



network & provider

# news

Lovelace  
Health Plan

spring 2009 | [lovelacehealthplan.com](http://lovelacehealthplan.com)



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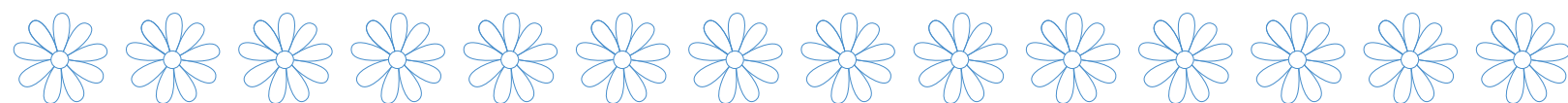
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# network & provider news

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

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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, Programs Administrator, 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 – Paula McConnell

(505) 727-5489

Northwest New Mexico – Amy Sanchez

(505) 727-5136

Northeast New Mexico – Sonia Gonzales

(505) 727-5293

UNM, Lovelace Health System, ABOHP, Care Centrix – Rebecca Ruddell

(505) 727-5353

Southeast New Mexico – Christi LaPlante

(505) 727-5799

Southwest New Mexico – Lynnette Jacques

(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,

Health Services is proud and excited to welcome two new Associate Medical Directors, Sharyl Magnuson M.D. and Jami Frost M.D. They join Jeannette Velarde M.D., Senior Medical Director; Dennis Sandoval M.D., Associate Medical Director; and Beth Sanchez Ph.D., Behavioral Health Director to form the medical team at Lovelace Health Plan.

Dr. Magnuson joins us from ABQ Health Partners. She is board certified in Family Practice with additional training in thrombosis and anticoagulation therapy. She is a native of Oregon and completed her undergraduate work, medical school and residency at the University of Oregon. In 1989, she joined Lovelace Medical Group, now ABQ Health Partners. Dr. Magnuson has provided primary care, urgent care, worked as a hospitalist and was the Medical Director of the long term care team. In August of 2006, she was named the Associate Director of the Clinical Thrombosis Center and in September of 2006, she was appointed the Medical Director of Clinical Research. Dr. Magnuson will be assigned to our Senior/Medicare Advantage plans and will oversee concurrent review, for both our acute and post acute facilities.

Dr. Frost comes to Lovelace Health Plan from the University of New Mexico. She is board certified in Pediatrics and Pediatric Hematology/Oncology. Dr. Frost attended the University of California, Santa Cruz as an undergraduate followed by medical school at Texas A&M. She completed a residency in Pediatrics at the University of California, Irvine, which was followed by a fellowship in Pediatric Hematology/Oncology at the University of Wisconsin. Dr. Frost has been a Professor of Pediatrics, Clinician Educator Track at UNM since 1996. In addition, Dr. Frost served as the Clinical Director of the Pediatric Oncology Program at UNM. She is currently the Chair of the Human Research Review Committee at UNM and will continue to hold this position while working at Lovelace Health Plan. Dr. Frost will be assigned to the Salud/Medicaid plans and will oversee all Quality Programs at Lovelace Health Plan.

Dennis Sandoval, MD  
Associate Medical Director ♥

*Dennis Sandoval, MD, Associate Medical Director has written this edition's article in Jeannette Velarde, MD's absence.*

## patient safety

Patient safety is an important goal for all health care providers. Everyone who comes into contact with patients has the opportunity to educate them on safe clinical practices, their medication and what to do in emergencies. Continuity and coordination of care between the PCP and specialists is important to maintain consistency and the highest level of care for the patient.

In an effort to improve consistency, safety and quality of care for our members, the Quality Management Program provides continuous assessment of clinical and service initiatives. The following are some Lovelace Health Plan initiatives that are used for assessment and improvement of member safety:

- notification of pharmacy updates on recalled medication to members and practitioners
- medication therapy management programs including a medication management program, drugs to avoid in the elderly and drug interaction
- initial ambulatory site review for safety issues
- provider accessibility and availability monitoring
- potential safety issues identified through the ambulatory medical record review process
- member complaints related to potential clinical or site safety issues
- quality-of-care adverse events related to safe and appropriate care for members identified by inpatient and outpatient occurrences
- credentialing and re-credentialing process for practitioners and facilities ♥

# matria's new name:

## Alere Women's and Children's Health, LLC

*Formerly Matria Women's and Children's Health, LLC*

**M**atria is now Alere Women and Children's Healthcare, LLC. Alere Women and Children's Healthcare, LLC is a local and national resource for high-risk pregnancy management. Alere, formerly Matria Healthcare, was purchased by Inverness Medical in 2008 and is one of the largest manufacturers of pregnancy and infertility testing in the home setting.

