

GATEWAY HEALTH PLAN

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Clinical Times

PHYSICIAN NEWSLETTER

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Entries may also be e-mailed to
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A GOLD Standard for Managing COPD

by Pedro J. Cardona, MD, MBA; Medical Director

Medical Management

Chronic Obstructive Pulmonary Disease (COPD) is characterized by airflow limitation that is not fully reversible. COPD includes chronic bronchitis and emphysema. It is the fourth leading cause of chronic morbidity and mortality in the United States. In the year 2000, there were about 1.5 million ER visits and 726,000 hospitalizations for COPD. In the same year, an estimated 119,000 adults age 25 and older died from COPD.

A diagnosis of COPD should be considered in any patient who has symptoms of cough, sputum production, dyspnea, and/or history of exposure to risk factors for the disease. The most important environmental risk factors are exposure to cigarette smoke, heavy exposure to occupational dusts and chemicals, and indoor/outdoor air pollution. The diagnosis is confirmed by spirometry.

To increase awareness of COPD and decrease morbidity and mortality from this disease, the US National Heart, Lung, and Blood Institute and the World Health Organization formed the Global Initiative for Chronic Obstructive Lung Disease (GOLD). The GOLD Expert Panel developed a consensus workshop report called Global Strategy for the Diagnosis, Management and Prevention of COPD. The report is updated yearly. A revision of the entire document is scheduled to be completed in 2006.

All healthcare workers involved in the diagnosis and management of COPD should have access to spirometry.

The report presents a COPD management plan that consists of four components:

1. Assess and Monitor Disease

- The diagnosis of COPD is based on a history of exposure to risk factors and the presence of airflow limitation that is not fully reversible, with or without symptoms.
- Spirometry is the gold standard for the diagnosis and assessment of COPD. Therefore, all healthcare workers involved in the diagnosis and management of COPD should have access to spirometry.

2. Reduce Risk Factors

- Reduction of exposure to risk factors is important to prevent the onset and progression of COPD. Smoking cessation is the single most effective intervention to reduce the risk of developing COPD and stop its progression. For help with smoking cessation, refer your patients to the Pennsylvania Quitline at 1-800-724-1090 or <http://webserver.health.state.pa.us/health/custom/tobaccocessationmap.asp> (click on the applicable county).

3. Manage Stable COPD

- None of the COPD medications will restore lost lung function. Pharmacotherapy for COPD is used to decrease symptoms and complications. Management is characterized by a stepwise approach based on the severity of the disease. Please see the GOLD report for a table detailing this approach and more information.
- Influenza vaccine has been shown to reduce serious illness and death.
- Patients with moderate to severe

disease may benefit from pulmonary rehabilitation, which include exercise training, nutrition counseling, and education.

- Supplemental oxygen therapy increases survival in patients with chronic respiratory failure.

The total estimated cost of COPD in 2002 was \$32.1 billion.

4. Manage Exacerbations

- Inhaled bronchodilators, theophylline, and systemic (preferably oral) glucocorticosteroids are effective treatments for exacerbations of COPD.
- During exacerbations, if the patient has clinical signs of airway infection (e.g., increased volume and change of color of sputum, and/or fever), antibiotic treatment may be of benefit.

The GOLD website (www.goldcopd.org) makes several resources available:

- the workshop Executive Summary, which provides key information about COPD
- the full workshop report, which provides more details;
- the Pocket Guide, which summarizes patient care information for primary health care professionals.



Managing COPD with Spirometry

by Pedro J. Cardona, MD, MBA; Medical Director

Medical Management

Spirometry is a simple test that measures the amount of air a person can breathe out over a period of time. It measures:

- Forced Vital Capacity (FVC), which is the maximum volume of air that can be exhaled during a forced maneuver; and
- Forced Expiratory Volume in one second (FEV1), which is the volume expired in the first second of maximal expiration.

Once those measures are obtained, the FEV1/FVC ratio is calculated. Results are expressed as % of Predicted. The predicted results are based on the patient's sex, age, height, and ethnicity.

In recent years, simple and inexpensive hand-held spirometry devices have

This year, a new HEDIS measure has been added that assesses whether members age 40 or older, with a new diagnosis of COPD, had a spirometry to confirm their COPD diagnosis.

become available. Whether in their offices or at a pulmonary function lab, all healthcare workers involved in the diagnosis and management of COPD should have access to spirometry.

