

The Provider NEWSLETTER

PARTNERS Medicare Choice Manual Available on CD-ROM

The 2004 *PARTNERS Medicare Choice Provider Guide for Physician Offices and Hospitals* is an indispensable tool for provider business offices. We have made the new guide available on CD-ROM for your convenience.

This latest edition includes a copy of the Centers for Medicare & Medicaid Services (CMS) guide to understanding Medicare+Choice risk adjustment. *The Physicians and Medicare+Choice Risk Adjustment* manual is an interactive, self-paced, multimedia program designed to provide information to physicians and their office staff about Medicare+Choice risk adjustment and their role in ensuring that accurate and timely risk adjustment data is submitted to CMS.

The PARTNERS Medicare Choice CD-ROM version has advanced search functionality. Our Network Management team has created a hyperlink from both the table of contents and index, as well as from references within the text to other sections of the manual and Web. You

will need Acrobat Reader, which is free and easily downloadable from the Web, on your workstation in order to view the manual.

With the enhanced search feature, you can use the search function to find a particular word in the document being viewed. Just use the following steps to search for a specific word in the document:

1. Click the "Search" button, or choose "Edit > Search."
2. Type the word or phrase that you want to search.
3. Click "Search" again.
4. Click on a listed item. Search words are highlighted when the page opens.

You may also use the arrow key to view the next page and the previous page to navigate through the pages one at a time.

If you need a print version of the manual, please contact your local Network Management office to request a print copy or additional CD-ROMs if needed.

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Hickory(877) 889-0002
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Fall Prevention for Senior Patients

As you care for senior patients, you are most certainly aware of the many geriatric syndromes that afflict this sometimes-fragile segment of your practice. You know that falls and related complications can be life-changing events for the individual patient.

But did you know that in the over age-65 population, approximately 35 to 40 percent of community-dwelling, generally healthy people fall each year? After age 75, the rates are even higher. A single fall may not lead to a fracture, but the high incidence of falls in a highly susceptible population gives rise to the fact that unintentional injuries are the fifth leading cause of death (after cardiovascular, neoplastic, cerebrovascular and pulmonary.) Falls are responsible for two-thirds of these events. Aside from mortality, falls and related complications account for 40 percent of nursing home admissions. And 50 percent of hip fractures never return to pre-morbid functional levels.

Why are the elderly so vulnerable? Age-related physiologic decline coupled with osteoporosis are known risk factors. Extrinsic factors such as multiple medications and environmental safety concerns can be included. A study reported in the *JAMA* (April 28, 2004) indicated that vitamin D supplementation appears to reduce the risk of falls among ambulatory or institutionalized older individuals with stable health by more than 20 percent.

With this background information in mind, PARTNERS Medicare Choice has adopted the American Geriatric Society's Guidelines for the Prevention of Falls in Older Persons. We've included an algorithm illustrating the assessment and management of falls. We hope you find this of value and will partner with us in case-finding and treatment of related medical issues. We will authorize the appropriate assessment and intervention services including outpatient physical therapy and durable medical equipment.

Our nursing staff is available to case manage these members in order to ensure that they are compliant with your recommended treatment plan, assessed and educated about fall risk prevention. The nursing staff will also update your office with any pertinent information. Please help us identify at risk members in an effort to prevent falls and complications. To request a nurse case manager for your patient, please call PARTNERS Health Services at **1-800-942-5695** or **(336) 760-4822** and indicate the reason for the referral. Our seniors are counting on it.

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References:

JAGS, May 2001- Vol. 49, No. 5 "American Geriatrics Society- AGS Panel on Falls Prevention," available on the Web at www.americangeriatrics.org

JAMA, April 28, 2004- Vol. 291, NO. 16 "Effect of Vitamin D on Falls"

Extended Benefits Available for Influenza Vaccination

A new administrative policy for PARTNERS Medicare Choice members is extending benefits for reimbursement of the influenza vaccination to include public venues for the upcoming 2004-2005 vaccination season. Those include senior centers, churches, pharmacies, grocery stores, the North Carolina State Fair or any provider supplying the vaccine at a mass immunization center (location code 60), state or local public health clinic (location code 71), or rural health clinic (location code 72).

