Physician Update

Community Health Group

Community Health Group Newsletter

Fall **2010**

A Message from the CEO

It is hard to believe that it is already September, summer is behind us and kids are back to school. For Community Health Group, this time of the year also means that our team is very focused on HEDIS. The year is more than half over and we can determine our HEDIS scores for the first six months. This means that there are only a few months left for members still in need of specific services to make an appointment with their physician for 2010.

This sense of urgency is why you most likely have received a call, visit and/or email from Community Health Group regarding HEDIS. You see, we want to be a leader in HEDIS in California. We believe that our physicians provide quality care to our members. It is hard to prove and yet our regulators have decided to use HEDIS to determine quality care.

While we know HEDIS scores may not tell the full story, HEDIS measures multiple health care outcomes and preventative care visits. The score paints a picture of the care our member received from you. This is why we are working with your team to ensure those members in need of a specific service are scheduled for the procedure or visit.

What has our team done towards assisting in this outreach? Our Member Services staff has completed 24,258 successful outreach calls to our members in need of well baby/child/adolescent visits, postpartum checks, mammogram/cervical cancer screenings and optometry visits. We are committing resources towards this important project and want to ensure members receive the care they need.

We also have implemented physician and member incentive programs to encourage participation in this process. You may have seen your patients, our members with brochures or letters to document that a service was provided. This is all part of the efforts we are making to report the quality care that you provide to your patients – our members.

Giving you, our provider partners, an opportunity to shine is always exciting. We know that in collaboration with you, our HEDIS scores can improve and accurately reflect the true picture of the quality care our members are receiving. We just need to work together to ensure that we capture the information.

Good HEDIS scores are a combination of complete encounter data (well and sick visits) and proper coding. Our staff is willing, able and ready to provide training, training materials or anything else you may need to achieve our mutual goal. Please do not hesitate to call us to arrange for training or to ask any questions you may have on HEDIS. Victor Gonzalez in our Provider Services Department can be reached at (619) 498-6457. Thank you for your assistance.

Thank you for your assistance.

Mil Gracias,

Norma Diaz
Chief Executive Officer

Highlights at a Glance

- HEDIS coding training is available. Call (619) 498-6457 to schedule.
- Check out CHG's on-line tools at www.chgsd.com.
- New HEDIS measure for weight assessment of children. See detailed article.
- Report Fraud—call CHG's toll-free Fraud Hotline 1 (800) 651-4459.

On Line CHDP (PM160) Form Submittals

Community Healthy Group (CHG) would like to inform you that in the near future CHG will be moving to electronic CHDP (PM160) claims submittals. Because we recognize that your staff's time is valuable, CHG has developed an on line tool that simplifies and shortens the process for Providers to submit PM 160 forms.

Additionally, by using CHG's on line tool you can ensure that we receive your encounter data directly, helping improve your HEDIS scores. Remember that reporting well child exams is part of a HEDIS measure and a contract requirement. We want to ensure your hard work is reported and counted for the quality care you provide your patients, our members.

If you are not already submitting your CHDP (PM160) forms electronically, please contact Provider Relations at (619) 498-6457 or email Victor Gonzalez at vmgonza@chgsd.com to schedule training.

CHG On Line

Community Health Group would like to take this opportunity to remind you of all the wonderful tools you can access through our CHG website. By simply logging on to www.chgsd.com, your staff can access on line Eligibility, Claims Status, Provider Manual, Referral Status/Submittals and connect you to other useful tools. In addition to these on line services your staff is able to access, you can have our members, your patients, log on to the same web site and access Educational Materials, Quality Guidelines, Behavioral Health Information and many more resources.

Finally, searching for a contracted Specialist, Free-Standing Diagnostic Center or Hospital is as easy as one stop shopping. We encourage you to please go on-line and take a look at all of the great options you can make by going on-line.

If you have any questions, please contact Provider Relations at (619) 498-6457.

Community Health Group would like to recognize the following Provider of the Month:

Provider of the Month for September
Bina Adigopula, M.D.
Grossmont Pediatrics

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The Use of High Risk Medications in the Elderly

The use of high-risk medications in the elderly is well documented in medical literature. Inappropriate use of these high risk medications can lead to increased morbidity and mortality as well as increased and avoidable health care costs.

