

JULY
2007



IN THIS ISSUE



P2 Home Health
Visits Help
Prevent
Readmissions

Dental Care



P3 In Office
Diabetes Lab
Testing

Website
Guidelines



P4 Anti-depres-
sants During
Pregnancy



P5 Following
Through on
Postpartum

Tdap and Td
Vaccines in
Pregnancy



P6 Preventing
Osteoporosis
Fractures



P7 GHP Spotlight:
Domestic
Violence



P8 Colorectal
Cancer
Screening



P9 Treatment
Plans



P10 Long Term
Asthma



P11 Formulary
Updates



P12 Information
Central

Clinical Times

PHYSICIAN NEWSLETTER

Gateway Health Plan Says Thank You and Farewell To Its Chief Medical Officer

Dr Peter J. Keim

Peter J. Keim, MD, has been with Gateway Health Plan since 1999. During this time, Dr Keim has been an instrumental force behind many of the accomplishments of the plan, including repeated Excellent ratings from NCQA, expansion into new areas and lines of business, development of a dynamic pharmacy department, recognition of the 100% Club, development of CME programs, and ensuring an adequate provider network. He was the driving force behind the development of a Best Practice Protocol for identification and treatment of pregnant women with opiate dependence. Dr Keim has frequently been the plan's representative in working with external groups. With

his focus on a holistic and respectful approach, he has been an inspiration to the employees of the plan not only in improving the lives of our members, but also in making Gateway Health Plan a better place to work.

A farewell ceremony was held on Friday June 15, 2007. The ceremony was very well attended with staff from all departments coming to share the occasion. Gateway Health Plan's CEO, Mr. Michael Blackwood expressed the gratitude felt by all staff and a representative from member services read a poem especially written for the occasion.

We all wish him the best as he embarks in the next chapter of his life.

Gateway Health Plan Welcomes Its New Chief Medical Officer

Dr Robert S Mirsky

Robert S. Mirsky, MD, MMM, FAAFP, will be joining us on June 28, 2007 as our new Chief Medical Officer. Dr Mirsky comes from Blue Cross Blue Shield Plan of Florida where he has been Senior Medical Director of Professional Programs. He brings with him expertise in Pay for Performance, Health Information Technology, Pro-

vider Network Development and Cultural Excellence. Throughout his career in medical management, he has had experience in all aspects of managed health care delivery.

We look forward as Dr Mirsky joins CEO Michael Blackwood and the rest of the senior management team at Gateway Health Plan.

Home Health Visits Help Prevent Readmissions

By Pedro J. Cardona, MD, MBA

Medical Management

A recent review of Gateway Health Plan data demonstrated a significant decrease in hospital readmissions (within 30 days post discharge) when a visiting nurse conducted an in-home assessment as part of the discharge plan. Many psychosocial issues are not readily apparent in an acute in-patient setting. A visiting nurse can identify and address these issues.

Gateway Health Plan's business model of Prospective Care Management is a holistic, proactive approach that is characterized by an emphasis on the whole person. This model addresses many psychosocial issues, which, if unmet, can result in the need for a return to the inpatient hospital setting. For example, some patients lack adequate, safe and clean

housing; some are victims of abuse; some lack economic means; some lack adequate social support; and some lack the ability to procure and self administer drugs, prepare meals, or perform testing or self-management. At times, mental health, drug, alcohol, or spiritual challenges impair the ability to cope with day-to-day needs.

Therefore, we would like all Gateway Health Plan members to receive a Home Health visit in the immediate discharge period. This visit will be automatically covered by the health plan.

Benefits to the provider include:

- Improved coordination between in-patient stay and outpatient follow-up.
- Decreased readmissions, resulting in fewer disruptions to the physician's schedule.

- Improved patient satisfaction, as care can be coordinated from home (typically the most comfortable setting).
- Improved quality of care because a decreased amount of time in the hospital would result in a decreased rate of nosocomial complications.
- More efficient use of hospital bed space.

We trust that you can appreciate a holistic approach to care, and we want to thank you for your assistance in supporting this initiative.



Dental Care: We Need Your Help!

In working with Dental Benefit Providers (DBP), our members' dental provider, we have learned that there is an evolution occurring in dentistry.

"Dentistry is moving from a discipline focusing on repair and replacement to one with a greater emphasis on prevention and medicinal approaches to management," says Dr. Michael Weitzner, DMD, DBP's Director of Clinical Operations. "There is also increasing evidence of a link between periodontal disease and systemic conditions such as pregnancy complications, diabetes, and cardiovascular health."