PARTNERS Medicare Choice members will receive a mailing in September 2004 that will provide them with information about where they can get their flu shots. To assist members in finding a site near them, they will be directed to www.findaflushot.com or to PARTNERS Medicare Choice Customer Service. This change in policy pertains only to the flu vaccine and does not include public venues for the pneumococcal vaccine. Members will continue to be directed to their primary care physician for

administration of this particular vaccine.

PARTNERS Medicare Choice will continue to reimburse providers at the contracted fee schedule for the adult influenza vaccine (CPT 90658) and HCPCS G0008 for the influenza vaccination when administered at a participating provider office. Pneumococcal vaccinations should be filed with CPT 90732 for the Pneumovax vaccine and HCPCS G0009 for the administration of Pneumovax.

PARTNERS reimbursement continues to be full payment per the contracted fee schedule for all services related to the administration of the vaccine. **Please note that no copayment should be collected from the member for these vaccinations.**

Exception: An "Evaluation and Management" service fee should be charged only if a distinct and separate service is performed during the same visit that the flu shot is administered. If a separate service is rendered and a second charge is made, please help the member recognize and understand the reasons why the additional service may result in a copayment.

Editorial

This newsletter, unless otherwise stated, applies to Medicare Choice members.

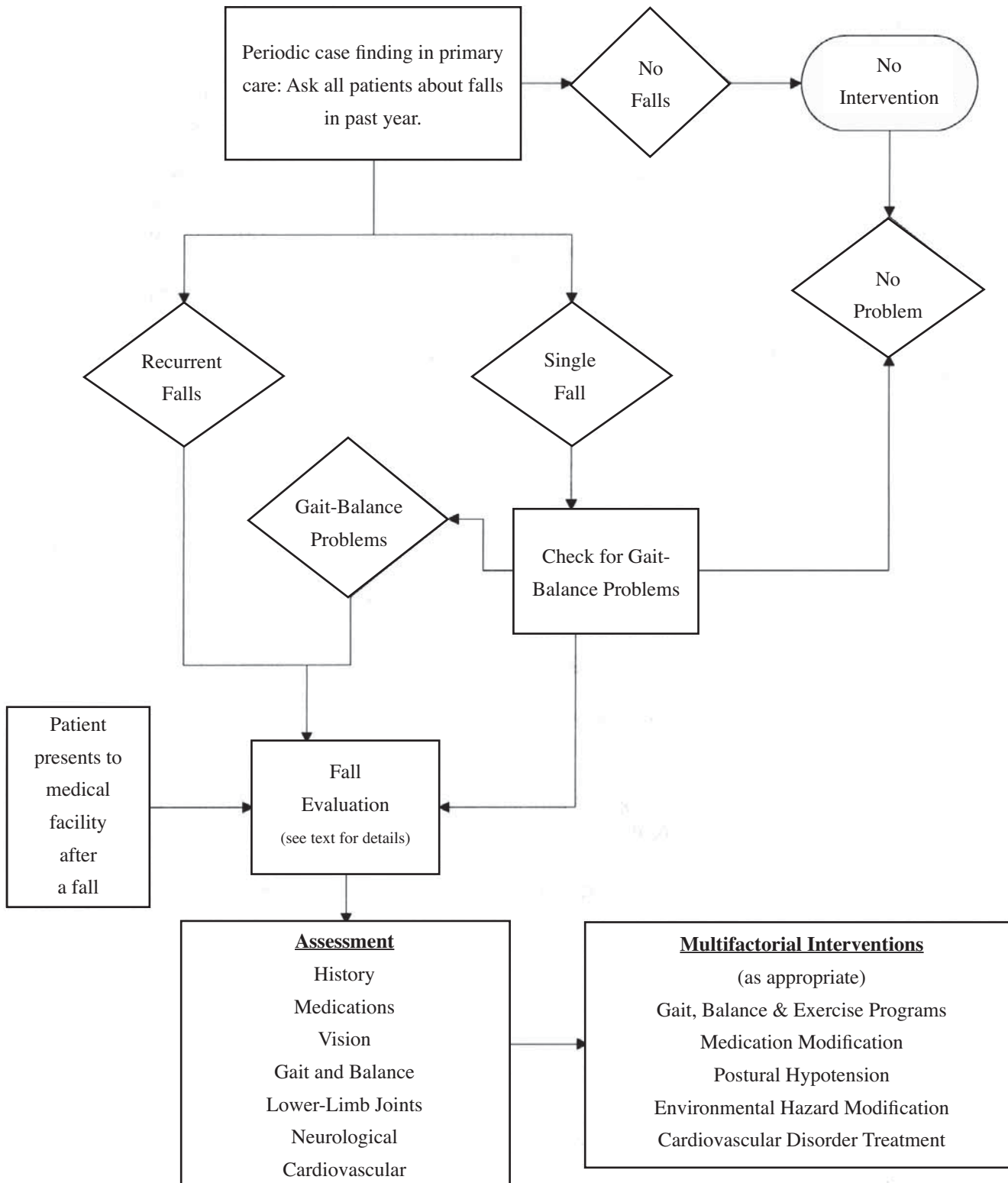
PARTNERS is committed to offering its health plans on a non-discriminatory basis.

