



VIRGINIA PREMIER HEALTH PLAN, INC.

PROVIDER NEWSLETTER

From the Senior Medical Director

This article is written shortly after an earthquake and a hurricane left our beautiful State with destruction, and tragic stories. I would like to thank all of the providers who were there for our Virginia Premier Health Plan, Inc. (VPH) membership that needed your excellence in providing healthcare through these difficult times.

HEDIS (Healthcare Effectiveness Data and Information Set)

This section of the newsletter usually starts with HEDIS because it reflects the quality measures that are used to compare VPH to other health plans across the State and the Country. Once again, our providers have proven that the care rendered to our membership is at the highest level of excellence. VPH has not received its official ranking for 2011, however, VPH is excited by its performance for this measurement year. VPH will inform the provider network of its ranking in the next newsletter.

Pharmacy and Therapeutics

Express Scripts Inc. and Axium Healthcare are the Pharmacy Benefit Managers for VPH. Since July 2009 these two organizations have provided the medication benefits for our membership. The PDL (preferred drug listing), prior auth forms, step therapy list, quantity drug limits list, contact numbers, can all be found on our website at www.vapremier.com.

If any provider would like copies of any of the documents they can request them by calling VPH at 804 819-5151.

The PDL is updated quarterly and as needed for new medications added to the formulary or preferred drug listing. These updates are also posted on the website.

welcomes your feedback on this initiative to improve quality, prevention and healthcare delivery for our membership.

VPH has reviewed and updated all of the Clinical Guidelines. One guideline was added for Physical Therapy. These Guidelines can be found on the VPH website at www.vapremier.com (you can find the listing under Medical Management, Clinical Practice Guidelines). Providers can download these from the website. If you would like a hard copy from VPH, please contact VPH at 804 819-5151 and ask for the quality department so that your request can be completed.

Influenza Prevention

VPH encourages its members to receive the Influenza Vaccines from their providers. We need your help in our efforts to prevent our members from getting the “FLU”. In this newsletter you will find an up to date article about influenza. Please help us in providing the influenza vaccines to all eligible members. It will save lives.

VPH looks forward to all of the partnerships with our providers as we continue our efforts to improve the health of our membership.

Enjoy the beautiful Fall Season,

With warm regards,



Melvin T. Pinn, Jr., M.D., M.P.H.
Senior Medical Director



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Quality Programs

It was two years ago that VPH launched its P4P program. The program has increased the focus on quality parameters for our providers. VPH

HOLIDAY OBSERVANCES SCHEDULE

November 23, 2011:	½ Day Thanksgiving Eve
November 24, 2011:	Thanksgiving Day
November 25, 2011:	Day After Thanksgiving
December 23, 2011:	Day Before Christmas Eve
December 30, 2011:	½ Day Before New Year’s Eve
January 2, 2012:	New Year’s Day

FLU PREVENTION!

Virginia Premier Health Plan, Inc. would like to help safeguard our members against serious flu complications by having at risk members to receive the flu vaccination. 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, into December, January, and beyond.**

Virginia Premier is pleased to announce that the following groups of members can now get the Flu Vaccine at 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. According to the CDC, "although influenza vaccine strains for the 2011-12 season are unchanged from those of 2010-11, annual vaccination is recommended even for those who received the vaccine for the previous season. Although in one study of children vaccinated against A/Hong Kong/68 (H3N2) virus, vaccine efficacy remained high against this strain 3 years later, the estimated efficacy of vaccine decreased over the seasons studied. Moreover, several studies have demonstrated that post vaccination antibody titers decline over the course of a year (7-10). Thus, annual vaccination is recommended for optimal protection against influenza."

<http://www.cdc.gov/mmwr/preview> (8/26/11)

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
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those

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)
3. Healthcare workers.

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.



COMPLIANCE CORNER

Did you know...

