The Inside Story

Scott & White Health Plan
The one Texans trust.

Volume 18 Issue 1 Spring 2012

RightCare from Scott & White

In August 2011, the Health and Human Services Commission (HHSC) released a Request for Proposal (RFP) to provide managed care services to Medicaid beneficiaries in the Central Texas Medicaid Rural Service Area (MRSA). In Texas, this program is known as STAR. HHSC's goal is to achieve five main objectives:

- Improved access to care
- Improved quality of care
- Improved client and provider satisfaction
- Improved cost effectiveness
- Improved health status

HHSC contracts with Managed Care Organizations (MCOs) to provide STAR services to Medicaid recipients throughout the state of Texas. Beginning March 1st of 2012, Right*Care* from Scott & White Health Plan is providing STAR medical services in the Central Texas MRSA. The Central Texas MRSA is made up of the following counties: Bell, Blanco, Bosque, Brazos, Burleson, Colorado, Comanche, Coryell, DeWitt, Erath, Falls, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Jackson, Lampasas, Lavaca, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, and Washington. STAR in the MRSA covers all Medicaid covered benefits, as well as some additional services.

Right*Care* from Scott & White is a Managed Care Organization (MCO) committed to providing the highest access to health care. Backed by the Scott & White Health Plan and its parent organization, Scott & White Healthcare, Right*Care* is distinct among health care plans in central Texas. Drawing upon the rich history of service and highest quality care provided throughout the Scott & White Healthcare network, Right*Care* from Scott & White Health Plan offers a full continuum of health care -- tailored to the needs of the Medicaid population. Right*Care* believes that commitment to relationships is critical to providing successful care under a managed care plan. Right*Care* is building on Scott & White's reputation of making quality health care a top priority. Our goal is to always be reliable, responsive, and relevant – achieving the goal of improving members' lives.

Should there be questions regarding Right*Care* from Scott & White or if you are interested in participating in the plan, please contact Right*Care's* Provider Relations Department at 1-855-897-4448.

RightCare
Scott & White Health Plan
The one Texans trust.

In This Issue

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

Dear Scott & White Health Plan Provider,

It has been a pleasure working with you over the past 12 years as a representative of Scott & White Health Plan. It is with great sadness that I must announce my departure May 21st as I have decided to continue my career in the Central Texas area as a Director of Special Projects for a local hospital. I am excited about my new position but I would also like to express my appreciation to those at SWHP and also to you for allowing me the opportunity to work together with people who are deeply committed to providing quality healthcare. I hope that my new role will allow our paths to cross again.

I leave behind a great team who will assist you as needed. Please contact Gel Detrick, Network Manager, at 254-298-3259 or email address gdetrick@swmail.sw.org if you have any questions until my replacement has been announced. Our main contact number remains the same, **254-298-3064**. We have improved our ability to transition calls to staff that can assist you with specific issues. You will get a voice message when you initially call this number that will indicate the number you should press for immediate assistance.

Thank you and best of luck to you all,

Kathy Lee

Kathy Lee

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

Diabetes Annual Assessment

Purpose: To delineate yearly examination requirements for adults with diabetes.

Patient Population: Patients, age 18 to 75, with diabetes.

Developed by: SWHP Diabetes Team 12/18/97 **Contact Person:** Veronica Piziak, M.D.

Adopted: 1/21/98 **Date of Last Reviews:** April 2004, April 2006, April 2008, and April 2010

Next Review Date: April 2014

Approved by SWHP Quality Improvement Sub-Committee: April 13, 2010, April 10, 2012

