

ProviderPlus



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A Banner Year for HealthPlus...and it's not over yet!

The outstanding work of health care providers in the HealthPlus network along with the efforts of our workforce has not gone unnoticed. HealthPlus welcomes and relies on external evaluations of our plans to help us identify how we measure up against other plans and industry standards. This year alone, such reviews have revealed the following:

- HealthPlus Commercial HMO plans are **among the best health plans in the nation** according to the National Committee for Quality Assurance's (NCQA) Private Health Plan Rankings 2011-12.
- HealthPlus Medicare plans are the **highest-ranked Medicare plans in Michigan** and are among the top Medicare plans in the nation according to NCQA's Medicare Rankings 2011-12.
- HealthPlus has achieved **Excellent Accreditation status in all three product lines** – commercial, Medicare and Medicaid – from NCQA.
- HealthPlus Medicare plans received a ranking of **4.5 out of 5 stars** from Medicare in the "Overall Plan" category.
- HealthPlus Medicare plans received a rating of **5 out of 5 stars** based on CAHPS member satisfaction ratings as reported in the 2012 Medicare and You handbook.
- According to NCQA's Quality Compass 2011, HealthPlus Commercial plans rated **No. 1 in Michigan** in all of the following categories:
 - Overall Rating of Health Care
 - Overall Rating of Personal Doctor
 - Overall Rating of Specialist Physician
 - Shared Decision-Making
- According to the "Medicare Compare" tool on the medicare.gov website, HealthPlus Medicare plans



achieved a rating of **5 out of 5 stars** in all of the following categories:

- Overall Rating of Health Plan
- Getting Needed Care
- Getting Needed Prescription Drugs
- Overall Rating of Health Plan Quality
- Rating of Health Plan Responsiveness and Care
- Overall Rating of Drug Coverage
- Member Experience with Drug Plan

In addition to these positive evaluation outcomes, more employers are switching to HealthPlus coverage. For example, the addition of hourly Nexteer workers and their families will result in more than 5,000 new HealthPlus members effective Jan. 1, 2012, and more than 40 Michigan school districts have switched to HealthPlus coverage over the past two years. UAW Retiree Medical Benefits Trust (RMBT) membership has grown as well. This reflects the confidence of the UAW in HealthPlus and our long-standing partnership with the organization. Also, we see tremendous opportunity for membership growth in our Medicare and Medicaid product lines as a result of Medicare service area expansion and the high accreditations and ratings received by both product lines. These membership growth accomplishments and opportunities are a direct reflection of the strength of our health care provider network.

HealthPlus Medicare plans are the highest-ranked Medicare plans in Michigan and are among the top Medicare plans in the nation

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A Message from HealthPlus Vice President and Chief Medical Officer Richard S. Frank, MD, MHSA



Richard Frank, MD
HealthPlus Vice President
and Chief Medical Officer

I am pleased to inform you that HealthPlus of Michigan's innovative clinical service efforts are being recognized at the state and national level. Our "Focus on Hypertension" initiative received an "Innovations in Health Care Award" from the National Kidney Foundation of Michigan and a Pinnacle Award for "Best Practices Among Michigan Health Plans – Clinical Service Improvement Category" from the Michigan Association of Health Plans. The project also is featured in a national America's Health Insurance Plans publication titled *Health Insurance Plans Innovative Initiatives to Combat Cardiovascular Disease*.

On behalf of HealthPlus, I would like to express our sincerest gratitude for your contributions to our clinical service performance. We look forward to sharing more of our innovative services with state and national organizations to improve health outcomes in our service area and beyond. Again, thank you for the outstanding care you provide to your HealthPlus patients.



HealthPlus And Nexteer Automotive Agreement to Result In Thousands of New HealthPlus Members in Mid-Michigan

Nexteer Automotive has agreed to provide HealthPlus health coverage to its hourly and salaried employees in the company's world headquarters in Saginaw, Mich., for a total of approximately 8,400 HealthPlus members. HealthPlus currently serves more than 2,600 Nexteer salaried employees and dependents. The majority of Nexteer employees reside in the Tri-Cities (Saginaw, Bay City and Midland) area.

HealthPlus is confident that this agreement will result in a "win-win-win" situation for Nexteer Automotive, health care providers in the Tri-Cities area, and HealthPlus. This is the largest employer group to contract with HealthPlus since 1995.

We look forward to working with you - our valued health care provider partner - to provide our new Nexteer members with the excellent care and service our members have come to expect from HealthPlus.

Please contact your HealthPlus Provider Network Educator with any questions regarding this new contract.

ABOUT NEXTEER

Nexteer Automotive is a multi-billion dollar global steering and driveline business solely dedicated to electric and hydraulic steering systems, steering columns and driveline products for original equipment manufacturers. Its 9,800 workforce serves more than 60 customers in every major region of the world. The company has 20 manufacturing plants, five engineering centers and 14 customer service centers strategically located in North and South America, Europe and Asia. Nexteer Automotive's customers include GM, Fiat, Ford, Toyota, Chrysler and PSA Peugeot Citroen, as well as automakers in India, China, and South America.

Banner Year ...

Continues on page two

In terms of promoting healthier lifestyles, HealthPlus has led by example this year with our lead role in the recent Fall 4 Fitness Challenge among more than 40 companies, our recognition as a Fit-Friendly company from the American Heart Association, and our "Commit 2 B Fit" seminars designed to help HealthPlus members and non-members alike reach their personal health and fitness goals.

As we are in the midst of the season during which employers and individuals generally make decisions regarding their health coverage carrier, your support of HealthPlus will help us maintain our outstanding client retention rate of 95 percent, which will allow us to continue working with you to provide coordinated, quality care to our members and your patients.

Many thanks to the HealthPlus network health care providers for the high quality care and service you provide. Such quality and service is key to our success and yours, and to helping us realize our Vision – A Healthier Community.



Disease Management



Why All Patients Should be Screened For High Blood Pressure

- The risk of cardiovascular disease (CVD) beginning at 115/75 mmHg doubles with each increment of 20/10 mmHg; individuals who are normotensive at age 55 have a 90 percent lifetime risk for developing hypertension.
- In persons older than 50 years, systolic blood pressure greater than 140 mmHg is a much more important CVD risk factor than diastolic blood pressure.
- Up to 50 percent of patients who begin antihypertensive therapy drop out of care within one year.
- 50 percent of those who remain in treatment with their physician take less than 80 percent of their medication.