Feel free to contact Alere at 800.289.7744 (referrals and questions) or on the web at [alere.com](http://alere.com) ♥



# obesity

**L**ovelace Health Plan (LHP) covers medical management of members with obesity including office visits with primary care and specialty providers; diagnostic testing; treatment of co-morbid conditions, such as diabetes or hypertension; and nutritional or dietary education or counseling provided by a contracted provider, such as a physician, registered dietician or certified diabetic educator.

Some members have benefit coverage for bariatric surgical procedures, but not all do. Coverage is determined by the member's employer group. If an employer group chooses not to provide coverage for bariatric surgery, the member's medical need for such a surgery is not a factor that can be considered by Lovelace Health Plan.

For those members who have coverage for bariatric surgery, there are medical necessity criteria that must be met before the member can be approved to undergo the surgery. In addition to a comprehensive medical evaluation, the member must have a psychological evaluation by a professional experienced in the management of

bariatric surgical candidates. In addition, the member must participate in a physician-supervised program with an effort to lose at least 20 lbs or 10% of body weight. The program must be documented by the physician and must last at least six months.

Lovelace Health Plan does not cover nutritional supplements, weight loss foods or outside programs, such as gym memberships, Weight Watcher's, Jenny Craig, etc.

All Lovelace members have access to health information resources and tools through the Lovelace Health Plan website at [lovelacehealthplan.com](http://lovelacehealthplan.com). Commercial members have access to health coaches through Avivia at: (800) 390-9159 or for TTY: (888) 275-3956.

Medicare members can get discounts to gym memberships through Silver Sneakers. All Lovelace members also have access to the Healthy Steps program, which provides a Healthy Weight program. ♥

# provider response team

## Your Dedicated Provider Customer Service Department

Lovelace Health Plan (LHP) is proud to announce that the Provider Response Team (PRT) is almost two years old and still running strong. The LHP Network Operations Department has established a team of 14 specialists to assist our contracted providers with any questions, concerns or educational opportunities. The hours of operation are Monday through Friday, 7:00 a.m. – 12:30 p.m. and 1:30 p.m. – 5:00 p.m. We are closed during the lunch hour, but all providers that call within this time frame can leave a voicemail message and a PRT Specialist will return the call within one hour of our return from lunch. The PRT can be reached directly at (505) 727-5456 or toll free at (800) 808-7363 (follow the prompts).

As part of our commitment to quality customer service, please feel free to share the experiences you have with the PRT by calling Cindy Chavez, PRT Supervisor, directly at (505) 727-5309. Your feedback is valuable to ensuring this department is not only meeting your needs, but also exceeding your expectations. ♥



# s.e.d. now offers plac test

## Test Assess Risk of Heart Disease & Stroke

**S**.E.D. Medical Laboratories (a division of Lovelace Health System) is now offering the PLAC Test, available through your provider or the S.E.D. People P.L.A.N. (Public Laboratory Access Network), which offers lab tests without a doctor's order.

The PLAC Test, administered by S.E.D. Labs, is a blood test that measures Lp-PLA2, an enzyme in the blood that is highly specific to vascular inflammation and implicated in the formation of rupture-prone plaque.

The PLAC Test is the only blood test cleared by the FDA to aid in assessing risk of both coronary heart disease and ischemic stroke associated with atherosclerosis.