PARTNERS does not discriminate based on color, religion, national origin, age, race, disability, handicap, gender, or health status as defined by CMS.

PARTNERS National Health Plans of North Carolina, Inc.

Provider Services
336-774-5400 or 1-888-296-9790

Assessment and Management of Falls



Prior Authorization Guidelines for Medicare Choice Members

Effective September 1, 2004, PARTNERS Medicare Choice will no longer require prior approval for hyperbaric oxygen therapy. A revised copy of the *PARTNERS Prior Authorization Guidelines* is included in this newsletter for

your reference. Please replace any previous copies in your *PARTNERS Medicare Choice Provider Guide* with this revised version when it becomes effective September 1, 2004.

Cosmetic Procedures(or those potentially cosmetic), such as but not limited to:

- Abdominoplasty
- Blepharoplasty
- Breast Reduction
- Genioplasty/Sliding Osteotomy
- Rhinoplasty
- Strabismus Surgery (for members 12 years or older)

Dental Services for Accidental Injury

Diagnostic Testing

- Neuropsychological Testing
- Psychological Evaluations for Medical Reasons

Durable Medical Equipment and Prosthetics

- All Rental Items
- Items > \$600.00 (Purchase)
- Penile Implants

External Counterpulsation

Hospice

Inpatient Admissions

- Scheduled admissions, including acute hospital, rehabilitation facility, hospice and skilled nursing facility
- **NOTE:** For urgent/emergency admits (including obstetric admits), prior authorization is NOT required. However, notification to PARTNERS of urgent/emergency admits (including obstetric admits) within 24-hours or the first business day after the admission is required.

Investigational Procedures (or those potentially investigational)

Nonparticipating Providers and Services

Pharmaceuticals (See also PARTNERS formulary)

- Amevive (Alefacept)
- Cerezyme

Rehabilitation/Therapy

- Biofeedback
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Speech Therapy
- Wound Care Clinic

Surgery

- Capsulotomy (laser)
- Extracapsular Cataract Extraction With Intraocular Lens
- Lithotripsy, Extracorporeal for Orthopedic Problems (plantar fasciitis and chronic lateral epicondylitis are the two conditions considered for coverage)
- MOHS Surgery
- Refractive Surgical Procedures
- Retina, Central Photocoagulation (laser)
- Pan-Retinal Photocoagulation (PRP, laser)
- Photodynamic Therapy With Visudyne
- Spinal Neurostimulators
- Surgical Treatment of Morbid Obesity
- Surgical Treatment of Sleep Apnea
- Temporomandibular Joint Surgery
- Transplants, Bone Marrow and Organ
- Varicose Vein Treatment
- Vertebroplasty and Kyphoplasty, Percutaneous

Transportation (non-emergency)

Effective: 9/1/2004

Medical Coverage Policy Updates

The following medical coverage policies have been reviewed and approved by the PARTNERS Physician Advisory Group and the Quality Improvement Committee. Please contact your Network Management representative for additional information if needed.

