Fall is a very exciting time of the year for Virginia Premier Health Plan, Inc. (VPHP).

Typically, we have an increase in providers, change in membership, everyone preparing for “going back to school” and other dynamic changes. There is one thing that does not change with the seasons, and that is the excellent care that our provider network provides to our membership. For that, as usual, I want to thank you on behalf of VPHP!

**PHARMACY UPDATE**

As VPHP begins its third month with our new PBM (pharmacy benefits manager) EnvisionRx it appears there was a very smooth transition and for the most part a seamless process from our previous PBM. I would like to thank our Pharmacy Department for this excellent job and the major accomplishment. Please visit our updated website at www.virginapremier.com to view the PDL (preferred drug list) and to locate all forms for the various specialty medications. RSV season starts in the Fall, so you will find the prior authorization forms for Synagis. Providers that used Synagis last year should have received a letter updating the requirements as well as any changes to the Redbook for the RSV season. If your office requested Synagis last year and you did not receive this letter, please give us a call at 804 819-5151, ext. 5269.

**FAR SOUTHWEST EXPANSION**

Since VPHP expanded to the Far Southwest area of Virginia in July 2012, there have been well over 3,000 new providers that joined the network and more than 12,000 new members. VPHP has enjoyed these new relationships, partnerships, and challenges. Overall the transition has been smooth. If there are any issues that this office should be made aware of please call 804 819-5151 and ask for medical management.

**HEDIS**

VPHP expects to have its HEDIS (Healthcare Effectiveness Data and Information Set) scores available very soon. HEDIS scoring has been changed by NCQA (National Committee for Quality Assurance) and each year it becomes more challenging to improve. Our provider network continues to cooperate with VPHP and its nurses who visit your offices. For that we thank you! If you have any questions about HEDIS please contact our Quality Department at 804 819-5151.

**Health Quality and Utilization Management Committee (HQUM)**

The next meeting of this committee is scheduled for October 2012. All Clinical Guidelines have now been updated and placed on the website (www.vapremier.com). VPHP hopes that you use these guidelines in the care of our members. If you would like a hard copy of any of these guidelines, please contact the Quality Department at 1- 800 727-7536 and make the request. If there are topics that you would like to have discussed/reviewed by this committee please contact us at the same number as above.

In this issue of the Provider Newsletter is a very good article about our new Chief Medical Officer, Dr. Renee Miskimmin. Please read it then take a few minutes to welcome her to Virginia.

One of the HEDIS measures that has been a challenge for VPHP, is the “use of antibiotics unnecessarily to treat bronchitis”. Please take a few minutes to read the article in this edition of the Newsletter, “Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis”.

Since the passage of the Accountable Care Act and the ruling by the Supreme Court with its varying implications, Medicaid Managed Care and Healthcare in general remains very challenging to administer. VPHP is prepared for the challenge, but we will always need your help.

Please read this entire issue and call us with questions. Enjoy the beautiful Fall season!

Sincerely,

Melvin T. Pinn, Jr., M.D., M.P.H.
Senior Medical Director
**INTRODUCING CHIEF MEDICAL OFFICER:**
**DR. RENEE MISKIMMIN, MD, MBA, FAAFP**

Virginia Premier Health Plan, Inc. is very excited about the recent addition to our company of Dr. Renee Miskimmin as the new Chief Medical Officer.

Dr. Miskimmin began her new job in July 2012. She will lead the Medical Management Department and be a member of the Executive Team at Virginia Premier Health Plan, Inc.

As Chief Medical Officer, she will lead the development, implementation, and monitoring of medical policies and procedures for clinical programs and processes as they relate to the overall delivery of healthcare to our members.

Dr. Miskimmin comes to Virginia Premier Health Plan with a wealth of experience in managed Medicaid, commercial and Medicare Assured Special Needs Plans. She most recently was the Medical Director and Acting Chief Medical Officer at Gateway Health Plan in Pittsburgh which covered 250,000 Medicaid and 27,000 Medicare Dual SNP lives. Her areas of special interest include quality, maternity care, and care for underserved populations.

Dr. Miskimmin received her MD from Temple University School of Medicine and is Board Certified in Family Medicine. She also has an MBA from Pennsylvania State University.

Virginia Premier Health plan employees are excited to have such a talented physician on board to help us continue our growth and National Recognition.

**COMPLIANCE CORNER**

**Civil Monetary Penalties Law: mistakes could be (very) costly**

The Civil Monetary Penalties Law (CMPL) authorizes the Secretary of Health and Human Services to impose civil money penalties, an assessment, and program exclusion for various forms of fraud and abuse involving the Medicare and Medicaid programs. Penalties range from $2,000 to $100,000 for each violation, depending on the specific misconduct involved. The monetary sanctions imposed generally far exceed the damages actually sustained by the government. The Health and Human Services Inspector General must prove liability by a “preponderance of the evidence” rather than the more demanding “beyond reasonable doubt” standard required in criminal actions. A health care provider can be held liable based on its own negligence and the negligence of its employees. There is no requirement that intent to defraud must be proved.

