

network & provider

Lovelace
Health Plan

news

fall 2009 | lovelacehealthplan.com

lovelace women's hospital
opens a new pediatric
observation unit pg. 7



LOVELACE INCREASES
MEDICAID RATES pg: 10

TRADITIONAL MEDICINE
ENHANCED BENEFIT pg: 11

table of contents

health plan

Letter From the Senior Medical
Director [pg.2](#)

Lovelace Specialty Pharmacy
[pg.3](#)

New Faces at LHP [pg.4](#)

CareCentrix- NM Office Ready
to accept your referrals [pg.5](#)

Lovelace Appointment
Availability & After Hours
Availability Surveys [pg.6](#)

Lovelace Women's New
Pediatric Observation Unit [pg.7](#)

SED Medical Laboratories [pg.8](#)

community health plan

Optum Health [pg.9](#)

New Tribal Liasion [pg.9](#)

Lovelace Increases Medicaid
Rates [pg.10](#)

New Emergency Room
Initiative [pg.11](#)

Traditional Medicine
Enhanced Benefit [pg.11](#)

senior plan

Medicare C and D
Training [pg.12](#)

pharmacy

Epocrates Online [pg.13](#)

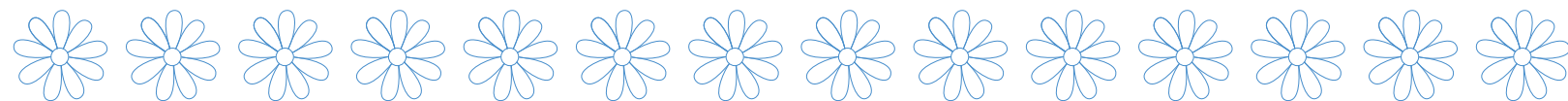
Pharmacy Corner [pg.14](#)

health services

Health Services Corner
[pg.15](#)

Expedited Partner
Therapy [pg.16](#)

Recognizing the
Challenge of UI [pg.17](#)





network & provider news

LHP Network & Provider News is a publication for Lovelace network partners

Dennis Wilson <i>CEO & President Lovelace Health Plan</i>	Rohan Reid <i>Chief Operating Officer</i>	Frank Ulibarri <i>Chief Financial Officer</i>	Sharyl Magnuson, MD <i>Assistant Medical Director</i>
Jeannette Velarde, MD <i>Senior Medical Director</i>	Linda Reiter <i>Assistant Vice President of Quality & Population Health</i>	June Sutton <i>Commercial/Medicare Health Services Director</i>	Steve DeSaulniers <i>Medicaid Director</i>
Cindy Al-Aghbary <i>Medicaid Health Services Director</i>	Jami Frost, MD <i>Associate Medical Director</i>	Beth Sanchez, PhD <i>Associate Medical Director of Behavioral Health</i>	Dennis Sandoval, MD <i>Associate Medical Director</i>
Todd Sprouse <i>Assistant Vice President Network Operations</i>	Janine Kirkland <i>Assistant Vice President Operations</i>	Paul Miller <i>Director of Network Operations</i>	

Your hard work is helping Lovelace build the best health care team in New Mexico. Comments and questions are appreciated. Call (505) 727-5683 in Albuquerque or (800) 808-7363 statewide or write Doreen Renna, Provider Services Supervisor, Lovelace Health Plan, 4101 Indian School Rd. NE, Suite 110, Albuquerque, NM 87110

Call us toll free (800) 808-7363

Provider Response Team	(505) 727-5456 or (800) 808-7363
Network Operations Provider Services	
Bernalillo County Specialists and Eastern New Mexico – A.C. Aseret	(505) 727-5489
Northern New Mexico – Amy Sanchez	(505) 727-5136
South Central NM, Bernalillo Behavioral Health and Santa Fe County - Sonia Gonzales	(505) 727-5293
UNM, Lovelace Health System, ABQHP, CareCentrix, Chaves County, Eddy County and Lea County - Christi LaPlante	(505) 727-5799
Southwest NM and Bernalillo County PCP's - Cara Fuller	(505) 727-5138

Behavioral Health Providers will utilize the Network Operations Provider Service Representatives for the above geographic regions.

Health Services	(505) 727-5683 or (800) 808-7363
Quality Management	(505) 727-5282 or (800) 808-7363
Disease Management & Health Promotion	(505) 727-5344 or (877) 480-9368
NurseAdvice New Mexico	(877) 725-2552
Health Status Management	(505) 727-5527
Fraud and Abuse Hotline	(505) 727-5384
Prevention and Medicaid Outreach	(505) 727-5365



letter from the senior medical director



Dear Physicians, Health Care Professionals and Administrators,

As a pediatrician, I was introduced to the concept of a Patient-Centered Medical Home (PCMH) in the early 1990s by the American Academy of Pediatrics. The concept evolved and developed so that the term “every child deserves a medical home” was commonly seen and heard. The AAP described the medical home in 2002 as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. This description of a medical home is more comprehensive than originally described in 1967. At that time the AAP’s Standards of Child Health Care described a medical home as “one central source of a child’s pediatric record.” Over the last several years the American College of Physicians and the American Academy of Family Physicians have adopted and endorsed the concept. In 2007, the aforementioned groups and the American Osteopathic Association developed the “Joint Principles of the Patient-Centered Medical Home.” These principles include:

- Personal physician: each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
- Physician directed medical practice: the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
- Whole person orientation: the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals .
- Care is coordinated and/or integrated.
- Quality and safety are assured by a care planning process, evidence-based medicine, clinical decision-support tools, performance measurement, active participation of patients in decision-making, information technology, a voluntary recognition process, quality improvement activities, and other measures.
- Enhanced access to care is available.
- Payment must appropriately recognize the added value provided to patients who have a patient-centered medical home.