The presence of a post bronchodilator FEV1 < 80% of the predicted value, in combination with an FEV1/FVC < 70%, confirms the presence of airflow limitation that is not fully reversible. The post bronchodilator test is performed to rule out a diagnosis of asthma.

Spirometry is useful to determine the

severity of COPD and to monitor the progression of COPD. It can also help provide a rough guide to treatment.

For more details regarding spirometry testing, visit these websites:

Global Initiative for Chronic Obstructive Lung Disease

www.goldcopd.org

The American Thoracic Society

www.thoracic.org

Helping Diabetics Cope with Cold Weather

by Jude Lauffer, BSEd., RNC

Disease Management

Even though winter is coming to an end, we still face the possibility of harsh, cold weather. Your Gateway diabetic patients face increased risks because of barriers that may not be foremost on anyone's mind.

During office visits, please remind them to:

- Make certain they have at least a week's worth of medications in case snow prevents them from leaving their home.
- Have 3-4 days' worth of food in the house.
- Alert the utility company if they have difficulty paying bills so utilities are not shut off.
- Wear insulated and waterproof footwear to avoid frostbite and falls.

Diabetics with complicating health conditions require extra precautions:

- Patients with a coexisting heart condition should be educated on the dangers of strenuous activity.
- Diabetics with asthma require a reminder that cold weather can trigger asthma. The need for steroids to control it then plays havoc with blood sugar levels. Patients can reduce the potential for an asthma attack by covering their face or nose when outdoors.

For additional support for you and your patients, the **Healthy Returns Diabetes Program** is available for advice and education. Certified diabetic educators, pharmacists, and dieticians are available at **1-866-366-9415**. Nurses answer the lines 24 hours every day and welcome your calls.



Is There a Periodontal-Medical Link to Adverse Pregnancy Outcomes?

by Michael D. Weitzner, DMD, MS; Director, Clinical Operations for Dental Benefit Providers

Dental Care

There is increased interest in the link between systemic and dental diseases, as evidenced by the increased number of references in the dental and medical literature and in articles published by the lay press. Gateway and its dental partner, Dental Benefit Providers (DBP), have been exploring the clinical evidence for a link between periodontal diseases and systemic diseases such as adverse pregnancy outcomes.

In 2003, the American Academy of Periodontology (AAP) hosted a "Workshop on Contemporary Science in Periodontics." Leading researchers and clinicians gathered to examine the evidence concerning host modulation, anti-infective agents, and tissue engineering, and to develop recommendations. The studies were done by performing literature searches through sources including the Cochrane Oral Health Group, Medline, PubMed, and other resources. The results of the workshop were published in December 2003 in the *Annals of Periodontology*.

Adverse Pregnancy Outcomes

Pre-term and low birth weight infants (PT/LBW) are associated with increased risk of morbidity and mortality, particularly in the first year of life, with continued developmental problems in childhood, and with increased disease risk in adulthood. The prevalence of PT/LBW is thought to vary from 6% to 15% and is associated with certain risk factors such as socioeconomic status, race, multiple births, and the mother's previous history of PT/LBW, past reproductive history, drug and alcohol abuse, and systemic maternal infection.

It is also possible that other infectious processes, occurring elsewhere, can contribute to complications of pregnancy. In 1996, Offenbach and co-workers published a case-control study suggesting that women who delivered PT/LBW infants had poorer periodontal health than the mothers of normal birth weight infants. Since that time there has been considerable interest in confirming this observation.

Reviewing Studies for Possible Links

The reviewers began with a focused question, "Does prevention/treatment of periodontal disease, as compared to controls, impact the risk for adverse pregnancy outcomes?" Their search for articles/studies found 12 that met the inclusion criteria. None of the 12 was a randomized control trial.

Included in this group was the review done by Jeffcoat et al. published in the *Journal of the American Dental Association* that greatly increased public awareness of this potential link. Most of the studies found an association between higher rates of periodontal disease and PT/LBW, although not a causal link.

The reviewers also questioned whether environmental factors accounted for the outcome. It was also noted that periodontal disease was measured differently in the different studies.