**HOLIDAY OBSERVANCES SCHEDULE**

- **November 21, 2012:** ½ Day Thanksgiving Eve
- **November 22, 2012:** Thanksgiving Day
- **November 23, 2012:** Day After Thanksgiving
- **December 24, 2012:** Christmas Eve
- **December 25, 2012:** Christmas Day
- **December 31, 2012:** ½ Day-New Year’s Eve
- **January 1, 2013:** New Year’s Day
RSV season is again approaching this fall

As of October 1, 2012, VPHP will be following the American Academy of Pediatrics (AAP) Redbook 2012 recommendations regarding the prophylactic respiratory syncytial virus (RSV) drug Synagis®. Related information can be accessed on the American Academy of Pediatrics website (http://www.aap.org) or the CDC Website (http://www.cdc.gov/rsv/).

**Significant aspects**

1. RSV prophylaxis with palivizumab (Synagis®) will be considered medically necessary for children under the age of two with certain specific clinical criteria. Clinical criteria and the Synagis® order form may be found on our website: http://www.vapremier.com/index.php?page=pharmacy-specialty-drug

2. “Synagis® season” varies by geographic region (http://www.cdc.gov/surveillance/nrevss/rsv/state.html#VA). As in previous years Synagis® will be covered from October through March. For children meeting the clinical criteria, Synagis® will be covered up to a maximum of five monthly doses.

3. You may obtain Synagis® from Amber Specialty Pharmacy or Orchard Specialty Pharmacy. Their fax number is on the form and they will facilitate approval and delivery of the drug.

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**FLU PREVENTION!**

Virginia Premier Health Plan, Inc. would like to help safeguard our members against serious flu complications by having at risk members receive the flu vaccine. Providers will be reimbursed for the administration of the flu vaccine for members covered under the Virginia Vaccines for Children’s (VVFC) program. In addition, providers will receive reimbursement for the administration and the flu vaccine inclusive of Flu Mist for members not covered under VVFC. **Reminder:** Flu Mist is covered for healthy individuals 2-49 years of age. Yearly flu vaccination should begin in September or as soon as the vaccine is available and continue throughout the influenza season.

Virginia Premier is pleased to announce that the following groups of members can get the Flu Vaccine at their physicians office OR participating pharmacies at no cost to the member!

- All FAMIS members
- All Virginia Premier Medicaid members that are 19 and older

Medicaid members that are under 19 can still obtain their vaccines from their physicians and health departments.

**Who Should Get Vaccinated**

Everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season. CDC’s Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people. [http://www.cdc.gov/flu/ 2012-2013.htm#vaccines (8/22/12)](http://www.cdc.gov/flu/ 2012-2013.htm#vaccines)

While everyone should get a flu vaccine each flu season, it’s especially important that the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

1. Pregnant women
2. Children younger than 5, but especially children younger than 2 years old
3. People 50 years of age and older
4. People of any age with certain chronic medical conditions (respiratory conditions, diabetes, etc.)
5. People who live in nursing homes and other long-term care facilities

**People who live with or care for those at high risk for complications from flu, including:**

1. Household contacts of persons at high risk for complications from the flu (see above)
2. Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Please assist Virginia Premier in helping to protect our high-risk members against the flu by immunizing members in your office. If you have any questions, please contact your local provider relations representative for assistance.
QUALITY CORNER

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)

Virginia Premier Health Plan, Inc. (VPHP) each year is required to report on the HEDIS measure AAB. This is an inverse measure that specifically looks at antibiotic use in adults ages 18-64 who were NOT Dispensed an antibiotic for a diagnosis of acute bronchitis (Code 466.0).

VPHP scores for this measure have continued to decrease over the last four years. This is a reflection that our members are receiving antibiotics for acute bronchitis unnecessarily. Several years ago, VPHP conducted CME sessions addressing this measure. Perhaps, it is time to renew this effort, your feedback is always appreciated.

Upper respiratory infections remain one of the most common reasons for outpatient and emergency room visits to physicians. Despite having a bacterial infection in less than 5-15% of cases of pharyngitis and less than 38% in rhinosinusitis, the patients are prescribed antibiotics.

According to two recent articles, shared decision making between physician and patient can reduce the use of antibiotics in these categories. This was the conclusion from a randomized trial of 359 patients published online in the Canadian Medical Association Journal July 30, 2012. Likewise, physicians are over prescribing antibiotics for lower respiratory tract infections (LRTIs) as well. According to Dr. Carl Llor and colleagues, “distinguishing bacterial and viral infections in LRTIs based on symptoms and signs can be very difficult” and thus lead to overprescribing of antibiotics.

