescribed.

Make compliance a focus of patient education and your collaboration with the patient on a treatment plan. By engaging the patient, you gain insight into attitudes and beliefs that may signal future noncompliance. Concerns about cost, side effects, convenience and drug necessity are common reasons for noncompliance. Deal with these concerns as an ongoing challenge.

Most older classes of antidepressants are available in lower-cost generic versions. They're effective, but they produce more adverse effects than the newer classes. Before prescribing an antidepressant, discuss potential side effects and the patient's willingness and ability to tolerate them. This step may help avoid the disruption and cost of prescription changes.

Patients may quit antidepressants prematurely because they think the medication isn't working, or because it is working and they decide they don't need to continue it. Emphasize that several weeks of consistent use of an antidepressant are needed to achieve the drug's main effects. Explain to patients that they shouldn't get frustrated if medication doesn't seem to be working immediately.

Dosage changes are frequently required to attain desired effects, and this process could take up to six months. Stopping too soon can lead to a relapse, which may be more severe and less responsive to treatment.

The 2010 HEDIS measure for antidepressant medication looks at the percentage of members 18 years and older newly diagnosed with depression and being treated with antidepressants who remained on the medication during the acute phase treatment of 12 weeks and the continuation phase treatment of at least 180 days.

Strongly encourage the patient to keep appointments and contact you with questions or concerns, especially if he or she is thinking about stopping the medication.

→ **Make it easy for patients to remember instructions by putting them in writing. Also, provide educational handouts for take-home reading.**

## Intensive Case Management

Intensive case managers (ICM) and care coordinators (CC) work diligently each day to ensure members who have been hospitalized have discharge plans that will increase the likelihood that they will remain in their community without further acute treatment. ICMs and CCs make telephone outreach calls to members to provide referrals, community resources, appointment reminders and encouragement to the member to take an active role in treatment and recovery.

### A Typical Success Story

"Michael" had multiple hospitalizations and never followed through with any outpatient care. Michael had significant difficulty coping with normal, day-to-day stressors. He was removed from placements due to property destruction and verbally aggressive behaviors toward others.

Michael's ICM provided a cell phone for him to open up a line of communication and support. His ICM set up alternative transportation to his outpatient appointments, as he was fearful about riding the bus. Without this transportation alternative, he typically walked, sometimes far distances.

For the first time, Michael was present for his seven-day follow-up appointment and compliant with taking medications. Michael began to recognize how beneficial his medications were for his mood and ability to tolerate frustration. He recognized how he had been utilizing emergency and inpatient services as a solution when he found himself homeless or when he simply felt anxious and overwhelmed.

Michael's ICM assisted him in using the phone to reconnect to his family. Michael realized that being separated from his family worsened his situation and he began making plans to relocate back to his hometown. He gained insight and began to be hopeful and take an active role in his own recovery.

### Did You Know?

- Member participation in intensive case management decreases the number of inpatient hospital days by an average of 63 percent during the first 30 days.
- Participation in intensive case management can increase members' community tenure by an average of 10 percent.

## Go Green: Submit Claims Online

Our Sunshine State Health Plan website provides an array of tools to help you manage your business needs and access information of high importance to you. Online claims submission is one of those tools that will allow your office to start going green. By logging on and submitting through our website, or by using one of our clearinghouses, you can significantly reduce the use of paper in your office.

Visit [www.sunshinestatehealth.com](http://www.sunshinestatehealth.com) to register and create a username and password to begin utilizing the available services that our website provides. Doing so will give our providers access to items such as:

- Improved claims review with detailed information regarding claims status.
- Updated online prior authorization.
- Updated online claims submission.

Sunshine State also offers a number of clearinghouse choices for you to submit your claims electronically.

→ **For more information about our site or if you have questions about enrolling, please call our Provider Services Department at 1-866-796-0530.**





## ON OUR WEBSITE

CHECK OUT OUR WEBSITE AT

[WWW.SUNSHINESTATEHEALTH.COM](http://WWW.SUNSHINESTATEHEALTH.COM)

for a list of adopted clinical practice guidelines, our most current HEDIS rates and patient education/communication resources.



## Heart to Heart

**Monitor the effectiveness of care of cardiac patients.**

The 2010 HEDIS measure for acute myocardial infarction (AMI) assesses the percentage of members age 18 and older with a diagnosis of AMI who were hospitalized and discharged during the period of July 1, 2009, to June 30, 2010, and who were taking a beta blocker for at least 180 days after discharge.

Use of beta blockers after AMI has been shown to reduce the risk of rehospitalization and death from subsequent attacks within the first two years. But despite these potentially lifesaving benefits, compliance is a problem. In a study of Medicaid patients, only 32 percent of AMI patients continually filled their beta blocker prescriptions for six months after discharge. Within 30 days of hospital discharge, just over half of patients had filled their initial ambulatory prescription.

### Steps You Can Take

Impart a strong message to your AMI patients about the value of long-term, persistent use of beta blockers. Do this at every appointment. Ask about side effects. If possible, coordinate with pharmacies to remind patients to fill or refill prescriptions.

### Keep an Eye on LDL Levels

The higher the level of low-density lipoprotein cholesterol (LDL-C), the greater the risk of plaque buildup on artery walls, where hemorrhaging or clot formation can block arteries and cause heart attack and stroke. For patients with cardiovascular disease, an LDL level of less than 100 mg/dL is a desirable target. 2010 HEDIS cholesterol management measures assess the percentage of patients ages 18 to 75 years old with cardiovascular conditions who had an LDL-C screening performed during the year and the percentage of those patients with an LDL level less than 100 mg/dL.

People at risk of a major coronary event are most likely to benefit from statin therapy to lower LDL levels, as are those with elevated LDL levels and any cardiac risk factors (smoking, high blood pressure, obesity or family history of heart disease). But supplement it with lifestyle counseling. Changes in diet and exercise can have dramatic effects in a relatively short time and may be the most important recourse for CVD patients unable to tolerate the side effects, like muscle pain or liver damage, produced by statins.

→ Where there's heart trouble, depression also may occur. Depression, in turn, can increase cardiac risks, so screen promptly and periodically.

## Advance Directives

Lack of provider initiation is a primary reason why many Americans have not executed advance directives. Which is why Sunshine State Health Plan is committed to ensuring that its members receive information on advance directives and are informed of their right to execute advance directives. Sunshine State is equally committed to ensuring that its providers and staff are aware of, and comply with, their responsibilities under federal and state law regarding advance directives.

Discussing advance directives while patients are healthy can make the topic more comfortable for everyone involved. It also helps providers fulfill their requirement to document provision of information, and whether or not the patient has executed an advance directive, in the patient's permanent medical record.

Sunshine State will randomly monitor compliance with this provision during our annual medical record compliance audits.



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