

FALL 2010 | LOVELACEHEALTHPLAN.COM

Lovelace  
Health Plan

network & provider  
**news**



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# network & provider news

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

## EXECUTIVE LEADERSHIP TEAM

Dennis Wilson <i>CEO &amp; President</i>	Rohan Reid <i>Chief Operating Officer</i>	Terri Chinn <i>Chief Financial Officer</i>	Marlene Baca <i>Chief Sales &amp; Service Officer</i>	John Cruickshank, DO <i>Chief Medical Officer</i>
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## SENIOR LEADERSHIP AND MANAGEMENT TEAM

Bruce Lundblad, DO <i>Associate Medical Director</i>	Jami Frost, MD <i>Associate Medical Director</i>	Beth Sanchez, PhD <i>Associate Medical Director of Behavioral Health</i>	Michael Grund, MD <i>Associate Medical Director</i>
Randy Hulett <i>Assistant Vice President of Network Operations</i>	Linda Reiter <i>Assistant Vice President of Business Development</i>	June Sutton <i>Director Care Management</i>	Steve DeSaulniers <i>Medicaid Director</i>
Tammy Logan <i>Director of Claims</i>	Elizabeth Bainter <i>Director of Medicare Risk</i>	Yonnie Moss <i>Assistant Vice President of Operations</i>	Cindy Heavner <i>Network Operations Manager</i>
Heather Ingram <i>Director Customer Care</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 - Adolfo Martinez	(505) 727.5489
• Northern New Mexico - Patty Lewis	(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 - Julie Freeman	(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

## John M. Cruickshank, DO, MBA, Named New Chief Medical Officer for Lovelace Health Plan



### LOVELACE HEALTH PLAN HAS NAMED JOHN M. CRUICKSHANK, D.O., AS ITS NEW CHIEF MEDICAL OFFICER.

Dr. Cruickshank has had a diverse and distinguished career in health care that spans more than 25 years. Among his achievements, Dr. Cruickshank has helped lead physicians, hospitals and health plans in innovative efforts to improve quality. Most recently, Dr. Cruickshank served as Vice President and Market Medical Officer for Humana Healthcare in Phoenix, where he was responsible for medical operations in Arizona, Colorado, Nevada and Utah. Prior to that, Dr. Cruickshank was Executive Vice President and Chief Quality Officer at IASIS Healthcare in Franklin, Tenn., where he was responsible for strategic direction and oversight of all aspects of quality, utilization, customer service and patient safety. Dr. Cruickshank also served at CIGNA Healthcare in Phoenix, where he directed operations for a 22-state region as its Western Region Chief Medical Officer.

Dr. Cruickshank completed post-graduate training at the Chicago Osteopathic Medical Center, earning his Doctor of Osteopathic Medicine. He earned his Master of Business Administration from Arizona State University. Dr. Cruickshank is also board certified in medical management (CPE) through the American College of Physician Executives.

Dr. Cruickshank has been a recipient of two prestigious awards from the United States Air Force for his distinguished service: the USAF Systems Command Flight Surgeon of the Year Award and the Meritorious Service Medal. He has honored his profession through participation and leadership in various medical associations, including the American Osteopathic Association and the Arizona Osteopathic Association.



### HEDIS SCORES

We're down to the last stretch to improve our HEDIS scores! Lovelace Health Plan has collaborated with Warm Health to provide automated, interactive phone programs that cost-effectively engage, educate and motivate diverse populations. These Integrated Voice Response (IVR) calls are targeted to members who are due for diabetes labs such as A1c, cholesterol panel, microalbumin and eye exams. Members are encouraged to talk to their provider about whether they need these tests. We also have an automated call campaign that targets members who are due for mammograms, cervical screening and Chlamydia as well as asthma. The calls begin in September and continue through October.

# Lovelace Senior Plan Offers Three Great Options for Coverage

**Lovelace Senior Plan open enrollment is Nov. 15 – Dec. 31.**

This year, we are excited to offer three plan options to choose from:

## **STANDARD (HMO) PLAN**

- \$0 premium
- Affordable co-payments
- A variety of doctors to choose from
- Comprehensive prescription drug benefits
- The Silver Sneakers program, which provides a fitness center membership at participating locations
- Prescriptions & medical care under a single plan
- Worldwide emergency coverage

## **ENHANCED (HMO-POS) PLAN – NEW!**

- Low premium (\$57)
- See out-of-network providers
- No-cost preventive services
- Prescription drug coverage with no deductible
- VSP vision services
- Acupuncture and chiropractic benefits
- Plus, all the benefits of our HMO plan

## **MEDICAL-ONLY (HMO) PLAN**

- \$0 premium
- Ideal for those with VA coverage or TRICARE
- VSP vision services

And it all comes from an established New Mexico health plan!

Visit [www.lovelaceseniorplan.com](http://www.lovelaceseniorplan.com) for more information.

## VISIT OUR WEBSITE FOR UPDATED INFORMATION ON HEALTH CARE REFORM

For updates on Health Care Reform, please visit our new webpage at [lovelacehealthplan.com](http://lovelacehealthplan.com). This site will be updated frequently so be sure to check it often.

Lovelace Health Plan is in the process of implementing the Patient Protection and Affordable Care Act. We have formed an Executive Committee and a Project Committee that are working diligently to research, interpret and implement the various provisions in the final regulations.



# Health Reform and Changes to Your Patients' Lovelace Health Benefits

*A Letter from Randy Hulett, Assistant Vice President, Network Operations at Lovelace Health Plan*

## **DEAR VALUED NETWORK PROVIDER:**

The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the "Affordable Care Act"), imposes certain mandated benefits and other coverage rules which on Sept. 23, 2010, became applicable to commercial health plan coverage. The new coverage rules are imposed on the HMO and PPO coverage offered by Lovelace Health Plan and Lovelace Insurance Company (collectively, "Lovelace").

The new coverage rules under the Affordable Care Act have resulted in changes to Lovelace health benefit plans in which your patients are enrolled. This letter is intended to notify you of these changes and to provide you with appropriate reference and contact information for any questions about your patients' Lovelace coverage.