Optimal Blood Pressure

- Less than 120/80 mmHg-
- Pre-hypertension: Blood pressure 120-139 SBP or 80-89 DBP mmHg
- Hypertension Stage 1: Blood pressure SBP 140-159 or DBP 90-99 mmHG
- Hypertension Stage 2: Blood pressure SBP > 160 or DBP > 100 mmHg

Evaluate Hypertension

- Assess all major CVD risk factors
- Assess for identifiable causes

- Always re-take blood pressure if first reading is high
- Obtain necessary laboratory tests

Treatment of Hypertension

- Treat to B/P < 130/80 mmHg in patients with diabetes or Chronic Kidney Disease (CKD)
- Majority of patients need more than one Rx to reach goal
- Diet, sodium restriction, weight reduction, exercise
- Smoking cessation and moderate alcohol
- Treat to B/P < 140/90 mmHg with no risk factors

Initial therapy options include:

- Thiazide-type diuretics, ACEI, ARB, BB, CCB, or combinations
- Titrate Rx until BP goal achieved

If you have questions, please contact Barb James, RN, CCM, at 1-800-345-9956, ext. 8944.

Reference: The National High Blood Pressure Education Program is coordinated by the National Heart, Lung, and Blood Institute (NHLBI) at the National Institutes of Health. Copies of the JNC 7 Report are available on the NHLBI website at www.nhlbi.nih.gov or from the NHLBI Health Information Center, P.O. Box 30105, Bethesda, MD 20824-0105; Phone: 301-592-8573 or 240-629-3255 (TTY); Fax: 301-592-8563.

Behavioral Health

Behavioral Health Questions?

HealthPlus' Behavioral Health Medical Director, Seymour Baxter, M.D, is available to HealthPlus primary care physicians for consultation regarding psychopharmacological interventions and general questions about behavioral health, substance abuse and behavioral health/medical co-morbidity issues. Please call 1-800-555-5025 between 9 a.m. and 5 p.m., Monday through Friday, for assistance. Responses should be within 48 hours.

Clinical Performance Improvement

Senior Talking Topics

When talking to senior members it is important to include the following topics in health assessments or as part of a complete physical work-up.

- **Physical activity**—ask about any changes in activity, what type of exercise they are getting
- **Fall prevention**—ask about fear of falling, feeling dizzy or if they find themselves stumbling more, last vision exam, if they notice any changes with memory, change in activities, if they have pets that may jump or hazards such as loose rugs, poor lighting or steep steps
- **Mental health**—ask about their mental outlook, how well they are sleeping, any trouble concentrating, interests or hobbies, social activities, any changes or new life challenges?
- **Vision screening for glaucoma**—ask and document last eye exam and eye care provider
- **Urinary incontinence**—ask about any urgency or leaking

Referrals

Physical Medicine and Rehabilitation Program

Effective Oct. 1, 2011, HealthPlus requires a physical medicine and rehabilitation (PM&R) visit prior to seeing a surgeon for non-urgent neck or back pain. This PM&R requirement will apply to all lines of business except the PPO; however, we recommend that our PPO members be offered this option as well. Several health plans in Michigan are adopting this policy.

As you are aware, multiple treatment options exist in the treatment of neck and back pain. The non-surgical approach in the absence of "red flags" is the preferred method for many patients. Our PM&R program allows opportunity for shared decision-making and potential resolution of a member's condition in a non-invasive manner. We recommend early referral for specific evaluation and treatment.

The PM&R requirement will be administered through the HealthPlus referral process. In the presence of urgent surgical needs, we request submission of the following "red flag" criteria to bypass the referral requirement:

1. Cauda Equina Syndrome
 - Urinary retention or incontinence
 - Loss of anal sphincter tone or fecal incontinence
 - Saddle anesthesia (about the anus perineum and genitals)
2. Severe neurologic compromise
 - Sudden or progressive motor weakness or

- sensory loss in one or more limbs.
3. Spine trauma resulting in fracture
 4. Evidence of spinal infection, tumor or malignancy.
- Surgical referrals that do not have a PM&R visit in the last six months will be pended for further discussion if they do not have a PM&R referral. Determination needs to be made regarding the need for a PM&R referral or if proper documentation of "red flag" criteria has occurred. Those patients currently under the care

of a surgeon for this condition are exempt from this policy.

For recommended assessment, diagnosis and treatment interventions for the management of low back pain in adults, please refer to the *Michigan Quality Improvement Consortium Guideline – Management of Acute Low Back Pain* flyer in this newsletter.

If you have questions about this requirement, or need to discuss the "red flag" criteria, please call the Referral Department at 1-800-942-5974.

Medical Prior Authorization Announcement

HealthPlus will be implementing system enhancements to our medical necessity, prior authorization processes for all lines of business beginning in Jan. 2012. These enhancements will better support our review and data capture for those procedures and services where prior authorization must be obtained in order for the service to be payable. These enhancements promise to remove variation in utilization determinations and provide a systematic relationship between requested services and actual services rendered.

As a reminder, prior authorization is required for services such as organ transplants and cosmetic procedures. For the full list of procedures and services requiring prior authorization, please refer to your HealthPlus provider manual or the HealthPlus website www.healthplus.org. Or you may call our Referral Department at 1-800-942-5974 or our Customer Service Department at 1-800-332-9161.

necessity review along with supporting documentation: date spans, procedure code of the requested service(s) and clinical documentation supporting the medical necessity of the requested service(s).

- The suggested timeline for requesting a prior authorization is at least 5 business days prior to the scheduled service date.

For PPO and POS members:

- No specialty referral is required.
- The member or specialist (rendering provider) may initiate the request for a prior authorization determination, via phone or fax, to the HealthPlus Referral team. This request must contain the requested service date, procedure code(s) of the requested service(s), and clinical documentation supporting the medical necessity of the requested service(s).
 - The suggested timeline for requesting a prior authorization is at least 5 business days prior to the scheduled service date.

As always, urgent requests are to be called in for immediate processing.

To further assist you, here are the phone and fax numbers for prior authorization requests:

Greater Flint, South East Michigan regions and out of state providers/members
Phone – 1-800-733-6360; Fax – (810) 230-2086

Tri Cities region
Phone – (989) 797- 4038 and 1-800-942-5974;
Fax – (989) 799-6471.

