

GATEWAY HEALTH PLAN

MARCH
2007



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PPCP Rolls Out Electronic Health Records System to 18 Pittsburgh Area Practice Sites

Nathan Bennett, MD, Bryce Palchick, MD, and their colleagues at Preferred Primary Care Physicians' (PPCP) Curry Hollow Road location near

Pittsburgh have been working to integrate an Electronic Health Records (EHR) system into an active family practice.



Bryce Palchick, MD directs Michelle Martin, Medical Assistant, in order entry into Preferred Primary Care Physicians' Electronic Health Record system.

According to PPCP Executive Director Mike Lutz, planning efforts began long before the first laptop was uncrated and GE Centricity software was loaded three years ago. Since then, various components and issues surrounding the group's EHR have been designed and tested, including: financing, security, connectivity, training, developing policies and procedures, billing, scheduling, messaging, order entry, pharmaceutical information, lab/study results retrieval, access to hospital records, and migration of older records.

Remarkably this has all taken place in conjunction with day-to-day practice operations. Now that the EHR system has been rolled out to most of PPCP's 18 practice sites, Dr. Bennett reports that PPCP will begin to use their electronic data for clinical improvement activities. Their first project will be diabetes.



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Three Practices Inducted into Gateway's 100% Club

Children's Community Pediatric-Allegheny, Pediatrics South Robinson, and York Pediatrics-Dover were recently inducted into Gateway Health Plan's 100% Club for exemplary performance as measured in the biannual Gateway PCP Practice Portfolio. Measures in this report encompass areas of preventive health, appropriate antibiotic usage, ER utilization, and hospital admissions. Practices receiving this distinction have at least 50 Gateway members on their panel and achieve above-average scores on 14 individual measures, setting them apart from over 700 primary care practices measured across Pennsylvania.

Children's Community Pediatrics-Allegheny, located in northeast Pittsburgh, has been serving the needs of Pittsburgh's children and adolescents for over 25 years. In 1996, they partnered with Children's Hospital of Pittsburgh. With ten pediatricians, the practice offers weekday, evening, Saturday, and emergency appointments.

York Pediatric Associates was



Children's Community Pediatrics - Allegheny Received 100% Club Award

(L to R): Donna Walmsley, Janet Sutton, Erin Gruber, Caesar DeLeo, MD, Gateway Medical Director, Lisa Kreashko, Helen Wolfe, James Tucker, MD, Kelli Kunicki, Mark Koenig, MD, Diane Jackson, Arlene Glomb, Danielle Young, Shelley Livingston, Heather Andrus, Peter Keim, MD, Gateway VP and Chief Medical Officer

established in 1967 by York native, Dr. Robert Landis, after he completed his pediatric training at Children's Hospital National Center in Washington, DC. The group joined the WellSpan Medical Group in 1995 and became York Pediatrics. In 1998,

the practice expanded to include a second site in Dover at the WellSpan Health complex. The practice is open daily 8:00 AM to 5:00 PM, with 24-hour emergency coverage plus evening and Saturday appointments at their Queen Street office in York.

Pediatrics South Robinson, located west of Pittsburgh in McKees Rocks, has been providing quality pediatric care for over 50 years and claims the title of "Pittsburgh's largest independent pediatric practice." According to Dr. Scott Tyson, CEO of the group since 1984, "We have patients who not only grew up coming to us, but are now bringing their children, and in some cases their grandchildren, to us." In addition to 24-hour emergency coverage, the practice is open daily with evening and Saturday appointments at their Mt. Lebanon location.

What all of these successful practices have in common is a commitment to their communities, patients, staff, and service. They demonstrate this by offering extended hours, regularly improving clinical knowledge, and striving to dispense appropriate care. Gateway Health Plan salutes their performance and their achievement.