It is a felony to balance bill any VPHP member. Pursuant to Section 1128B (d)(1) of the Social Security Act (42 U.S.C. § 1320a-7b) providers are prohibited from charging, soliciting, accepting or receiving any funds in addition to any amount otherwise paid by Medicaid or a Medicaid managed care organization.

Any provider who knowingly and willfully bills a VPHP member for a covered service or balance bills for such service "...shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both."

Questions should be directed to the Office of Privacy and Compliance at 800-727-7536.

MPP UPDATE: GUIDELINES FOR PHYSICAL THERAPY

Medical Payment Policy (MPP) Guidelines for Physical Therapy effective October 1, 2011. Notice posted to website August 2011 at: www.virginiapremier.com under the Clinical Practice Guidelines.

Physical Therapy Guidelines 2011

These guidelines are an educational tool designed to assist practitioners in providing appropriate care for patients. They are intended to assist in the determination of the number of physical therapy visits needed based on a patient's clinical condition. Physical therapy may be needed due to pain, or inability to perform activities of daily living (ADLs) due to limited function of musculo-skeletal structures. These guidelines do not address limited function due to severe neurologic dysfunction (e.g., developmental delay, stroke, progressive neurologic condition). This information is provided as a general reference and is not intended to address every aspect of a clinical situation that may exist now, or in the future. Physicians and health care professionals must exercise clinical discretion in interpreting and applying this information to individual patients.

Process

The following process will be followed for authorization of physical therapy visits:

- Request for physical therapy should be initiated by the provider. After the patient's assessment, if physical therapy is felt warranted, the referring provider or the recommended therapist should contact VPHP for authorization.
- At that time, a referral coordinator will authorize 1 visit to a physical therapist for an assessment unless the referring provider has evaluated the patient and prescribed specific treatment. In this scenario the recommending provider must submit appropriate clinical documentation to support the prescribed treatment.

HOME HEALTH NOTIFICATION

(Notice posted at www.virginiapremier.com and mailed August 25, 2011)

Dear Home Health Provider:

Virginia Premier Health Plan, Inc. would like to thank you for providing quality care to our members. Effective October 1, 2011 Virginia Premier will no longer make payment on revenue code 552 for skilled nursing services as this revenue code is not recognized under the DMAS home health fee schedule.

All EPSDT authorized Private Duty Nursing services should be billed to VPHP using HCPCS S9123 or S9124, based on the service. The unit of service for EPSDT nursing services is one hour. Reimbursement for these services will be based on the current DMAS allowable and providers will need to submit these codes to VPHP on a HCFA-1500.

S9123, Nursing care, in the home by a RN \$25.68

S9124, Nursing care, in the home by a LPN \$22.29

Vendors should continue to bill VPHP for skilled nursing visits with revenue codes 550, 551 and 559. We will update our systems to reflect these changes with an effective date of October 1, 2011. Claims submitted with revenue code 552 with a date of service after October 1, 2011 will be denied by VPHP.

Should you have any questions please do not hesitate to contact the Network Development department at 800-727-7536.

Sincerely,



Patrick McMahon,
VP, Network Development

- When the member is sent to therapist for assessment, the therapist should contact VPHP if they feel that patient could benefit from therapy. At that time based on the patient's clinical condition, therapy will be authorized with the appropriate clinical documentation. Patients may receive initial therapy as well as additional therapy if warranted and pre-approved.
- If a patient has reached the maximum number of approved visits (initial and additional visits as stated in the guideline) and the therapist feels that more visits are indicated, the patient must be sent back to the referring provider for a reassessment. VPHP must receive adequate documentation to justify additional visits. This determination will be made by the Medical Director who may approve additional visits on a case-by-case basis.
- The maximum duration of physical therapy will be 12 weeks unless specifically identified by the criteria.

If you need further clarification, please contact our Medical Management Department at (800) 727-7536, Option 3.