The Healthcare Effectiveness Data and Information Set (HEDIS®) measure "Use of High-Risk Medications in the Elderly" targets safe use of medications in patients ages 65 and older. The measure assesses the percentage of Medicare members who received at least one drug to be avoided in the elderly and the percentage of Medicare members who received at least two different drugs to be avoided in the elderly. A lower rate represents better performance. Medications on the list are based on the Beer's list, the recognized consensus standards for medication use in older adults. The medications on the list have been determined to be harmful, regardless of medication dose, frequency, or patient's underlying health status.

The table on the following page lists high-risk drugs that our CommuniCare Advantage Members over 65 received within 2010. The table also lists formulary alternatives. We ask that you review the list and prescribe a safer alternative to your members over 65, when applicable. The list of members on high-risk medications has been shared with Outcomes, our Medication Therapy Management vendor. An Outcomes pharmacist may be contacting you and your members who are taking a high-risk medication on a chronic basis to discuss switching to a formulary alternative.

Generic Description	Brand Name	Formulary Alternative
BELLADONNA ALKALOIDS/PHENOBARB*	Donnatol	cimetadine, ranitidine, famotidine, nizatidine, Lotronex, Amitiza
CARISOPRODOL	Soma	tizanidine
CODEINE/PROMETHAZINE HCL*	Phenergan w/Codeine	guiafenesin (with or without co-deine)
CYCLOBENZAPRINE HCL	Flexeril	tizanidine
DIAZEPAM*	Valium	buspirone, paroxetine
DIPHENHYDRAMINE HCL	Benadryl	loratadine, cetirizine, fexofenadine, zaleplon, zolpidem
DIPHENOXYLATE HCL/ATROP SULF	Lomotil	loperamide
DIPYRIDAMOLE	DIPYRIDAMOLE	Aggrenox
D-METHORPHAN HB/PROMETH HCL*	Phenergan DM	Dextromethorphan, benzonatate, pseudoephedrine/guaifenesin/ dextromethorphan
ESTROGENS,CONJUGATED	Premarin	Evista, alendronate, Actonel
HYDROXYZINE HCL	Atarax	loratadine, cetirizine, fexofenadine, buspirone, paroxet-ine
HYDROXYZINE PAMOATE	Vistaril	loratadine, cetirizine, fexofenadine, buspirone, paroxet-ine
METHOCARBAMOL	Robaxin	tizanidine
NITROFURANTOIN/NITROFURAN MAC	Macrodantin, Macrobid	trimethprim, SMZ/TMP, methenamine hippurate
PHENOBARBITAL*	PHENOBARBITAL	carbamazepine, divalproex so-dium, gabapentin, lamotrigine, levetiracetam, Lyrica, oxcar-bazepine, topiramate, valproate sodium, valproic acid, zoni-samide, primidone, Dilantin, etho-suximide
PROMETHAZINE HCL	Phenergan	loratadine, cetirizine, fexofenadine, zaleplon, zolpidem

* Covered through the Medi-Cal portion of the benefit

The complete list of high-risk medications is available at: http://www.ncqa.org/Portals/0/Newsroom/SOHC/Drugs_Avoided_Elderly.pdf

For questions regarding this measure, please contact Noreen Koizumi, PharmD at (619) 498-6476.

Use of Appropriate Medications for People with Asthma

Scientific evidence clearly shows that most people could control their asthma by following current asthma clinical practice guidelines. With proper care, people who have asthma can stay active, sleep through the night, and avoid having their lives disrupted by asthma attacks.

As a general rule, patients with well-controlled asthma should have:

- Few, if any, asthma symptoms.
- Few, if any, awakenings during the night caused by asthma symptoms.
- No need to take time off from school or work due to asthma.
- Few or no limits on full participation in physical activities.
- No asthma related emergency department visits.
- No asthma related hospital stays.
- Few or no side effects from asthma medicines.

The Healthcare Effectiveness Data and Information Set (HEDIS®) measure "Use of Appropriate Medications for People with Asthma" assesses the percentage of members 5–50 years of age during a given measurement year who are identified as having persistent asthma and who are appropriately prescribed medication. Identified members must be dispensed **at least one** prescription for a preferred therapy during the measurement year. The table below lists appropriate "controller" medications.