The concept of a PCMH is being discussed at both a national and local level. PCMH is part of President Obama’s health care plan. It is also included in the House Tri-Committee Health Reform Draft, the Senate HELP Committee Affordable Health Choices Act, and legislation being worked on by the Senate Finance Committee. At a local level, Lovelace is participating in a collaborative effort with the New Mexico HSD Medicaid Division, the three other Salud plans, the New Mexico Medical Society and other state professional organizations to establish a pilot project helping primary care practices from across the state become certified as a PCMH by the National Committee for Quality Assurance (NCQA). Like other pilot projects across the country, it is a daunting task but a task I feel we can accomplish if we all work together. Lovelace Health Plan supports the concept of a PCMH and is a strong partner in this statewide project. If you are interested in participating in this pilot project, please contact me so that we can discuss the NCQA requirements and how you can become part of this important project.

Jeannette Velarde, MD
Senior Medical Director ♥

lovelace specialty pharmacy

Lovelace Retail Pharmacy has started a new pharmacy service called Lovelace Specialty Pharmacy, which will serve specialty prescription needs to our patients.

The Lovelace Specialty Pharmacy dispenses medication to treat chronic or less common diseases. Some examples are therapies for multiple sclerosis, oral chemotherapies, and injectable medications. These medications may be very high-tech or require special handling and administration procedures. Quite often the patient-focused therapy treated by these medications requires complex patient education and care and frequently needs continuous monitoring. Usually the prescriptions are delivered to the patient's home by mail or other delivery system.

For more information contact the Lovelace Medical Towers Specialty Pharmacy at 500 Walter Street, NE, Suite 202B, phone 727.4530, fax, 505.727.2990, or e-mail at specialtypharmacy@lovelace.com. This new service started September 1, 2009.

Lovelace Specialty Pharmacy Patient Comments:

A patient came to us about difficulties he was having starting medication therapy. He had wanted to start the therapy several months ago, but other pharmacies did not offer the help he needed to get his medications covered. Lovelace Specialty Pharmacy contacted his doctor to help resolve the issue. He was soon able to bring in his new prescriptions. Lovelace Specialty Pharmacy got the prior authorization done, the medication filled and the patient received his needed prescriptions the next day.

We recently served a patient who had prescriptions filled at another pharmacy. This patient would have had to wait for prior authorization for several weeks. Lovelace Specialty Pharmacy was able to transfer the prescriptions and get the prior authorization within an hour. The medication was sent out that afternoon for next day delivery. The patient was very appreciative stating they had never had such helpful and prompt service. ♥



Lovelace
Specialty Pharmacy

new faces at lovelace health plan



Janine Kirkland, Assistant Vice President of Operations

Janine Kirkland has joined Lovelace Health Plan as the new AVP of Operations. Janine has over 17 years of experience in operations, finance, accounting, project management, system implementations,

cost containment and customer service with various health care delivery models. Janine most recently worked as AVP of Operations with Arcadian Health Plan and Management Services Company in San Dimas, Calif. Prior to that, she worked at Health Net as the Director of Operations for the Western Region in Woodland Hills, Calif. She also worked at the Kaiser Foundation Health Plan as an Assistant Controller for California Claims Statewide Operations in Pasadena, Calif. Janine holds a bachelor's degree in Accounting from California State University in San Bernardino, Calif., and a master's in Business Administration from National University in San Diego, Calif.



Tammy Logan, Director of Claims

Tammy Logan is starting a new chapter at LHP as Director of Claims. Tammy has 20 years of diversified experience in health care insurance, including 10 years in

management. She has been with Lovelace Health Plan since 1999, and since 2008 has been the Manager of Network Operations. She has also held the roles of Contract Administration Manager, Claims Liaison Coordinator/Supervisor, Claims Liaison, and Provider File Specialist/Trainer/Supervisor at LHP. Tammy has proven herself as a leader in claims processing, customer service, training, quality improvement, utilization management, provider services, and provider configuration.



Rohan Reid, Chief Operating Officer

Rohan Reid has been named Chief Operating Officer for Lovelace Health Plan. He brings almost 20 years of health care experience to the position. Rohan most

recently worked for Delta Dental of California, where he held several senior leadership positions, including vice president of contact center operations and commercial operations. Prior to that, Rohan worked at Health Net, Inc. in Woodland Hills, Calif., as Vice President of Claims Operations and with Kaiser Foundation Health Plan in Pasadena, Calif., as Statewide Director of Health Plan Claims. Rohan earned a master's degree in Public Health from Yale University School of Medicine.



Paul M. Miller, Director of Network Operations

Paul M. Miller has been named Director of Network Operations. Paul has over 24 years of experience in managed health

care. Most recently he was Director of Network Development and Performance at Kaiser Permanente in Cleveland, Ohio. In this role he directed 17 staff members and was responsible for hospital, physician and ancillary contracting for all products. He also managed provider relations for over 300 contracts and 3,000 providers as well as overseeing provider registration, contract configuration and network performance measurement in Kaiser's Ohio region.

Paul received his master's degree of Public Health in Health Administration from the University of North Carolina at Chapel Hill, and his bachelor's degree in Psychology from the University of Notre Dame in Indiana.