The new coverage rules effective Sept. 23 under the Affordable Care Act will not impact all of your patients in the same way or at the same time. In general, these new coverage rules are mandatory for new health plans which became effective Sept. 23 or after. Some but not all of these coverage rules are mandatory for Lovelace health plans which were in existence on March 23, 2010, and, therefore, are considered "grandfathered plans." For grandfathered plans, the remainder of the new coverage rules under the Affordable Care Act is optional.

In most instances, Lovelace is enhancing the coverage under grandfathered plans so that Lovelace member benefits sold to similar individuals or subscriber groups are consistent. Also, the new coverage rules will become applicable on a rolling basis, as health insurance policies and HMO coverage became effective or renew beginning Sept. 23. To determine which benefits and benefit coverage rules are applicable to your patients enrolled in a Lovelace health plan, please continue to refer to your patients' most current evidence of coverage by contacting Lovelace Customer Care at 505.727.5406 or 800.808.7363.

## **New Coverage Rules under the Affordable Care Act**

Not all of the Affordable Care Act's coverage rules have a direct bearing on your treatment or interaction with patients enrolled in Lovelace health plans. However, to the extent that additional health care services and treatment now will be "covered" under Lovelace health plans and additional individuals now will be eligible for enrollment under Lovelace health plans, you will be compensated for the additional services and treatment to current and new enrollees as covered benefits under your contract with Lovelace. We have identified below some of the key coverage rules imposed by the Affordable Care Act which may result in changes to Lovelace health plans. Some of these requirements are already covered by New Mexico law.

- Health plan coverage of recommended preventive services without charging members (i.e., your patients) co-payments or other cost-sharing amounts. (Discussed further on the following page.)
- Wider latitude in the selection of primary care physicians to coordinate care.
- Health plan coverage of emergency services without prior authorization.
- Health plan coverage of adult children up to age 26, without the necessity of student status or financial dependency.
- Health plan coverage of pre-existing health conditions in enrollees up to age 19.
- Elimination of lifetime dollar limits on the essential health benefits included in a member's health care coverage.
- Phasing out of annual dollar limits on the essential health benefits included in a member's health care coverage.

**Coverage of Preventive Services without Member Cost-Sharing**

Lovelace's new plans and many enhanced grandfathered plans will cover the following types of preventive services, and will prohibit the imposition of member cost-sharing (whether co-payments, co-insurance or deductibles imposed by Lovelace or its contracted providers) on such services when they are furnished during an office visit with an in-network provider.

- Recommendations of the enclosed United States Preventive Services Task Force (USPSTF) with a rating of A or B.
- Recommendations from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for immunizations for routine use in children, adolescents and adults.
- Guidelines supported by the Health Resources and Services Administration (HRSA) for preventive care and screenings for infants, children and adolescents.
- Guidelines supported by HRSA and not otherwise addressed by the USPSTF for preventive care and screening for women.

The preventive services covered under the applicable Lovelace health plans are determined by the above recommendations in effect on July 13, 2010, which can be found at [www.healthcare.gov/center/regulations/prevention/regs.html](http://www.healthcare.gov/center/regulations/prevention/regs.html).

As the recommendations change, Lovelace will update its covered benefits. Therefore, it will be important for you to check member benefits by contacting Lovelace Customer Care at 505.727.5406 or 800.808.7363 to determine the most current list of preventive services covered by Lovelace and the permitted cost-sharing associated with such benefit.

Because the Affordable Care Act is new and the regulations implementing the coverage rules are under scrutiny, Lovelace anticipates that the coverage rules and their interpretations will continue to evolve. Therefore, we recommend that you visit the Health Care Reform link located on the [www.lovelacehealthplan.com](http://www.lovelacehealthplan.com) website home page or contact Lovelace Customer Care at 505.727.5406 or 800.808.7363 frequently during the implementation of the Affordable Care Act's first phase of new coverage rules for commercial health insurance plans. In addition, Lovelace will provide additional information as necessary to keep you informed.

Thank you for your participation in Lovelace's provider networks.

Sincerely,



Randy Hulett  
Assistant Vice President, Network Operations, Lovelace Health Plan



# USPSTF A and B Recommendations

As stated in Lovelace's Summaries of Benefits, the federal Affordable Care Act requires health plans to cover specific preventive care services at no cost to our members. The following is a list of preventive services that have a rating of A or B from the U.S. Preventive Services Task Force.

TOPIC	DESCRIPTION	GRADE	DATE OF EFFECT
Abdominal aortic aneurysm screening: men	one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.	B	February 2005
Alcohol misuse counseling	screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.	B	April 2004
Anemia screening: pregnant women	routine screening for iron deficiency anemia in asymptomatic pregnant women.	B	May 2006
Aspirin to prevent CVD: men	the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	A	March 2009
Aspirin to prevent CVD: women	the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	A	March 2009
Bacteriuria screening: pregnant women	screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	A	July 2008
Blood pressure screening	screening for high blood pressure in adults aged 18 and older.	A	December 2007
BRCA screening, counseling about	women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.	B	September 2005
Breast cancer preventive medication	clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	B	July 2002
Breast cancer screening	screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.	B	September 2002*
Breastfeeding counseling	interventions during pregnancy and after birth to promote and support breastfeeding.	B	October 2008
Cervical cancer screening	screening for cervical cancer in women who have been sexually active and have a cervix.	A	January 2003
Chlamydial infection screening: non-pregnant women	screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.	A	June 2007
Chlamydial infection screening: pregnant women	screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.	B	June 2007
Cholesterol abnormalities screening: men 35 and older	recommends screening men aged 35 and older for lipid disorders.	A	June 2008
Cholesterol abnormalities screening: men younger than 35	screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.	B	June 2008
Cholesterol abnormalities screening: women 45 and older	screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	A	June 2008
Cholesterol abnormalities screening: women younger than 45	screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.	B	June 2008
Colorectal cancer screening	screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	A	October 2008
Dental caries chemoprevention: preschool children	primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	B	April 2004
Depression screening: adolescents	screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	B	March 2009
Depression screening: adults	screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	B	December 2009

These guidelines are subject to change by the U.S. Preventive Services Task Force. Please check <http://www.ahrq.gov/clinics/uspstf/uspstabrecs.htm> for updates.