Requirements of a Medical Necessity, Prior Authorization Review

For Commercial, Medicaid, Medicare and TPA members:

- A member's PCP initiates a referral request to HealthPlus for specialty care for consultation, diagnostic intervention and/or treatment.
- When it has been determined that a member requires a service or a procedure on HealthPlus' prior authorization list, the PCP will submit (via fax or a phone call to the Referral team) a request for a medical

credits

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If you have questions or comments e-mail sboenema@healthplus.org.

HealthPlus HealthQuest Program

Clinician Guide for Asthma Control

First, assess severity to decide initial therapy. On follow-up visit, assess control and step therapy up or down.

Goal of therapy is to achieve control:

- Perform lung function assessment as clinically indicated
- Reduce impairment – Prevent chronic symptoms, minimize need for rescue therapy, maintain near-normal lung function and activity levels
- Reduce risk – Prevent exacerbations, minimize need for emergency care or hospitalization, prevent loss of lung function
- Assess control often: Monitor and adjust therapy using validated tools such as ATAQ
 - Step up if necessary, step down if possible
 - See patient every two weeks until well controlled, then every 6 months

Provide self-management education:

- Assess medication technique (inhaler technique and use of devices)
- Complete written asthma action plan and update as needed
- Address patient adherence and concerns at every visit
- Teach and reinforce self monitoring, triggers, peak flow

Medication

- Use stepwise approach to pharmacologic therapy
- Inhaled short-acting beta2-agonist (SABA) as needed for symptoms
- Use of SABA >2 days a week for symptom control indicates inadequate control and the need to step up treatment
- Inhaled corticosteroids (ICS) are the most effective for long-term control; optimize ICS use before advancing to other therapies

Long-Acting Medications

See chart below for specific drug names

Anti-asthmatic combinations	Antibody inhibitor	Leukotriene modifiers
Inhaled steroid combinations	Inhaled corticosteroids	Mast cell stabilizers
	Methylxanthines	

If you have questions, please call HealthPlus HealthQuest Program, Lisa Taylor, RN, BSN, at 1-800-345-9956, ext. 2186.

Reference: 2007 National Asthma Education and Prevention Program Expert Panel Report 3, Guidelines for the Diagnosis and Management of Asthma, National Heart, Lung, and Blood Institute (www.aafp.org/fpm/2005/0600/p44.html). NHLBI Health Information Center, P.O. Box 30105, Bethesda, MD 20824-0105; Phone: 301-592-8573 or 240-629-3255 (TTY); Fax: 301-592-8563.

Controller (Long-Acting) Medications

Description	Prescriptions	
	Generic Name	Brand Name
Anti-asthmatic combinations	dyphylline-guaifenesin	Difil-G; Difil-G Forte; Dilex-G; Lufyllin-GG
	guaifenesin-theophylline	Quibron; Broncomar-GG; Theomar-GG®
Antibody inhibitor	omalizumab	Xolair
Inhaled steroid combinations	budesonide-formoterol	Symbicort
	fluticasone-salmeterol	Advair
Inhaled corticosteroids	beclomethasone	QVar
	budesonide	Pulmicort®
	flunisolide	Aerobid; Aerobid-M®
	fluticasone CFC-free	Flovent
	mometasone	Asmanex®
Leukotriene modifiers	montelukast	Singulair
	zafirlukast	Accolate
	zileuton	Zyflo
Mast cell stabilizers	cromolyn	Cromolyn (geq only)
Methylxanthines	dyphylline	Lufyllin
	aminophylline	Aminophylline (geq only)
	theophylline	Elixophyllin®; Theo-24®; Theochron®; Uniphyll®

Clinician Guide to Patient Adherence

Not all patients take their medications as you prescribe.

Screen for Non-Adherence of Medication

- Screen your patients to identify potential barriers that may prevent their ability to be adherent
 - “Are you having any side effects or problems when you take your medication?”
 - Look for markers such as no refill requests
 - Ask about the patient’s feelings about his/her medication treatment regimen
 - Ask questions to uncover non-adherence without judgment

Help Your Patient to Problem Solve

- Dialogue not monologue
 - Troubleshoot obstacles and identify barriers / talk to family members / uncover needs
- Establish trust
 - Explain importance of medication therapy, how it works, how to take it, what to expect
- Don't use force
 - Recommend reminders such as cell phone alarm or pill boxes; explain what they should do if they experience untoward side effects
 - Consult with a pharmacist, case management, or social worker if needed
- Always follow up
 - Review adherence at each visit
 - Use the teach-back method
 - Reinforce adherence with patient and family
 - Confirm agreement on treatment goals
 - Explain risks of non-adherence
 - Identify misperceptions about medication treatment

Reference: Goleman D, McKee A, Boyatzis RE. *Primal Leadership: Realizing the Power of Emotional Intelligence*. Boston: Harvard Business School Press; 2002. www.aafp.org/fpm/2005/0600/p44.html

HealthPlus HealthQuest Program

HealthPlus Introduces Patient-Focused Chronic Illness Program

HealthPlus of Michigan is pleased to introduce a proactive patient-focused initiative – the HealthQuest program for members with asthma, COPD, diabetes, heart failure and cardiovascular conditions as well as comorbidities. HealthQuest is designed to reinforce the care and treatment you provide by educating patients and helping them take a more active and responsible role in improving and maintaining their health.

HealthPlus is partnering with you to provide this program. A program team led by registered nurses who specialize in chronic disease and other conditions will provide support to you and

to your patients who participate in the program. You continue to direct your patient's treatment plan, with the added support of a disease management team to reinforce your efforts to achieve optimal clinical outcomes and patient satisfaction.

HealthPlus HealthQuest will coordinate and distribute program materials to physicians and patients. The program includes the following components:

Patient Education

- Welcome letter and disease-specific

workbook

- RN care calls and RN case management for select members
- Mail/phone general and missed standard of care reminders
- Disease-specific educational mailings and newsletters
- Patient education library and videos available on the HealthPlus website
- Community education seminars
- Member satisfaction survey on an annual basis

Physician Support

- Physician and office staff education and office support materials
- Guidelines for care information
- Patient chronic care profiles and medication adherence reports
- Member gaps in care reports
- Krames Online patient education library and videos available on the HealthPlus Web site
- Patient education materials used in the program
- RN medical record review as requested or needed
- Physician satisfaction survey on an annual basis

The HealthQuest program is voluntary and available at no cost to HealthPlus members. If you believe a patient may be eligible but has not yet been identified, please contact us by email at dismgmt@healthplus.org or by calling 1-800-345-9956, ext. 8050. Members can opt out at any time.