Pediatrics South Robinson Receives Gateway Health Plan 100% Club Award

Standing (L to R): Caesar DeLeo, MD, Gateway Medical Director, Vivian Salters, Gateway Representative, Scott Tyson, MD, Janet Molnar, Michele Denti, Jan Breslin, MD, Denise Stanley, Rosanna DeSalle, Karen Marko, Stacie Justice, Selene Richardson, Gateway Representative, Peter Keim, MD, Gateway VP and Chief Medical Officer. Sitting (L to R): Beth Farrell, Stefanie Sporter, Heather Markley, Roxanne Shoup. Kneeling (L to R): Linda Range, MD, Shirley Butya, Judy McCausland.

Controlling BP to Prevent Cardiovascular Disease

by Pedro J Cardona, MD, MBA

Preventive Health

During an office visit, a 55-year-old patient has a blood pressure of 145/80, even after resting in a chair. The reading is confirmed in the contra lateral arm. If antihypertensive therapy is not initiated or intensified, this patient will continue to be at increased risk for cardiovascular events and death.

Hypertension is the nation's most common medical condition, affecting nearly one in every 5 people in the United States. Per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC7), normal blood pressure (BP) is a systolic BP less than 120 and a diastolic BP less than 80. The Committee recommends treatment to achieve a BP under 140/90 mmHg, or under 130/80 mmHg in patients with diabetes or chronic kidney disease.

It is important to note that both systolic and diastolic pressures need to be under these goal numbers. The goal of the guideline is to reduce the risk of cardiovascular disease. Diet and lifestyle modification is frequently not effective in reducing BP, so medication therapy should be started sooner rather than later.

To successfully manage hypertension, we need to overcome challenges that can come from both patients and

physicians. Patient-related challenges include:

- Lack of awareness of diagnosis of high blood pressure
- Lifestyle issues and/or medication-related factors that can affect compliance
- Lack of knowledge of the consequences of uncontrolled hypertension.

Physician/Provider challenges include:

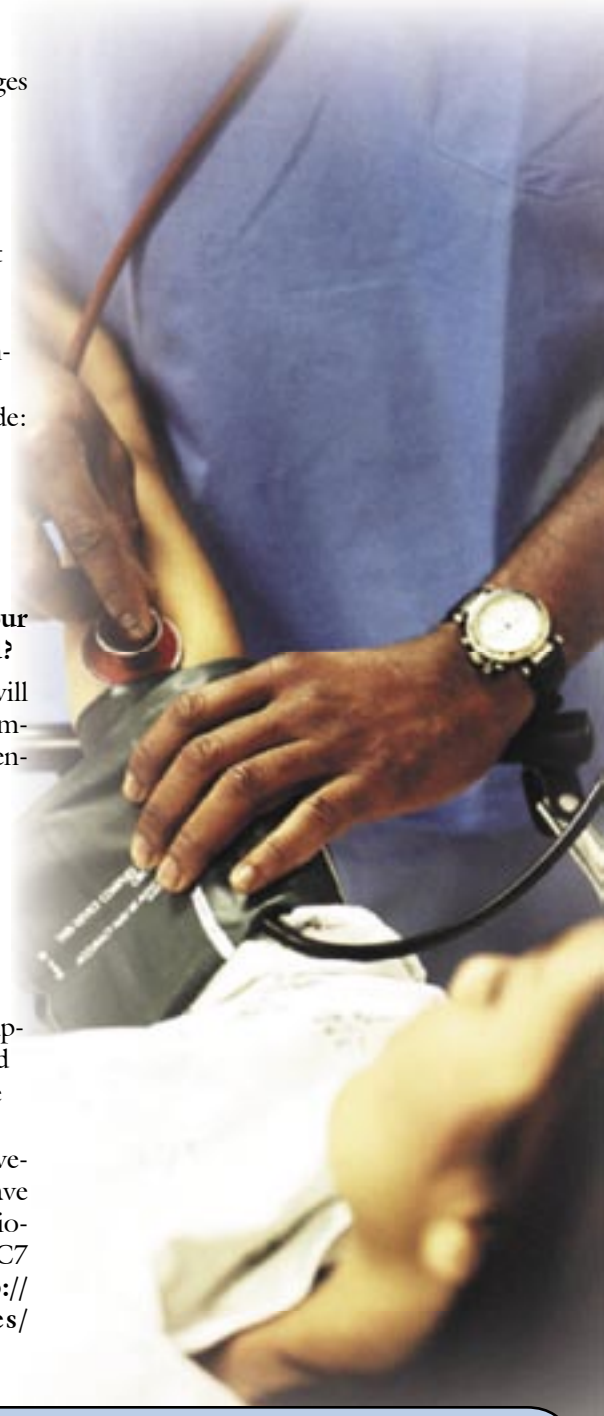
- Lack of control of the systolic BP
- Failure to reach goal BP
- Lack of regular follow-up visits
- Failure to recognize secondary causes of hypertension.