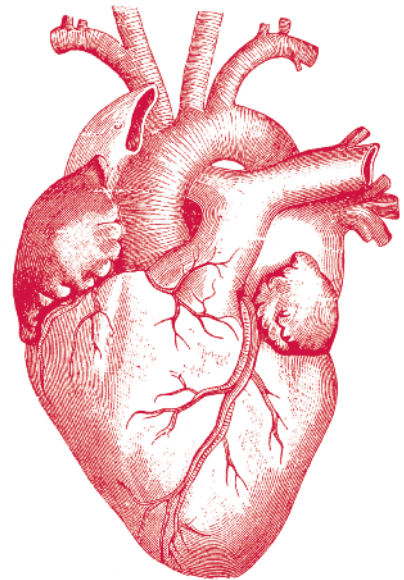
The cost for the test is \$75 and is available with or without a doctor's order. People interested in getting the test can ask their current provider or call (505) 727-6232 for a list of locations. No appointment is necessary. Some insurance companies do not pay for this test. Medicare will pay for the PLAC Test if the appropriate ICD9 code from the patient's chart is used.

"The PLAC Test is a great addition to our People P.L.A.N. menu of services," said Ken Botta, CEO of S.E.D. Labs. "Our goal is to empower people to know their vital numbers and if tests do show areas of concern to get with their doctors and start on the path to good health."

The S.E.D. People P.L.A.N. offers a wide range of other health screenings that can be obtained without a doctor's order. These screenings include: cholesterol, blood glucose, allergies and drug testing among other options.

According to the CDC (Centers for Disease Control), heart disease and stroke are the leading causes of death in the United States, claiming more than 760,000 lives in 2007.

S.E.D. Medical Laboratories is a nationally recognized, full-service medical and federally certified drugs-of-abuse testing laboratory.



## did you know?

S.E.D. Medical Laboratories is the preferred medical laboratory for Lovelace members.

Please contact S.E.D. directly, if you have any questions.

### S.E.D. CONTACT INFO

- Result Inquiry and Supplies: (505) 727-6227
- Courier Service: (505) 727-6272
- Marketing/Field Services: (505) 727-6232
- Website: [sedlabs.com](http://sedlabs.com)

### S.E.D. PEOPLE P.L.A.N.

#### (PUBLIC LABORATORY ACCESS NETWORK)

- Offers patients with limited or no insurance access to medical testing at a reduced cost or for those individuals who want to monitor their health
- Tests on the People P.L.A.N. are available with or without a doctor's order
- For a menu of tests available, please call (505) 727-6232 or go to [sedlabs.com](http://sedlabs.com). ♥

# new incentives for baby love referrals

## Lovelace Health Plan Offers NEW Incentives for Provider Referrals to the Baby Love Maternity Management Program

**E**ffective March 1, 2009, Lovelace Health Plan (LHP) contracted providers can receive a \$50.00 incentive for referring an LHP member to the Baby Love Program. A referral form is located on the Lovelace Health Plan website at [lovelacehealthplan.com](http://lovelacehealthplan.com). The referral must be the initial referral into the program, and for a member that is planning on carrying her pregnancy to term. CPTII code 0500F should be included on the claim and will allow the \$50.00 reimbursement incentive. Prior authorization is not required but the claims will be matched to the previously submitted Baby Love referral form before payment is made.

Our Baby Love program is a free program aimed at improving the health of pregnant women and their newborns. The program is available to all LHP members and provides valuable educational information to women throughout their pregnancy as well as nurse support to those members that may need additional services.

- Pregnant members are automatically enrolled in the program when they are identified through the Baby Love referral process, claims or eligibility data. Members can also self-enroll if they hear about the program through other sources.
- Members receive a pregnancy survey to determine their needs and an opt-out form if they choose not to receive any information.
- All pregnant members will receive educational mailings, which consist of three (3) packets of pregnancy information, resources and member benefits. The packets contain information on:
  - changes during pregnancy
  - signs of preterm labor
  - nutrition and exercise
  - prenatal classes in New Mexico
  - becoming a dad
  - preventative care guidelines for pregnant women
  - preventative health guidelines for children – Healthy Trails program
  - substance abuse, alcohol and smoking
  - breastfeeding, newborn care and contraception
  - postpartum depression
  - an infant thermometer
- Lovelace Salud! members are eligible for free infant, toddler and booster car seats.
- Nurses in case management or disease management may help with special needs. Nurses may provide information on:
  - community resources
  - help with coordinating care
  - nutrition and exercise
  - health conditions
  - medications
  - smoking cessation
  - anything else needed to have a healthy pregnancy and a healthy baby
- The Baby Love phone is (505) 727-BABY (2229) and toll-free (877) 708-5777. These phone numbers forward to the New Mexico Nurse Advice line after hours and on weekends so that members have access to a nurse 24/7. ♥