RADIOLOGY BENEFIT MANAGEMENT PROGRAM PROVIDER EDUCATION TRAINING WEBINARS



In an effort to continue promotion of quality improvement for services provided to Virginia Premier Health Plan members, Virginia Premier Health Plan entered into an agreement with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health Services, to implement a radiology benefit management program. This program includes the management of non-emergent, advanced outpatient radiology services to include prior authorization.

Prior authorization is required for the following outpatient radiology procedures:

- ▶ CT /CTA/CCTA
- ▶ MRI/MRA
- ▶ PET SCAN
- ▶ NUCLEAR CARDIOLOGY

Virginia Premier Health Plan and NIA welcome you to attend one of our upcoming Provider Education Training Webinars to learn more about NIA’s radiology benefit management program and what it means to you. One hour Provider Education Webinars will take place on the following dates:

- Tuesday, October 11, 2011
- Wednesday, October 12, 2011
- Thursday, October 13, 2011
- Monday, October 24, 2011
- Wednesday, October 26, 2011

Webinar sessions will be held at 8:00 a.m. and 12:00 p.m. each day. You will need a computer with Internet access to view the education materials presented during the webinar. All documents presented during the webinar can be located on NIA’s Web site www.RadMD.com under Health Plan Alerts, at the link for Virginia Premier Health Plan.

Access Instructions

Dial In Number: (888) 557-8511
Access Code: 9706085

You will also need a computer with Internet access to view the educational materials presented during the Webinar.

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To join education session, please follow these instructions:

Step 1: Open a browser on your computer and go to:

<https://www.connectmeeting.att.com>

Step 2: Fill in the following fields:

- Enter (8885578511) in the “Meeting Number” field.
- Enter (9706085) in the “Code” field.
- Enter you email address in the “Email Address” field.
- Enter your “First Name” and “Last Name” in the name field

Step 3: Click on Submit

Note:

The first time you use the AT&T TeleConference Service you will need to install the participate application.

Select the type of AT&T Connect client software you want to use to connect to this event.

Step 4: To join the teleconference, choose one of the following:

- a) Click the “Call Me” option (to have AT&T call you)

Or

- b) Pick up your phone and dial: (1-888) 557-8511. When you are prompted enter the access code (9706085) to be entered into the audio connection.

The first time you use the Web Meeting Service you will need to down load the client software. If you have any problems downloading the software Web Meeting **HELP** Service Downloads can be found at: <https://www.webmeeting.att.com>

Please RSVP by contacting Charmaine Gaymon by fax at 1-888-656-6350 or via e-mail at csgaymon@magellanhealth.com at least one (1) week before the scheduled webinar date.

Practice Name:

Your Name:

Practice Address:

Telephone Number:

E-mail address:

Webinar education session that I am interested in attending:

Virginia Premier Health Plan and NIA look forward to working with you to ensure that members receive diagnostic imaging services delivered in a quality, clinically appropriate manner.

PROVIDER SERVICES: NAVINET UPDATE

NEW! Virginia Premier launches redesigned authorization transactions!

To give you the best information possible and based on your feedback to Virginia Premier, the authorization transactions have been updated to provide better clinical information and easier navigation.

How do these changes affect you?

- There will be less restrictions when searching for providers and facilities making it easier to enter authorization requests
- There will be improved searching capabilities for faster processing.
- Fewer required fields
- We opened up the authorization history to allow providers to see all auth history

Your search options have been made easier and you also now have the option to fax any clinical information you may have during Inpatient or Outpatient Authorization Submission to Virginia Premier. If you select to fax clinical information to Virginia Premier, you will have access to a fax cover sheet that includes Virginia Premier's contact information.

As a reminder to providers Navinet is a free service and is the nation's largest real-time healthcare communications network. If you are not currently enrolled with NaviNet please visit www.Navinet.net to enroll.

With Navinet you have the ability to:

- Check VPHP member eligibility
- Review claim status
- Request OP and IP authorizations
- Review authorization history

FINANCE CORNER

HOLIDAY SEASON FEE FOR SERVICE CHECK SCHEDULE:

In preparation for the holiday season, the fee for service check schedule will alter from its normal Friday pay date. 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 11/21/11:

Checks will be printed on Monday, November 28, 2011.