What is the BP control rate in your practice? How can it be improved?

Each practice is different and will require different interventions to improve BP control. Possible interventions include:

- Patient education tools
- Training the non-physician office staff to recognize inadequate control
- Flagging a chart if the BP is not controlled
- Automatically scheduling earlier appointments if BP is not controlled
- Monitoring BP control rate in the practice.

By performing a quality improvement activity in our practices, we have a great opportunity to prevent cardiovascular disease. The complete JNC7 guidelines can be accessed at <http://www.nhlbi.nih.gov/guidelines/hypertension/index.htm>.



According to a recent survey, "Clinicians appear to overestimate their adherence to hypertension guidelines, particularly with regards to the proportion of their patients with controlled blood pressure."

An Action Plan for Diabetic Kidney Disease

by Caesar DeLeo, MD, Medical Director
and Jude Lauffer, RNC, BSEd

Medical Management

Editor's Note: This is the third in a series of articles.

Diabetes is a leading cause of kidney failure in the United States. Aggressive intervention is indicated, beginning with routine screening for microalbumin (*Summer 2006 Clinical Times*). Once persistent microalbumin or macroalbumin has been detected, a full evaluation of kidney disease should be completed and an action plan followed (*Winter 2006 Clinical Times*).

Diabetic kidney disease management can be complex, and referral to a nephrologist can be invaluable. Patients should be referred to a nephrologist in all the following circumstances:

- The primary care provider feels he or she needs assistance in carrying out all the Diabetic Kidney Disease Action Plan.
- The estimated GFR is less than 30ml/min/1.73m².
- Loss of kidney function is rapid (e.g., >10-15 ml/min/1.73m² loss per year).
- Blood pressure targets cannot be achieved.

Caring for patients with diabetic kidney disease is challenging and requires expertise from a variety of specialists—such as dietitians, social workers, mental health providers, pharmacists, nurses, and others—all of whom must carefully integrate diabetes treatment, diabetic kidney disease care, and care for other comorbidities. Early intervention and timely referrals for consultation with kidney experts and other specialty services can lead to optimal management.

Gateway members may access network nephrologists through their primary care physician's referral.

TABLES:

Copyright ©2005 American Diabetes Association, From Diabetes and Cardiovascular Disease Review, Reprinted with permission from The American Diabetes Association.

Indications for Initial Treatment and Goals for Adult Hypertensive Patients with Diabetes

Goal (mmHg)	Blood Pressure	
	Systolic	Diastolic
Behavioral therapy alone (maximum 3 months), then add pharmacological treatment	<130	<80
Behavioral therapy and pharmacological treatment	≥140	≥90