Todd Sprouse, Assistant Vice President of Network Operations

Todd Sprouse was recently named the Associate Vice President of Lovelace Health Plan Network Operations. Todd brings more than 20 years of experience directing and

managing operations in both managed medical and behavioral health care settings.

Most recently, Todd worked for Magellan Health Services in Salt Lake City as Vice President of Field Network Management leading field network strategy, project management, contracting, cost of care management, provider relations, sales support and customer satisfaction.

Prior to that, he was Network Director of Workplace Division and Director of the Western Region Network Management at Magellan Health Services. Todd has also held positions at Aetna, First Health, Inc. and Equicor/Cigna Health Plans, Inc. in Salt Lake City and Denver. Todd earned his bachelor's degree in Health Services Administration from the University of Utah. ♥

new mexico office ready to accept your referrals

CareCentrix is pleased to announce that the new Albuquerque CareCentrix Regional Care Center is able to accept all New Mexico referrals.

The Albuquerque CareCentrix office phone number for referrals is 505-878-2100 or 866-721-6021, listen carefully to the phone prompts to reach the department of your choice and the referral fax number is 877-814-1246. ♥



Lovelace Health Plan is implementing project Chrysalis over the next year. This project involves transitioning to the TriZetto Group for technology, claims processing and enrollment. The new technology replaces multiple computer systems with a state-of-the-art, single, integrated system, which will increase our operating effectiveness and efficiency. The project will be completed by October 2010. ♥

Physician Survey Winner

Carrie Flury, PA-C, from Eastern NM Medical Center in Roswell won the drawing for a \$50 Target Gift Certificate for participating in the recent Lovelace Health Plan Physician Newsletter Survey.

The results of the survey are being used to improve communication to our providers. Thanks to everyone who participated in the survey! ♥

lovelace appointment availability & after hours availability surveys

It is that time of year again! Lovelace Health Plan (LHP) conducts an annual survey to assess provider appointment availability and after hours availability. The surveys are to ensure the standards are being met. Should your office be selected for the survey, it is important to participate.

The Appointment Standards in LHP’s Provider Reference Guide online at lovelacehealthplan.com.

Congratulations to the PCP Providers that received a “PASS” score for all areas of the 2007 Appointment Availability and After Hours Survey!

SPECIALIST PROVIDER	SPECIALTY	LOCATION
ABQ Health Partners, LLC	Optometry	Gibson & Journal-ABQ
Alan C Davis, MD, PA	Orthopedics	Las Cruces
Albuquerque Associated Podiatrists	Podiatry	Albuquerque
Arredondo, H. David	General Surgery	Albuquerque
Artesia General Hospital	OB/GYN	Artesia
Badshah Surgical Clinic	General Surgery	Tucumcari
Border Medical Specialists, PA	General Surgery	El Paso
Cardiac Care Consultants of NM, PC	Cardiology/Cardiovasc.	Albuquerque
Carlsbad Physical Therapy	Physical Therapy	Carlsbad
Cies, Lucia	OB/GYN	Santa Fe
Collins, Charles David	General Surgery	Las Cruces
Corazon Family Medicine, PC	Otolaryngology (ENT)	Santa Fe
Dan C. Trigg Memorial Hospital	General Surgery	Tucumcari
Donald E. Wenner MD, FACS, PC	General Surgery	Roswell
Dr. Michael Cohn, PC	Podiatry	Socorro
Drs Tikou, PC	General Surgery	Raton
East Desert OB/GYN Associates, PA	OB/GYN	El Paso
Eye Associates of NM	Ophthalmology	Gallup
Family Medicine Center-NM	OB/GYN	Las Cruces
Foot and Ankle Associates	Podiatry	Santa Fe
Gallien Inc.	Physical Therapy	Alamogordo
Hobbs OB/GYN Associates, PA	OB/GYN	Hobbs
Jemez Physical Therapy	Physical Therapy	Los Alamos
La Clinica de Familia Inc.	OB/GYN	Las Cruces
Langford Sports and Physical Therapy	Physical Therapy	Albuquerque
Marcos Calderon, MD, PA	Ophthalmology	El Paso
Meca Therapies	Physical Therapy	Clovis
Michael R Pincus, DPM	Podiatry	Rio Rancho
Mokonchu, Monique	OB/GYN	El Paso
Musello, Kate	OB/GYN	Albuquerque
NM Cardiology & Arrhythmia	Cardiology/Cardiovasc.	Las Cruces

SPECIALIST PROVIDER	SPECIALTY	LOCATION
NM Gynecology Consultants	OB/GYN	Albuquerque
NM Heart Institute	Cardiology/Cardiovasc.	Roswell
Nicholas J. Rowley, PC	Otolaryngology (ENT)	Clovis
Northern NM Podiatry Associates	Podiatry	Santa Fe
Paul M Legant MD, PA	Orthopedics	Albuquerque
Pecos Valley of New Mexico, LLC	General Surgery	Carlsbad
Phillip Wiley, MD, PC	Otolaryngology (ENT)	Durango
Pro-Therapy Inc.	Physical Therapy	Silver City
Ravi Gorav, MD, PA	Otolaryngology (ENT)	Las Cruces
RMCHCS	Neurology	Gallup
Roswell Clinic Corp.	Podiatry	Roswell
Roswell Foot Clinic	Podiatry	Roswell
Roswell Hand Clinic & Occupational Therapy	Physical Therapy	Roswell
San Juan Obstetrics & Gynecology	OB/GYN	Farmington
Silver City Ophthalmology Associates, PC	Ophthalmology	Silvery City
Southwest Bone and Joint Institute	Physical Medicine/Rehab	Silver City
Southwest Heart PC	Cardiology/Cardiovasc.	Las Cruces
Southwest Midwives Inc.	OB/GYN	Durango
Surgical Care Practice	General Surgery	Clayton
Taos Physical Therapy	Physical Therapy	Taos
Texas Oncology, PA	Hematology/ Oncology	El Paso
Therapy Associates	Physical Therapy	Ruidoso
Valencia Associates Podiatrists	Podiatry	Los Lunas
Vibrant Care Rehabilitation	Physical Therapy	Albuquerque
Vigil, Debbie A.	OB/GYN	Santa Fe
Vittal T Pai, MD, PA	Otolaryngology (ENT)	Las Cruces
Dr. Watson, Donald	Orthopedics	Las Cruces
Wayne A Delamater, MD, PA	Ophthalmology	Roswell
Women’s Health Institute	OB/GYN	Taos
Women’s Health Horizons	OB/GYN	Albuquerque
Women’s Specialty Services	OB/GYN	Alamogordo