# medical identity theft

## Federal Trade Commission Issues New Mandate

Identity theft is the deliberate act of using the personal information of another person, usually for the purpose of financial gain. Identity theft is becoming more prevalent in today's society. In an effort to combat this problem, the Federal Trade Commission (FTC) has issued a "Red Flags" Mandate to all companies that extend credit to have an identity theft prevention program in place by May 2009. The FTC has ruled that insurance companies and some providers are indeed creditors. The mandate is asking that we reduce the risk of identity theft from both external and internal sources.

For more information on how you can abide by this new mandate please visit the FTC website for more information at <http://ftc.gov.bcp/edu/pubs/business/alerts/alt050.shton>.

Medical identity theft occurs when a person fraudulently uses another person's information in order to obtain medical services or goods, or to make false claims for medical services or goods.

Lovelace Health Plan (LHP) often learns of possible medical identity theft when a member calls us to question a bill for service that he/she never received. We also receive calls from provider offices, questioning the identity of a patient. LHP also reviews data and sometimes discovers that services billed were not rendered to our actual member but to a different person.

Medical identity theft can result in erroneous data being placed into a medical record; denial of claims; denial of services to the actual patient due to annual or lifetime cap being reached; and the provider may render incorrect care due to false information in a record.

Why does this happen? The member may have "loaned" their card to someone else. Or, someone else may have assumed the member's identity without the member's knowledge.

Regardless of why it occurred, steps should be taken to ensure services are rendered to the actual member. This starts at the provider's office at the time of service. As a provider, a good office practice would be to verify the patient's identity at the time of service. This can be done by asking for some form of photo or other ID, whenever possible, other than the insurance card.

In instances where the identity of the patient is in question, LHP may ask providers for proof of whom they saw and what steps were taken to ensure that it was the actual member. Failure of providers to adequately verify the patient's identity may result in denial of the claim or a corresponding overpayment. If you are aware of any suspicious activity, you may report it to the Lovelace Health Plan Fraud & Abuse Hotline at (505) 727-5384. ♥



# 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](http://lovelacehealthplan.com).

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

PROVIDER NAME	SPECIALTY	LOCATION
ABQ Health Partners, LLC	Pediatrics	Gibson-ABQ
ABQ Health Partners, LLC	Family Medicine	Santa Fe
ABQ Health Partners, LLC	Family Medicine	Journal Center-ABQ
Alamogordo Internal Medicine, PC	Internal Medicine	Alamogordo
Allan L. Paul, MD PC	Family Medicine	Alamogordo
Aztec Medical Associates	Family Medicine	Roswell
Baker, T William, MD	Family Medicine	Las Cruces
BCA Medical Associates	Pediatrics	Roswell
Ben Archer Health Center	Family Medicine	T or C
Ben Archer Health Center	Family Medicine	Deming
Ben Archer Health Center	Family Medicine	Columbus
Breitung, Jasmin U, MD	Internal Medicine	Las Vegas
Caglia, Angelica, MD	Internal Medicine	Las Cruces
Casa Alegre Pediatrics LLC	Pediatrics	Las Cruces
Clayton Family Practice	Family Medicine	Clayton
Davis, B J, DO, PC	Family Medicine	Albuquerque
Davis, Patricia L, MD	Family Medicine	Roswell
Downtown Peds	Pediatrics	Carlsbad
Eduardo A Castrejon, MD PA	Internal Medicine	Las Cruces
El Centro Family Health	Family Medicine	Chama
Emergency Physicians at Sierra Vista	Family Medicine	T or C
Family Physicians of Albuquerque	Family Medicine	Albuquerque
First Choice Community Healthcare	Family Medicine	Belen
Fronterotta, Adelfio, MD	Family Medicine	Gallup
Gentle Care Pediatrics	Pediatrics	Las Cruces
Greeg Family Healthcare Services	Family Medicine	Las Cruces
Harold K McFarling DO, PC	Family Medicine	Farmington
Hernandez, Guillermo, MD	Family Medicine	Las Cruces
Hidalgo Medical Services	Family Medicine	Silver City