Summary of Recommendations for Treating Hypertension in Adults with Diabetes

- Blood pressure should be measured at every routine diabetes visit. Patients found to have systolic blood pressure >130mmHg or diastolic blood pressure >80mmHg should have blood pressure confirmed on a separate day. Orthostatic measurement of blood pressure should be performed to assess for the presence of autonomic neuropathy.
- Patients with diabetes should be treated to a blood pressure of <130/80mmHg.
- Patients with a systolic blood pressure of 130-139 mmHg or a diastolic blood pressure of 80-89mmHg should be given lifestyle/behavioral therapy alone for a maximum of 3 months. If targets are not achieved, pharmacological therapy should be started.
- Patients with a systolic blood pressure ≥140mmHg or diastolic blood pressure ≥90mmHg should receive drug therapy in addition to lifestyle/behavioral therapy.
- First-line agents include ACE inhibitors, ARBs, β-blockers, or diuretics. Additional drugs may be chosen from these classes or another drug class.
- In hypertensive patients with microalbuminuria or clinical albuminuria, an ACE inhibitor or an ARB should be strongly considered. If one class is not tolerated, the other should be substituted.
- In patients over age 55 years with hypertension or another cardiovascular risk factor (history of cardiovascular disease, dyslipidemia, microalbuminuria or smoking), an ACE inhibitor (if not contraindicated) should be considered to reduce the risk of cardiovascular events.
- In patients with a recent myocardial infarction, β-blockers, in addition, should be considered to reduce mortality.
- In patients with microalbuminuria or overt nephropathy, in whom ACE inhibitors or ARBs are not well tolerated, a non-DCCB should be considered.
- If ACE inhibitors or ARBs are used, monitor renal function and serum potassium levels.
- In elderly hypertensive patients, blood pressure should be lowered gradually to prevent complications.
- Patients not achieving target blood pressure or three drugs, including a diuretic, and patients with severe renal disease should be referred to a specialist experienced in the care of patients with hypertension.

Glucometer Choices Expanded

Gateway Health Plan is now offering more options for its diabetic members by adding Accu-Chek blood glucose meters and supplies to its formulary. Gateway Health Plan will continue to cover LifeScan's One Touch products. The availability of Accu-Chek along with LifeScan products gives members the opportunity to select the type of glucometer that is most appropriate to their needs. Members will also be able to receive a free glucometer directly at their participating pharmacies with a prescription from their physicians, giving them easier access to the product of their choice.

Ensuring Continuity and Coordination of Care

by Marcia Haught, RN, BSN

Confidentiality of patient information has always been foremost in the minds of Gateway staff. The advent of HIPAA has actually simplified the process for those providers caring for a specific patient (and the patient's insurer) by permitting the sharing of pertinent information without the need for the patient's signature.

The PCP's role is to not only provide first-line care, but also to oversee and coordinate the care that his or her patients receive from other providers. Communicating patient care information from other care providers back to the member's PCP is very important to help ensure safe care. Failure to share information about a patient's care can result in suboptimal outcomes, increased costs, and medical errors.

This process can become especially difficult for Gateway's PA Medicaid members since they are permitted to self-refer for OB/Gyn care and to behavioral health specialists. Whenever patients are admitted to hospitals or skilled nursing facilities or when they are referred to home health agencies for care, managing their care can become even more fragmented for PCPs. Receiving reports of therapies and medications provided and concerns identified by other care providers is essential to ensure that the patient's care is safe, proper, and unduplicated. This does not always occur, even when the referral process is utilized.

Gateway monitors continuity and coordination of care through medical record review (MRR) of PCPs,

high-volume specialists and OB/Gyns, skilled nursing facilities, and home health agencies every two years; the annual provider satisfaction survey; and through focus studies. During MMR, Gateway assesses continuity and coordination of care by reviewing three key pieces of information in medical records:

1. Presence of reports of consultation
2. Evidence of physician review by initialing of lab/x-ray reports
3. Notation of a time frame for the next office visit.

To improve the communication process, we need help from all providers.