A few studies also looked at the effect of periodontal treatment on PT/LBW. Though there were much fewer of these, they did establish that periodontal treatment led to an improved outcome for PT/LBW.

The Conclusion

The reviewers concluded that, "While there appears to be an association between periodontal disease



and PT/LBW, it is not yet clear that periodontal disease plays a causal role in adverse pregnancy outcomes. Preliminary evidence to date suggests that periodontal intervention may reduce adverse pregnancy outcomes."

The Consensus Report, based on the reviewer's findings, supports their conclusions and goes on to say that "patients and healthcare providers should be informed that periodontal intervention may prevent adverse pregnancy outcomes".

Although there is increasing evidence for a link between periodontal disease and adverse pregnancy outcomes, the link is one of correlation only and not cause and effect. We need to ask ourselves some alternative possibilities. Are there environmental factors and disease processes common to patients who develop periodontal disease and adverse pregnancy outcomes that strengthen the association but do not prove causality? Are there measures of periodontal disease, such as the presence of active bacteria, which establish a stronger link to adverse pregnancy outcomes? Further studies are needed to determine the true link.

Improving MRR Deficiencies

by *Marcia Haught, RN, BSN*

Quality Improvement

Gateway performs a medical record review (MRR) of PCP charts every two years, utilizing standards approved by the QI/UM Committee. For 2005, the overall PCP score was 95.6%, with Family Practice offices scoring 95.5%, Internal Medicine scoring 93.8%, and Pediatrics scoring 97.5%.

Looking at the PCP scores, the areas not meeting the standard score of 85% included:

- Date of the last tetanus for adults (within ten years)
- Influenza and pneumovax immunizations given per Gateway and CDC recommendations
- Notation whether members 21 years of age and older have an advance directive.

These standards continue to be the same areas of deficiency as in previous years. Fortunately, this is the first year that the total score for all three

practice types in which the standard of use/non-use of tobacco, alcohol, and drugs for 14 years and older was not deficient. However, the pediatric offices continue to score low for this standard.

Most of these deficiencies can be improved with more intentional documentation. Here are some suggestions:

- Utilize a preventive health flowchart and/or a history and physical form, kept in a specific place in the chart, to document all of the above information. Gateway's nurse reviewers have examples of forms with them at the time of review.
- Utilize a stamp or sticker to document the above information. For example, stickers for noting whether a member has had a tetanus shot are in the packets left with PCP offices at the time of medical record review.

Gateway's Medical Record Review standards for PCPs and Specialists, and our Medical Record Keeping standards for PCPs, can be viewed by accessing Gateway's website, www.gatewayhealthplan.com. (Click on PA Plan → Providers → Clinical Guidelines → Medical Record Review Procedure). These standards, as well as preventive care flowcharts and history and physical forms, can be obtained by calling the **Quality Improvement Department** at 412-255-1144.

Documenting Advance Directives in Patient Records

Marcia Haught, RN, BSN

One of the Medical Record Review (MRR) standards that our QI nurses assess during a chart audit is whether there is documentation that our members ages 21 years and older have been asked about having an advance directive.

The medical record in the PCP office is the ideal location for not only documenting this information, but also retaining a copy of an advance directive or living will if the member has one. If an accident, injury, or health problem caused your patient to be unable to communicate, you would know their wishes concerning resuscitation, types of care, and extent of treatment.

Having an advance directive may seem premature for the lower end of this age group, but young adults can become severely injured or otherwise incapacitated, making them unable to verbalize their wishes at that time.

Some offices include a tab in their charts for this information. Others use a sticker on the outside cover that serves as a reminder to ask about an advanced directive and to document whether the patient has one and if it is located in the medical record.

There are three places where you can find a Living Will Declaration form:

1. In the Introduction section of your

Gateway Provider Manual

2. On our website, www.gatewayhealthplan.com (click on PA Plan → Providers → Provider Manual → Introduction → Living Will Declaration OR click on PA Plan → Providers → Forms & Reference → #10: GHP - Living Will Declaration).

3. In the packet provided at the time of medical record review.

For additional information concerning advance directives, please call the **Quality Improvement Department** at 412-255-1144.