Policy	Major Changes	Additional Notes
Bioengineered Skin Grafts	<ul style="list-style-type: none"> • Renamed to Bilaminate Skin Substitute (Apligraf®) to reflect current terminology used by CMS. • Description changed to be more specific to Apligraf® product. 	<ul style="list-style-type: none"> • Requires Prior Approval • Covered for treatment of venous stasis ulcers and diabetic neuropathic ulcers that have not responded to conservativetreatment. • Complies with current Medicare coverage guidelines.
Custom Molded Shoes and Orthotics	<ul style="list-style-type: none"> • Renamed to Footwear, Diabetic and Custom • Criteria for coverage to include diabetics and peripheral neuropathies and/or vascular insufficiencies. 	<ul style="list-style-type: none"> • Complies with current Medicare coverage guidelines
Lymphedema	<ul style="list-style-type: none"> • Added description and goal of treatment. • Expanded “Criteria Required for Coverage” to twelve months of conservative treatment. 	<ul style="list-style-type: none"> • Limitations added to indicate when pumps are contraindicated. • Complies with current Medicare coverage guidelines.
Surgery for Morbid Obesity	<ul style="list-style-type: none"> • Adopted Medicare’s National Coverage Decision Statement for coverage of Gastric Bypass Surgery. • Identified “severe” medical conditions known to have high mortality rates in association with obesity. • Added description of an adequate preoperative evaluation for surgery. 	<ul style="list-style-type: none"> • Requires Prior Approval • Complies with current Medicare coverage guidelines. • Revised list of investigational procedures.
Varicose Vein Treatment	<ul style="list-style-type: none"> • Adopted Medicare’s Local Medical Review Policy statement for coverage of sclerotherapy. • Sclerotherapy is not covered for the treatment of any vessel that is asymptomatic, spider veins, or telangiectasis. 	<ul style="list-style-type: none"> • Requires Prior Approval • Complies with current Medicare coverage guidelines. • Deleted requirement that sclerotherapy be used in conjunction with a related surgical procedure.

Updates to the PARTNERS Formulary

Additions to the PARTNERS Formulary Effective April 2004

Emtriva, Iressa, Lexiva, Namenda, Reyataz, Stalevo and UroXatral

Additions to the PARTNERS Formulary That Require Prior Authorization Effective April 2004

FluMist and Raptiva

MAC'd Drugs

(Only the generic version of these drugs is covered. If member receives the brand-name drug, they will be responsible for a higher copayment or additional charges.)

Creon, Cytosan, Desoxyn, Macrobid, Oxycontin, Parlodel, Purinethol, Rebetol, Rondec and Urecholine

MAC'd Brand-Name Drugs and the Generics Added to the Medicare Employer Group Formulary

Alphagan (brimonidine tartrate)

Floxin (ofloxacin)

Glucotrol XL (glipizide ER)

Lithobid (lithium)

Podofilox (podofilox)

Proamatine (midodrine HCl)

Serzone (nefazodone HCl)

Zaroxolyn (metolazone)

Please note that only the generic versions of these drugs are covered. If members receive the brand-name drug, they will be responsible for either additional charges or a higher copayment.

MAC'd Generic Drugs Added to the Medicare Individual Group Formulary

Brimonidine tartrate, glipizide ER, lithium, metolazone, midodrine HCl and nefazodone HCl, ofloxacin and podofilox

MAC'd Generic Drugs Added to the Medicare Individual Member Formulary

amylase/lipase/protease, cyclophosphamide, methamphetamine, nitrofurantoin, oxycontin, bromocryptine mesylate, mercaptopurine and bethanechol chloride

Express-Scripts, Inc. Address Update

Mail: Express-Scripts, Inc.
Pharmaceutical Services, Inc.
Attn: Formulary Exceptions
6625 W 78th St.
Mail Route: BLO0345
Bloomington, MN 55439