TOPIC	DESCRIPTION	GRADE	DATE OF EFFECT
Diabetes screening	screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	B	June 2008
Folic acid supplementation	all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	May 2009
Gonorrhea prophylactic medication: newborns	prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.	A	May 2005
Gonorrhea screening: women	clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).	B	May 2005
Healthy diet counseling	intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	B	January 2003
Hearing loss screening: newborns	screening for hearing loss in all newborn infants.	B	July 2008
Hemoglobinopathies screening: newborns	screening for sickle cell disease in newborns.	A	September 2007
Hepatitis B screening: pregnant women	screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	A	June 2009
HIV screening	clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.	A	July 2005
Hypothyroidism screening: newborns	screening for congenital hypothyroidism in newborns.	A	March 2008
Iron supplementation in children	routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.	B	May 2006
Obesity screening and counseling: adults	clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	B	December 2003
Obesity screening and counseling: children	clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	B	January 2010
Osteoporosis screening: women	women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures.	B	September 2002
PKU screening: newborns	screening for phenylketonuria (PKU) in newborns.	A	March 2008
Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	A	February 2004
Rh incompatibility screening: 24-28 weeks gestation	repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	B	February 2004
STIs counseling	high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	B	October 2008
Tobacco use counseling: non-pregnant adults	clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	A	April 2009
Tobacco use counseling: pregnant women	clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.	A	April 2009
Syphilis screening: non-pregnant persons	clinicians screen persons at increased risk for syphilis infection.	A	July 2004
Syphilis screening: pregnant women	clinicians screen all pregnant women for syphilis infection.	A	May 2009
Visual acuity screening in children	screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.	B	May 2004

\*The Department of Health and Human Services, in implementing the Affordable Care Act under the standard it sets out in revised Section 2713(a)(5) of the Public Health Service Act, utilizes the 2002 recommendation on breast cancer screening of the U.S. Preventive Services Task Force. Current as of July 2010

# Lovelace Appointment Availability and After-Hours Availability Surveys

Lovelace Health Plan conducts an annual survey to assess provider appointment availability and after-hours availability. The surveys are to ensure the regulatory requirements are being met. Should your office be selected for the survey, it is important to participate.

Below are the results of the PCP access survey and the regulatory requirements for each product. The goal is for 95 percent of offices to meet the standards. Providers' offices that do not pass 95 percent of the access questions will receive a letter with their scores and be informed of the contractual requirements.

## COMMERCIAL

Access Type	Standard	2009	2008	Percentage Point Change
Urgent	Within 48 Hours	97.5%	95.6%	+1.9%
Routine Symptomatic	Within 14 Days	84.4%	91.9%	-7.5%
Routine Non-Symptomatic	Within 4 months	86.8%	98.6%	-11.8%

## MEDICARE

Access Type	Standard	2009	2008	Percentage Point Change
Urgent	Within 24 Hours	88.8%	87.5%	+1.3%
Routine Symptomatic	Within 7 Days	95.5%	80.9%	+14.6%
Routine Non-Symptomatic	Within 30 Days	94.2%	88.5%	+5.7%

## MEDICAID

Access Type	Standard	2009	2008	Percentage Point Change
Urgent	Within 24 Hours	88.8%	87.5%	+1.3%
Routine Symptomatic	Within 14 Days	91.4%	91.9%	-0.5%
Routine Non-Symptomatic	Within 30 Days	94.2%	88.5%	+5.7%

In addition to the regulatory access standards, offices are measured on the experience of the call. The surveyor collected results based on the following experiences:

Telephone Experience	Standard	2009	2008	Percentage Point Change
Did you reach an answering machine recording?	No	100%	99.3%	+0.7%
Was the phone busy?	No	100%	100%	0%
Was the phone answered in less than 10 rings?	Yes	100%	100%	0%
Were you put on hold?	No	79.2%	79.7%	-0.5%
Were you asked to hold?	Yes	54%	60%	-6%
Was the caller on hold more than 5 minutes?	No	100%	96.7%	+3.3%

After-hours surveys measure results for the following:

After-Hours Access	Standard	2009	2008	Percentage Point Change
Indicate whether an operator or answering machine was available	Operator or Answering Machine	71.5%	71.5%	0%
How long (in minutes) will it take to reach the doctor in the event of an emergency?	≤ 10 Minutes	92.2%	93%	-0.08%
If there is an answering machine, what direction(s) are given in case of an emergency?	Directed to "on-call"; Directed to ER; Directed to call 911	86.7%	99.4%	-12.7%

**CONGRATULATIONS TO THE PROVIDERS THAT RECEIVED A "PASS" SCORE FOR ALL AREAS OF THE 2009 APPOINTMENT AVAILABILITY AND AFTER-HOURS SURVEY! BELOW IS A LIST OF THE PCP'S THAT WERE SURVEYED AND RECEIVED A "PASS" SCORE FOR ALL AREAS.**

PROVIDER NAME	LOCATION
ABQ Health Partners, LLC	9101 Montgomery - Albuquerque
ABQ Health Partners, LLC	1901 Juan Tabo - Albuquerque
ABQ Health Partners, LLC	2121 Juan Tabo - Albuquerque
ABQ Health Partners, LLC	West Side Pavilion - Albuquerque
After Hour Pediatrics, PC	Albuquerque
Alamogordo Internal Medicine, PC	Alamogordo
Albert M. Kwan, MD, PC	Clovis
Albuquerque Internal Medicine, LLC	Albuquerque
Anasazi Medical Associates	Santa Fe
B J Davis, DO, PC	Albuquerque
William T. Baker, DO	Las Cruces
Baldomero P. Garcia, MD, PA	Las Cruces
BCA Medical Associates	Roswell
Bebe Care, Inc.	Albuquerque
Ben Archer Health Center	Hatch
Caloors Family Medical Practice	Roswell
Carroll Wayne Thornburg, DO, PA	El Paso
Casa Alegre Pediatrics, LLC	Las Cruces
Corrales Family Practice	Corrales
County Line Medical Service, Inc.	Chaparral
Srichand S. Dara, MD	Carlsbad
Patricia L. Davis, MD	Roswell
De Baca Family Practice Clinic	Fort Sumner
Luis De La Torre, MD	Albuquerque
Deborah J. Hewitt, MD, FACOG, PC	Ruidoso
Dr. Phil Pediatrics, PA	Rio Rancho
Dr. Parveen's Pediatric Care, PC	Albuquerque
El Centro Family Health	Española
El Centro Family Health	Las Vegas
Eldorado Medical Care	Santa Fe
Eunice Health Clinic	Eunice
Farmington Internal Medicine, PC	Farmington
Oswald C. Graham, MD	Clovis
Gregg Family Healthcare Services, LLC	Las Cruces
Gwenn Robinson, MD, PC	Albuquerque
Norman Harrison, DO	Las Cruces
Harry Bass, MD, PA	Las Cruces
Maria Fe F. Hatol, MD	Deming
Health Care Solutions	Las Cruces
Heights Family Medicine Associates	Albuquerque
Guillermo Hernandez, DO	Las Cruces
Thomas Hickey, MD, PC	Silver City
Holy Cross Hospital Peñasco Clinic	Peñasco
Internal Medicine Associates of NM, PC	Alamogordo
Internal Medicine Specialists of NM, PC	Alamogordo
James E. Saltz, Jr., MD, PA	Tucumcari
Joel S. Saland, MD, PA	Albuquerque
John S. Caskey, MD, LLC	Santa Fe
Jurgen H. Upplegger, MD, PC	Albuquerque