VPHP is requesting that the providers monitor the use of antibiotics in upper and lower respiratory infections and help us improve our results on this AAB measure. For further information please contact the quality department at 804 819-5151.

QUALITY SATISFACTION COMMITTEE

“INVESTING IN QUALITY”

Virginia Premier Health Plan, Inc (Virginia Premier) is embarking on a quality blitz campaign to get our non-compliant members to take advantage of preventive screenings to improve their health. As you know October is “Breast Cancer Awareness Month”, however, we often forget about the other health screenings that are just as important to our member’s health. Please partner with us to get your patients, our members, the medical services they need. Virginia Premier is offering various incentives and is using other methods of communication to get the word out to our non-compliant members. Your voice to this process is crucial. More information can be obtained by contacting our Quality department at 1-800-727-7536 ext. 5713.

ELECTRONIC PANELS AVAILABLE SOON TO PCP’S ON THE VIRGINIA PREMIER WEBSITE!

Virginia Premier’s E-Panel is a web-based portal which allows PCP’s to view assigned members to providers within each office. The application is updated weekly and allows providers and their staff the ability to print on demand panel reports as needed.

In order to utilize the portal each office will need to submit a super user enrollment form in order for VPHP to setup an initial account. The office super user is then responsible for adding additional users as needed. The enrollment form for E-Panel can be found on the VPHP website at www.vapremier.com on the main page. Virginia Premier Provider Service Representatives will also be leaving the forms at PCP offices during routine visits.

VPHP wants to remind providers that panel reports are just one way that VPHP providers can check member eligibility. Providers are also encouraged to verify eligibility through NaviNet at www.navinet.net available 24/7 or by calling VPHP’s Member Services at (800) 727-7536 M-F 8am to 5pm.
NAVINET FOR VIRGINIA PREMIER IS GETTING BETTER!

Virginia Premier and Navinet have made the following enhancements:

- Addition of a new transaction, **Radiology Authorizations**. This is a link to NIA where you can request authorization for radiology services. For more information on radiology authorizations, please contact NIA at 877-807-2363.
- The search criteria for **Claim Status Inquiry** have been made easier. The gender field has been removed, and you will be able to search using any of the following combinations:
  - Member ID
  - Member Last Name, First Name and Date of Birth
  - Claim ID
- You will still be required to choose a billing provider from the drop down menu and will need to enter a start and end date for the claim.
- For more information on these changes, visit the Customer Support menu in NaviNet.

Sign up now to see all the benefits NaviNet offers!

Go to www.NaviNet.net
Select **Sign up** from the top right to get started.

If you should have any issues getting started with NaviNet please contact VPHP’s Provider Services department at 800-727-7536 option 6 or contact your local VPHP Provider Services Representative.

**FINANCE CORNER**

**HOLIDAY SEASON FEE FOR SERVICE CHECK SCHEDULE:**
Please note the payment schedule for fee for service checks this holiday season. Also, because it is the holiday season mail through the United States Postal Service is usually a little slower, thus you may have a delay in receiving your check.

During this time period the check schedule will be as follows:

- Thanksgiving, week of 11/19/12: Checks will be printed on Friday, November 23, 2012.
- Christmas, week of 12/24/12: Checks will be printed on Friday, December 28, 2012.
- New Year’s Eve, week of 12/31/12: Checks will be printed on Friday, January 4, 2013.

**REMINDERS FOR YEAR END:**
If you change your tax identification number, Medicaid provider number, legal business name or if you have any other contractual changes please forward a W-9 along with your changes to the Contracting department. Doing this can avoid possible IRS regulated fines and/or withholdings from your claim, capitation and/or management fee payments. In addition, any changes made without a W-9 attached will delay your payments.

**EFT REMINDERS:**
If you a valid email address and wish to have your funds electronically transferred to your bank account please go to our website and download the EFT Authorization Form. The form can be found under Provider Forms or Claims Forms. When submitting your information be sure to send the signed EFT Authorization Form back along with your voided check or deposit slip or in lieu of those items a letter from your bank on their letter head of your ACH routing number and checking account would be sufficient in addition to a completed W9. If you need to change your email address, bank account and routing number please complete the EFT change forms located in the same areas as well. Having EFT does not mean that you automatically will receive electronic remittances. Electronic remittances is a separate process and form. Those forms can also be found on the website in the same area as the EFT forms.
The health of our members is very important to us. Virginia Premier would like to thank you for providing quality care to our members. In an effort to expedite the adjudication process of Coordination of Benefits claims, we would like to provide the following information in regards to filling out the CMS 1500 claim forms for members who have another carrier as their primary insurance.

Only if a member has another health benefit plan, please check the Yes box in Block 11.d. and fill out blocks 9a. thru 9d. on the CMS 1500 form. Along with your claim form submission, please send the other carrier’s Explanation of Benefits.

Should you have any questions please do not hesitate to contact the Claims Customer Service Department at 800-727-7536.