We ask all PCPs to:

- File all progress notes, visit and discharge summaries, and other care 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 and OB/Gyn offices should:

- Verify the member's PCP as listed on their ID card.
- Send a report of consultation or speak with the PCP.
- Utilize the "Physician Communication Form" or the "Gynecology Patient Visit Summary" located on Gateway's website www.gatewayhealthplan.com (Choose Plan, Provider, Forms and References).

- Utilize a stamper to note that documentation has been faxed to the PCP.
 - Locate PCP addresses in the PCP Provider Directory or on Gateway's website (Choose Plan, then Find a Provider).
- Good communication will help to ensure safe and proper patient care.

Gateway Encourages Open Communication

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.

Your Important Role in Preventing Lead Toxicity

by *Khlood Salman, Dr.PH*

Preventive Health

Lead toxicity can have devastating effects on young children. In 1990, the U.S. Department of Health and Human Services established a national goal to eliminate blood lead level (BLL) $\geq 25 \mu\text{g/dL}$ by 2000. However, thousands of children continue to be identified with elevated BLL. The new goal targets elimination of BLL $\geq 10 \mu\text{g/dL}$ in children under age 6 by 2010.

Screening is the main tool that allows the CDC and its local partners to assess lead levels among children in high-risk communities and to evaluate the burden of lead poisoning in different regions.

Despite substantial progress in reducing exposure to lead among children, 9% of children in the U.S had blood

levels of $\geq 10 \mu\text{g/dL}$. The CDC recommends (1997) universal screening for all young children enrolled in Medicaid by

12 months and by 24 months of age. Children who have not previously been screened should be tested at ages 36-72 months. Since 1989, federal law has required states to screen children enrolled in Medicaid for elevated BLL as part of prevention services provided through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program (MMWR, 2000).

Kemper and Clark (2005) looked at barriers to lead screening perceived by pediatricians and found that the most common reason for not testing Medicaid-enrolled children was that physicians believed that they practice in a low-risk area.

Based on the Third National Health and Nutrition Examination Survey (NHANES III), the following significant risk factors may predict elevated BLL for children at ages 1-5:



- Being of a minority race/ethnicity
- Living in an older home
- Residing in the Northeast or Midwest regions of the U.S
- Being on Medicaid
- Having a head of household with <12 years of education

- Having a history of anemia.

Physicians are in an important position to identify those children at risk for lead toxicity and to

educate families in ways to prevent lead exposure in the home, school, and other environments. A recent study reported that a child's chance of being screened was:

- 2.6 times greater if the child had at least 3 provider visits
- 2.5 times greater if parents reported receiving a reminder about BLS
- 2.2 times greater if parents reported receiving information about lead poisoning
- 1.6 times greater if residing in an urban county
- 1.5 times greater if the child was more than 2 years old.¹

Improved approaches are needed to ensure that high-risk children are tested and that children with elevated blood lead levels receive follow-up care. Providers should:

- Be aware of testing guidelines. All

children with Medicaid **MUST** have a BLL by age 12 months and by 24 months.

- For children older than 2 years of age, the Lead Health Assessment Questionnaire can help determine high-risk children who need to be tested.
- Review a child's blood lead testing history when the child is present for checkups or sick visits.
- Educate parents and guardians about the importance of having children tested for lead. Increased awareness may motivate parents to ask for the test or to be more cooperative.

Gateway Health Plan guidelines for lead screening are consistent with the current CDC recommendations. For more information about how to obtain these guidelines, see "Guidelines on Gateway's Website" in this newsletter.

References:

¹Polivka BJ, Salsberry P, Casavant MJ, Chaudry RV, Bush DC. (2006). Comparison of parental report of blood lead testing in children enrolled in Medicaid with Medicaid claim data and blood lead surveillance reports. *J Community Health*. 31 (1): 43-55.

²Kemper AR, and Clark SJ (2005). Physicians barriers to lead testing of Medicaid-enrolled children. *5(5): 290-3*.

³Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) Membership. (Dec 2000). Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid: Targeting a Group at High Risk. *MMWR*; 49. 1-13.