TIME FRAME FOR REQUIRED TESTS

Examination	*Initial Visit*	*Twice per Year*	*Yearly*
1. **Eye Exam** (By Optometrist or Ophthalmologist)	X		X
2. **Hemoglobin A1c** – goal <8.0% without hypoglycemia	X	X	
3. **Urine Microalbumin** (Therapy with ACE-I or ARB indicated if elevated)	X		X
4. **Foot Exam** (Check for sensation, reflexes, pulses, lesions, and calluses twice a year with a monofilament test at least once a year)	X		X
5. **Lipid Panel** goal–Total Cholesterol <200 mg/dL,Triglyceride < 150 mg/dL, (HDL men >40 mg/dL women >50 mg/dL), and LDL < 100 mg/dL ; < 70 if known vascular disease (Statin therapy should be considered in patients over age 40.	X		X
6. **Diabetes Education** - (Nutritional therapy, self monitoring blood glucose, self management skills, lifestyle changes and reducing risks and complications.)	X	(after initial diabetes education – refresh when recommended by primary care physician)	
7. **Blood Pressure** (Systolic < 140) (Diastolic < 90) ACE-I or ARB recommended as first line therapy for Hypertension control ***(See also Scott & White Treatment Guidelines for Hypertension)***	X	Record BP in medical record twice a year and if BP > 140/90 more frequent monitoring recommended	
8. **Tobacco Cessation** (Educate patient on health risks associated with tobacco use, advise tobacco user to quit, discuss cessation medications and cessation strategies.)	X		X
9. **Weight Control**	X		X
10. **Exercise**	X		X
11. **Depression Screening (include screening for history of depression and screening for symptoms of depression)**	X	(more frequent screening if clinically indicated)	X

Sources: American Diabetes Association Guideline and National Quality Forum (NQF) endorsed standards submitted by the National Committee for Quality Assurance (NCQA)

SCOTT AND WHITE HEALTH PLAN

CLINICAL PRACTICE GUIDELINES FOR DIABETES

SWHP has adopted the 2011 Clinical Practice Recommendations of the National Quality Forum (NQF) endorsed Diabetes Standards submitted by the National Committee for Quality Assurance (NCQA) located at the following internet website link:

http://www.qualityforum.org/Measures_List.aspx#k=Diabetes&e=1&st=&sd=549%7C798&s=&p=1

SWHP Guideline Approval Body: SWHP Quality Improvement Subcommittee

Date of Adoption: December 7, 2011

Review Dates: April 2012, April 2014

Physician Sponsor: Veronica K. Piziak, M.D., Ph.D.
Scott &White Healthcare
Professor of Medicine and Endocrinology, Texas A&M Health Science Center College of Medicine
Board Certification by the American Board of Internal Medicine in Endocrinology and Metabolism

Paper Copy: A paper copy of this Guideline is available upon request by contacting the SWHP Quality Improvement Division. Call toll free 1-800-321-7947 ext. 3516.

Do You Manage To Have The Best Employees?

Gel Detrick, MMA, MBA, Provider Relations Network Manager

Do you have the best employees working for you? Are they giving you their all, dedicated, loyal, ready to go that extra mile whenever it is asked? Most of the time the reality is we have good employees – willing to do extra *occasionally*, offering the extra effort *sometimes*. What is it that transforms a good worker or a good team into the exceptional? Is it incentives, holding out the tempting carrot of a bonus, a raise, and time off? Or perhaps bullying and threats are the way to go, shape up or ship out, after all there's no room in this organization for a slipshod worker! Truth of the matter is, leadership is key, and a great manager makes for a great employee, or a great team. Managers or team leaders have more influence than we might realize and can bring out the best in employees in a myriad different ways.

A good manager can motivate several ways. It is important to provide employees with a clear, understandable vision statement, letting employees know where the company is headed. It is also important to let them know the steps needed/expected to get there. Communication is a prime motivator. Important here of course is follow through, say what you mean, mean what you say – management integrity is fast becoming considered the number one element to staff loyalty and retention, half-truths and small lies can undermine credibility and leave an employee distrustful and confused. Managers of outstanding employees and teams are behind them 100% at all times, despite the politics of any given situation, not telling their employees how wonderful they are one minute and bad mouthing them behind their backs the next. Employees will overlook poor judgment errors, but not lapses of integrity.

