

PIMA HEALTH

**WINTER
05/06**

PROVIDER NEWSLETTER
5055 E. Broadway, Suite A-200
Tucson, AZ 85711



PHS AFFILIATION WITH EVERCARE

PHS has entered into an affiliation agreement with United Healthcare Insurance Company on behalf of its' affiliate **Evercare**, a licensed Medicare Advantage Plan. This agreement applies to members that are enrolled with an Evercare Medicare Advantage Plan in Pima and/or Santa Cruz Counties as their primary insurer and includes PHS AHCCCS and ALTCS secondary members (dual eligible members). As a part of this Agreement, we are renting our network to Evercare. This allows you to continue providing services to PHS members who elect to enroll in Evercare for their Medicare covered services.

By PHS extending its' provider network to **Evercare** it will allow continuity of care for our dually enrolled members. Contracted providers will be able to:

- **Maintain dually enrolled members in your practice.**
- **Receive Medicare reimbursement directly from Evercare.**
- **Provide a streamlined coordination of benefits with no requirement to obtain a secondary authorization from PHS.**
- **Maintain continuity of care for your members.**
- **Be listed as a participating provider in Evercare's Provider Directory.**
- **Not require additional credentialing by United/Evercare.**

Enclosed are two (2) inserts. The first provides you with basic information about Evercare's different plans which are referred to as Evercare IP, Evercare DP and Evercare DH. It also provides the billing address for claims and the phone numbers for member services, claims, and provider services within Evercare. (You may also call PHS Member Services at 520-512-5602 for verification of a member's Evercare enrollment.)

The second attachment provides a listing of Medicare covered services that require prior notification (authorization) for Evercare enrolled members with information about the notification process along with applicable phone and fax numbers.

PHS and Evercare are committed to working with providers to facilitate service delivery to members and to assist providers with any questions or needs they may have as members enroll in Evercare. Please feel free to contact the Evercare Provider Services Representative in Tucson at (520) 696-1349 or your PHS Provider Representative (main number (520) 512-5607) with any questions or assistance you may need.



NEW WEB SITE ASSISTANCE COMING SOON

PHS is in the process of adding information to our web site that will allow providers to identify primary and secondary payor relationships for our dual eligible members. This will inform providers of the member's primary payment source for services, whether that be Evercare or traditional Medicare fee for service. The web site will also indicate if the member is enrolled in a Prescription Drug Plan for their Medicare Part D covered services. Providers will be able to use their PHS web user ID and password to access this member information. Providers who do not already have a user ID and password will be able to apply on-line for this at www.pimahealthsystem.org. You may also contact your Provider Representative for assistance with this process.



PHS CLAIMS DEPARTMENT OBTAINS NEEDED STAFF

We are pleased to announce that PHS has hired and trained a number of new claims processors to alleviate the temporary staff shortage experienced in November and December. The Claims Department is now completely staffed at the processor level which has assisted greatly in the timeliness of claims payments.

Providers who have questions about the status of their claims can look them up on-line at PHS' web site - www.pimahealthsystem.org. If you are interested in using on-line claims inquiry and are not already doing so, please contact your PHS Provider Representative for assistance. Providers may also contact PHS Claims Customer Service at (520) 512-5671 if they have questions about payments.

MEDICARE PART D – PRESCRIPTION DRUG COVERAGE

As you are all aware, effective January 1, 2006, all Pima Health System members who also have Medicare (known as dual-eligibles) were required to obtain their prescription medications through Medicare Part D. Although there were a dizzying array of companies and products/plans to choose from, the federal government has auto-assigned all dual-eligibles with fee for service Medicare in Pima and Santa Cruz Counties to one of six stand-alone Prescription Drug Plans (PDPs). However, if our member was already enrolled in an HMO Medicare Choice product such as Pacificare's Secure Horizon, then he/she has been passively enrolled into that same company's new Medicare Advantage Prescription Drug Plan (MA-PD) instead. Dual-eligibles are allowed to change plans anytime, which will be effective on the first of the following month. The six stand-alone PDPs