PROVIDER NAME	LOCATION
Kenneth P. Stoller, MD	Santa Fe
Bhalachandra Kulkarni, MD	Albuquerque
La Casa de Buena Salud	Portales
La Casa de Buena Salud	Roswell
Las Vegas Clinic for Child & Youth	Las Vegas
Los Alamos Pediatric Clinic	Los Alamos
Warren D. McKelvy, MD, Pediatrics, LLC	Roswell
Mimbres Internal Medicine ,PA	Deming
Narcisa D. Lipana, MD, PC	Deming
Northeast Cornerstone Pediatrics, PA	El Paso
Las Vegas Statcare, Inc.	Las Vegas
Optimum Medical Care, LLC	Las Cruces
Patricia Conkling CNP, LLC	Rio Rancho
Pediatric Group of Central El Paso	El Paso
Pediatric Health Services	Albuquerque
PMS - Carlsbad Family Health Center	Carlsbad
PMS - Mountainair Family Health Center	Mountainair
PMS - Artesia Health Resources	Artesia
PMS - Hobbs Family Health Center	Hobbs
PMS - Quay County Family Health Center	Tucumcari
PMS - Torreon Family Health Center	Torreon
PMS - Western Medical Group	Thoreau
PMS - Catron County Medical Center	Reserve
Primary Health Care Inc	Farmington
Quay County Medical Clinic	Santa Rosa
R L Marquez, MD, PA	Las Cruces
Reginald O. Lord, MD	Albuquerque
RGH-Internal Medicine Group	Portales
Rio Grande Family Medicine	Albuquerque
Roland Sanchez, MD, PC	Belen
Salvatore La Fata, MD, PA	Clovis
Corazon Family Health PC	Santa Fe
New Mexico MedWorks	Santa Fe
Sergio Huerta, DO	Las Cruces
Sievers Sports Medicine, Inc.	Portales
Southern New Mexico Medical Association, PA	Roswell
Southwest Family Medical Care, Inc.	Clayton
Sun City Medical Practice, PA	El Paso
SWIM, PC	Albuquerque
Tall Pines Medical, Inc.	Ruidoso
Taos Clinic for Children and Youth	Taos
Tatum Clinic	Tatum
Umberto I. Garcia, MD, PA	Las Cruces
Union County Medical Center	Clayton
University of NM Student Health Center	Albuquerque
Valley Health Care, Inc.	Albuquerque
Via Christi Medical Clinic, Inc.	Clovis
X-Press Care, LLP	Clovis
Zia Family Healthcare, PC	Silver City

LOVELACE WOULD LIKE TO THANK ALL PROVIDERS THAT PARTICIPATED IN THE SURVEY!

# Provider Satisfaction Survey

Lovelace Health Plan conducted its 2009 Provider Satisfaction survey in December 2009. The survey consists of questions regarding providers' satisfaction in the following areas:

- Provider Services
- Outcomes Medical Management (Health Services)
- Pharmacy and Drug Benefits
- Overall Satisfaction
- Network (Quality)
- Finance Issue (Claims)
- Provider Response Team

Lovelace Health Plan uses the results to determine areas of outstanding performance and areas of opportunity. This is your opportunity to let Lovelace Health Plan know how it is doing.

First- and second-round surveys were mailed to providers' offices. Third-round surveys included a telephone survey. Survey results were compiled and approved by Lovelace Health Plan's Health Plan Quality Committee. The results indicated provider satisfaction overall increased from 76.7 percent to 81.4 percent.

Composites/Attributes	Summary Rate Definition	2009 Summary Rates		2008 Summary Rates		2008 TMG Commercial B.o.B. Summary Rate
		Lovelace	All Other Plans	Lovelace	All Other Plans	
Q44. Recommend to other physicians	Definitely or Probably Yes	87.2% ▲	NA	79.5%	NA	89.7%
Q45. Recommend to other patients		84.2% ▲	NA	81.8%	NA	89.2%
Q46. Overall satisfaction	Very/Smwt Satisfied	72.7% ▲	77.2%	68.7%	73.8%	81.8%
<b>Overall Satisfaction and Loyalty</b>		<b>81.4%</b>	<b>NA</b>	<b>76.7%</b>	<b>NA</b>	<b>86.9%</b>
Provider Services	Excellent or Very good	40.6% ▲	34.9%	32.0%	25.5%	43.2%
Network		37.8% ▲	38.3%	31.4%	30.3%	NA
Health Services & Utilization Management		34.0% ▲	NA	24.6%	NA	NA
Finance and Claims		29.0% ▲	23.3%	22.4%	19.7%	NA
Pharmacy and Drug Benefits		33.1% ▲	NA	24.4%	NA	NA
Provider Response Team		40.6% ▲	33.3%	31.6%	23.8%	NA

Questions 44-46 are key questions asked on the survey. The "Overall Satisfaction and Loyalty" score is taken from these questions. Survey results for department-specific questions are weighted.