lovelace women's hospital opens new pediatric observation unit

In October, Lovelace Women's Hospital opened a new pediatric observation unit. This family-friendly, 8-bed unit is for children who need short term medical care, observation, or additional treatment after surgery before returning home. Pediatricians will supervise the medical care on the unit 24/7.

The pediatric observation unit will treat many illnesses including:

- Asthma
- Bronchitis
- Croup
- Dehydration
- Fever
- Gastroenteritis

The unit will be staffed by a multidisciplinary team that provides high-quality, efficient and family-centered care. A child's team may include:

- Pediatricians
- Pediatric nurses
- Respiratory therapists
- Pharmacists
- Case managers

"This unit is a great addition to our services at Lovelace Women's Hospital," said Sheri Milone, CEO, Lovelace Women's Hospital. "We are looking forward to providing high-quality pediatric care in our community." ♥

BEHAVIORAL HEALTH PROVIDER	SPECIALTY	LOCATION
Associates for Counseling & Recovery	Psychology	Las Cruces
Ben Archer Health Center	Social Worker	Deming
Ben Archer Health Center	Psychology	Hatch
Ben Archer Health Center	Clinical Nurse Specialist	Las Cruces
Centerpoint Child & Family Services	Counseling	Rio Rancho
Child & Adolescent Wellness Ctr.	Counseling	Albuquerque
Family Workshop	Psychiatry	Albuquerque
Guidance Center of Lea County Inc.	Counseling	Hobbs
Hidalgo Medical Services	Counseling	Silver City
La Buena Vida, Inc.	Social Worker	Los Lunas
Las Clinicas del Norte	Psychiatry	El Rito/Abiquiu
Las Cruces Behavioral Health Med Assoc.	Psychiatry	Las Cruces
Napier Jane	Social Worker	Santa Fe
NM Psychiatric Services Inc	Clinical Nurse Specialist	Roswell
Rio Grande Counseling and Guidance	Counseling	Albuquerque
Sierra Vista Hospital Clinic	Psychology	T or C
Stevenson, Laurie A.	Social Worker	Albuquerque
Toscova, Radkat	Psychology	Albuquerque

Lovelace Health Plan would like to thank all providers who participated in the survey! ♥



s.e.d. medical laboratories

S.E.D. Medical Laboratories has been serving the medical community since 1972. We are one of New Mexico's largest full service laboratories. S.E.D. is proud to be the Preferred Provider for laboratory services for Lovelace Health Plan providers and members.

Currently S.E.D. has numerous Patient Service Centers in Albuquerque and locations around the State. Please make sure that all Lovelace Health Plan patients are referred to S.E.D. for laboratory services.

If you choose to collect specimens at your office or clinic, S.E.D. will provide courier pick up. ♥

HELPFUL PHONE NUMBERS:

Couriers

800-999-5227 ext #76272 or
505-727-6272

Client Services

800-999-5227 ext #76227 or
505-727-6227

Marketing

800-999-5227 ext #76232 or
505-727-6232

Patient Service Center Locations and Hours

sedlabs.com

S.E.D. at Farmington
724 Animas Street
Farmington, NM 87401
Phone: (505) 327-3637 Fax: (505) 327-3686
Hours: 7 a.m. – 5:30 p.m., Monday – Friday
7 a.m. – 12 Noon, Saturday

S.E.D. at Medical Towers
500 Walter NE, Suite 216
Albuquerque, NM 87102
Phone: (505) 727-6445 Fax: (505) 246-2236
Hours: 7 a.m. – 5 p.m., Monday – Friday

S.E.D. at ABQ Health Partners Juan Tabo
2121 Juan Tabo Blvd NE
Albuquerque, NM 87107
Phone: (505) 727-5955 Fax: (505) 237-8808
Hours: 8 a.m. – 5 p.m., Monday – Friday

S.E.D. at Eubank Medical Plaza
3825 Eubank NE, Suite H
Albuquerque, NM 87111
Phone: (505) 292-8488 Fax: (505) 293-7416
Hours: 7 a.m. – 4 p.m., Monday – Friday

S.E.D. at ABQ Health Partners Journal Ctr.
5150 Journal Center Blvd
Albuquerque, NM 87109
Phone: (505) 727-5960 Fax: (505) 262-3268
Hours: 7 a.m. – 7 p.m., Monday – Friday
7 a.m. – 3 p.m., Saturday