AARP Medicare Rx - 027
Health Net Orange - 001
Health Net Orange - 007
Humana PDP Standard - 086
Sierra Rx - 004

All of the plans have:

- no deductible
- no "donut hole"
- no additional premiums
- \$1 or \$3 copays for generics/brands
- no copays for enrollees residing in SNFs

PHS' new affiliation agreement with Evercare MA-PD will improve the efficiency of coordinating benefits for our members who enroll in Evercare. This agreement facilitates continuity of care for our members by the alignment of medical, pharmacy, behavioral health and transportation providers between PHS and Evercare. The Evercare Formulary includes all of the medications on the PHS Formulary except for the Medicare excluded drugs.

PHS will continue to cover PHS formulary benzodiazepines, barbiturates and OTCs - without copays since they are specifically excluded from Medicare Part D.

If you are caring for a PHS member and there are questions or concerns about the member's Prescription Drug Plan you may contact: (520)512-5567 (for ALTCS members) or (520) 512-5602 (for Acute Plan Members).

MEDICAL HOME SURVEY

The American Academy of Pediatrics defines a Medical Home as follows: "In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family."

In 2005 PHS conducted a survey of contracted pediatric and family practice providers to determine the extent to which they offered, or were interested in offering, a **medical home** model of care in their practices. Surveys were mailed to 69 group and individual practices. 17 provider groups responded to the survey for a return rate of 24.6%. These groups ranged from Federally Qualified Health Centers, university affiliated clinics and private practices.

82% of those responding indicated they were interested in the medical home model of care and that they were already providing some aspects of this model. While most providers endorsed the model, 71% identified barriers to fully offering a medical home. Barriers included lack of social worker or other staff to coordinate social service needs, lack of funding for health promotion and outreach, limits of reimbursement, and lack of time. Many providers stated that they would like more information about community resources to enable them to better address the psychosocial needs of members and their families.

In response to this, we are providing a listing of PHS staff who can offer resource information and assist providers to address the social service and behavioral health needs of the PHS members they are serving.

Acute Plan Case Manager for adult Acute Plan members with special needs (520) 512-5541
ALTCS Case Manager for ALTCS long term care members (520) 512-5567
MCH Case Manager for children and pregnant Moms with special needs (520) 512-5639
BH Coordinator (Acute) for Acute members with behavioral health needs (520) 512-5593
BH Coordinator (ALTCS) for ALTCS members with behavioral health needs (520) 546-4465

In future newsletters we will continue to offer information about PHS and community resources that can be of assistance to providers in meeting the needs of members. We applaud our providers' efforts to offer a medical home to members.

BALL V. BIEDESS COURT ORDER

FACTORS CONSIDERED DURING THE 2004-2005 REBASING OF FEE-FOR SERVICE (FFS) RATES

Ball vs Biedess is a class action suit that was filed against AHCCCS in August 2002 charging that members were not receiving services as authorized due to a shortage of workers and low wages. One of the requirements of the decision is that AHCCCS make public information related to setting rates for services taking into account wages of caregivers.

Therefore, AHCCCS is making public, at least annually beginning on August 15, 2005, information considered in the development of the Home and Community Based Services (HCBS) rate setting (rebasings). Factors in the rebasing included Medicare rates, private sector rates, costs for delivery services, any economic factors unique to Arizona and current level of supply and demand. The rebasing effort also included information about home care workers' current wage levels and benefits.

You can find a link to this information on the PHS website at www.pimahealthsystem.org under links or on the AHCCCS website at <http://www.azahcccs.gov/PublicNotices>.

PHS is in the process of reviewing its contracted home care rates at this time.

QNXT SYSTEM CONVERSION

PHS is in the process of converting to an updated version of our current software. We are still in the testing stages of the implementation process and will keep you informed of our progress. Our plan is to start processing claims in the new system beginning with a future date of service. This will allow us to run our claims systems concurrently, processing older dates of service in the old claims system, and newer dates of service in the new system. We do not anticipate any interruption in claims processing.

We will continue to keep you apprised of the implementation details of our new software system via our web site and future newsletters.