PROVIDER NAME	SPECIALTY	LOCATION
James E Saltz, JR, MD, PA	Family Medicine	Tucumcari
Janet R Greene, MD PC	Internal Medicine	Santa Fe
Jeffrey Sollins, MD PC	Internal Medicine	Albuquerque
Joel Saland, MD PA	Pediatrics	Albuquerque
La Clinica de Familia Inc.	Family Medicine	Anthony
La Clinica del Pueblo de Rio Arriba	Family Medicine	Tierra Amarilla
Lifecare Health Services, LLC	Family Medicine	Santa Fe
Madrid, M Eileen, MD	Family Medicine	Las Vegas
McKelvey, Warren, MD	Pediatrics	Roswell
McLeod Medical Center	Family Medicine	Cedar Crest
McLeod Medical Center	Family Medicine	Edgewood
Miller, Franklin, MD	Family Medicine	Las Vegas
Mora Valley Comm Health Services Inc.	Family Medicine	Mora
Nuestro Futuro, LLC	Pediatrics	Las Cruces
Nuzhath Parveen-Jawadi, MD	Pediatrics	Albuquerque
Pediatric Associates of Durango	Pediatrics	Durango
Pediatric Associates, PA	Pediatrics	Albuquerque
Pediatric Health Services	Pediatrics	Albuquerque
Pojoaque Primary Care- Phys	Family Medicine	Pojoaque
Reynaldo R Martinez, MD LLC	Family Medicine	Roswell
Rio Grande Medical Group LTD	Pediatrics	Deming
Rosemarie Zapf DO	Family Medicine	Las Vegas
Roveto, Christopher A, MD	Pediatrics	Albuquerque
Salvatore La Fata MD, PA	Pediatrics	Clovis
Sangeeth Shanbhag, MD	Internal Medicine	Las Cruces
Santa Rosa Medical Clinic PC	Family Medicine	Santa Rosa
Sergio Huerta DO PA	Family Medicine	Las Cruces
Smith JR, Robert E	Family Medicine	Lovington
St. Anthony Pediatrics	Pediatrics	Anthony

Lovelace would like to thank all providers that participated in the survey! Please look for Specialist and Behavioral Health Providers in our Summer/Fall Newsletter. ♥

# present on admission (POA) indicator requirements

**P**resent on admission (POA) indicators are now required on hospital claims. POA is defined as present at the time the order for inpatient admission occurs. Claim and prior authorization requests received with a POA for Hospital Acquired Conditions (HAC) considered a preventable event will be denied or repriced accordingly. Claim denials will be reflected on the explanation of payment (EOP) and are not member responsibility.

Claims that are not billed with a POA indicator will be denied.

Below are the current codes that will be considered an HAC:

Foreign object retained after surgery	998.4, 998.7
Air embolism	999.1
Blood incompatibility	999.6
Pressure ulcers, stages III & IV	707.23, 707.24
<b>FALLS AND TRAUMA</b>	
Fractures	800–829
Dislocations	830–839
Intracranial injuries	850–854
Crushing injuries	925–929
Burns	940–949
Electric shock	991–994
Catheter-associated urinary tract infections	996.64, 112.2, 590.10–590.81, 595.0, 597.0, 599.0
Surgical site infection, mediastinitis, following CABG	519.2 and one of the following procedure codes: 36.10 or 36.19
Vascular catheter-associated infection	999.31
<b>FY 2009 ADDITIONAL HACS, EFFECTIVE OCTOBER 1, 2008</b>	
Manifestations of poor glycemic control	250.10–250.13, 250.20–250.23, 251.0, 249.10–249.11, 249.20–249.21
Surgical site infection following: Certain orthopedic procedures	996.67 or 998.59 and one of the following procedure codes: 81.01–08, 81.23, 81.24, 81.31–38, 81.83, or 81.85
Bariatric surgery for obesity	278.01 (principal diagnosis), 998.59 (CC) and one of the following procedure codes: 44.38, 44.39, or 44.95
Deep vein thrombosis and pulmonary embolism following certain orthopedic procedures	415.11, 415.19, 453.40–453.42 and one of the following procedure codes: 00.85, 00.86, 00.87, 81.51, 81.52, or 81.54





# linguistic competency in health care crossword puzzle

for answers, visit the provider page of our website at [lovelacehealthplan.com](http://lovelacehealthplan.com)