Description	Prescriptions		
Antiasthmatic combinations	• dyphylline-guaifenesin	• guaifenesin-theophylline	• potassium iodide-theophylline
Antibody inhibitor	• omalizumab		
Inhaled steroid combinations	• budesonide-formoterol	• fluticasone-salmeterol	
Inhaled corticosteroids	• beclomethasone • budesonide	• flunisolide • fluticasone CFC free	• mometasone • triamcinolone
Leukotriene modifiers	• montelukast	• zafirlukast	• zileuton
Mast cell stabilizers	• cromolyn	• nedocromil	
Methylxanthines	• aminophylline • dyphylline	• oxtriphylline • theophylline	

Community Health Group is focusing on this HEDIS asthma measure for our Healthy Families members. We have provided a list of persistent asthmatics who are not on a controller medication with our specialty health education vendor, MedEd. MedEd will be outreaching to these members to provide a home environment assessment and education about their asthma with an emphasis on an asthma action plan. A MedEd respiratory therapist or health educator may be contacting you to discuss the need for a controller medication. We ask that you welcome this additional resource to optimize the management of your asthmatics.

For questions regarding this measure, please contact Noreen Koizumi, PharmD at (619) 498-6476.

Poorly Controlled Diabetics: HbA1c > 9%

The Healthcare Effectiveness Data and Information Set (HEDIS®) measure "HbA1c Poor Control >9%" assesses the percentage of members aged 18–75 years whose *most recent* HbA1c test during the measurement year is >9.0% or is missing a result or if an HbA1c test was not done during the measurement year.

In reviewing our data, we found that most of our "poorly controlled" diabetics have either not received an HbA1c test or that we are missing the results of a test. We are working very closely with the laboratories (both contracted and non-contracted) in an attempt to collect missing results. We ask your help in ordering an HbA1c for your diabetic members by the end of the year as appropriate. The American Diabetes Association recommends at least two HbA1c tests a year.

For our diabetics with known HbA1c >9%, we have referred them to our specialty health education vendor, MedEd. MedEd will be outreaching to these members to provide a series of diabetes education sessions in the home. We have also provided them with individualized medication profiles so that they can go over medications, assess compliance, and begin the discussion of insulin therapy, if necessary.

In October 2009, the American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) revised guidelines for Type 2 diabetes mellitus and lowered the recommended A1c goal to ≤6.5%. One AACE/ACE recommendation for patients who have A1c > 9% is to add insulin as part of the treatment plan when patients have failed triple drug therapy, or when a patient is drug naïve and is symptomatic. This is recommended because it is unlikely that the use of 1, 2, or even 3 oral anti-diabetic agents will achieve the A1c goal of ≤ 6.5%. According to the ADA and the European Association for the Study of Diabetes (EASD), the oldest glycemia-lowering medication – insulin – remains the most effective in reducing A1c. If insulin therapy is indicated for your uncontrolled diabetics, MedEd will be able to assist you with member education and acceptance.

For questions regarding this measure, please contact Noreen Koizumi, PharmD at (619) 498-6476.

Chlamydia and HEDIS

Chlamydia is the most frequently reported bacterial sexually transmitted disease (STD) in the United States. Even though symptoms of Chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem.

The HEDIS measure for Chlamydia screening requires identification of women between 16 and 24 years of age who are sexually active and who have had at least one test for Chlamydia during the measurement year. As part of our HEDIS campaign, we have identified members targeted by this measure and are working with our primary care providers to outreach and encourage members to receive needed care.

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New Quality Measure for Weight Assessment of Children

Did you know that between 1980 and 2000, the number of overweight children has doubled in the 6 to 11 year old range and tripled among adolescents? These statistics are even higher for the Latino population.

In response to these startling numbers, Community Health Group has adopted a new HEDIS measure to address childhood obesity. HEDIS stands for Healthcare Effectiveness Data and Information Set and is a standardized set of performance measures used to report quality of care provided by managed care organizations (MCOs) such as Community Health Group. The new weight assessment measure emphasizes the importance of calculating the Body Mass Index (BMI) percentile for children and providing counseling on nutrition and physical activity.

This new measure is a quality measure for Community Health Group. For our providers giving care to children and adolescents, please remember to complete the following:

- **Calculate the BMI and BMI percentile for children ages 3-17.** The percentile is determined by plotting the BMI on the growth-age chart. Document the date and BMI percentile in the chart or on the PM160 (for CHDP exam).
- **Provide counseling on nutrition and physical activity.** This counseling can be brief and take as little as 1 to 3 minutes. Any one of the following will count, but it is important to document the date and action in the chart or use the V-code below:

- **Discuss** and document current eating and exercise behaviors of the child
    - Use a **checklist** to indicate discussion about nutrition and physical activity.
    - Document that a **referral** was made for nutrition education and physical activity.
    - Give **educational materials** and document with specific mention of nutrition education and physical activity.
    - Document **anticipatory guidance** on these topics, with specific mention of nutrition education and physical activity.