The 2010 Provider Satisfaction Survey is now underway and 3,000 providers will be randomly selected to be sent a survey. Based on provider feedback, this year's survey will include a web-based survey for your convenience. If your office is selected for a survey, please complete it as soon as possible.

## Project Chrysalis Go-Live Date Change

Lovelace Health Plan is implementing Project Chrysalis this year. This project involves transitioning to the TriZetto Group for Lovelace Health Plan's core operating system technology, claims processing and enrollment.

Your Lovelace Provider Service Representatives held large provider orientation sessions in August and September of this year. It had been communicated that Project Chrysalis was to go live on Oct. 1, 2010. Lovelace Health Plan made the decision to defer the go-live date to Nov. 1, 2010. This project extension was necessary to ensure that all customer electronic interfaces were tested and met our specifications as well as those of our customers.

It is important that your office continues submitting all paper claims for dates of service prior to Nov. 1, 2010, to the below address until Dec. 17, 2010:

*Lovelace Health Plan  
P.O. Box 30596  
Salt Lake City, UT 84123*

As a reminder, Lovelace Health Plan's electronic payer IDs are not changing and electronic claims will continue to be routed appropriately.

If your office chooses to implement the newly required fields discussed in the provider orientations, your claims will process on the existing claim processing system.

It is very important to Lovelace Health Plan that we deliver a full and complete operating system to ensure your claims process correctly. This new technology will replace multiple computer systems with a state-of-the-art integrated system, which will increase operating effectiveness and efficiency.

*If you have any questions, please contact your Provider Service Representative.*

<b>Bernalillo County Specialists, Southeast New Mexico, ABQ Health Partners, LHS and SED</b>	<b>Northeast New Mexico, Bernalillo and Behavioral Health</b>	<b>Northwest New Mexico</b>	<b>UNM and Chaves County</b>	<b>Southwest NM and Bernalillo County PCP's</b>
Adolfo Martinez 505.727.5489	Sonia Gonzales 505.727.5293	Patty Lewis 505.727.5136	Christi LaPlante 505.727.5799	Julie Freeman 505.727.5138



# Project Chrysalis

## PROVIDER ORIENTATIONS

Beginning Aug. 4, Network Operations held statewide provider orientations to educate provider offices on the changes they will experience effective Nov. 1.

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Large Group Orientations were held in the following cities:

- |              |               |               |              |
|--------------|---------------|---------------|--------------|
| • Alamogordo | • Albuquerque | • Carlsbad    | • Deming     |
| • Durango    | • El Paso     | • Española    | • Farmington |
| • Hobbs      | • Las Cruces  | • Las Vegas   | • Lubbock    |
| • Roswell    | • Santa Fe    | • Silver City | • Taos       |

Additional webinar sessions will be offered to ensure all providers have the opportunity to receive the new information.

Attendees were asked to complete an Orientation Feedback Form at the conclusion of each session. Overall, provider offices are very excited about the upcoming changes.

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## NEW CLAIMS ADDRESS

### Claims Address for Paper Claims

All paper claims for dates of service beginning Nov. 1, 2010, must be submitted to:

*Lovelace Health Plan  
P.O. Box 549  
Buckeystown, MD 21717*

All paper claims for dates of service prior to Nov. 1, 2010, must continue to be submitted to (until Dec.17, 2010):

*Lovelace Health Plan  
P.O. Box 30536  
Salt Lake City, UT 84123*

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## ELECTRONIC CLAIMS SUBMISSION

Lovelace's electronic payer IDs will not change

- LHP Commercial/Medicare – 90328
  - LHP Medicaid/SCI – SX159
- 

## SPAN OF DATES OF SERVICE

If the dates of service for the claim span over a period of time, the provider will need to split the claim and submit separately to the addresses listed below.

Example:

John Doe DOS 10/28/2010 – 11/06/2010



John Doe DOS 10/28/2010 – 10/30/2010 >> Submit to Salt Lake address

John Doe DOS 11/01/2010 – 11/06/2010 >> Submit to Buckeystown address

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## EOPS

- The new claims system will create a new look for EOPs.
- 

## RECOUPMENTS

- Effective Nov. 1, 2010, Lovelace's recoupment process will be automated and managed onsite at Lovelace for all dates of service.
  - Recoupment will occur 30 days after notification of overpayment if not refunded.
  - Outreach calls will be made two weeks after notification of overpayment.
  - Provider offices can elect to have Lovelace flag files for auto recovery upfront.
  - All overpayment activity will appear on EOP until recoupment or refund occurs.
- 

## INTERACTIVE VOICE RESPONSE (IVR)

Effective Nov. 1, 2010, Lovelace will be moving the IVR functions to the new system.

- One phone number: 877.480.9371 for all lines of business.
  - Up to three attempts prior to being transferred to a Lovelace Customer Care Coordinator.
  - Adding benefit information for: lab, x-ray and DME.
- 

## ELECTRONIC FUNDS TRANSFER (EFT)

Lovelace Health Plan is pleased to announce that in the first quarter of 2011, EFT will be offered to contracted providers. If you attended one of our Provider Orientations sessions, in your packets was a feedback form. The feedback form includes a section to elect EFT for 2011. If you have not already submitted the form, please fax it to 505.727.9022. If you have not attended a Provider Orientation or no longer have the form, please contact your Provider Service Representative to discuss EFT.

## Breast Care Center at Lovelace Women's Hospital Receives National Accreditation



Congratulations to the Breast Care Center at Lovelace Women's Hospital for earning a prestigious national recognition from the National Accreditation Program for Breast Centers (NAPBC) for its comprehensive range of breast care services. The Breast Care Center is the first NAPBC-accredited center in New Mexico and the Southwest.

In its accreditation letter, the NAPBC stated that it "recognizes and applauds (Lovelace's) commitment to providing the highest quality evaluation and management" of its breast disease patients.

It is important to the NAPBC, a program administered by the American College of Surgeons, that breast care centers take a multidisciplinary approach to patient wellness, and Lovelace Women's Hospital has long shared that commitment. Providers meet weekly to discuss all aspects of patient care, including oncology, psychosocial issues, transportation, diet, genetics and plastic surgery. The weekly meetings are held to ensure that a patient is well cared for on every level.