1				2	3	4	5		6		7	8	9	10
					11									
12	13	14	15						16	17				
18								19						
	20			21	22	23								
			24									25	26	
	27	28										29		
		30			31				32			33		
	34									35				
									36					
	37	38				39	40	41			42			43
44						45							46	
	47		48	49							50	51		
	52						53		54		55			
56			57									58		

## ACROSS

- mob boss
- racial/ethnic differences in quality of health care not due to access, needs or appropriateness of interventions
- Unit of play in tennis
- discrimination based on hair color?
- Gaelic fashion
- new car owner's worry
- pattern of human knowledge, belief, behaviors; or \_\_\_\_\_ Club.
- direction
- child's 1st birthday celebration in Korea
- to "understand information needed for health participation and decision making, health \_\_\_\_\_"
- got a sprain? Get the \_\_\_\_\_
- elite police unit
- preposition
- knitting with multicolored bands of geometric patterns...fair \_\_\_\_\_
- "inside" in Mexico
- converts one spoken language into another
- sacred syllable in Eastern religions
- historic 1964 legislation
- decompose
- Gregory Peck's "On the Beach" co-star
- syllable/note of the scale

## ACROSS cont.

- Tar Heels state abbr.
- sudden, brief rush of wind
- to change a written document into another language
- does not apply
- Pres. Clinton, "It depends on what the meaning of the word \_\_\_\_\_ is."
- southern state abbr.
- "\_\_\_\_\_, what is it good for?"

## DOWN

- The \_\_\_\_\_; short for '65 rock band from the bay area
- suffix denoting system of beliefs
- yo no \_\_\_\_\_
- included in company benefits
- old form Japanese pottery

- pinball no-no
- action for life support
- \_\_\_\_\_ phone home
- shoe part
- taxonomic rank
- chemical suffix
- abbr. for the management/processing of information
- abbr. state of Rod Blagojevich
- 14 federal standards about cultural and linguistic practices for federal money recipients
- part of the official name of 37 across
- a form of rehabilitation services
- abbr. for those who speak a small amount or no English
- but not least
- lenses for the eye

- be victorious
- abbr. for hospital department
- may lead to DWI
- frequent first responder
- expenses
- tag expression, "you're \_\_\_\_\_"
- cult film "Eating \_\_\_\_\_"
- given by vein
- "Who is John \_\_\_\_\_?"
- language for the deaf
- highest dilution factor with a positive reading
- \_\_\_\_\_ Turner, leader of slave rebellion
- "The most trusted name in news"
- union prominent in bailout news
- morning
- Canadian for "ain't it so?" ♥

# risk adjustment payment systems (RAPS)

**T**he Centers for Medicare and Medicaid (CMS) is using risk adjustment factors based on an enrolled member's health status to adjust capitation amounts.

Risk adjustment data used by CMS is captured through claims data submitted by Lovelace Health Plan (LHP) to group patients into risk adjustment categories and assign payments based on a member's condition. LHP must ensure the accuracy of risk adjustment data and make certain that providers submit accurate and valid diagnosis codes. Incomplete or inaccurate data can cause LHP to submit inaccurate data to CMS.

The CMS Hierarchical Condition Category (CMS-HCC) risk adjustment model was created as a simplified reporting system to identify the most representative codes of the member's health. The CMS-HCC model uses a subset of the International Classification of Diseases-9th Revision-Clinical Modification (ICD-9-CM) diagnosis codes, approximately 800 of the 3,300 codes. These are mapped to disease groups referred to as "HCCs." This model incorporates inpatient hospital, outpatient hospital and physician encounters in predicting costs of care.

While procedure codes remain important for provider reimbursement of services, the risk adjustment payment model relies on ICD-9-CM diagnosis code specificity. Therefore, it is important that providers report to LHP, via claims data, the appropriate and specific coding to the highest level of specificity and for all applicable diagnosis. The ICD-9-CM codes reported for risk adjustment are also a source of member health status information.