We look forward to working with you. In the interim, if you have any questions or if you would like more information about the program, please call the HealthQuest program manager at 1-800-345-9956, ext. 8186, 8 a.m. to 5 p.m., Monday through Friday. You also can find information on our website. Click on *Providers, Patient Management Resources, Disease Management Programs*. Your HealthPlus provider manual also has many resources and tools and is available on the website. Click on *Providers, Provider Resources, Provider Manual*.

You may call HealthPlus Customer Service at 1-800-332-9161, Monday through Friday, 8 a.m. to 6 p.m., to provide program feedback or to register any comments or complaints you may have about the program.

Medical Management

You Play an Important Role In End-of-Life Care Planning

Everyone has the right to take an active role in his or her own health. As you know, by signing an advance directive (living will or durable power of attorney), an individual can communicate their wishes to family, physicians, or others about end of life care when they are no longer able to make those decisions on their own.

We understand that these discussions can be extremely challenging and time consuming. However, you can play a key role in providing important information to your HealthPlus members about treatment options that will support them in their decision-making process.

As a reminder, HealthPlus will reimburse you for your time. Please use the codes listed (in addition to the code(s) for appropriate evaluation and management services) for

counseling HealthPlus members regarding end of life decisions.

Description: Counseling and discussion regarding advance directives or end-of-life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service).

Code S0257 (HCPCS Level II Code)

Commercial HMO/PPO.....	\$20
Medicare Advantage HMO/PPO.....	\$16
Medicaid...	\$10

For state-specific information and customizable advance directive documents, please visit www.caringinfo.org.

Note!

For the most current version of the HealthPlus Provider Manual, visit www.healthplus.org, **Providers, Provider Resources, Provider Manual**.

Important Medication Safety and Storage Information

Avandia® (rosiglitazone) Limited Distribution REMS Program

- On Sept. 23, 2010, the FDA announced that it would restrict the use of rosiglitazone medicines to patients with type 2 diabetes who cannot control their blood sugar on other medicines. These new restrictions were instituted in response to data that suggest an elevated risk of heart attacks in patients treated with rosiglitazone.
- The FDA recently mandated that all rosiglitazone-containing products be dispensed through a limited drug distribution program (Avandia-rosiglitazone Medicines Access Program).
- Glaxo Smith Kline (GSK) has released the following information:
 - All commercial and Medicare Part D rosiglitazone prescriptions will be dispensed by Medco-Liberty pharmacy. All hospital and Medicaid dispensing will be managed by Accredo pharmacy. All patient assistance program prescriptions will be managed by Walgreen's/McKesson.
- Beginning Oct. 18, 2011, any pharmacies outside of this program will begin mandatory returns of all rosiglitazone-containing medications.
- By Nov. 18, 2011, patients and prescribers must have registered with the REMS program in order to receive these medications by mail-order pharmacies contracting with GSK's limited distribution program.
- Additional information is available at: www.fda.gov/Drugs/DrugSafety/ucm255005.htm & www.avandia.com.

FDA Limits Acetaminophen (APAP) in Prescription Combination Products

- On Jan. 13, 2011, the FDA requested manufacturers of RX combination products that contain acetaminophen to limit the amount of APAP to no more than 325mg per tablet or capsule. The FDA believes that RX combination products that contain the new dose are still effective in treating pain.
- APAP overdoses are the number one cause of acute liver failure in the U.S. and carry a 30 percent mortality rate.
- Patients should be cautioned against taking multiple products containing APAP at one time, and not to exceed the current maximum recommended dose of 4,000 mg within a 24-hour period.
- The elimination of higher-dose RX combination APAP products will be phased

in over three years and should not create a shortage of pain medication.

- For more information and a list of affected products, please visit: www.fda.gov/acetaminophen.

Zocor® (simvastatin) Safety Announcement

- The FDA is recommending limiting the use of Simvastatin 80 mg because of increased risk of muscle damage.
- The most serious form of myopathy, called rhabdomyolysis, can damage the kidneys and lead to kidney failure which can be fatal.
- The FDA recommends that health care professionals should:
 - Use this dose only in patients who have been taking this dose for 12 months or more without myopathy.
 - Avoid starting new patients on this dose, including patients already taking lower doses of the drug.
 - Choose an alternative treatment(s) that provides greater LDL lowering for patients who do not meet their LDL goal with simvastatin 40mg.
 - Follow the recommendations in the simvastatin-containing product labels regarding drugs that may increase the risk for muscle injury when used with simvastatin.
 - Use an alternative statin for patients who are on a drug that interacts with simvastatin, with less potential for the drug-drug interaction.
 - Report adverse events involving simvastatin-containing products to the FDA MedWatch program.
- In addition to these new limitations, the FDA is requiring changes to the simvastatin label to add new contraindications and dose limitations for using simvastatin containing products with certain medicines.
- Additional information may be found at: www.fda.gov/Drugs/DrugSafety/ucm256581.htm#sa.

PRADAXA® (dabigatran)

- Please be aware of the important required storage instructions so they may be passed along to your patients:
 - Pradaxa® must be dispensed and kept in its original container until it is used.
 - Once the bottle is opened the drug must be used within 30 days; any remaining medication should be discarded.

- Advise patients that these capsules should not be put into pill organizers or other containers.
- For more information regarding Pradaxa®, please visit: www.pradaxa.com.

EDARBITM (azilsartan)

- EDARBITM is available as a tablet for oral administration in 40 or 80mg dosage forms.
- The EDARBITM packaging was specifically designed to protect the tablets from light and moisture and it is not recommended that EDARBITM be repackaged or otherwise stored in anything other than the original container.
- Advise patients that these capsules should not be put into pill organizers or other containers.

Alert: Change in Tamiflu Suspension

Please note that oseltamivir oral suspension (Tamiflu®) used to treat and prevent influenza in patients older than one year, is now manufactured in a new concentration. The new 6-mg/mL strength replaces the previous 12-mg/mL concentration. Although the old strength is no longer being manufactured, it will remain on the market until supplies are exhausted. Pharmacies may still have stock on their shelves.

To avoid confusion at the pharmacy, if you write a prescription for oseltamivir oral suspension, please be sure to clearly indicate the desired dose by specifying the number of milligrams in your dosage instructions.