Improving Caregiver Communications to Ensure Continuity & Coordination of Care

by Marcia Haught, R.N., B.S.N

Quality Improvement

With the advent of HIPAA regulations, many offices are under the misconception that they are not permitted to share member information with other caregivers without the patient's written consent. In fact, HIPAA has simply provided guidelines to ensure confidentiality.

The PCP's role is to function as the hub of the continuum of care wheel, thereby overseeing and coordinating the care received by their patients. This is especially important to ensure patient safety. Communication of patient care information from other care providers back to the member's PCP is vital in guaranteeing safe care. Failure to share information about the care of a patient

can result in suboptimal outcomes, increased costs, and medical errors.

This communication process is made more difficult—yet more important—since Gateway's members are permitted to self-refer for OB/Gyn and behavioral health care. This eliminates the “referral loop.” For this reason, the PCP may not be aware that these providers are being seen.

Even when the PCP makes a referral to a specialist, the PCP remains in the dark as to the care provided unless the specialist communicates back to the PCP. When patients are admitted to hospitals or skilled nursing facilities or are referred to home health agencies for care, managing their care can become even more difficult. Receiving reports

of therapies provided and concerns identified by other care providers is essential to ensure that the patient's care is safe, proper, and unduplicated.

Gateway monitors continuity and coordination of care through:

- medical record review (MRR) every two years of high-volume specialists and OB/Gyns, skilled nursing facilities, and home health agencies
- the provider satisfaction survey
- focus studies.

To improve the communication process, help from all providers is needed. See the box for some things you can do to improve that process. Good communication will help to ensure safe and proper patient care.



Tips for Improving Communications

PCPs:

- File all progress notes, visit and discharge summaries, and all other documentation received from other care providers, including skilled nursing facilities or home health agencies
- Ask your patients if they are receiving any other medical services.
- Document any verbal communications with other care providers in the patient's chart.

Specialists & OB/Gyn Offices:

- Verify member's PCP as listed on their ID card.
- Send a report of consultation to, or speak with, the PCP.
- Utilize the “Physician Communication Form” and the “Gynecology Patient Visit Summary” located on Gateway's website (click on PA Plan → Providers → Forms and References → #s 23& 24).
- Utilize a stamp to note that documentation has been faxed to the PCP.
- Locate PCP addresses in the PCP Provider Directory, or at Gateway's website at www.gatewayhealthplan.com (click on PA Plan → Find a Provider).

New Generic Drugs

Renee Rayburg, RPh

Pharmacy

A generic drug is identical or bioequivalent to a brand name drug in dosage form, strength, route of administration, quality, rate and extent of absorption, and intended use.

Although a brand name drug and a generic drug are the same chemically, the generic drug is typically sold at substantially less cost than the brand name counterpart. According to the Congressional Budget Office, generic drugs have saved consumers an estimated \$8-10 billion a year at retail pharmacies.

Generic drugs have to meet the same rigid standards as the brand name drug. To gain approval from the Food and Drug Administration (FDA), a generic drug must:

- Contain the same active ingredients as the brand name drug (inactive ingredients may vary)
- Be identical in strength, dosage form and route of administration

- Have the same indications for use
- Be bioequivalent
- Meet the same batch requirements for identity, strength, purity, and quality
- Be manufactured under the same strict FDA standards of good manufacturing practice regulations required for brand name drugs

Over the last year, the FDA has approved many new equivalent generic drugs that can be substituted for brand name drugs. The following are examples of newly available generic drugs that are covered on the Gateway Health Plan formulary:

Brand Name Drug	Equivalent Generic Drug
Zithromax 250, 500 and 600mg tablets	Azithromycin
Allegra 30, 60, and 180mg tablets	Fexofenadine
Agrylin 0.5 and 1mg capsules	Anagrelide
Biaxin 250 and 500mg tablets	Clarithromycin
Oxycontin 10, 20, 40, 80mg tablets	Oxycodone Extended Release
Duragesic 25, 50, 75 and 100mcg patches	Fentanyl patches
Neurontin 100, 300, 600, 800mg capsules	Gabapentin
Accupril 10, 20, 40mg tablets	Quinapril
Pletal 50 and 100mg tablets	Cilostazol
Celexa 10, 20 and 40mg tablets	Citalopram

Formulary Updates

The Gateway Health Plan formulary is updated on a regular basis. The listed medication changes reflect the decisions made by Gateway's Pharmacy and Therapeutics committee. Please review the changes and update your Gateway formulary book as necessary.