S.E.D. at Lovelace Women's Hospital
4701 Montgomery Blvd NE
Albuquerque, NM 87109
Phone: (505) 727-7830 Fax: (505) 727-7728
Hours: 7:30 a.m. – 5:30 p.m., Monday – Friday
8 a.m. – 5 p.m., Saturday and Sunday

S.E.D. at ABQ Health Partners Rio Rancho
1721 Rio Rancho Blvd SE
Rio Rancho, NM 87124
Phone: (505) 727-3540 Fax: (505) 994-9107
Hours: 8 a.m. – 5 p.m., Monday – Friday

S.E.D. at Gibson Medical Center
5400 Gibson Blvd SE
Albuquerque, NM 87108
Phone: (505) 727-5970 Fax: (505) 727-1229
Hours: 7 a.m. – 5 p.m., Monday – Friday
7 a.m. – 12 Noon, Saturday

S.E.D. at Lovelace Westside Hospital
10501 Golf Course RD NW
Albuquerque, NM 87114
Phone: (505) 727-2070 Fax: (505) 898-1314
Hours: Open 24 Hours

S.E.D. at ABQ Health Partners Montgomery
9101 Montgomery Blvd NE
Albuquerque, NM 87111
Phone: (505) 727-5950 Fax: (505) 323-9029
Hours: 8 a.m. – 5 p.m., Monday – Friday

S.E.D. at Los Lunas
111 Sandoval RD SW
Los Lunas, NM 87031
Phone: (505) 865-1631 Fax: (505) 865-1632
Hours: 8 a.m. – 5 p.m., Monday – Friday
Closed for lunch: 1 p.m. – 2 p.m.

S.E.D. at Santa Fe
Plaza Entrada Shopping Center
3005 South St. Francis DR, Suite A
Santa Fe, NM 87505
Phone: (505) 989-8538 Fax: (505) 992-1344
Hours: 7 a.m. – 4 p.m., Monday – Friday

S.E.D. at Las Cruces
1121 Mall DR, Suite B
Las Cruces, NM 88011
Phone: (575) 532-6163 Fax: (575) 532-6167
Hours: 7 a.m. – 4 p.m., Monday – Friday
Closed for lunch: 1 p.m. – 2 p.m.

S.E.D. at Clovis
604 W. 21st Street
Clovis, NM 88101
Phone: (575) 763-7200 Fax: (575) 763-7204
Hours: 7 a.m. – 4 p.m., Monday – Friday
Closed for lunch: 1 p.m. – 2 p.m.

S.E.D. at Alamogordo
2814 Indian Wells Rd
Alamogordo, NM 88310
Phone: (575) 437-5404 Fax: (575) 437-0384
Hours: 7 a.m. – 4 p.m., Monday – Friday
Closed for lunch: 1 p.m. – 2 p.m.

S.E.D. at Midtown
Includes Drug Test & Breath Alcohol Testing
5601 Office Blvd NE, Suite 800
Albuquerque, NM 87109
Phone: (505) 727-6295 Fax: (505) 727-6311
Hours: 7 a.m. – 6 p.m., Monday – Friday
7 a.m. – 3 p.m., Saturday

S.E.D. at ABQ Health Partners Rio Rancho
Includes Drug Test Collections
1721 Rio Rancho Blvd, SE
Rio Rancho, NM 87124
Phone: (505) 727-3540 Fax: (505) 994-9107
Hours: 8 a.m. – 5 p.m., Monday – Friday

S.E.D. at Los Lunas
Includes Drug Test and Breath Alcohol Testing
111 Sandoval SW
Los Lunas, NM 87031
Phone: (505) 865-1631 Fax: (505) 865-1632
Hours: 8 a.m. – 4 p.m., Monday – Friday
Closed for lunch 1 p.m. – 2 p.m.

S.E.D. at Santa Fe
Includes Drug Test & Breath Alcohol Testing
3005 South St. Francis DR, Suite A
Santa Fe, NM 87505
Phone: (505) 989-8538 Fax: (505) 992-1344
Hours: 7 a.m. – 4 p.m., Monday – Friday

S.E.D. at Las Cruces
Includes Drug Test and Breath Alcohol Testing
1121 Mall DR, Suite B
Las Cruces, NM 88011
Phone: (575) 532-6163 Fax: (575) 532-6167
Hours: 7 a.m. – 4 p.m., Monday – Friday
Closed for lunch: 1 p.m. – 2 p.m.

S.E.D. at Clovis
Includes Drug Test Collections
604 W. 21st Street
Clovis, NM 88101
Phone: (575) 763-7200 Fax: (575) 763-7204
Hours: 7 a.m. – 4 p.m., Monday – Friday
Closed for lunch: 1 p.m. – 2 p.m.

OptumHealth New Mexico is the New Behavioral Health Statewide Entity

Effective July 1, 2009, OptumHealth New Mexico became the new behavioral health Statewide Entity. OptumHealth was awarded this contract by the State of New Mexico Behavioral Health Collaborative. OptumHealth is replacing Value Options of New Mexico. OptumHealth will be the managed care organization responsible for providing mental health and substance abuse services by behavioral health providers for all Medicaid recipients. This does not apply to the Lovelace State Coverage Insurance (SCI) or commercial programs whose behavioral health benefits will continue to be managed by Lovelace.