To Report Fraud, Waste or Abuse, call 1-800-345-9956, option 4, or write to our Compliance Official at 2050 S. Linden Road, Flint, MI 48532.

You do not have to leave your name.

2011 INFLUENZA BILLING CODES ADMINISTRATIVE CODES GUIDE

To assure prompt and accurate reimbursement when submitting claims for influenza and pneumonia vaccines, please use the following billing codes:

CPT® Code	CPT® Description Vaccine Codes	HealthPlus Reimbursement Guide		
		Commercial	Medicaid (Partners)**	Medicare
90654 <i>New in 2012</i>	Influenza, split virus, preservative free , Age Group: 18 years to 64 years... INTRADERMAL USE ONLY!!!! (1 dose)	Covered	Adults: Covered Children: VFC	Not Indicated
90655	Influenza, split virus, preservative free , 6-35 months, TIV ^A IM ^{^^} (1 or 2 doses*)	Covered	VFC Only	Not Indicated
90656	Influenza, split virus, preservative free , 3 years of age & over, TIV IM (1 or 2 doses)	Covered	Adults: Covered Children: VFC	Covered
90657	Influenza, split virus, 6-35 months, IM TIV IM (1 or 2 doses)	Covered	VFC Only	Not Indicated
90658	Influenza, split virus, 3 years of age & over, TIV IM (1 or 2 doses)	Covered	Adults: Covered Children: VFC	Not Covered as of Jan 1, 2011... MUST USE VACCINE SPECIFIC Q Codes SEE BELOW
90660	Live attenuated influenza virus vaccine....LAIV FluMist™ For intranasal use ONLY (1 or 2 doses)	Covered	Adults: Covered Children: VFC	Not Indicated
90662	Influenza High Dose... Fluzone® High Dose split virus 65 plus age group, TIV IM (1 Dose)	Covered	Not Indicated	Covered
New "Q Codes" for Medicare Members ONLY as of January 1, 2011!				
The following codes are to be used when billing for vaccine portion of influenza vaccine given to MEDICARE recipients for Medicare Billing purposes ONLY...the "Q" Codes replace CPT code 90658.				
Q2035	Afluria® influenza virus vaccine, split virus, for use in individuals 3 years of age and above, TIV IM (1dose)	Not Covered	Not Indicated	Covered
Q2036	Flulaval® influenza virus vaccine, split virus, for use in individuals 3 years of age and above, TIV IM (1dose)	Not Covered	Not Indicated	Covered
Q2037	Fluvirin® influenza virus vaccine, split virus, for use in individuals 3 years of age and above, TIV IM (1dose)	Not Covered	Not Indicated	Covered
Q2038	Fluzone® influenza virus vaccine, split virus, for use in individuals 3 years of age and older, TIV IM (1dose)	Not Covered	Not Indicated	Covered
Q2039	Not otherwise specified influenza split virus vaccine, for use in individuals 3 years of age and older, TIV IM (1dose) <i>Health Plus Medicare Plus will pay this Q code once Original Medicare releases coverage <u>and</u> the accompanying payment rates.</i>	Not Covered	Not Indicated	Not Yet Available to Pay
90732	Pneumovax® 0.5mL pre-filled syringe Pneumovax® 2.5mL vial	Covered	Covered	Covered

FLU VACCINE ADMINISTRATION CODES:

To assure prompt and accurate reimbursement when submitting claims for these vaccines, please use the following billing codes for the **administration of the vaccine**:

Product Line	Code
Commercial (HMO & PPO)	90471: One vaccine (includes percutaneous, intradermal, subcutaneous, or intramuscular)
	90472: Two or more vaccinations, list separately (see above)
	90473: Immunization administration by intranasal or oral route; one vaccine
	90474: Immunization administration by intranasal or oral route; each additional vaccine
Medicaid (Partners)	90471: One vaccine (includes percutaneous, intradermal, subcutaneous, or intramuscular)
	90472: Two or more vaccinations, list separately (see above)
	90473: Immunization administration by intranasal or oral route; one vaccine
	90474: Immunization administration by intranasal or oral route; each additional vaccine
Medicare	G0008: Influenza
	90473: Immunization administration by intranasal or oral route; one vaccine
	90474: Immunization administration by intranasal or oral route; each additional vaccine
	G0009: Pneumococcal

^TIV (trivalent inactivated vaccine)

^^IM (intramuscular)

*Children aged 6 months to 8 years who did not receive at least 1 dose of an influenza vaccine in 2011, who have never received a seasonal TIV before, or who were vaccinated for the first time with the seasonal 2010–11 seasonal vaccine but who received only 1 dose should receive 2 doses of the 2011–12 influenza vaccine formula, spaced ≥ 4 weeks apart. See www.flu.gov for detailed information.

** Offices participating in the Vaccines for Children (VFC) Program must use VFC supplies for all HealthPlus Partners (Medicaid) members 18 years of age and younger. HealthPlus does not reimburse vaccine costs for children who meet VFC requirements. For more information on the VFC program, contact the Michigan Department of Community Health or log on to www.michigan.gov/mdch.

Please Note:

Rates are subject to change per annual review effective 1/1/12.

Medicare rates are subject to change on a quarterly basis.

Document last updated 9/16/2011.

**HealthPlus HealthQuest Disease Management Programs
Referral to Disease Management**

Patient Name: _____ **PCP Name:** _____

DOB: ___/___/___ **PHONE #:** _____ **PCP PH#:** _____

Diagnosis: **DM** **HF** **CAD** **COPD**



Please review the following with my patient:

Life Style/Behavior Changes:

- Smoking Cessation Support
- Assess for Behavioral Health Support
- Referral to HealthQuest Smoking Cessation Program
- Diet/Nutrition
 - Low-Salt
 - Low-Fat/Low-Cholesterol
 - Diabetes Nutrition Therapy
- Other:

Physical Activity/Exercise Plan:

Physical Limitations:

- Encouragement/Reinforcement
- Provide Resources

- Review Medications**
- Diabetes Education
- Insulin Teaching
- Medication Compliance
- Heart Failure Video
- SMBG (Self-Monitoring of Blood Glucose)
- Home Monitoring Program (HF)

Comments:

Physician Instructions:

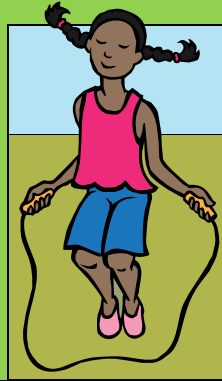
I request confirmation of the outcome of your assistance with the above patient to be shared with me by:
 Telephone Fax Letter Personal Visit None

Physician Name: _____ Date: _____

Phone: _____ Fax: _____

Physician Signature: _____

Helping you with HEDIS® ...



Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents looks for your patients 3-17 years of age who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity.

WHAT YOUR PROVIDER OFFICE NEEDS TO KNOW

This new HEDIS® measure has 3 components that need to be documented once per calendar year on all of your patients aged 3-17 years. **The date of and ...**

- 1) **the BMI percentile** (based on the CDC’s BMI for sex and age growth charts) should be documented (plotted) on the appropriate age-growth chart for the patient or recorded in the medical record. (For adolescents 16-17 years of age, a BMI value is acceptable.)
- 2) **counseling for nutrition** should be documented. Examples include:
 - Discussion of current nutrition behaviors
 - Checklist indicating nutrition was addressed or discussed
 - Counseling or referral for nutrition education
 - Documentation that nutrition educational materials were received by the patient
 - Documentation of anticipatory guidance for nutrition
- 3) **counseling for physical activity** should be documented. Examples include:
 - Discussion of current physical activity
 - Checklist indicating physical activity was addressed
 - Documentation that physical activity educational materials were received by the patient
 - Documentation of anticipatory guidance for physical activity

“HOW CAN I IMPROVE MY HEDIS® SCORES?”

Use these codes after calculating BMI percentile:

V85.51	BMI, Peds, less than 5 th percentile for age
V85.52	BMI, Peds, 5 th percentile to less than 85 th percentile for age
V85.53	BMI, Peds, 85 th percentile to less than 95 th percentile for age
V85.54	BMI, Peds, equal to or greater than 95 th percentile for age

The following codes are used to identify counseling for nutrition and counseling for physical activity:

	CPT	ICD-9
Counseling for nutrition	97802-97804	V65.3
Counseling for physical activity		V65.41

Submitting the above codes may reduce medical record audits.

HealthPlus can provide your office with pediatric BMI percentile graphs and wheels and health assessment forms that may be useful to you. Go to www.healthplus.org select provider, then patient management resources, then provider toolkit, then children and adolescent health.

If you have any questions, please contact Marilyn Legacy, Manager, Clinical Performance Improvement, at (810) 720-8185 or mlegacy@healthplus.org.



Healthy Weight - it's not a diet, it's a lifestyle!

BMI Percentile Calculator for Child and Teen English Version

This calculator provides BMI and the corresponding BMI-for-age percentile on a CDC BMI-for-age growth chart. Use this calculator for children and teens, aged 2 through 19 years old. For adults, 20 years old and older, use the Adult BMI Calculator.

Measuring Height and Weight Accurately At Home

BMI Calculator for Child and Teen

English | Metric

Birth Date:

month day year

Date of Measurement:

month day year

Sex:

boy girl

Height, to nearest 1/8 inch:

feet, inches, fractions of an inch
(12 inches = 1 foot; Example: 4 feet, 5 1/2 inches)

Weight, to nearest 1/4 (.25) pound:

pounds, fractions of a pound
(8 ounces = 1/2 pounds; Example: 75 3/4 pounds)

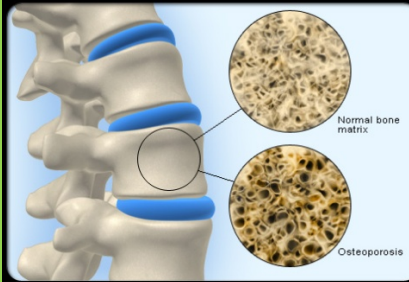
Calculate

Great tool for assessing BMI percentile in children and teens!

5 Easy steps.....

- 1) Click on the link below or copy and paste into your internet browser:
<https://apps.nccd.cdc.gov/dnpabmi>
- 2) Save as a favorite (see the upper tool bar, click on favorites and save)
- 3) Open this tool each day for easy use
- 4) Calculate per instructions. Record BMI percentile in child's medical record.
- 5) Counsel on diet and exercise and record in the medical record.

Helping you with HEDIS® ...



Osteoporosis Management in Women

Osteoporosis Management in Women looks for women 67 years and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

WHAT YOUR PROVIDER OFFICE NEEDS TO KNOW

When we receive a claim for a patient coded for a diagnosis of a fracture, your office will receive an osteoporosis fax transmission report. When you receive this report, use it as an opportunity to:

- **Confirm** the diagnosis of a fracture and location
- **Contact** the patient and schedule him/her for a bone mineral density (BMD) test, or prescribe him/her one of the FDA approved osteoporosis therapies (biphosphonates, estrogens, miscellaneous hormones, sex hormones combinations). Services needed within 6 months of fracture.
- **Educate** the patient on safety and fall prevention
- **Return** the completed fax transmission form with the requested information

“HOW CAN I IMPROVE MY HEDIS® SCORES?”

1. **Prescribe** medication to prevent osteoporosis within 6 months of fracture
OR
Order a BMD test on all women with diagnosis of fracture
2. **Follow up** within 6 months is needed regardless of age, medical comorbidities, place of residence (i.e. nursing home) and last BMD
3. **Return** the fax transmission form with any updates you may have regarding a bone mineral density test, prescription therapy, or other information regarding the patient
4. **Ensure** that the correct code is used to diagnosis a patient with a fracture

“WHY DOES A PATIENT KEEP SHOWING UP ON MY OSTEOPOROSIS REPORTS EVEN AFTER I CONTACT HEALTHPLUS?”

In most cases, once a patient’s bone mineral destiny (BMD) test or osteoporosis drug treatment therapy information has been received, HealthPlus of Michigan will update our records to reflect the information you provided. If there is a discrepancy on the osteoporosis report, please contact Marilyn Legacy, Manager, Clinical Performance Improvement, at (810) 720-8185 or mlegacy@healthplus.org.

Helping you with HEDIS® ...



Billing Codes Important to HEDIS®

Why billing codes are important for HEDIS®

Billing codes support HEDIS® performance

Sources of data for HEDIS® performance scores vary by measure and are based on claims data received from the provider, medical record reviews or a combination of both sources. These data are captured for use in a standardized evaluation process to determine if HEDIS® criteria are met.