"Multidisciplinary care means that we treat the whole person, not just a disease, because our patients entrust their wellness to us," said Sheri Milone, CEO of Lovelace Women's Hospital. "This would not be possible without each of our dedicated employees, who are consistently providing exceptional care to our patients and who join our commitment to excellence."

The NAPBC evaluates programs based on 17 components, such as imaging and pathology, and 27 standards, including community outreach, support, nursing, surgical care, treatment and research.

The Breast Care Center offers a complete range of breast care services in one convenient location, including a new MRI with breast coil and digital mammography. Its new Rapid Response service allows patients to learn the results of their diagnostic mammograms, clinical breast exams and lifetime breast cancer risk assessments within 24 hours.

## LOVELACE WOMEN'S HOSPITAL NAMED ONE OF BEST PLACES TO WORK IN HEALTH CARE

For the second year in a row, Lovelace Women's Hospital has been recognized by Modern Healthcare as one of the Best Places to Work in Healthcare in the nation. Lovelace Women's Hospital was the only health care facility in New Mexico to receive this honor.

Selection was based on information provided from both employers and employees and was open to all health care companies with at least 25 employees. Employers provided company policies and practices, benefits and demographics. Employees were asked an in-depth set of questions in eight core areas including, leadership and planning, culture and communications, role satisfaction, working environment, relationship with supervisor, training and development, pay and benefits and overall satisfaction.

## Lovelace Women's Hospital Birthing Center at Westside

Lovelace Women's Hospital Birthing Center will open on the campus of Lovelace Westside Hospital in early 2011. The new Birthing Center will have nine private labor/delivery/recovery/postpartum rooms, as well as couplet care, where newborns stay in the same room with their mothers. Lovelace Women's Hospital will staff and operate the Birthing Center, bringing their high level of quality care and expertise to Westside.

## Natural Birthing Center at Lovelace Women's Hospital

In November 2010, Lovelace Women's Hospital will open a Natural Birthing Center that focuses on a more natural delivery, allowing women who prefer to avoid medications and medical intervention a safe place in which to deliver. Lovelace Women's Hospital will be the first hospital in New Mexico to also offer water birthing services.

Highlights of the Natural Birthing Center:

- Four private labor/delivery/recovery/postpartum rooms with water birthing tubs
- 18 private patient rooms for postpartum recovery
- Two fireplaces in lobby areas
- Staffed with certified nurse midwives and OB/GYNs
- Home-like atmosphere with warm finishes and soothing colors



### TOBACCO-FREE CAMPAIGN

All Lovelace Health System campuses will be tobacco-free by Jan. 1, 2011. Currently, all Lovelace Health System buildings and facilities are internally tobacco-free. With the new policy, no tobacco products will be allowed on the premises of any Lovelace Health System owned or leased properties or buildings, including garages and parking lots.

## Lovelace Pharmacy on Coors

Lovelace Pharmacy on Coors, which was located on the second floor at ABQ Health Partners, has moved to its own location on the first floor, Suite 110. The address is still 2929 Coors Blvd. NW.



## New Prior Authorization Requirements

Twice a year, on April 1 and Oct. 1, revisions are made to the prior authorization grid and posted on the Lovelace Health Plan website. Highlights of the revisions effective Oct. 1 are below. Please refer to the actual grid for specific codes requiring preauthorization.

### CHANGES

CPT and HCPCS code ranges have been eliminated. Although requirements can vary by lines of business, all will be accessible on one page. Product requirements have been consolidated, simplified and color-coded in an effort to make navigation easier.

### ADDED/EXPANDED

State of New Mexico and Albuquerque Public Schools member requests for outpatient therapy services beyond the initial evaluation will now require precertification. Other commercial members are not affected by this change. Precertification continues to be required for therapy services for Medicare and Medicaid members.

All dental services paid from the medical benefit require precertification, and as always, are subject to medical necessity review. Authorization is not required for facility fees for dental anesthesia services if performed at a contracted facility.

Unlisted stomach and breast procedures (CPT codes 43999 and 19499 respectively) and longitudinal gastrectomy (43775) now require precertification.

Psychotherapy services provided and billed for 75 to 80 minutes in any setting will now require precertification after the third use of any of these visit codes. Codes affected are 90808, 90809, 90814, 90815, 90821, 90822, 90828 and 90829.

### DRUGS NOW REQUIRING PRIOR AUTHORIZATION

All Baygam/ Gamma Globulin injections, Vibativ/Telavancin, Stelara/Ustekinumab, Lucentis/Ranizumab, Adagen/Pegademase Bovine Injection, Ventavis/Iloprost, Radiesse, Sculptura, Copaxone/ Glatiramer Acetate, and Trelstar/ Triptorelin Pamoate.

As always, inclusion or exclusion of a published code does not confer benefit status. For questions regarding an individual member's benefits, please call Customer Care at 505.727.5683.

*Questions regarding prior authorization requirements may be directed to Nancy Beacher at 505.727.5228 or Mary Karler at 505.727.5314. For questions regarding prior authorization of drugs, call the Pharmacy Exception Center at 505.727.5774.*

# Cultural Competency News

## CLAS STANDARDS (CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS)

These standards, issued by the U. S. Department of Health and Human Services' Office of Minority Health are designed to ensure that all people interacting with the health care delivery system receive equitable and effective treatment in a culturally and linguistically appropriate manner. Many of the standards are encouraged; however, the following four are mandatory.

## FOCUS ON CLAS STANDARDS AND HEALTH LITERACY

The goal of Cultural Competency News is to provide education for our staff, our providers of health care, and our vendors for health care services, on two important topics related to cultural competency. This education helps ensure that our members and patients receive services and treatments respectful of and responsive to their cultural and linguistic needs. The two topics are:

- Mandatory CLAS standards
- Health Literacy

### CLAS Standard 4

“Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.”

### CLAS Standard 5

“Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.”

### CLAS Standard 6

“Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).”

### CLAS Standard 7

“Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.”