OptumHealth New Mexico's has regional offices in Albuquerque, Santa Fe, Farmington, Roswell and Las Cruces. Medicaid recipients and family members can call 1-866-660-7185. Providers and other parties can call 1-866-660-7182. OptumHealth's website is www.optumhealthnewmexico.com. ♥

New Tribal Liaison

Scott Atole is the new Tribal Liaison at Lovelace Community Health Plan (LCHP). He works with LCHP departments to improve services to American Indian & Alaska Natives. Mr. Atole will be LCHP's main contact for tribal P.L. 93-638 and Indian Health Service programs. The Tribal Liaison will also provide culturally appropriate outreach to native communities. This includes information on the Lovelace Salud! program.

Mr. Atole is a member of the Jicarilla Apache Nation of Northern New Mexico. He holds a Bachelor of Science in Education/Community Health Education from the University of New Mexico. Mr. Atole has 14 years of experience in health education and prevention. He has worked with many diverse populations. This includes populations in New Mexico and around the country. Mr. Atole serves on the New Mexico Department of Health's American Indian Health Advisory Council, American Cancer Society's Tobacco Advisory Group, the New Mexico State Tobacco Advisory Committee, and the Statewide Tobacco Control Strategic Planning Committee. ♥

Lovelace Increases Medicaid Rates

for Diabetic Eye Exam Reports, Well Child Examinations, Vaccine Administration, and selected Prenatal and Postpartum Services For Dates-of-Service 9/1/09 – 12/31/09.

Lovelace Community Health Plan (LCHP) is pleased to announce an increase in rates of diabetic eye exam reports, child examinations, vaccine administration, and selected prenatal and postpartum services codes for Lovelace Salud! and SCI members for dates-of-service (DOS) 9/1/09 – 12/31/09. The increases are to encourage Lovelace contracted providers to provide well child checks, childhood vaccines and prenatal/postnatal care to Lovelace Salud! members.

Well Child Check

Code	Age Description	Medicaid FFS Rate w/o GRT	Lovelace Rate w/o GRT eff. DOS 9/1/09 – 12/31/09	Lovelace Rate w/o GRT eff. DOS on/after 1/1/10
99381	Age under 1 year	\$150.55	\$173.13	\$150.55
99382	Age 1 through 4 years	\$150.55	\$165.61	\$150.55
99383	Age 5 through 11 years	\$150.55	\$165.61	\$150.55
99391	Age under 1 year	\$89.83	\$103.30	\$89.83
99392	Age 1 through 4 years	\$89.83	\$98.81	\$89.83
99393	Age 5 through 11 years	\$89.83	\$98.81	\$89.83

Vaccine Administration and NMSIIS

Please be aware that to receive reimbursement for entering data into the NMSIIS system, providers must bill a 99080 ("Special reports such as insurance forms . . .") along with the immunization administrative code and vaccine code. Only one unit of 99080 per DOS will be paid. The vaccine code(s) should always be billed with the administration code(s). Please see the chart below that outlines the fees LCHP will pay for codes 90471, 90472 and 99080.

Code	Description	Medicaid FFS Rate w/o GRT	Lovelace Rate w/o GRT eff. DOS on/after 7/1/09 (to continue through next year)
90471	Immunization Administration; one vaccine	\$17.89	\$20.04
90472	Each additional vaccine	\$10.81	\$12.11
99080	Special reports (for NMSIIS entry)	NA	\$5.00

Diabetic Eye Exams Reports

Primary care providers, nephrologists or endocrinologists may bill the CPT Category II 2022F code when a dilated eye exam report for an adult diabetic Lovelace Salud! member is reviewed and documented. The eye exam must have been performed in calendar year 2009 by an ophthalmologist or optometrist, and a copy of the eye exam report must be filed in the member's chart. Providers must bill the 2022F code with a diabetes diagnosis code on a claim that is submitted to LCHP for reimbursement.

Prenatal and Postpartum Care Visits: Obstetricians or midwives may bill the CPT Category II 0502F code for all prenatal visits with Lovelace Salud! members in the specified time frame (can bill up to 12 prenatal visits per member). Obstetricians or midwives may bill the 0503F code for postpartum visits with Lovelace Salud! members in the specified time frame (can bill only one postpartum visit per member). Incision check visits for C-sections are not considered postpartum visits. Providers must bill the 0502F and 0503F codes on claims that are submitted to LCHP for reimbursement.

Code	Description	Medicaid FFS Rate w/o GRT	Lovelace Rate w/o GRT eff. DOS 9/1/09–12/31/09	Lovelace Rate w/o GRT eff. DOS on/after 7/1/09
2022F	Diabetic Eye Exams	\$0.00	\$15.00	\$0.00
0502F	Prenatal	\$0.00	\$15.00	\$0.00
0503F	Postpartum	\$0.00	\$15.00	\$0.00

Any questions on either of these topics should be directed to the LHP Provider Response Team at (505)727-5456 or (800) 808-7363. ♥

new emergency room initiative for salud!

By implementing this regulation, a new process will be implemented to review Emergency Room claims. The claims will be reviewed using the Prudent Layperson standards. Claims for services provided in the Emergency Department setting for non-emergent conditions and which do not meet the prudent layperson standard will be denied. Upon determination and denial of claim that services were non-emergency, the Medicaid Member may be billed by the hospital. Use of ancillary service will be paid if medically appropriate for the condition treated, even though the condition was not an emergency.

The regulation states:

MAD8.301.5.10 SERVICES EXCLUDED FROM MEDICAL MANAGEMENT: Recipients can receive emergency services and inpatient services without referrals from their designated providers. These services are exempt from Medical Management. Emergency room claims for services provided to any recipient may be reviewed before or after payment. Inappropriate non-emergency use of emergency room services results in denial of payment by Medicaid and liability of the recipient for payment.