Claims-Based Data

Most HEDIS® measurements use claims information (“administrative data”) for evaluating HEDIS® performance. Diagnoses and/or procedure codes are often used. *If a service is not billed or submitted correctly, the service may not be captured for HEDIS® and reflected in performance scores.*

HEDIS® includes codes from several coding systems including but not limited to:

- Current Procedural Terminology (CPT) including several Category II codes
- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

Commonly Used Codes for HEDIS®

Well-Child Services

Follow these guidelines to improve performance and reduce HEDIS® record audits for well-child visits.

- **Sick visits combined with well-child visits** – If sick- and well-child exams occur at the same visit, document all the components of a well-child visit. Well-child visits can be reported in addition to the problem-oriented visit. This allows HealthPlus to capture data for the well-child visit, and HealthPlus will reimburse for both services.
- **Sports physicals** – If a child needs a sports physical for school and is due for a well-child visit, complete all the services of a well-child visit. Submit appropriate codes.
- **New patient preventive visits** – Complete and document all well-child visit components and submit appropriate codes.

Age group	CPT codes	Diagnosis codes	Recommended Frequency
Well-Child Visits 0-15 months	99381, 99382, 99391, 99392, 99432, 99461	V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	At least 6 visits in the first 15 months
Well-Child Visits 3-6 years	99382, 99383, 99392, 99393	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	1 visit per year
Adolescent Well-Care Visits 12-21 years	99383, 99384, 99385, 99393, 99394, 99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	1 visit per year
LEAD Testing Under age 2 years	83655 (when test is completed in office)	None	1 or more capillary or venous lead blood tests for lead poisoning by the second birthday

~~~Additional information next page~~~

## Commonly Used Codes for HEDIS®

### Body Mass Index and Counseling\* - Children and Adolescents (3 years – 17 years)

| Children and Adolescents         | CPT         | ICD-9  |
|----------------------------------|-------------|--------|
| BMI percentile                   |             | V85.5x |
| Counseling for nutrition         | 97802-97804 | V65.3  |
| Counseling for physical activity |             | V65.41 |

\*Note: These codes are collected for information purposes only

### Acute Upper Respiratory Infections

Prescribing of antibiotics for upper respiratory infection **only** (code 460 or 465) or acute bronchitis diagnosis (code 466) is inconsistent with evidence-based medicine unless a competing diagnosis or other bacterial infection exists

- Use the proper diagnosis code if prescribing an antibiotic for a bacterial infection
- Code and bill for **all diagnoses** based on patient assessment

### Pharyngitis

When confirming a diagnosis of acute pharyngitis (code 462), acute tonsillitis (code 463) or streptococcal sore throat (code 034.0) with a **rapid strep test** in the office, with or without prescribing antibiotics, submit to **HealthPlus - CPT Code 87880** - for reimbursement .

### Hypertension

Use an alternative code, in place of hypertension billing code 401, for those members who have not *previously* been diagnosed with hypertension.

Consider using 796.2 when recording an episode of elevated blood pressure in a patient where no formal diagnosis of hypertension has been made, or as an incidental finding. For example:

- Rule out hypertension
- Possible hypertension
- White-coat hypertension
- Questionable hypertension

### Adult Body Mass Index\* (18 years – 74 years)

| HCPCS       |
|-------------|
| G8417-G8420 |

\*Note: These codes are collected for information purposes only

### Spirometry Testing for Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis

|                    | CPT                                            |
|--------------------|------------------------------------------------|
| Spirometry Testing | 94010, 94014-94016, 94060, 94070, 94375, 94620 |

### Colorectal Cancer Screening (50 years – 75 years)

| FOBT (in office) | CPT 82270, 82274 | Every year |
|------------------|------------------|------------|
|                  |                  |            |

If you have questions, please contact Marilyn Legacy, Manager, Clinical Performance Improvement, at (810) 720-8185 or [mlegacy@healthplus.org](mailto:mlegacy@healthplus.org).

Billing and medical record documentation should always support the level of service provided at that visit.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

[www.healthplus.org](http://www.healthplus.org)



The following guideline recommends assessment, diagnosis and treatment interventions for the management of acute low back pain in adults.

| Eligible Population                                                  | Key Components                                             | Recommendation and Level of Evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adults with low back pain or back-related leg symptoms for < 6 weeks | Patients with low risk of serious pathology (no red flags) | <p>Reassure patient that 90% of episodes resolve within six weeks regardless of treatment [C]. Advise that minor flare-ups may occur in the subsequent year.</p> <p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>Stay active and continue ordinary activity within the limits permitted by pain. Avoid bed rest [A]. Early return to work is associated with less disability.</li> <li>Injury prevention (e.g. use of proper body mechanics, safe back exercises).</li> <li>Recommend ice for painful areas and stretching exercises [D].</li> <li>McKenzie exercises [A] are helpful for pain radiating below the knee.</li> </ul> <p><b>Referral:</b></p> <ul style="list-style-type: none"> <li>If persistent disability at 2 weeks, consider referral for non-interventional therapy for improving flexibility and strength, not modalities such as heat, traction, ultrasound, TENS.</li> <li>Surgical referral usually not required if no "red flags."</li> </ul> <p><b>Medication Strategies:</b></p> <ul style="list-style-type: none"> <li>Prescribe medications on a time-contingent basis, not pain-contingent basis.</li> <li>Medication treatment depends on pain severity.</li> <li>No drug categories have been proven to be more effective in pain control, consider side-effect profiles.</li> <li>If prescribed, opiate use should be limited to short-term (i.e. two weeks).</li> </ul> <p><b>Testing:</b></p> <ul style="list-style-type: none"> <li>Diagnostic tests or imaging usually not required.</li> <li>If no improvement after 6 weeks, consider imaging.</li> </ul> |