Christmas, week of 12/19/11:

Checks will be printed on Thursday, December 21, 2011.

New Year's Eve, week of 12/26/11:

Checks will be printed on Friday, December 30, 2011

REMINDERS FOR YEAR END:

If you change your tax identification number, address, 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.

Also, if you notice that the name on your check is not the name that matches your tax id name submitted to the IRS, please contact the Contracting department promptly with the correct information.

CHILD AND DOMESTIC ABUSE

In Virginia, a child is abused or neglected every 75 minutes, and every 14 days a child dies as a result of child abuse. Child abuse is often hidden, may occur over time and is frequently preventable.

Child abuse and neglect occur in families from all socioeconomic classes, all races, all ethnicities and all religions. Children under the age of 4 are at the greatest risk of severe injury or death.

Child abuse and violence in the home frequently occur together. In fact, violence in the home has been listed as a major factor contributing to the growth of reports of child abuse and neglect.

Domestic violence often includes child abuse. Children may be victimized and threatened as a way of punishing and controlling the adult victim of domestic violence. Or they may be injured unintentionally when acts of violence occur in their presence. Often episodes of domestic violence expand to include attacks on children. Even when children are not directly attacked, they can experience serious emotional

damage as a result of living in a violent household. Children living in this environment come to believe that this behavior is acceptable.

Medical providers are mandated reporters of child abuse and are required to report suspected child abuse, when in their professional opinion, they are presented with reasonable cause to suspect abuse. Reporting suspicions may protect the victim and get help for the family.

For more information or to report Child Abuse and Domestic Violence, contact:

Child Abuse/Neglect Hotline in Virginia at **1-800-552-7096**.

Virginia Family Violence & Sexual Assault Hotline at **1-800-838-8238**

Information on preventing child abuse can be obtained by contacting Stop Child Abuse and Neglect, (SCAN) **1-800-CHILDREN (1-800-244-5373)** or Child Help National Abuse Hotline **1-800 4 A CHILD (1-800-422-4453)**

PREVENT PRETERM BIRTHS!

“Over the past 25 years, preterm births have increased more than 35 percent. Today, about one preterm infant is born every minute in the United States. Late preterm births (LPTB) constitute the fastest growing proportion of preterm deliveries, currently 75 percent.”¹

Virginia Premier is committed to partnering with our physicians, members and providing benefits to improve the outcomes of our maternity members and their newborns. These tools include:

1. Virginia Premier Health Plan Maternity Program – Healthy Heartbeats

This program focuses on early maternal risk identification, case management and member outreach. Healthy Heartbeats stresses the importance of the patient-physician relationship and assistance with eliminating barriers to care.

2. Use of drug therapy for members meeting the criteria

The U.S. Food and Drug Administration approved Makena (hydroxyprogesterone caproate) injection, a synthetic progestin, to reduce the risk of preterm delivery before 37 weeks of pregnancy in pregnant women with a history of at least one spontaneous preterm birth. The drug is not intended for use in women with a multiple pregnancy, such as a twin pregnancy, or other risk factors for preterm birth. Progesterone suppositories may be used as an alternative to Makena.

Alpha 17P may be prescribed and approved by Virginia

Premier on a case by case basis for those members who are at risk of a preterm delivery but do not meet the criteria for Makena.

The drug therapy for women at risk of preterm delivery requires prior authorization. Prior authorization may be obtained by faxing Express Scripts (ESI) the prior authorization request form that is located on the VPHP website: <http://www.vapremier.com/index.php?page=preferrred-drug-listing>

If you need assistance with this process, you may contact Joel Blosser, pharmacy manager at (804) 819-5151, ext. 5349.