Patients may be redirected by the Emergency Room to Urgent Care, member's Primary Care Physician or member's medical home. Providers should not direct members to the emergency room in non-emergent care after hours or on weekends. ♥

Traditional Medicine Enhanced Benefit

Lovelace Community Health Plan (LCHP) has developed the Traditional Medicine Enhanced Benefit. This benefit is provided to LCHP American Indian/Alaska Native members. The benefit helps pay for traditional ceremonies or healing practices. This is to improve the member's health. The funds can be used to pay traditional healers or to buy gifts for the traditional healer. The funds can also be used to purchase food, gifts, and supplies used with traditional or ceremonial practices.

These funds have a set dollar amount. They are available on an inpatient or outpatient basis. The Traditional Medicine Enhanced Benefit is not designed to cover all the costs, but it does help pay for some of the costs.

Certain requirements must be met. For more information, please contact the LCHP Tribal Liaison at 505.727.5523 or 800.808.7363. ♥

medicare part c and d training

Since its inception of the Medicare Part D program January 1, 2006, Lovelace Health Plan (LHP) as a Medicare Part D plan sponsor has taken all elements of the Prescription Drug Benefit Manual (Chapter 9, Part D Program to Control Fraud, Waste and Abuse) seriously, including section 50.2.3-Training and Education. This section noted that "Sponsors should require that first tier entities, downstream entities and related entities with any Part D responsibilities on behalf of the Sponsor are required to have specialized training". LHP took action and created training material for providers who are contracted with LHP and provide services to our Medicare members. In past years network and community provider's participation rate has been approximately 19 percent.

Medicare Part C and D Training now MANDATORY.

CMS final rule published Dec. 5, 2007 entitled, "Revisions to the Medicare Advantage and Part D Prescription Drug Contract Determinations, Appeals, and Intermediate Sanctions Processes," FR Doc. 07-5946 (72 FR 68700 through 68741), CMS clarified, effective January 1, 2009 Part D specialized training is mandatory.

LHP is excited to announce a new site for the training. The new site is a joint training for several health plans. This new site will allow providers to take the training on one website and all the participating plans will receive the verification.

Please go to www.nmchili.org to take the training.

Questions on this training may be directed to Lupe Chavez, Medicare Part D Compliance Analyst at lupe.chavez@lovelace.com or 505-727-5524. ♥



epocrates online

Lovelace Health Plan (LHP) Pharmacy Department would like to remind providers that Epocrates is available to download LHP's formularies. Epocrates online is a mobile drug and formulary reference. The Pharmacy Department encourages providers to use this valuable resource and reference so providers can easily access the formularies. The Pharmacy Exception Center works hard to continually update all of our formularies to ensure the most current information is readily available for our contracted providers.

Epocrates offers downloads to Palm, Win Mobile, iPhone, Blackberry, Wim Smartphone or on the web at Epocrates Online.

To register simply go to <http://www.epocrates.com>

- 1) Register
- 2) Create a formulary list

The Lovelace Health Plan has 4 formularies:

- Lovelace 2 Tier and SCI
- Lovelace 3 & 4 Tier Formulary
- Lovelace Salud Formulary
- Lovelace Senior Medicare MA

As a Lovelace Health Plan provider you now have the knowledge at your fingertips when deciding which medication to prescribe while taking the patients co-payment into consideration. ♥



pharmacy corner

The Medication Corner

Mirapex (pramipexole) was added to the formulary recently. This means the medication is available at Tier 2 copayments with unrestricted access (no prior authorizations, no step edits). Mirapex was previously available with a Tier 3 copayment (non-preferred brand copayment).

Tekturna (aliskiren) has been added to the formulary (Tier 2 copayment) with a required step (trial and failure) of an ACE Inhibitor or an angiotensin receptor blocking (ARB) agent. Tekturna had previously been available with a Tier 3 (non-preferred brand) copayment.

Climara Pro, an estrogenic topical patch, has been added to the formulary (Tier 2 copayment). This may be a viable option for patients/members who would benefit from estrogen replacement therapy.

The Pharmacy Exception Center wishes to remind all providers of the importance of considering various guidelines when prescribing medications. For example, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure has formulated prescribing guidelines for hypertension; we anticipate an update to this guideline in the near future. We will publish reminders of these guidelines in upcoming issues.

Asthma Treatment

Asthma is a syndrome characterized by reversible airflow obstruction due to highly reactive airways leading to airway narrowing; COPD is characterized by airflow limitation that is not reversible. Chronic bronchitis is a condition with chronic cough lasting more than three weeks with phlegm production; COPD can be present in bronchitis if there is chronic airflow obstruction.

The asthma classification system begins with Step 1, the mildest, and progresses to Step 4, the most severe and persistent. The steps are classified by the number and severity of symptoms, the frequency of nighttime symptoms, and lung function as measured by FEV1. Asthma treatment begins with correctly assessing the severity of the disease and then determining the treatment plan. A patient who presents with mild symptoms should be started on a short-acting beta-2 agonist inhaler. If symptoms are not adequately controlled, a metered dose corticosteroid inhaler is initiated. As in Step 1, it is imperative that the patient have access to a beta-2 agonist (rescue) inhaler. As symptoms progress, the doses of inhaled corticosteroids are increased; long-acting beta-2 agonists and leukotriene antagonists may be added to the inhaled corticosteroid as needed.

Most cases of asthma can be adequately managed by using a short-acting beta-2 agonist and a low dose inhaled corticosteroid. Mild asthma is usually adequately controlled with albuterol inhalers. Inhaled corticosteroids are added for long-term control, usually starting at lower doses of low potency steroids. Both dosage (number of puffs per use) and potency may be increased as needed to control symptoms.