Some of the suggested ways that Lovelace Health Plan, providers and vendors can comply with these standards include:

- You may contact the Lovelace Customer Care Center for assistance with interpreter services. The contact numbers are 1.800.808.7363 or 505.727.5683. Hours of operation are 8:00 a.m.–5:00 p.m. MST, Monday–Friday.
- Utilize InSync interpreters, who have met stringent standards to ensure the competence, by calling 1.866.501.2002.
- Post signs in the lobby welcoming members in languages of commonly encountered groups, such as English and Spanish.
- Provide written materials in commonly encountered languages.
- Ensure staff verbally provides the offer of language assistance.

Please be aware that compliance with these CLAS standards is mandatory for all health care organizations. If you need assistance or ideas about how to ensure compliance with any of these standards, please contact your Lovelace Health Plan Provider Services Representative or Heather Ingram, Director of Customer Care at 505.727.5163. You may also obtain additional information from the Lovelace Health Plan website:

*[www.lovelacehealthplan.com/providers/quality\\_matters/cultural\\_competency.php](http://www.lovelacehealthplan.com/providers/quality_matters/cultural_competency.php)*



## INTRODUCTION TO HEALTH LITERACY

Have you heard of health literacy? Do you know how poor health literacy can influence provider interactions with patients in their office, members on the telephone with a Case Manager or even members receiving vendor services? Low health literacy affects almost half of our U.S. population and is associated with:

- higher health care costs
- poorer adherence to medication regimens and treatment plans
- increased hospitalizations
- longer stays in the hospital
- increased use of emergency services

Health literacy is defined as the ability to read, understand and use basic medical information. This includes the ability to:

- read and understand instructions on medication bottles
- understand information on appointment cards
- comprehend information provided in health related brochures
- understand directions given by a doctor, nurse or pharmacist
- understand how to navigate the often complex health care system

Health literacy does not stop at just reading and comprehension. People must be able to make complex decisions based on a wealth of information on health related subjects. Poor health literacy contributes to many misunderstandings about health care and to poor health outcomes.

Health literacy is important to all of us as providers of health care services but we often do not realize we are dealing with someone with this problem. Many times people are embarrassed to admit they do not understand health information or instructions. Alternatively, you may assume that because someone is highly educated in other fields they do not have a problem understanding health information. The truth is that low health literacy can affect anyone of any age, ethnicity, background or educational level. Becoming aware that people may lack understanding and knowledge of health information is a good first step in addressing the problem.

Let's turn our attention to some of the ways providers, vendors and organizations can decrease the impact of low health literacy on health care consumers. Easy ways to help people understand complex medical information include the following tips:

- Use plain language
- Make the important points first
- Break information into manageable chunks
- Avoid jargon
- Explain any technical terminology that you use
- Provide ample time for questions
- Use the "teach back" method: Ask the patient to restate, in his or her own words, the information you have just given them.

If the person is not clear on the information provided, the "teach back" method offers the opportunity to clarify the information and to ask again to make sure the provider is understood the second time. Some providers think this is too time consuming, but encouraging questions and clarification is actually a good initial investment of time and leads to long-term payoffs of increased compliance and fewer follow-up visits.

Encourage your patients to use the questions from the "Ask me three" campaign. Make sure patients get the answers to the following three questions by the conclusion of their visit:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Answering these questions is a quick and effective tool for increasing patients' understanding of their medical problems.

All health care professionals have a stake in improving patients' ability to understand and act on health care issues. Health literacy is vital to good patient care and positive health outcomes. Increasing knowledge and awareness of low health literacy and utilizing tools to address the problem increases the likelihood that patients more accurately understand their health care conditions and are able to make appropriate choices and decisions.

*Cultural Competency News is brought to you by the LHP Cultural and Linguistic Competency Committee.*

## Depression and Diabetes

The relationship between depression and diabetes has been well documented in the research. Some studies show that people with diabetes (Type 1 or Type 2) have twice the risk for depression as those in the general population and that women with diabetes are more likely to have depression than men with diabetes. We still do not clearly understand the association between depression and diabetes, but some researchers believe that lifestyle factors such as being overweight, poor nutrition and lack of exercise may lead to the development of both depression and diabetes. Despite the scarcity of information on the link between depression and diabetes, there is evidence of poorer glycemic control, decreased physical activity, higher obesity and potentially more diabetes end-organ complication in people diagnosed with both diabetes and depression.

When people with diabetes are depressed, factors for successful diabetes management such as high motivation, energy, confidence and ability to sustain effort over time may be compromised. Adherence to medication, diet, exercise and other healthy habits decrease when depression accompanies diabetes. Because depression can so severely affect people with diabetes, it is important to perform depression screening on them. If a person is positive for depression, treating both the depression and the diabetes can improve outcomes for both conditions. Treatment for depression may include antidepressants, counseling or both.

Depression screening tools are available online at: [www.depressionprimarycare.org/clinicians/toolkits/materials/forms/phq9/](http://www.depressionprimarycare.org/clinicians/toolkits/materials/forms/phq9/). Lovelace Health Plan also has paper copies of the PHQ-9, a depression-screening tool. Please call 505.727.5265 for information on obtaining these. Improving the symptoms of depression can enhance the management of diabetes. Diabetes and depression are manageable conditions that respond well to appropriate treatment.



### GO WITH THE GUIDELINES

- Is your patient depressed and not getting better? Refer to a psychiatrist if you have tried a trial of two antidepressants, if the patient has a co-existing substance-abuse disorder, if the patient is under 18 years of age, or if the patient wants or needs psychotherapy.
- Treating a member with alcohol abuse? It's been proven that even brief interactions with physicians and other providers can positively impact a member's recovery. For more information on brief strategies to address alcohol abuse, visit the New Mexico Medical Society website at [www.swcp.com/nmms/](http://www.swcp.com/nmms/) and follow the link to the "CPI" page. From there, follow the "Problem Drinking Screening and Intervention" link to find the PDF file that contains "Problem Drinking Screening and Counseling in New Mexico: A Handbook for Health Care Providers." Or call 505.727.5265 and request a mailed copy.
- Individuals diagnosed with Attention Deficit/Hyperactivity Disorder may also be at risk for depression, substance abuse or other behavioral health problems. Don't forget to assess for other problems when prescribing medications for ADHD. If necessary, refer to a psychiatrist for more complicated treatment issues.