Formulary Additions		
Drug Brand Name	Generic Name	Effective Date
Prevacid*	Lansoprazole	1/1/06
* Requires a failed trial with Prilosec OTC		

Please note that Gateway's formulary can now be accessed online at:

<http://www.gatewayhealthplan.com/newghp/pharmacy/formulary.asp>

Additional copies may be printed directly from our Formulary website, or requested through Provider Services by calling 1-800-392-1145.

For formulary questions and other pharmacy benefit concerns, please contact Gateway's Pharmacy Department at 1-800-528-6738. Inquiries may also be faxed to 412-255-4544 or 888-245-2049, Attn: Pharmacy Department.



Gateway Promotes Excellence in Office Practice

Gateway is looking for and talking with primary care offices that employ innovative approaches to promote quality in their office practices. Gateway's Provider Profiling Advisory Workgroup, comprised of practicing network physicians and Gateway staff members, developed the Provider Portfolio Report to identify outstanding practices.

Over 75 primary care offices across the state of Pennsylvania have distinguished themselves by scoring very well in various quality measures such as:

- Total cost per member per year
- PCP outpatient office visits (encounters) per member
- ER visits/1000
- Admissions/1000

- Members 50 years and older without a PCP visit in the preceding twelve months
- Mammography
- Appropriate antibiotic usage
- Diuretic usage in the treatment of hypertension
- Prescriptions per member per month
- Pharmacy total cost per member per year
- % of formulary drugs
- % of brand name drugs
- Well care visits for children and adolescents

These profiling reports are mailed out each spring and fall. We will be sharing our findings in future issues of Clinical Times.

Communicate Freely with Members

Gateway encourages our physicians and providers to communicate freely with our members concerning all treatment choices available to them, regardless of benefit coverage. All of Gateway's contracts include an affirmative statement regarding this, and no language that would prohibit this exchange of information.

Know Every Medication Your Patients are Taking!

Please remind your members to make you aware of EVERY medication they are taking. Members frequently do not consider over-the-counter medications or herbal products they consume from general nutrition centers as potential hazards in combination with their prescribed drugs.

100% CLUB Recognizes Superior Performance

Gateway Health Plan would like to congratulate four practices that have achieved the highest level of performance as measured in the Fall 2005 Provider Portfolio Report. They are:

- East Liberty Family Practice (Pittsburgh)
- Diamantoni and Associates (Lancaster)
- Thomas Hart Family Practice (York)
- Stony Brook Family Medicine (York).

The Provider Portfolio reports quality and utilization measures for Primary Care Physicians with 50 or more members in Southwestern Pennsylvania as well as the Lehigh Valley and Capital areas of the state. These measures are part of those listed in the "Gateway Promotes Excellence" article on this page.

The four outstanding practices have distinguished themselves by scoring in the top ten amongst their peers in all areas of measurement.





Gateway has four disease management programs to assist our members in becoming more responsible for their own care. The programs - which address asthma, cardiac care, diabetes, and maternity care - are described below.