Everyone wants to feel acknowledged and recognized, it is the manager's leadership skills that can make an employee feel this way – or not. There are some easy learned behaviors (tools if you will) that can be used in your daily interactions to foster a more comfortable work environment for both you and your employee(s). Find out what motivates your staff, it's not only money, but can also be internal rewards that are derived directly from work and not from someone else. These rewards can include completion of challenging work, gendering feelings of personal accomplishment, recognition of high achievement, involvement in decision-making and increased responsibility. Your ability to manage rests largely on your ability to recognize who in your team likes what as a reward. Some people enjoy external rewards such as job security, better working conditions, wages or status while others are motivated primarily by challenging and meaningful work and some people want to have both! However, overall it is widely recognized that internal rewards such as feelings of personal accomplishment can be the highest motivating factors. Great leaders project self-confidence, a sociable demeanor and are effective communicators, able to keep the staff moving forward in a positive manner. It is important to keep your staff informed and let them know you care about them and their welfare, a management style that incorporates room for individuality rather than an overall "this is the way it is" mentality will go a long way to a cohesive, productive team. Leading people as well as managing the work flow takes time and effort, but if a manager is trusted and well liked and has good leadership skills, chances are the employees will go out of their way to remain loyal to them and so to the company.

Sources: www.entrepreneur.com, www.bzone.com.

SWHP Network Providers and Administrative Staff

As a reminder, we encourage you to refer to the online Provider Manual for updates to payment policies, quality improvement programs; medical policies and general health plan information. In addition, SWHP generally applies CMS rules and regulations with regards to claim edits and payment policies. We ask that you routinely visit our website for more information as updates may occur through the year.

It's Time to Shape up for Summer!

By Kathy L. Lee, Director, Provider Relations

Spring is here! Summer is not far behind. Many of us are starting to think about a sunny destination, if not the beach, maybe our own backyard (don't forget hats and sunscreen if out in our sunny Texas weather!). While thinking of swimming at the beach or the pool, some are worrying about how they are going to look in their bathing suit or are concerned about their weight and how they can get into shape for summer.

First, if your patient wants to talk to you about weight loss, let them know about their options. It's important to emphasize safe dieting and exercise programs and develop their plan according to the person's age and gender and current medical condition. Some health plans may cover weight loss consultations and treatment. Contact the patient's health plan for coverage determination.

Did you know that Medicare now provides coverage for Intensive Behavioral Therapy (IBT) for Obesity provided by certain medical specialties? Effective for services provided on or after November 29, 2011, Medicare will cover IBT for Obesity for qualifying beneficiaries whose body mass index (BMI) is equal or greater than 30 kg/m2. This includes the initial screening for obesity in adults using BMI, a dietary assessment, and intensive behavioral counseling to promote sustained weight loss through high intensity interventions on diet and exercise.

Covered services include one face-to-face visit every week for the first month, one face-to-face visit every other week for months 2 – 6 and one face-to-face visit every month for months 7 – 12 if the beneficiary meets the 3kg (6.6 lbs) weight loss requirement during the first 6 months.

Diagnostic Codes

Effective for claims with dates of service on or after November 29, 2011, Medicare will recognize HCPCS code G0447, Face-to-Face Behavioral Counseling for Obesity, 15 minutes. G0447 must be billed along with 1 of the ICD-9 codes for BMI 30.0 and over (V85.30-V85.39, V85.41-V85.45). The type of service (TOS) for G0447 is 1. (ICD-10 codes will be Z68.30-Z68.39, Z68.41- Z68.45)

Medicare contractors will deny claims for HCPCS G0447 that are not submitted with the appropriate diagnostic code (V85.30-V85.39, V85.41-V85.45). Qualifying places of service are: 11 – physician's office; 22 – outpatient hospital; 49 – independent clinic; 71 – state or local public health clinic.

Also, about diets- recommend what you feel works best. There are many to choose from and basically the trick is to eat less and exercise more!!! If you are not comfortable with diet advice or do not have the time, a recommendation to see a nutritionist for diet advice will be helpful to many. There are many effective weight loss programs and they all work better if they are combined with exercise. Also, getting a good night's sleep of about 7 hours is associated with lower weight.

Please talk to your patients about the benefits of weight loss, exercise and getting enough sleep and the positive long term effects of healthy living. These will help them truly enjoy our great Texas weather!!

Physician Collaborate to Discuss Overuse of Certain Medical Tests and Procedures

Physicians from nine medical societies recently announced their concern regarding the overuse of certain tests and procedures. Research has indicated that some of these are unlikely to extend a patient's life or improve its quality.