ELECTRONIC CLAIMS PROCESSING

PHS has been working on establishing a relationship with ProxyMed, McKesson, and Dentrix so PHS providers can submit electronic claims through these clearinghouses.

You can help by contacting Christine Magnan at (520) 512-5732 and let her know if you use one of these services.

QUALITY MGMT DEPT POST ITS

DIABETES

In May and June of 2005, PHS QM associates conducted a re-measurement on our Acute and LTC diabetic members for the following diabetic measures: HbA1cs, lipid profiles, and eye exams. The PHS results:

- Diabetic Performance Improvement Project (PIP) on annual HbA1cs for the timeframe of 10/01/03 to 09/30/04:

Acute Plan	Long Term Care
77.0% had a least one HbA1c test	75.5% had a least one HbA1c test

These numbers exceeded the AHCCCS benchmark and a final report is due to AHCCCS by March 29, 2006 to formally complete this study. These numbers are a reflection of good work. THANK YOU!

- Diabetic Performance Measures (PM) on HbA1cs, Fasting Lipid Profiles and Retinal Eye Exams for the timeframe of 10/01/03 to 09/30/04 on Long term Care members only:

Please remember that PHS will continue to look at these measures:

HbA1cs	Fastin Lipid Profiles	Retinal Eye Exams
75.5%	74.1%	31.1%

- A HbA1c on a biannual basis,
- A Fasting Lipid Profile on an annual basis,
- A professional eye exam on an annual basis, and
- An examination of the patient's feet without shoes and socks at least two times a year.

A flow sheet on each diabetic patient's chart will help you track the need for, the dates of, and the results for each of the above tests/exams. If you need a sample of a Diabetic Flow Sheet, please contact Kay Rich at (520) 512-5611.

BETA BLOCKER USE AFTER A HEART ATTACK...UPDATE

A study was conducted by the Council for Affordable Quality Healthcare (CAQH) through calendar year 2002. 17,035 patients in 46 states and the District of Columbia were studied. The study found that "less than half of heart attack survivors take beta-blocker therapy regularly in the first year after the heart attack". The following statistics were reported:

- 69% of patients took beta-blockers regularly during the first 30 days after hospital discharge
- 52% of patients took beta-blockers regularly over the 6 month period following the heart attack
- 45% of heart attack survivors continued taking beta-blockers therapy regularly

As part of our performance improvement project, PHS encourages you to follow treatment guidelines as recommended by the American Heart Association and the American College of Cardiology.

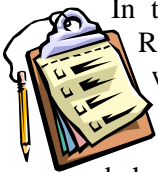
If you have any questions, please contact Johanna Smit, Pharm.D., at (520) 512-5643 for further information.

PIMA HEALTH SYSTEM

Provider Services/Contracts
5055 East Broadway, Suite A200
Tucson Arizona 85711

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BEHAVIORAL HEALTH UPDATE



In the past, PCP's may have received copies of Behavioral Health Referral Forms which had been faxed to CPSA. Several months ago, we began to include the name of the assigned behavioral health provider agency for intake. In addition, we implemented new cover sheets which remind PCP's of the need to coordinate with behavioral health providers, so that members receive enhanced, integrated care. If you're not sure which provider your patients are assigned to, call CPSA at 1-800-771-9889.

If your office needs copies of Behavioral Health Referral Forms, or if you have any questions about this information, please contact us at (520) 512-5593.



FORMULARY UPDATES

The following medications have been added to the PHS formulary:

Finofibrate (Tricor®)
polyethylene glycol 3350 oral powder (Miralax®)
metoprolol XL (Toprol XL®)
simvastatin (Zocor®)

PHS CONTRACTS ADMINISTRATOR RETIRES

After 28 years of serving Pima County's health care system, Virginia Lennox, PHS Contracts Administrator, retired on February 16th. Virginia will be missed by providers and staff who have enjoyed her knowledge, dedication and great sense of humor. We at PHS wish her well in her retirement.

Paige Knott has been appointed interim Contracts Administrator. Paige was hired in 2005 and brings 26 years of health care and contracts experience to PHS. She can be reached at (520) 512-5579.