Blood Lead Screening is the key element in the prevention of lead poisoning and related complications.



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 cardiovascular 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 proactively intervene with members at high risk for adverse pregnancy outcomes.
Eligibility & Enrollment	<ul style="list-style-type: none"> Ages 2-65 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 members 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. Home care and DIME 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. Home care and DIME 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 DIME 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 O3 risk assessment form. Members are offered prenatal and postpartum home care visits, behavioral and social issues interventions and community referrals are coordinated through Gateway Maternity Nurse Care Managers.

Disease Management Programs

Program	"AIR" Gateway Asthma Program	Help Your Heart Program	Healthy Returns Diabetes Program	MOM (Maternity Outreach and Management) Matters™ Maternity Program
Patient Education & Self-Management Tools	<ul style="list-style-type: none"> Educational materials mailed Asthma Action Plan On-hold educational Member phone message Newsletter mailings 	<ul style="list-style-type: none"> Educational materials mailed 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 utilization 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"> Medication profile reports are mailed to assist with 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. 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. 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 – PA Medical Web-Based Education	<p>1-800-642-3550, Option 3</p> <p>www.gatewayhealthplan.com</p>	<p>1-800-642-3550, Option 3</p> <p>www.gatewayhealthplan.com</p>	<p>1-866-366-9415</p> <p>www.gatewayhealthplan.com</p>	<p>1-800-642-3550, Option 2</p> <p>www.gatewayhealthplan.com</p>
Contact for Referrals & Information – PA Medical	<p>1-800-685-5212, Option 3</p>	<p>1-800-685-5212, Option 3</p>	<p>1-866-366-9415</p>	<p>1-800-685-5212, Option 2</p>



Allergy Season Returns

If your patients suffer from severe allergies and they aren't responding to first-line treatment, consider referring them to an allergist for further testing and specific treatments based on the test results. This is a covered service for Gateway's members.

Show Others What an Exciting Life You Lead!

Two offices recently enjoyed lunch compliments of Gateway—and all they had to do was take a picture and send it in.

Well, the picture did have to show where they read their Clinical Times. And who knows—you might even find an article of interest to you while you're setting up for the shot! Gain "brownie points" with your staff by including them in the photo, too.

Pictures submitted must clearly identify:

1. the Clinical Times front page with logo
2. the smiling faces of the practice's physicians reading it
3. the names of all staff and physicians in the photo
4. the practice location, phone number and office manager's name.

We're anxious to show other readers the exotic, "far out" places where you do your reading. So pull out your camera and take that shot!

E-mail entries to
mhaught@gatewayhealthplan.com

or send them to:
Gateway Health Plan
Where Do You Read Your Clinical Times?
c/o Marcia Haught
US Steel Tower, Floor 41
600 Grant Street
Pittsburgh, PA 15219-2704

Guidelines on Gateway's Website

Gateway's Clinical and Preventive Care Guidelines can be viewed by accessing Gateway's website, www.gatewayhealthplan.com. To view these guidelines on our website, select Plan, Providers, then Clinical Guidelines.

The guidelines currently cover these topics:

- Adult with HIV
- Adult Preventive Care
- Asthma
- Cardiac Medical Management
- Child Preventive Care
- Diabetes 2007 ADA
- Hypertension
- Lead Screening
- Prenatal Care
- PCPs Treating Depression

Gateway's Medical Record Review standards for PCPs and specialists, and Medical Record Keeping standards for PCPs are also located on our website. For standards, select Providers, then Medical Rec. Standards.

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



Referring Gateway Members to the Right Mental Health Provider

by Wendy Brenneisen, MPM

Provider Relations

To ensure that you refer patients to the proper mental health providers, please follow these referral guidelines.