Those tests include:

- Brain scans for patients who fainted but didn't have a seizure
- Bone scans in patients with early-stage breast or low-grade prostate cancer
- Antibiotics for mild to moderate sinusitis unless symptoms last for seven or more days
- Early imaging for most back pain
- Routine cancer screening on dialysis patients with limited life expectancies

Although the debate will surely focus on reasons care should not be withheld, many physicians are turning toward scientific evidence to make their recommendations. Patients should understand their treatment options and the likelihood of a positive outcome. Ultimately, the physician has an obligation to do no harm.

Eight other medical specialties are planning to submit their own recommendations regarding overused treatments and procedures. Regardless of the outcome of healthcare reform, it's important for providers to understand the implications of overuse, both from a patient safety and financial perspective.

SCOTT & WHITE HEALTH PLAN

Effective Immediately

Scott & White Health Plan has made several changes to better serve our providers. Please note the following

ADDRESS CHANGE FOR MAILING PAPER CLAIMS

Scott & White Health Plan
PO Box 21800
Eagan, MN 55121-0800

Questions?
SWHP Customer Service
1-800-321-7947

24 Hour Free Radiology Consultation Line available to all SWHP clinicians

24 hour Radiology Consultation line 254-724-1728.

Ever face any of these questions? Ever not certain if need contrast or not? You can get quick and free information from a board certified radiologist for any of your patients any time.

Here are some ways this could help you get the answers quicker easier. Please read on:

These are slightly changed actual clinical situations using the radiology line. The names have been changed to protect everyone.

#1. Patient presents to the hospital with a severe headache he developed while benchpressing at school. He is on the heavy weight lifting team. It lasts for several minutes after the weight lifting and it has now occurred on 3 different occasions. Dr. Emmett Mergency plans a lumbar puncture to rule out subarachnoid hematoma, but wonders about the best way to diagnose this patient accurately and quickly:

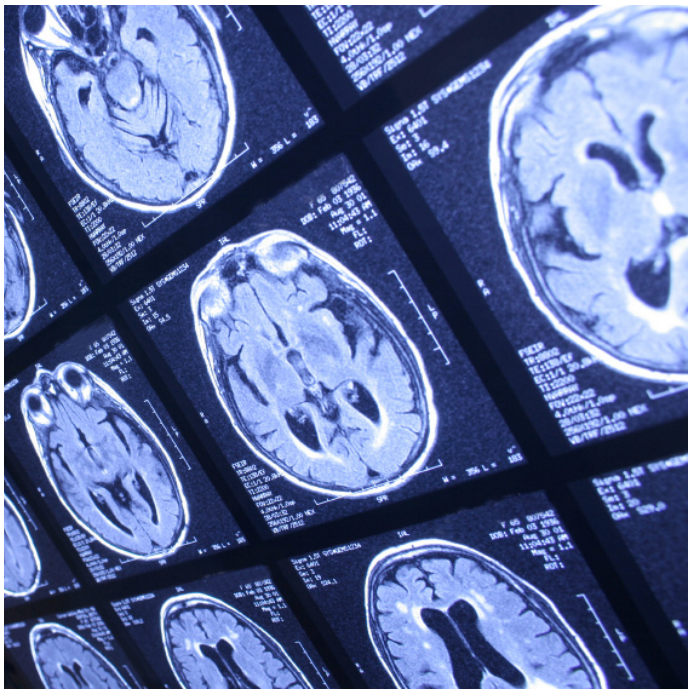
Answer: call Dr. Xavier Ray on the 24 hour radiology line at 254-724-1728.
"Dr . Ray, this is Dr. E. Mergency. I have a patient with a severe valsalva related headache. I wonder if I should do a head CT with and without contrast?"
"While that would be acceptable, you may not need the added radiation exposure of doing both. I think if your CT without contrast is clear, you can proceed with your LP. Also, you might consider an outpatient MRA in the future for better delineation of the vasculature in the brain and to rule out a small aneurysm."

#2. Patient has cough and Chest X-ray shows mediastinal nodules. The question is should we proceed with a CT guided biopsy or would a PET scan be indicated first?