Medications are added to inhaled corticosteroids if additional control is needed. Long-acting beta-2 agonists maintain an open airway; they should always be used in combination with an inhaled corticosteroid. Leukotriene antagonists stabilize mast cells, lessening the allergic response.

Please be reminded that a single entity inhaled corticosteroid should always be initiated before starting a patient on a combination product to allow for flexible dosing titrations. We bring this to your attention because the Health Plan continues to see combination asthma products being used first line and for the treatment of bronchitis, which is inappropriate. ♥

health services

Recommended Palivizumab (Synagis) Administration Changes for Infants with History of Prematurity (< 35 weeks) for the Upcoming RSV Season 2009-10.

The American Academy of Pediatrics (AAP) has released a newsletter indicating changes to the current 2003 guidelines for the use of Synagis for the upcoming RSV season (AAP News, Vol 30 (7), July 2009). Formal recommendations are anticipated to be published in the AAP RedBook this year.

- 1 Recommendations for initiation and termination of prophylaxis are modified to reflect current CDC descriptions of RSV seasonality in different geographic locations within the United States.
- 2 The recommendations remain unchanged for infants with congenital heart disease, chronic lung disease of prematurity and birth before 32 weeks gestation.
- 3 Regardless of the month when the first dose is administered, the recommendation for a maximum number of 5 doses for all geographic areas is emphasized for infants with hemodynamically significant congenital heart disease, chronic lung disease of prematurity or birth before 32 weeks gestation and for a maximum number of 3 doses for infants with a gestational age of 32 to 35 weeks without hemodynamically significant congenital heart disease or chronic lung disease.
- 4 Risk factors for severe RSV lower respiratory tract disease among infants born between 32 to 35 weeks gestation have been modified to include only:
 - a. Infant attends child care.
 - b. Siblings living in the household are less than 5 years of age.
- 5 Infants 32 to 35 weeks gestation age who are born within the 3 months before the onset of RSV season and throughout the RSV season will qualify for prophylaxis if they have at least one risk factor. Earlier recommendations required 2 of 5 risk factors.
- 6 Infants who qualify for prophylaxis in the 32 to 35 weeks gestation age group should receive prophylaxis only until they reach 90 days of age or a maximum of 3 doses (whichever comes first). This is a change from the previous recommendation for 5 months of prophylaxis.
- 7 The AAP's definition of gestational age is used throughout this document. For example, 32 to 35 weeks gestation is defined as 32 weeks, 0 days through 34 weeks, 6 days.

Based upon these recommendations, LHP will no longer allow authorization of 6 doses of Synagis. The earliest approval for first doses of Synagis will be November 15, 2009. Final doses must be administered by April 15, 2010. ♥

expedited partner therapy

Expedited Partner Therapy or EPT is a way for clinicians to treat persons with whom they have not established a therapeutic relationship, in order to prevent re-infection of an index patient. Three large randomized controlled studies published in leading medical journals demonstrated that patients with gonorrhea or chlamydia who provided EPT to their sexual partners were less likely to become re-infected than were patients whose partners were simply referred for treatment. EPT may involve patients delivering medication or a prescription to their sex partners, or a provider may phone in a prescription to a pharmacy.

In January 2007, the New Mexico Department of Health (NMDOH) and the Clinical Prevention Initiative (a collaboration between the NMDOH and the NM Medical Society) requested a revision to the NM Medical Practice Act to allow clinicians to provide EPT for the treatment of sexually transmitted diseases. The NM Medical Board approved the exemption for partners of patients with an STD under guidelines that were developed by the NMDOH. A similar regulatory change was also passed by the NM Pharmacy Board.

In January 2008, the DOH issued EPT guidelines for the treatment of partners of patients with laboratory diagnosed gonorrhea, chlamydia, or trichomoniasis. The DOH EPT Guidelines and the required partner medication information sheets (in English and Spanish) are available on the DOH Website: <http://www.nmhealth.org/pdf/EPT%20Guidelinesfinal.pdf>.

Efforts are now underway to inform health care providers about EPT. For questions about EPT contact Bruce Trigg, MD Medical Director, NM Department of Health STD Program, Regions 1 and 3, office phone at 505-841-4112 or cell phone at 505-239-9074. ♥



recognizing the challenge of urinary infections

The problem of urinary infections is often ignored and undertreated. It is often dismissed as part of normal aging but can be diagnosed and managed effectively. Two-thirds of those aged 30 to 70 years have never discussed bladder health with a healthcare practitioner.

- Women wait, on average, 6.5 years from first symptoms to diagnosis.
- Two-thirds of those experiencing UI symptoms do not use any treatment or product to manage those symptoms.

Assessing the symptoms of urinary urgency and frequency

The first step is to take every opportunity to open a dialogue with patients about their urologic symptoms.

- For women, make it part of the comprehensive screening that they already undergo for breast cancer, cervical cancer and diabetes.
- For men, make it part of a regular screening program for prostatitis, benign prostatic hyperplasia, prostate cancer and diabetes.

Ask patients these 4 simple questions:

1. Many people experience problems with urinary incontinence, the leakage of urine. In the past 6 months, have you accidentally leaked urine?
2. How much of a problem, if any, was the urine leakage for you?
3. Would you like to talk more about your urine leakage problem?
4. How have you been dealing with your urinary incontinence? Would you like to discuss ways to treat it? ♥

Lovelace

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