Disease Management Programs

Program	"AIR" Gateway Asthma Program	Help Your Heart Program	Healthy Returns Diabetes Program	MOM (Maternity Outreach and Management) Matters™ Maternity Program
Description	<ul style="list-style-type: none"> An asthma management program emphasizing patient education & self-management to increase appropriate medication use and reduce acute asthma admissions 	<ul style="list-style-type: none"> Provides patient education and self-empowerment for medication adherence, for reduction in IP and ER utilization, and to delay the onset of cardiac complications. 	<ul style="list-style-type: none"> Emphasizes education and personal responsibility for diet, medication, and lab adherence, reduction in IP and ER utilization, and prevention of diabetic complications. 	<ul style="list-style-type: none"> A prenatal program offering maternity care coordination to improve frequency of prenatal and postpartum care, and to reduce the incidence of low birth weight, pre-term deliveries, and NICU admissions. Interventions are designed to identify and prospectively intervene with members at high risk for adverse pregnancy outcomes.
Eligibility & Enrollment	<ul style="list-style-type: none"> Ages 2-56 are enrolled in the program. Member and provider referrals 	<ul style="list-style-type: none"> Age 21 or older with a diagnosis of CHF, MI, and CAD with a PTCA or CABG are eligible for the program. Member and provider referrals 	<ul style="list-style-type: none"> Type 1 or 2 diabetes are eligible for this program. Member and provider referrals 	<ul style="list-style-type: none"> All identified pregnant females are eligible for the program and are mailed educational materials. Member and provider referrals
Coordination of Care	<ul style="list-style-type: none"> Trained asthma nurse care managers regularly contact your high-risk asthma patients via phone. Telephonically managed members can receive pillow and mattress covers. Home care and DME needs are coordinated through the Gateway Asthma Nurse Care Manager. 	<ul style="list-style-type: none"> A trained cardiac nurse care manager regularly contacts your cardiac patients with IP or ER utilization. Telephonically managed members can obtain pillboxes and scales. Home care and DME needs are coordinated through the Gateway Cardiac Nurse Care Manager. 	<ul style="list-style-type: none"> A trained diabetic nurse care manager regularly contacts your diabetic patients with IP and ER admissions. Emphasis is placed on diabetic education and adherence with HbA1c, LDL-C, retinal eye exams, foot care, and microalbumin testing. Home care and DME needs are coordinated through the Gateway Diabetic Nurse Care Manager. 	<ul style="list-style-type: none"> Trained maternity nurse care managers contact members identified as high risk per the OB risk assessment form. Members are offered prenatal and post partum home care visits; behavioral and social issue interventions and community referrals are coordinated through Gateway Maternity Nurse Care Managers.

Disease Management Programs

Patient Education & Self-Management Tools	<ul style="list-style-type: none"> • Patient education mailed twice a year • Asthma Action Plan • Asthma updates via member newsletters • On-hold educational Member phone message • Newsletter mailings 	<ul style="list-style-type: none"> • Patient education mailed twice a year • Scales provided as needed • On-hold educational Member phone message • Newsletter mailings 	<ul style="list-style-type: none"> • Diabetic members without educational materials and may call to join the telephonic program. • On-hold educational Member phone message • Newsletter mailings 	<ul style="list-style-type: none"> • All pregnant members are mailed educational materials • On-hold educational Member phone message • Newsletter mailings
Provider Benefits & Supports	<ul style="list-style-type: none"> • Biannual medication profile reports are mailed to assist with optimal medication management. • An enrollment notification form is faxed to the Provider upon member enrollment into the program. • Patient education and assistance with medication compliance supports optimal self-management. • On-hold educational Provider phone message. 	<ul style="list-style-type: none"> • Cardiac specific educational materials are mailed to your patients. • Biannual medication profile reports are mailed to assist with optimal medication management. • An enrollment notification form is faxed to the Provider upon member enrollment into the program. • Patient education and assistance with medication compliance and weights. • On-hold educational Provider phone message. 	<ul style="list-style-type: none"> • Diabetic educational materials are mailed to your patients. • Biannual medication profile reports are mailed to assist with optimal medication management. • An enrollment notification form is faxed to the Provider upon member enrollment into the program. • Patient education and assistance with medication compliance and glucometer use. • On-hold educational Provider phone message. 	<ul style="list-style-type: none"> • All pregnant members are mailed educational materials • Telephonic management occurs for patients with identified high risks. • Patients are educated and assisted with maternity care coordination, home care, and community referrals. • An enrollment notification form is faxed to the Provider upon member enrollment into the program. • On-hold educational Provider phone message.
Contact for Referrals & Information Web-Based Education	1-800-642-3550, Option 3 www.gatewayhealthplan.com	1-800-642-3550, Option 3 www.gatewayhealthplan.com	1-866-366-9415 www.gatewayhealthplan.com	1-800-642-3550, Option 2 www.gatewayhealthplan.com



Gateway Rates High Nationwide for Quality

U.S. News & World Report recently published an article listing the top 25 Medicaid plans for 2005, as rated by the National Committee for Quality Assurance (NCQA), the national accreditation body for HMOs.

NCQA's ranking for this list is based on three measures of the quality of care members receive:

- HEDIS results
- CAHPS® scores
- NCQA Accreditation standards

Gateway is very pleased that we ranked 15th across the nation for Medicaid plans. More information concerning this ranking can be found at www.usnews.com.