Answer: Dr. X. Ray suggests while a CT guided biopsy is useful for tissue diagnosis, getting the PET scan first would help us know which nodules to biopsy. That way we would be getting a more specific biopsy of the problematic nodes, rather than a blind biopsy.

When you call to speak to a radiologist at **254-724-1728**, you may not get Dr. Xavier Ray. However, all of the radiologists are helpful and friendly and appreciate the chance to help us in our clinical dilemmas. You can call this number for assistance in selecting an imaging study, help with understanding a radiology report or help in determining risk for radiation exposure in a patient with multiple previous studies. We can now fairly accurately determine radiation exposure from multiple CT scans and other high tech radiology.

As always, your ideas and feedback are appreciated. Let us know how you like this service.



Medical Director's Corner

Dr. Marylou Buyse, Chief Medical Director, SWHP

FRIDAY FOCUS: Converting from an HMO to a PPO

Today's edition focuses on the main changes to our own staff medical plan for 2012. These modifications include converting from an HMO to a PPO, adding a tiered network structure, and including Scott & White weight loss programs and bariatric surgery as covered benefits. Bariatric surgery is only available to longer term staff members.

Our plan is now a PPO with both in and out-of-network benefits. Prior authorization (PA) requirements are the same as those on our standard PPO list and PA is not required for outpatient out-of-network referrals (unless the service itself is on the PA list). Tier 1 and Tier 2 providers are considered innetwork and Tier 3 providers are out-of-network. Member cost sharing is less for Tier 1 providers which include Scott & White employed physicians and Scott & White owned or partially owned facilities. Tier 2 providers include the remainder of the Scott & White Health Plan (SWHP) network plus statewide coverage through the PHCS network. For Bryan/College Station and Brenham area members, tier 1 also includes the entire SWHP network.

The plan now covers physician supervised weight loss services through our endocrinology department and the Scott & White Wellness Department-approved physician assisted weight loss program. Bariatric surgery is a covered benefit for members (and their adult dependents) with at least five years of continuous service at Scott & White healthcare who meet medical necessity PA criteria and have recently completed one of the above weight loss programs or the Scott & White Biggest Loser program. Bariatric surgery is only covered if provided by Tier 1 providers.

We would also like to remind you that preventive services are covered on our plan, as is now true for most plans, at zero member cost share. Preventive services which do not require any member cost share include U.S. Preventive Services Task Force A and B recommendations, Advisory Committee on Immunization Practices recommended routine vaccinations, and standard preventive services for children and adolescents.

Please call any of our medical director staff with questions and thank you for what you do every day.

Regards,

Scott Simpson, MD
Scott & White Health Plan Medical Director

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: HEDIS ® changes for 2012 to IMA

There are a few HEDIS ® measures that have changed for 2012. One is NCQA recommendation for an additional immunization for adolescents (IMA). This requires that by the 13th birthday all FEMALES should have received 3 doses of Human Papillomavirus (HPV) vaccine, with 3 different dates of service.

"This measure follows guidelines from the Advisory Council on Immunization Practices (ACIP), a panel of experts in immunization fields." "Typically, NCQA requires ACIP recommendations to be in effect for three years before proposing adding them to HEDIS measures in order to account for measure lookback periods and to allow the industry time to adapt to the changes. ACIP recommends routine vaccination of females aged 11 to 12 years with three doses of quadrivalent HPV vaccine; the series can be started as young as age nine years (CDC, 2007)."
http://www.ncqa.org/Portals/0/PublicComment/HEDIS%202012/HEDIS%202012%20Public%20Comment/Immunization%20for%20Adolescents.pdf

The new measure will read: *"The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine;* **three doses of human papillomavirus (HPV) vaccine;** *and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one Td by their 13th birthday. The measure calculates one rate for each vaccine and* **four** *combination rates."* The HPV is only for **females,** other immunizations apply to both genders.

This is a hybrid measure looking at both claims and medical records. Please be sure to date the page when the vaccine is administered.

SWHP covers the vaccine for all patients (both male and female) for ages 9 - 26 years old. But for females it will need to be given before the 13th birthday for HEDIS ® measures.