Pennsylvania Medicaid Members

For Pennsylvania Medicaid members, Gateway Health Plan provides telephone numbers for mental health/substance abuse providers by county in Gateway's Provider Office Policy and Procedure Manual. The list includes the provider name and telephone number. These numbers are for Gateway Medicaid members to call. Because Gateway does not manage behavioral health care, practices do not need to send a referral or authorize mental health/substance abuse services.

Pennsylvania & Ohio Medicare Assured Members

Gateway Health Plan *Medicare Assured* provides coverage for outpatient mental health services through Community Behavioral Healthcare Network of Pennsylvania (CBHNP). Please call CBHNP to access a participating network provider in the member's area.

Also, if you have a member who has questions or needs additional assistance in accessing an outpatient mental health provider, please direct the member to call CBHNP.

CBHNP can be reached as follows:

- **Pennsylvania Medicare Assured:**
1-866-755-7299



- **Ohio Medicare Assured:**
1-866-341-7022

Information for both Medicaid and *Medicare Assured* can be found on Gateway's website at www.gateway-healthplan.com. Click on Providers, then Provider Office Policy and Procedure Manual. If you have any questions regarding this information please contact your Provider Relations Representative.

Evaluating Durable Medical Equipment Requests

Gateway Health Plan's Utilization Management Department is now applying the McKesson InterQual Criteria to requests for durable medical equipment (DME), effective February 26, 2007. McKesson's InterQual Criteria is a licensed product that is research based and enables non-physician reviewers to make reliable and consistent evaluations about the medical appropriateness of requested equipment in the home setting.

The criteria are developed by McKesson's clinical research staff, which includes physicians, registered nurses, and other healthcare professionals. Many of McKesson's clinical staff hold advanced degrees in case management certification.

The clinical content is reviewed and validated by a national panel of clinicians and medical experts including

those in community and academic practice settings, as well as within the managed care industry throughout the United States. The clinical content is a synthesis of evidenced-based standards of care, current practices, and consensus from licensed specialists and/or primary care physicians.

Requests for durable medical equipment (\$500 or greater) will continue to require an authorization by Gateway's Utilization Management Department, and the information required to process an authorization will not change. As always, if a request does not meet the criteria requirements, a Gateway physician advisor will review for a medical necessity determination. An opportunity to discuss the request with the physician advisor will also be provided to the ordering physician.

If you would like additional informa-

tion about the McKesson InterQual Criteria, please contact your Provider Relations Representative, the Utilization Management representative, or physician advisor.

Gateway's Utilization Management Department may be contacted at the following phone numbers:

- **Pennsylvania Medicaid:**
1-800-685-5607, Option 3
- **Pennsylvania Medicare Assured:**
1-888-447-4375
- **Ohio Medicare Assured:**
1-888-447-4375



Help Smokers Kick the Habit with PA Free Quitline

Pennsylvania's Free Quitline, **1-800-QUIT NOW (1-800-784-8669)**, is available 24 hours a day, 7 days a week. This service provides counseling and structured assistance for individuals to help them quit. While this service focuses on cigarette smokers, the advice and support provided may be useful for helping other forms of tobacco dependence.

The Free Quitline is staffed by clinically

trained counselors. The service is available in English and Spanish, with other languages available as needed.

For more information, please visit the PA Department of Health's website at www.dsf.health.state.pa.us and click on the "Quit Smoking Now" link on the left-hand side. This website also includes pre-approved smoking cessation programs by county as well as other resources to help your patient quit.



You can make a difference! With your support, patients can be smoke-free.