Guidelines Now Available on Our Website

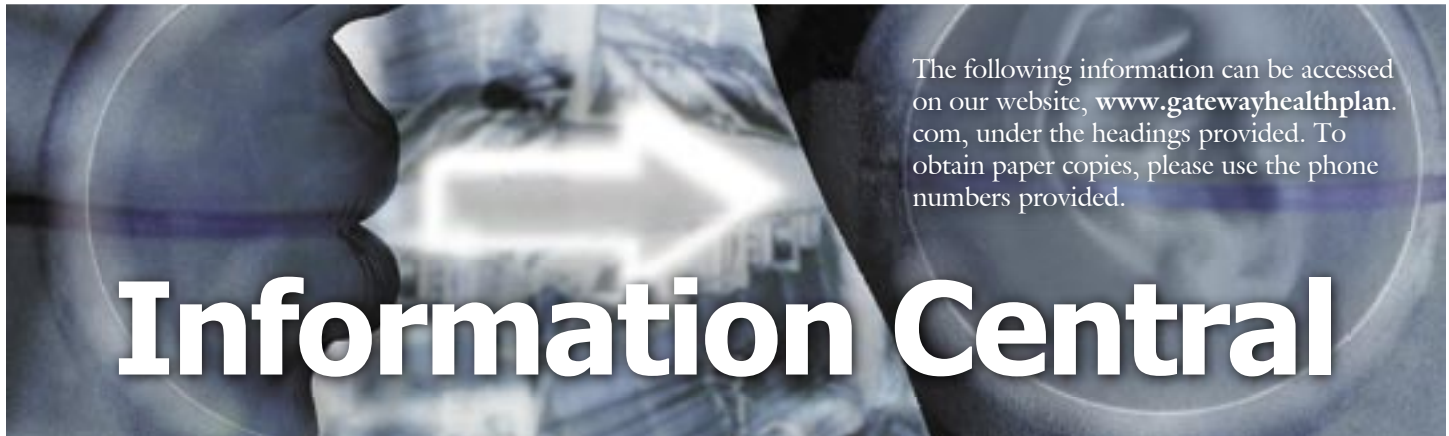


Gateway's Clinical and Preventive Care Guidelines can be viewed by accessing Gateway's website, www.gateway-healthplan.com. Most recently, the Prenatal and Asthma guidelines were reviewed, revised as needed and approved by the QI/UM Committee. The listing of guidelines includes:

- Adult with HIV
- Adult Preventive Care
- Asthma
- Cardiac Medical Management
- Child Preventive Care
- Diabetes 2005 ADA
- Hypertension
- Lead Screening
- Prenatal Care
- PCPs Treating Depression

To view these guidelines, click on PA Plan → Providers → Clinical Guidelines. Gateway's Medical Record Review standards for PCPs and Specialists, and Medical Record Keeping standards for PCPs, are also located at this site.

You can request a copy of the guidelines and standards by calling the **Quality Improvement Department** at 412-255-1144.



The following information can be accessed on our website, www.gatewayhealthplan.com, under the headings provided. To obtain paper copies, please use the phone numbers provided.

Information Central

Heading	Department	Phone Number
For Providers Provider Manual (includes Environmental Assessment Standards, Confidentiality Policy, Patient Safety, New Technology, Member Rights & Responsibilities)	Provider Services	800-392-1145
Forms & Reference Materials (includes Living Will)	Provider Services	800-392-1145
Medical Record Review/Medical Record Keeping Standards	Quality Improvement	412-255-1144
Clinical Guidelines	Quality Improvement	412-255-1144
Provider Satisfaction Survey	Provider Services	800-392-1145
Patient Safety	Quality Improvement	412-255-1144
Health Resources Disease Management Programs, Preventive Health, Special Needs, Child Health, Patient Education	Case Management & Disease Management	800-642-3550
Newsletters	Quality Improvement	412-255-1144
Patient Education	Disease Management	800-642-3550
Information on Complaints, Grievances, and Appeals	Provider Services	800-392-1145
Privacy Policy	Provider Services	800-392-1145
Pharmacy Information, including Formulary	Pharmacy	800-528-6738



Clinical Times

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