## FOR YOUR MEDICARE MEMBERS YOU MUST:

- Report ICD-9-CM diagnosis codes to the highest level of specificity and report these codes accurately on claims
- Maintain accurate and complete medical record documentation
- Alert LHP of any erroneous data that has been submitted and follow the procedures for correction of erroneous data
- Report claims data in a timely manner

Medical record documentation is important for risk adjustment because correct documentation leads to correct code specificity and accurate risk adjustment payment. It is required that you report all diagnosis that impact your patient's care and ensure these diagnosis are accurately documented in the medical record. This includes the reason for the encounter and all co-existing, acute or chronic conditions, and pertinent past conditions that impact clinical evaluation and therapeutic treatment.

In LHP's effort to comply with CMS and submit all appropriate and applicable data for our members, we are evaluating medical records, claims data and all applicable data to ensure all appropriate and specific diagnosis codes have been captured and submitted. LHP may send you a request for review of your medical record documentation. ♥

# CAHPS survey measures how members feel about their care

Once again it's time for the annual member satisfaction survey, (CAHPS®). This survey asks your patients to rate how they feel about the care received from their PCP and Specialist. The Survey will measure:

- How Well Doctors Communicate
- Rating of All Health Care
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

Here is a comparison of CAHPS Survey results from 2007 to 2008. ♥

CAHPS RESULTS	2008	2007
Getting Needed Care	80% ↑	76%
Getting Care Quickly	76% ↓	79%
How Well Doctors Communicate	92%	92%
Shared Decision Making	53% ↓	57%
Rating of their Personal Doctor	79% ↓	81%
Rating of their Specialist	76%	76%



# important updates



## TIMELY FILING FOR PROVIDER APPEALS & GRIEVANCES

Effective March 1, 2009 – The Provider Appeals and Grievances timely filing requirement for submitting and receiving will change to 180 days from the date of the Lovelace Explanation of Payment (EOP). This filing limit will apply to ALL Lovelace plans including Commercial, Medicare, Medicaid Salud and Medicaid SCI. This change is effective starting with Lovelace EOP's dated on or after March 1, 2009. ♥

## INJECTABLE MEDICATIONS NOW AVAILABLE ON iEXCHANGE!

In the of Summer 2008, Lovelace Health Plan (LHP) started to roll out an On-line Prior Authorization Program called iExchange. If you are interested in iExchange, please contact your Provider Service Representative.

If you are already set up as an iExchange user, did you know that you can also submit injectable medicines that require an authorization? The injectable medications include J-codes that are part of a member's benefit that the provider's office purchases and administers. When submitting injectable medication requests, please use a treatment setting and place of service of "Pharmacy." This will ensure your request is forwarded to LHP's Pharmacy Department. Please remember HCPC/CPT and ICD9 (diagnosis) codes are also required on the request. ♥

## NEW PROVIDER SERVICE REPRESENTATIVES & NETWORK ASSIGNMENTS

Lovelace Network Operations is happy to announce the addition of two new Provider Service Representatives (PSR). We welcome Christi LaPlante as the Southeast NM PSR and Amy Sanchez as the Northwest NM PSR. Their experience and dedication is an asset to our department. ♥

Bernalillo County	Northeast NM	Northwest NM	UNM, Lovelace Health System, ABQHP, Care Centrix	Southeast NM	Southwest NM
<b>Paula McConnell</b> (505) 727-5489	<b>Sonia Gonzales</b> (505) 727-5293	<b>Amy Sanchez</b> (505) 727-5136	<b>Rebecca Ruddell</b> (505) 727-5353	<b>Christi LaPlante</b> (505) 727-5799	<b>Lynnette Jacquez</b> (505) 727-5138

# lovelace increases medicaid rates for vaccine administration for dates-of-service february 1 – june 30, 2009

Lovelace Community Health Plan (LCHP) is pleased to announce an increase in rates of vaccine administration codes for Lovelace Salud! members for dates-of-service (DOS) 2/1/09 – 6/30/09. This increase is to encourage Lovelace contracted providers to provide Lovelace Salud! members with recommended vaccines and to enter the vaccine data into the Department of Health’s NM Statewide Immunization Information System (NMSIIS). LCHP would like to get a “jump start” on immunizations this year by encouraging providers to identify those Lovelace Salud! members who need immunizations and to administer and record those immunizations during the first part of 2009.