3. Home-based pregnancy prolongation services

Virginia Premier has partnered with Alere to provide clinical surveillance by specialized OB nurses, and home-based pregnancy prolongation services. Alere has more than 25 years' maternity management experience with programs that are highly successful in prolonging pregnancy, reducing ER visits, observation charges, and labor & delivery admissions while giving participants the advantage of receiving care at home. If you feel that your patient would benefit from in-home monitoring or drug administration in the home, please contact VPHP's Case Managers for prior authorization at (800) 727-7536.

¹ Martin, J.A., et al. Births: Final Data for 2006. National Vital Statistics Reports, volume 57, number 7, January 7, 2008.

ASTHMA AT A GLANCE

The goals of long term management are to control asthma by:

- Limiting the impact on the patient's day to day life by preventing symptoms
- Limiting the need for quick relief medicines
- Maintaining normal activity levels
- Minimizing the need for emergency room visits and hospitalizations



4 ways to help accomplish these goals include:

1. Schedule regular visits. Scheduling routine office visits at periodic intervals is an essential part of caring for patients with asthma. It allows the clinician to monitor and adjust therapy and reinforce the key components of asthma management over time. An asthma management flow sheet, updated at each visit, can provide a way to make sure that essential components of asthma care are covered across multiple appointments.

2. Assess control: begin with a standardized questionnaire. Assessing control is part of every routine asthma visit and is the basis for stepwise management of asthma medications. It can be done using a questionnaire that the patient completes while awaiting the visit. Standardized questionnaires like the [Asthma Control Test](#), the [Asthma Therapy Assessment Questionnaire](#) and others are informative and easy to use. Patients should be asked about unplanned, urgent care visits for asthma exacerbations. Spirometry is also useful in assessing progressive loss of lung function over time.

3. Review the patient's written asthma action plan at each visit and discuss asthma triggers. Reviewing the patient's written plan offers an opportunity to review daily asthma management, including the use of a peak flow meter, the use of long term controller medications, or the use of an asthma symptom diary. Discussing the "green, yellow and red zones" can help the patient recognize symptoms that call for prompt attention, as well as appropriate use of short-acting beta-agonist quick-relief medications.

The asthma action plan should include information on specific asthma triggers that the patient should avoid. If the patient is a smoker, smoking cessation can be addressed. For all other patients, avoidance of "secondhand" smoke can be recommended at each visit.

4. Review medications. Long-term management depends on optimal use of asthma medications. Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma. Assessing their use in the context of stepwise management of asthma can be done as medications and administration techniques are reviewed. Finally no office visit is complete without ensuring that the patient has an adequate supply of controller and rescue medications, and scheduling the next follow-up visit.

Finally, the goal of good asthma care is for the patient to be able to enjoy life with as few symptoms as possible.



VA Premier Richmond
 P.O. Box 5307
 Richmond, Virginia 23220-0307

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 STANDARD
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How to Contact Us - Important Phone Numbers

VPHP Member Services	(800) 727-7536, Press 1
VPHP Transportation	(800) 727-7536, Press 2
Express Scripts	(800) 824-0898
VSP	(800) 877-7195 / (800) 852-7600
Smiles for Children	(888) 912-3456
AT&T Language Line	(800) 774-4344
TTY (Text Service)	(800) 828-1120
TDD (Voice Service)	(800) 828-1140
McKesson Nurseline	(800) 256-1982
Managed Care Help line	(800) 643-2273
FAMIS Central Processing Unit (CPU)	(866) 873-2647
Compliance Helpline	(800) 620-1438

Hours of Operations Monday – Friday, 8:00 a.m. - 5:00 p.m.

Corporate Office
 600 E. Broad Street, Suite 400
 Richmond, VA 23219

Abington Office
 906 W. Main Street
 Abington, VA 24210

Harrisonburg Office
 2322 Bluestone Hills Dr, Suite 220
 Harrisonburg, VA 22801

Roanoke Office
 4910 Valley View Blvd, NW, Suite 202
 Roanoke, VA 24008

Tidewater Office
 3388 Princess Anne Road, Suite 2000
 Virginia Beach, VA 23456