| Assessment to identify potential serious pathology                   | Assessment to identify potential serious pathology         | <p><b>Assess for "red flag" indications of serious disease:</b></p> <p><b>Cauda Equina</b></p> <ul style="list-style-type: none"> <li>Severe or progressive neurologic deficit</li> <li>Recent bowel or bladder dysfunction</li> <li>Saddle anesthesia</li> </ul> <p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>Men and women age &gt; 50</li> <li>Cancer history</li> <li>Insidious onset</li> <li>No relief at bedtime or worsening when supine</li> <li>Constitutional symptoms (e.g. fever, weight loss)</li> <li>Male with diffuse osteoporosis or compression fracture</li> </ul> <p><b>Fracture</b></p> <ul style="list-style-type: none"> <li>Traumatic injury or onset, cumulative trauma</li> <li>Steroid use history</li> <li>Women age &gt; 50</li> </ul> <p><b>Infection</b></p> <ul style="list-style-type: none"> <li>Steroid use history</li> <li>Diabetes Mellitus</li> <li>Immune suppression</li> <li>History UTI or other infection</li> <li>Constitutional symptoms (e.g. fever, weight loss)</li> <li>No relief at bedtime or worsening when supine</li> <li>HIV</li> <li>Previous surgery</li> <li>Insidious onset</li> <li>IV drug use</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Patients with high risk of serious pathology (red flags)             | Patients with high risk of serious pathology (red flags)   | <ul style="list-style-type: none"> <li>Cauda Equina syndrome or severe or progressive neurologic deficit — Refer for emergency studies and definitive care [C].</li> <li>Spinal fracture or compressions — Plain LS spine X-ray [B]. After 10 days, if fracture still suspected or multiple sites of pain, consider either bone scan [C] or referral [D] before considering CT or MRI.</li> <li>Cancer or infection — CBC, urinalysis, ESR [C]. If still suspicious, consider referral or seek further evidence (e.g. bone scan [C], other labs — negative plain film X-ray does not rule out disease).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including the ICSI Adult Low Back Pain Guideline, Institute for Clinical Systems Improvement, 2008 ([www.icsi.org](http://www.icsi.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.





## **NEW WEB-BASED TRAINING**

### **Childhood Lead Poisoning Prevention for Primary Care Providers and Nurses**

These modules were created for professional development for nurses, physicians and other health care providers. The Federal and State of Michigan's goal is to eliminate lead poisoning by 2010.

The focus of this program is to:

- Enhance professional awareness of the problem of lead poisoning;
- Increase blood lead testing rates for young children;
- Eliminate and/or manage lead sources;
- Increase communication among stakeholders regarding resolution of this environmental health problem.

Visit the site <http://www.training.mihealth.org> to take the online course



For more information contact Michigan Department of Community Health  
Childhood Lead Poisoning Prevention Program

[www.michigan.gov/leadsafe](http://www.michigan.gov/leadsafe)

(517) 335-8885



## The HealthPlus HealthQuest Chronic Care Improvement Program

is available at no added cost to you and provides basic chronic care training for your medical office staff in relation to our disease management programs.

The program focuses on asthma, chronic obstructive pulmonary disease, diabetes, hypertension and smoking cessation and is designed to help make patient office visits more efficient and productive by:

- Providing medical office staff with a greater understanding of chronic conditions
- Training staff to recognize teachable moments to improve the clinical and educational interactions with patients
- Providing resources and tools to help empower patients with chronic conditions

A set of printed and web-based educational patient materials will be available to you and your staff. In addition, videos that address self-management techniques will be discussed and available to patients at your office or at home via the HealthPlus website.



**Call the HealthPlus HealthQuest Disease Management Department at 1-800-345-9956, ext. 8050 to schedule your educational training today!**



*The Plus makes all the difference.*

**HealthPlus HealthQuest Chronic Care Improvement Programs**

*Free educational training available for your medical office staff!*





## Heart and Lung Care

### “Release the Pressure” Program

The “Release the Pressure” hypertension program is a refresher course on taking blood pressures. Our HealthPlus Disease Management staff can assist you with this, as well as touch on the importance of calibration, patient positioning and documenting for quality improvement.

Educational topics include:

- Limit salt intake; label reading
- Heart-healthy foods
- Daily exercise
- Medication compliance
- Smoking and drinking cessation
- Normal blood pressure results
- Goal setting

### “Save Your Breath” Program

The “Save Your Breath” COPD educational program is a collaboration between Boehringer-Ingelheim Clinical Science Consultant Group and HealthPlus.

Participating offices will receive:

- Educational training sessions to educate office staff in patient needs related to COPD services and resources. The training seminar focuses on:
  - Prevalence, pathophysiology, symptoms
  - Diagnosis, spirometry, HEDIS®, screener tool
  - Treatment principles, guidelines, medication, oxygen, pulmonary rehab
  - Patient self-management techniques
  - COPD action plan
- Access to a HealthPlus disease management coordinator
- A set of educational materials to use with patients
- A desktop informational resource manual for medical office staff
- Certificates of attendance for all who complete the training



## Respiratory Care

### “Asthma Care Awareness Plus” Program

The HealthPlus HealthQuest Asthma educational program provides basic asthma training sessions for your office staff.

Participating offices will receive:

- Educational training sessions to educate office staff in patient needs related to asthma services and resources. The training seminar focuses on:
  - Basic understanding about asthma
  - Controller vs. rescue medications
  - Asthma myths
  - Use of asthma flow sheet
  - Assessment tools and patient education resources
- Access to a HealthPlus disease management coordinator and certified asthma educator
- A set of educational materials to use with patients
- Certificates of attendance for all who complete the training

### “Advise the Quit Plus” Program

The “Advise the Quit Plus” smoking cessation program is a collaboration between Pfizer and HealthPlus. It focuses on helping physicians assist their patients’ quit attempts.

This program includes:

- Education for office staff and physicians on epidemiology of smoking and smoking-related deaths, current tobacco cessation guidelines and effective counseling practices.
- Information on how to tailor smoking cessation interventions to individual smokers based on established Health Behavior Change approaches
- Suggestions on resources to help you assess each smoker’s readiness to quit and provide the smoker with appropriate tools to assist in creating a plan for quitting
- Support and tools for measuring success of chosen intervention



## Diabetes Care

### “Journey in Caring” Program

The “Journey in Caring” diabetes educational program is a collaboration between Joslin Diabetes Center, Lilly USA, LLC and HealthPlus.

Participating offices will receive:

- A Joslin-developed two-part diabetes seminar to educate office staff in patient needs related to diabetes. The training seminar focuses on:
  - Common misconceptions about diabetes
  - Basic diabetes facts and treatment approaches
  - Target goals for blood glucose and key laboratory values
  - Importance of capturing and conveying accurate and consistent information
- Two certified-diabetes educator visits to assist in self-assessment of office needs related to diabetes services and resources
- A follow-up training seminar
- A set of educational materials to use with patients
- A desktop informational resource manual for medical office staff
- Access to a HealthPlus disease management coordinator and a certified diabetes educator
- Certificates of attendance for all who complete the training



*The Plus makes all the difference.*

**1-800-345-9956, ext. 8050**