Medicaid Formulary Additions

Brand Name	Generic Name	Effective Date
Oxybutinin ER	Oxybutinin ER	11/22/06
Cymbalta	Duloxetine	1/1/07
Focalin/Focalin XR	Dexmethylphenidate	1/1/07
Proventil HFA	Albuterol	1/1/07
Roche Diagnostics Blood Glucose Monitors		1/1/07
Ventolin HFA	Albuterol	1/1/07
Xopenex HFA	Levalbuterol	1/1/07

Medicaid Formulary Deletions

Brand Name	Generic Name	Effective Date
Detrol LA	Tolterodine	1/1/07
Genotropin	Somatropin	1/1/07
Humatrope	Somatropin	1/1/07
Lipitor	Atorvastatin	1/1/07
Nutropin/Nutropin AQ	Somatropin	1/1/07
Rhinocort AQ	Budesonide	1/1/07

Medicare Formulary Additions

Brand Name	Generic Name	Effective Date
Oxybutinin ER	Oxybutinin ER	11/22/06
Proventil HFA	Albuterol	1/1/07
Roche Diagnostics Blood Glucose Monitors		1/1/07
Ventolin HFA	Albuterol	1/1/07
Xopenex HFA	Levalbuterol	1/1/07

Medicare Formulary Deletions

Brand Name	Generic Name	Effective Date
Detrol LA	Tolterodine	1/1/07
Genotropin	Somatropin	1/1/07
Humatrope	Somatropin	1/1/07
Lipitor	Atorvastatin	1/1/07
Nutropin / Nutropin AQ	Somatropin	1/1/07
Paxil CR	Paroxetine	1/1/07
Rhinocort AQ	Budesonide	1/1/07

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. Please note that the Gateway Formulary can now be accessed online at www.gatewayhealthplan.com.

Additional copies may be printed directly from our Formulary website, or requested through Provider Services by calling **1-800-392-1145** for Medicaid members or **1-800-685-5201** for *Medicare Assured* members.

For all formulary questions and other pharmacy benefit concerns, please contact Gateway's Pharmacy Department at **1-800-528-6738** for Medicaid members or **1-800-685-5215** for *Medicare Assured* members. You may also fax inquiries to **412-255-4544** or **1-888-245-2049**, Attn: Pharmacy Department.

You can contact the departments listed below directly or request paper copies of documents by calling the phone numbers provided. Information can be accessed on our website, www.gatewayhealthplan.com. Choose the Plan, then Providers. Phone numbers are also listed under "Contact Us".

Information Central

Heading	Department	PA Medicaid Phone Numbers	PA Medicare Phone Numbers	Ohio Medicare Phone Numbers
For Providers: Provider Manual (includes Environmental Assessment Standards, Confidentiality Policy, Patient Safety New Technology, Member Rights & Responsibilities Forms & Reference Materials (includes Living Will) Provider Satisfaction Survey Complaints/Grievance/Appeals Privacy Policy Pharmacy Information (including Formulary)	Provider Services	800-392-1145	800-685-5205	800-685-5205
Medical Record Review & Medical Record Keeping Standards Clinical Guidelines Newsletter	Quality Improvement (QI)	412-255-1144	412-255-1144	412-255-1144
Case Management - Special Needs	Case Management	800-642-3550 Option 1	800-685-5212 Option 1	888-447-4506 Option 1
Preventive Health/Patient Education <i>Disease Management Programs</i> MOM Matters™ - Maternity "AIR" Gateway - Asthma Help Your Heart - Cardiac Healthy Returns - Diabetes	Disease Management (DM)	800-642-3550 Option 4 Option 2 Option 3 Option 3 800-366-9415	800-685-5212 Option 4 Option 2 Option 3 Option 3 800-366-9415	888-447-4506 Option 4 Option 2 Option 3 Option 3 800-366-9415
Utilization Management	UM	800-392-1146	800-685-5207	888-447-4375



Clinical Times

PHYSICIAN NEWSLETTER

CLINICAL TIMES is published as a service for the clinicians and providers of GATEWAY HEALTH PLAN, US Steel Tower, Floor 41, 600 Grant Street, Pittsburgh, PA 15219. Telephone 412-255-4541, www.gatewayhealthplan.com.

Information in CLINICAL TIMES comes from a wide range of medical experts and other medical resources. If you have any concerns or questions about specific content, please contact GATEWAY HEALTH PLAN.

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