The *Staying Healthy Assessment* form can be used to document counseling, educational materials and referrals with a brief notation. Age-specific *Staying Healthy Assessment* forms can be found on our website at www.chgsd.com.

If you have questions regarding this measure, you may contact Charlene Wilburn, RN, Corporate Quality Analyst at (619) 498-6497.

V Codes for BMI and Counseling

The following codes can be used on the PM160 for CHDP and for Community Health Group claims outside of the CHDP periodicity schedule to indicate that BMI percentile and counseling were performed on children ages 3 to 17.

BMI Measurement:	V85.51 = BMI < 5th percentile
	V85.52 = BMI 5th to less than 85th percentile
	V85.53 = BMI 85th to less than 95th percentile
	V85.54 = BMI 95th percentile or greater
Nutrition Counseling:	V65.3
Physical Activity Counseling:	V65.41

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Quality Improvement – Pediatric Providers: Screening For Childhood Lead Poisoning

All primary care providers (PCPs) and pediatricians are reminded to order a blood lead test for children at both 12 months and 24 months of age. This is a requirement for all children enrolled in Medi-Cal and Healthy Families programs. In addition, providers should assess for lead exposure and provide anticipatory guidance at each periodic check-up from six months to six years of age which is the recommendation for all children. If a parent declines or refuses having the child tested, this should be documented in the medical record.

Rapid Strep Test

According to established clinical guidelines, when a child is diagnosed with acute pharyngitis (ICD-9-CM code 462) or acute tonsillitis (ICD-9-CM code 463), a rapid antigen detection test for Group A Strep or a throat culture should be performed prior to prescribing an antibiotic. In circumstances when rapid antigen detection test results are in doubt, please perform or order a throat culture to confirm results. Your support is crucial to mitigate antibiotic resistance and improve patient safety and clinical quality.

For data submission, please **use CPT code 87880** (Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A) **and modifier QW** (CLIA-waived test) when administering the Rapid Strep Test in your office.

Persistent Medication Monitoring Update

Many medications require annual blood tests to ensure patient safety and appropriate medication dosage. Before the end of the year, our Medicare SNP CommuniCare Advantage members will receive a mail reminder about these tests. If the member doesn't recall having a blood test, we are asking them to call their doctor for an appointment.

This clinical intervention targets members who are:

- 18 years of age and older,
- who are on one or more medications from the categories listed below, and
- who have been prescribed a minimum 180 day supply of the drug(s) AND who also have no corresponding lab work claims during 2010.

Medications that require ANNUAL blood tests

Drug Type	Common Uses	Common Drug Names*	Annual Lab Test(s)
Angiotensin Converting Enzyme (ACE) Inhibitors; Angiotensin Receptor Blockers (ARB)	High Blood Pressure Kidney Problems Heart Problems Diabetes	captopril (Capoten®), benezepril (Lotensin®), enalapril (Vasotec®), lisinopril (Prinivil®, Zestril®), Fosinopril (Monopril®), ramapril (Altace®), perindopril (Aceon®), quinapril (Accupril®), moexipril (Univasc®), trandolapril (Mavik®), candesartan (Atacand®), eprosartan (Tevetan®), irbesartan (Avapro®), telmisartan (Mycardis®), valsartan (Diovan®), losartan (Cozaar®)	Potassium level and Kidney Function Tests (Creatinine or Blood Urea Nitrogen [BUN] level)
Digoxin	Heart Problems Abnormal Heart Rhythm	**digoxin, Lanoxin®	Potassium level and Kidney Function Tests (Creatinine Level or Blood Urea Nitrogen (BUN) level)
Diuretics	High Blood Pressure	Hydrochlorothiazide(HCTZ), furosemide (Lasix®), bumetanide	Potassium level and Kidney Function
Water Retention		(Bumex®)	Tests (Creatinine or Blood Urea Nitrogen (BUN) level)
Anticonvulsants	Seizure Disorder Chronic Pain	carbamazepine (Tegretol®), phenytoin (Dilantin®)	Drug level in the blood

* This list is not all inclusive. For example, it does not include combination drugs that may also require annual blood tests.

** A Digoxin level may also be recommended.

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