Tune in next week to learn about other new HEDIS® measures.

As always, your ideas and feedback are appreciated.

Thanks for reading and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website.

Regards;

Beverly Grimshaw, MD
Scott & White Health PlanMedical Director

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: Pregnancy Measures

HEDIS® pregnancy measures are collected from a hybrid of medical records and claims data. To be eligible for this measure, a patient must be a member of the health plan for a minimum of 43 days prior to delivery and 56 days after delivery.

HEDIS® measures require a pregnant patient to be seen within the first trimester of the pregnancy and to have a post partum follow up between 21 and 56 days.

We are doing quite well in prenatal visits as seen in this chart. As you can see our prenatal success is in the 90th percentile nationally. We hope to keep this incredible streak going!

66	Women & Teenage Girls	Hybrid	Prenatal care in the first trimester of pregnancy	2008 89.10%	2009 91.82%	2010 93.75%	2011 93.24%	2008 90th	2009 90th	2010 90th	2011 90th

However, the postpartum visit timing is low compared to national standards as we are in the lowest quartile for follow up visits. Please help us with the goal of seeing moms for their postpartum visit between 21 and 56 days after delivery.

71	Women & Teenage Girls	Hybrid	Postpartum visit after delivery (rotated in 2010)	2008 85.38%	2009 88.55%	2010 88.55%	2011 86.95%	2008 25th	2009 25th	2010 25th	2011 25th

As always, your ideas and feedback are appreciated. Thanks for reading and for the quality work you do.

All Friday Focus editions may be found at the SWHP website:
http://www.swhp.org/homepage/providers/fridayfocus.

Regards;

Beverly Grimshaw, MD
Scott & White Health PlanMedical Director

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: Controlling High Blood Pressure: Heart and Head Matters

About a year ago in Friday Focus, we wrote about the importance of controlling hypertension and it is important measure for both the health plan and the system's quality metrics. However, it is even more important for your patients. Controlling blood pressure has real and real effects on mortality and morbidity.

It is not just a local issue, as about 50 million Americans have high blood pressure. As clinicians, we all know that good control of a patient's blood pressure has a significant effect on their dying from heart disease, stroke and renal failure. The older the patient or the higher the pressure the bigger the effect. Next, we will review the way we are measured on well the Scott & White network is doing compared to other health plans in the country on this basic and important measure.

First, let's review how we have been doing year over year on controlling our patient's high blood pressure compared to our peers across the US: In 2008, 2009 and 2010, SWHP ranked within the 25th percentile of all health plans in US; in 2011, we improved to the 50th percentile. Our system goal is to get into the 90th percentile. How will we do that? We would like to hear from you what you see as the barriers you experience day after day in keeping your patient's blood pressure controlled. Let us know if there is something we at the health plan could do to help your patients benefit from living longer and healthier and have our national ranking better reflect the excellence of care you provide daily.

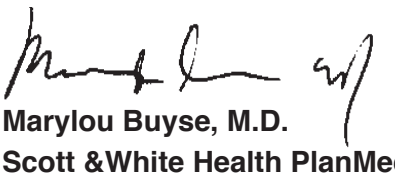
The Measure: The HEDIS measure is for adults from 18-85 years of age who have a diagnosis of hypertension during the calendar year. The guidelines were based on JNC (Joint National Committee) recommendations and American College of Cardiology at www.acc.org. The measurement is done the same way all across the US.

In order show control and get credit for controlling blood pressure HEDIS counts as the measure, the last blood pressure recorded in the patient's chart. If the patient's blood pressure is less than 140/90it is considered under control and credit is given. This now includes diabetic patients as well. If more than one BP measurement is performed at a given visit, the lowest recorded one will be used. If no BP is recorded during the calendar year, HEDIS® will assume "not controlled" and no credit is given.

We all know that the key to lowering blood pressure is encouraging life style changes: diet, exercise, stop smoking and lowering salt in the diet as well as the appropriate use of medications. SWHP has a 24 hour nurseline where you can refer you patients for coaching so they can get individual help as life style changes and even taking pills can be difficult for some people. Just ask them to call (no paperwork or time for you – we know you are busy); it's free and easy. The number is 877-300-2811.