# Lovelace Health System Launches Silver Elite Program

Lovelace Health System was pleased to launch its first Lovelace Silver Elite event in August at Lovelace Medical Center with more than 50 enthusiastic attendees. For people age 60 and older, Lovelace Silver Elite provides opportunities for new friendships, social activities and valuable health screenings. From monthly breakfast socials to educational seminars and in-hospital amenities, Lovelace Silver Elite offers something for everyone.

We welcome all insurance plan holders and a person does not need to be a Lovelace Senior Plan member to become a Lovelace Silver Elite member or attend the no-cost events. If you are interested in giving a seminar about your practice or specialty, please contact Raschel Brennan at 505.727.5073.

*For more information about Lovelace Silver Elite, visit [www.lovelacesilverelite.com](http://www.lovelacesilverelite.com) or call 505.898.3030.*



LOVELACE  
**SilverElite**

# Medicaid Rates Updates

Lovelace Health Plan increases Medicaid rates for Well Child visits, selected prenatal and postpartum services, and diabetic eye exams for dates-of-service 8/1/10 – 6/30/11. Lovelace Health Plan continues the increased rates for vaccine administration and SIIS entries that was implemented last year.

These rate increases are to encourage Lovelace Health Plan contracted providers to provide Well Child check-ups, childhood vaccinations, prenatal/postpartum care, and diabetic eye exams to Lovelace Medicaid Salud! and State Coverage Insurance (SCI) members. These rates may be extended beyond 6/30/11 depending on future Medicaid funding from the State of New Mexico.

## WELL CHILD CHECK

Code	Age Description	Medicaid FFS Rate w/o GRT	Lovelace Rate w/o GRT eff. DOS 8/1/10 – 6/30/11	Lovelace Rate w/o GRT eff. DOS on/ after 7/1/11
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
99392	Age 5 through 11 years	\$89.83	\$98.81	\$89.83

## VACCINE ADMINISTRATION AND NMSII

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 has paid since 7/1/09:

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

## DIABETIC EYE EXAMS

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. 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 POSTNATAL 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 8/1/10–6/30/11	Lovelace Rate w/o GRT eff. DOS on/ after 7/1/11
2022F	Diabetic Eye Exams	\$0.00	\$40.00	\$0.00
0502F	Prenatal visit	\$0.00	\$30.00	\$0.00
0503F	Postpartum	\$0.00	\$30.00	\$0.00

Questions on either of these topics should be directed to the LHP Provider Response Team at 505.727.5456 or 800.808.7363.

# Important Salud! and SCI Update for NDC Numbers

Effective dates of service 9/1/10, all CMS1500, UB04 and electronic 837 claims must include the National Drug Code (NDC) number for the 20 J-codes listed below. These J-codes will be denied if not billed with an NDC number. Effective dates of service 1/1/11, additional code ranges (please see below) will also required an NDC. Effective for dates of service on or after 9/1/10, providers who are billing for drugs obtained through a 340B program must bill for those drugs using modifier UD.

## NDC REQUIRED AS OF 9/1/10

Code	Description
J0570	Injection, penicillin G benzathine, up to 1,200,000 units
J0640	Injection, leucovorin calcium, per 50 mg.
J0696	Injection, ceftriaxone sodium, per 250 mg.
J1100	Injection, dexamethazone sodium phosphate, 1 mg
J1170	Injection, hydromorphone, up to 4 mg.
J1626	Injection, granisetron HCl, 100mg.
J2430	Injection, pamidronate disodium, per 30 MG
J2405	Injection, ondansetron HCl, per 1 mg.
J3010	Injection, teriparatide, 10 mcg. J3370 Injection, vancomycin HCl, 500 mg.
J9000	Injection, doxorubicin HCl, 10 mg.
J9045	Injection, carboplatin, 50mg
J9060	Cisplatin, powder or solution, per 10 mg.
J9062	Cisplatin, 50 mg.
J9178	Injection, epirubicin HCl, 2mg
J9190	Injection, fluororacil, 500 mg.
J9206	Injection, irinotecan, 20 mg.
J9293	Injection, miltoxantrone HCl, per 5 mg.
J9265	Injection, paclitaxel, 30 mg.
J9390	Injection vinorelbine tartrate, per 10 mg.

## NDC REQUIRED AS OF 1/1/11

Code	Description
J0120 - J9999	Various injections and chemotherapy
S0012 - S0197 and S4990 - S5014	Various items
S5550 - S5571	Insulin injections
90281 - 90399	Immune globulins

## CLAIM FORM BILLING INSTRUCTIONS

### CMS 1500 FORM

Box 24D Procedures, Services, or Supplies Part 3-Must include "N4": (2-digit qualifier) immediately followed by the 11-digit NDC.

### UB04 FORM

NDC is required for outpatient hospital, emergency room facility, dialysis facility and other outpatient facility when billing the following Revenue Codes: 0250, 0251, 022, 0254, 0631, 0632, 0633, 0634, 0635 and 0636.

Box 43 Description: Must include "N4": (2-digit qualifier) immediately followed by the 11-digit NDC.

Box 44 HCPC: Must include a HCPC code when one of the above HCPC's are billed.

### 837 P and 837 I

Please contact your billing or software vendor to ensure the NDC code is included in the required fields.

### 340B DRUGS BILLED BY PROVIDERS

UB04: For all pharmaceuticals acquired at 340B rates, include a UD modifier after the HCPC pharmacy revenue codes 0250, 0251, 0252, 0254, 0631, 0632, 0633, 0634, 0635, and 0636.

CMS1500: For all pharmaceuticals acquired at 340B rates, include a UD modifier after the HCPC code in form locator 24C followed by the modifier UD

### 837P and 837I

Please contact your billing or software vendor to ensure the UD Modifier is included in the required fields.

*These requirements and provider billing instructions by the State of New Mexico Medical Assistance Division can be found at:*

*[www.hsd.state.nm.us/mad/registers/2010.html](http://www.hsd.state.nm.us/mad/registers/2010.html) under "Supplements" and titled "10-03 I. Effective Sept. 1, 2010, New Requirements When Billing for Drug Items."*

4101 Indian School NE  
Albuquerque, NM 87110

# Lovelace

## Health Plan

PRSRT 1ST CLASS

U.S. POSTAGE

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Albuquerque, NM

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