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. As always, thank you for providing quality services to our members. ♥



Code	Description	Medicaid FFS Rate w/o GRT	Lovelace Rate w/o GRT eff. DOS 2/1/09–6/30/09	Lovelace Rate w/o GRT eff. DOS on/after 7/1/09
90471	Immunization Administration; one vaccine	\$17.89	<b>\$25.94</b>	\$20.04
90472	Each additional vaccine	\$10.81	<b>\$15.67</b>	\$12.11
99080	Special reports (for SIIS entry)	NA	<b>\$20.00</b>	\$5.00

## autism & autism-spectrum disorders

**A**utism and autism-spectrum disorders affect one in 150 eight-year-olds in the United States, according to estimates by the Centers for Disease Control. These conditions appear to be on the rise, but this rise is the subject of some controversy among experts in the field. It is unclear if the conditions are truly increasing among the population, or if improved and earlier diagnosis is making it appear that cases are increasing. At any rate, there is increased focus on diagnosing and treating children who exhibit the symptoms of these conditions in the hope of mitigating some of the debilitating effects experienced.

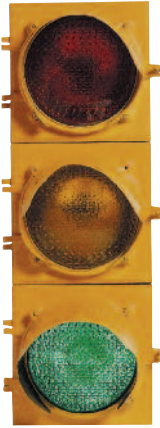
Symptoms of autism and autism spectrum disorders appear before a child reaches the age of three. Symptoms include a delay in learning and talking or not talking at all, poor eye contact, strange play behavior, not smiling and repeated and overused types of behavior, interests and play. Some children will begin to talk and then regress to not talking. Also changes or problems in everyday interactions, such as declining to have human contact or resisting changes in routine, can signal “red flags.” Symptoms are usually noticed by parents, day care staff, friends or relatives. Research shows that if a child is diagnosed and treatment is initiated early, better outcomes result. Pediatricians should be on the lookout for any abnormal development clues during well child checks.

The most widely accepted and efficacious treatment for autism and autism spectrum disorders is applied behavior analysis (ABA). The goal of behavioral management is to increase and reinforce desirable behaviors and reduce undesirable ones. ABA can assist with managing problem behaviors such as self injurious, repetitive, aggressive and disruptive behaviors, and can also help to teach pro-social behaviors.

There are often other co-occurring conditions with autism and autism spectrum disorders such as mental retardation, attention deficit/hyperactivity disorder (ADHD), depression, anxiety and seizure disorders. Prescription medications used to treat these conditions may also help with managing behavioral symptoms. Risperdal has been found to be effective in treating aggressive, self-injurious and tantrum behaviors. Treatment with fluvoxamine, sertraline and clomipramine has been associated with decreased frequency of repetitive, ritualistic behavior and improvements in eye contact and social contact. Stimulant medications, usually prescribed for ADHD, may decrease impulsivity and hyperactivity in higher functioning children.

If a parent is concerned about a child having autism or an autism spectrum disorder, utilize a developmental screening test such as the Checklist of Autism in Toddlers (CHAT), the modified Checklist of Autism in Toddlers (M-CHAT), the Screening Toll for Autism in Two-Year-Olds (STAT) or the Social Communication Questionnaire (SCQ). If any of these screens are positive, please consider a referral for further evaluation. ♥





# go with the guidelines

- Clinical Practice Guidelines for Depression and Attention Deficit/Hyperactivity Disorder (ADHD) have been reviewed and updated. They are available on our website at [lovelacehealthplan.com](http://lovelacehealthplan.com) on the Provider page under Behavioral Health. A paper copy is available upon request by calling the Quality Management Department at the Lovelace Health Plan at 505.727.5265.
- Has one of your members been hospitalized for a behavioral health condition? Remember, behavioral health follow-up appointments within seven (7) days of discharge from an inpatient setting help prevent readmission and support quality care.
- Primary care practitioners, including pediatricians, frequently prescribe medication for Attention Deficit/Hyperactivity Disorder (ADHD). Regular follow-up is recommended starting with a visit within 30 days of prescription dispense, and then at least two more visits in the next nine months (if the member continues on the medication). This close follow-up is recommended any time a child starts or restarts the medication after a period of four or more months of medication discontinuation. For more information, please refer to our Clinical Practice 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. It is recommended that patients remain on antidepressant medication therapy for at least six months to feel the full effect of the medication. ♥



# Lovelace

Health Plan

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