As always, your ideas and feedback are appreciated. Again, we encourage you to tell us how you think the health plan could help you achieve this important public health measure.

Thanks for reading this and for the quality of work you do. All Friday Focus editions may be found at the SWHP website: http://www.swhp.org/homepage/providers/fridayfocus.



Marylou Buyse, M.D.
Scott &White Health PlanMedical Director

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: Overcoming barriers to timely childhood immunizations

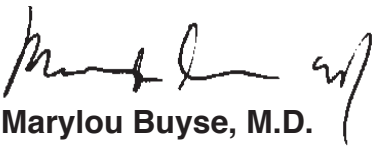
Somewhere in the many pieces of medical "news" we all receive there was recent article on physicians who are "firing" families who refuse to immunize their children. Clearly, the anecdotal and fraudulent stories about immunizations causing autism and all sorts of other harms are causing us to see outbreaks of diseases that could be avoided with proper immunization.

Now that most financial barriers to immunization have been removed through the Accountable Care Act (ACA), families are resisting immunizations on one or more grounds: religious, philosophical, suspicious (risks not worth benefits) or wishing to avoid hurting their child (the "ouch objection"). Perhaps there are more. Either way, as clinicians we know that immunizations are the most effective way to prevent in some cases devastating and serious diseases. An example: Pertussis occurred more often in 2010 than any year since the late 40's in California (9000 cases in 2010). Tragically most affected were young infants of less than 6 months and 10 of them died.

This is a difficult situation for clinicians and families and a recent article in the New England Journal of Medicine offer some good advice for dealing with families who refuse immunizations (NEJM Vol. 366, No5 p 391-393, February 2, 2012). Resources for dealing with reluctant families have been developed by experts and are available at www.cdc.gov/vaccines/conversations. There you can find communication aids to enhance trust with families who are reluctant and provide them with information to make better decisions and help their children avoid avoidable serious childhood diseases.

Thanks for reading this and for the quality of work you do. All Friday Focus editions may be found at the SWHP website: http://www.swhp.org/homepage/providers/fridayfocus.

Regards;



Marylou Buyse, M.D.
Scott &White Health PlanMedical Director

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: Hedis® Update from Outcomes Health Information

Health plans continually monitor their performance. The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. The 2012 HEDIS season is preparing to launch in early March.

What does that mean to the provider community? Scott and White Health Plan will be identifying the records of a number of their members to be part of the medical review. The members may well be your patient. Scott andWhite Health Plans has partnered with a national leader in HEDIS medical record review, Outcomes Health Information Solutions, to provide medical chart retrieval and abstraction of certain medical records of selected patients. These patients may be under your care. Outcomes Health will call your office to arrange a date/time that is convenient for your team.

We appreciate your ongoing participation in this important quality initiative on behalf of our members.

Best Regards,
Linda Kaminski
Outcomes Health Information
Phone 678-942-719

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: PERTUSSIS IMMUNIZATION / COCOONING CONCEPTS

Pertussis is on the Centers for Disease Control and Prevention's (CDC's) 2012 list of Nationally Notifiable Diseases and Conditions. Pertussis infection is extremely contagious. Person-to-person transmission occurs through spread of respiratory droplets from coughing or sneezing. The average incubation period is 7-10 days. The infection can range from asymptomatic to producing mild to severe symptoms.

From 2000 to 2004, there were on average 2488 pertussis cases each year that caused morbidity and mortality, especially in infants younger than 12 months -- of whom two thirds (63%) were hospitalized and 100 died. Of those who died, 90% were younger than 4 months.

In 2004, 25,827 cases were reported, the highest number of cases reported since 1959. This resurgence in pertussis infection can be explained by waning vaccine-induced immunity beginning 5-10 years after childhood immunization. Previously vaccinated adults and adolescents were again susceptible and could pass infection to babies, with deadly consequences.

The CDC reported more than 16,000 pertussis cases and 12 infant deaths in 2009. Tdap booster coverage was 56% in adolescents but less than 6% in adults. The ACIP then took action, emphasizing the concept of cocooning infants in a circle of familial protection of immunizations.