Member Questions About the Medicare-Approved Prescription Drug Discount Card

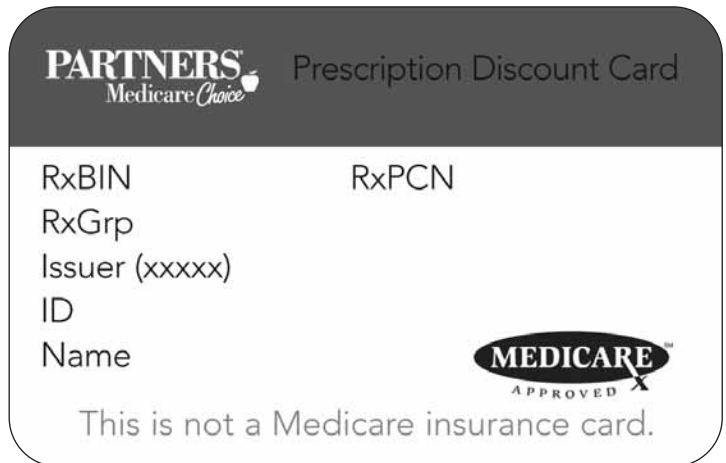
Did you know that PARTNERS was recently approved to offer a Medicare-approved drug discount card exclusively for its enrollees? This program, which began June 1, 2004, extends beyond the value-added services and programs that PARTNERS offers its members in that the Medicare-approved drug discount program offers a \$600 per year subsidy for members with income at or below a specified level.

PARTNERS believes that the program along with the subsidy will enable more members to get the prescription drugs they need. We hope the following Q&A will be helpful to you in answering questions from PARTNERS Medicare Choice members about the drug discount card. Please refer members to PARTNERS Medicare Choice Customer Service at 1-888-310-4110 if needed.

Q. How much of a discount does the Medicare-approved discount drug card provide?

A. The Medicare-approved drug discount card program is designed to offer instant savings on prescriptions purchased from contracting pharmacies. Beneficiaries may not save a large amount of money on every prescription, but even small amounts of savings will mount up over time. While the average discount is 15 percent, the actual discount will vary from drug to drug.

For example, an inexpensive \$6 generic antibiotic may only be discounted 10 percent or 60 cents because the drug is already relatively inexpensive. On the other hand, an expensive drug that costs \$100 may be discounted 15 percent and the member could save \$15. Since the PARTNERS Medicare-approved discount card is provided to Medicare Choice members at no cost, any amount of money saved with the discount card is advantageous to the beneficiary.



Q. It seems as if the amount charged for drugs changes all the time. Why is that?

A. The beneficiary should keep in mind that the price of drugs may vary each day and between pharmacies. Both the drug manufacturer and the pharmacy establish the cost of a prescription, but each can change their prices on a daily basis.

Think about how the price of gasoline changes between gas companies and gas stations on a daily basis. Just like gasoline, prescription drugs are subject to supply and demand. If a particular drug inventory becomes low, but the demand is still high, the price at the pharmacy will go up. Remember, the price can also go down. If the cost goes up, the beneficiary should ask the pharmacist if he or she can explain why the cost of the drug increased. Also ask if the cost would be less if the member paid cash. The beneficiary may find it to their advantage to ask their pharmacist how they can get the lowest price for their medication before they pay for their prescription.



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Address Service Requested

Reminder of Prohibition Against Collection of Upfront Payments/Deposits From PARTNERS Members

PARTNERS has learned that some skilled nursing facility providers may be requiring PARTNERS members to make a monetary “deposit” prior to admission to the facility. We want to take this opportunity to remind all of our contracting providers that such upfront collections are prohibited by your PARTNERS Provider Contract, as well as by Medicare regulations.

Please refer to your PARTNERS Provider Contract; specifically the paragraph entitled “Hold Harmless.” That provision, which is required by Medicare regulations, prohibits you from billing, charging, collecting amounts or otherwise having any recourse against any PARTNERS member, other than for the member’s applicable deductible, copayment or coinsurance amount. That paragraph also specifically prohibits collection of a deposit from any member. If your facility has been out of compliance with this provision of your contract, please immediately change your procedures to cease any upfront collections and to assure compliance with your PARTNERS Provider Contract.

If you should have any questions about this contractual provision or any other aspect of your contract, please contact

your PARTNERS Network Management representative. Thank you for your anticipated cooperation in this matter and your continued service to PARTNERS members.