Cocooning as a strategy to stave off serious pertussis infection is encouraged by the ACIP and is also supported by the American Academy of Pediatrics (AAP). The AAP has gone so far as to approve -- although not outright recommend -- immunizing unvaccinated parents in pediatricians' offices. The concept of cocooning babies in a circle of protection lowered the rate of pertussis in California from over 9100 in 2010 to less than 2800 in 2011, with no infant deaths reported in 2011.

In October 2011, there was a major shift in guidance for unvaccinated women of childbearing potential. The ACIP changed its recommendation from Tdap vaccination before or right after pregnancy to administration during pregnancy, after 20 weeks' gestation. In so doing, the fetus would benefit from maternal antibodies transferred through the placenta. ACIP also expanded Tdap immunization to include adults aged 65 years or older, specifically those with close contact with an infant.

All healthcare workers need to be on board. Have you had your Tdap booster?

Extracted from Medscape article by: **Sandra Adamson Fryhofer, MD**
Clinical Associate Professor of Medicine, Emory University School of Medicine, Atlanta, Georgia. To view complete article: http://www.medscape.com/viewarticle/759891

Thanks for reading this and for the quality of work you do. All Friday Focus editions may be found at the SWHP website: http://www.swhp.org/homepage/providers/fridayfocus.

Regards;

Bleums

Beverly Grimshaw, MD
Scott & White Health PlanMedical Director

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: SWHP Medical Policies

Medical policies are written by SWHP for a variety of reasons. It may be to clarify coverage for a specific treatment or procedure for which there is a limited field of evidence based utility. In this case, criteria for coverage will usually be listed. Another reason for policy is to explain the rationale for a coverage decision regarding treatment or therapy. For example, two common reasons for non-coverage are that a treatment may be considered experimental and investigational, or that it would be considered cosmetic. Generally, coverage decisions stem from two overriding principles: Evidence based outcomes for our members and our fiduciary responsibility to our members. The goal is that the process is consistent, fair, and adds value - the right treatment at the right time at the right place.

SWHP uses several resources when developing policy. Current medical literature, Hayes criteria, physician input, Scott and White System Technology Assessment Committee, McKesson InterQual, CMS policy and other payer policy may all be considered. All policies are sent to appropriate physician groups for review and comment before becoming finalized. Policies are also reviewed annually or as needed. Our current policies are available online under the provider tab of our website at: http://www.swhp.org/homepage/providers/medical-coverage-policies-disclaimer

As always, we welcome your comments and questions and thank you for the work you do.

Regards,

M. Averitt DO

Mike Averitt, DO
Scott & White Health Plan

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

FRIDAY FOCUS: ICD 10 Delay

This week the US Department of Health and Human Services (HHS) announced that use of ICD-10, a new and expanded set of diagnostic codes, would be delayed until October 1, 2014— an extra year. HHS warned that if everyone does not change over to ICD-10 at the same time, providers could see their claims rejected or their payments delayed. HHS also noted that the compliance date change will allow more preparation and testing time to ensure a smooth and coordinated transition to these new code sets.

AMA lobbied to for the extension of the implementation date as well as the request to make the coding more physician friendly. HHS believes the new code set will improve the quality of care and "lead to improved accuracy for reimbursement for medical services, fraud detection, and historical claims and diagnosis analysis."

Comments from the public about the proposed regulations can be submitted to HHS for 30 days after the publication in the Federal Register.

Although this extended deadline was announced in April, thankfully is not an April Fool's joke.

As always, thank you for your attention to this and for the quality work you do.

Thanks for reading this and for the quality of work you do. All Friday Focus editions may be found at the SWHP website: http://www.swhp.org/homepage/providers/fridayfocus

Regards;

Beverly Grimshaw, MD, CCD
Medical Director, SWHP

SCOTT & WHITE HEALTH PLAN

The one Texans trust.

1206 West Campus Drive
Temple, TX 76502

INSIDE STORY STAFF

Operational Staff

Chief Editor
Kathy L. Lee

Publishing Coordinator & Distribution
Judy Marsh

Graphic Design
Connie Horak

www.swhp.org