DBP's greatest challenge remains getting the members into dental offices for care, especially preventive care. They would appreciate your assistance in this task, by encouraging our members to schedule dental visits every six months for preventive care.



Convenient In-Office Lab Testing for Diabetes

by Jude Lauffer, RNC, BSEd

Disease Management

Physicians are well aware of the testing required for diabetics but, for numerous reasons, patients do not always follow through with the lab visit.

Metrika provides a 5-minute, in-office hemoglobin A1c test that is performed with only a finger stick. The test provides the A1c results during the visit and is recognized by HEDIS for diabetic A1c measurement and control.

There are several benefits of performing this test in the physicians office:

- **It's Fast.**
 - o In office testing with no waiting for lab results.
 - o Results in just five minutes.
 - o Hands-on procedure time is less than one minute.
 - o Provides opportunity for immediate treatment decisions and face-to-face counseling.

- **It's Easy.**
 - o Simple, 3-step procedure.
 - o CLIA waived.
 - o No calibration, no daily controls, and no maintenance.
 - o No refrigeration necessary if used within three months
 - o No capital equipment required.
 - o Enables A1c testing in every exam room.
- **It's Accurate.**
 - o Proven lab accuracy at 99%.
 - o NGSP certified.

Gateway Health Plan reimburses a physician office \$13 for each test completed. Bill with the code 83036 for both Medicare and Medicaid members. Do not bill 83036 QW for Medicare patients.

For more information on ordering kits, visit the Metrika web site at www.metrika.com. For more information on this Gateway benefit, contact Jude Lauffer RNC, Disease Management Specialist, at 412-255-4328.



Healthy Returns for Diabetics

Gateway also offers the Healthy Returns Diabetes Management Program for members and providers. The telephonic educational line, staffed by registered nurses, can be accessed 24 hours a day, 7 days a week, by calling 1-866-366-9415. Dieticians and pharmacists are also available Monday through Friday from 8:30AM to 4:30 PM for questions.



PCPs and Specialists and the Medical Record Keeping Standards for PCPs are also located under "Providers." Click on Medical Record Standards. You can request a copy of the guidelines and standards by calling the QI Department (see back page).

Guidelines & Review Standards on Gateway's Website

Throughout the year, Gateway reviews and revises its clinical guidelines and presents them to our Physician Advisory Workgroups and/or QI/UM Committee for approval. Most recently, the guidelines on Hypertension, Cardiac, Lead, Child Preventive and Diabetes went through this review process.

Our clinical and preventive care guidelines can be viewed by accessing Gateway's website, www.gatewayhealthplan.com. On the main page, select Pennsylvania Medicaid or Medicare Assured, Providers, and Clinical Guidelines.

Gateway's Medical Record Review standards for

Using Anti-Depressants During Pregnancy

by *Mannuel D. Reich, DO; Associate Medical Director, Value Behavioral Health of PA*

Psychiatric Perspective

Despite the general rule of avoiding the use of medications during pregnancy, in certain clinical situations there are benefits over possible risks to medicate with an anti-depressant during pregnancy. This decision is based on the patient's history and current clinical symptoms. It should involve careful discussion and informed consent with the patient and perhaps other caregivers involved in the welfare of the baby and the mother.

There are no scientifically designed double-blind placebo-controlled studies that demonstrate the safety of anti-depressants in pregnancy. Due to the nature of these studies, there will never be any such scientific data to reassure patients and practitioners.

There is, however, a vast amount of anecdotal, observed, and recorded clinical experience of thousands of patients on anti-depressants, both tricyclics and SSRIs, during pregnancy over the last 50 years. This available clinical data, as reported in the literature, indicates that the number of birth abnormalities in the babies born to women on anti-depressants is no greater than for babies born to women who are not taking anti-depressants. Other studies following infants' exposure in utero to SSRIs and tricyclic antidepressants have found no difference in developmental milestones, IQ, or behaviors.

Pregnancy may be a time of increased vulnerability to depression, and the consequences of depression are serious in terms of impaired maternal function, poor care-taking, and complications with interpersonal relationships. Therefore, the benefit of taking antide-

pressants over perceived risks becomes greater.

In general, for women who have suffered one episode of depression in a period prior to pregnancy and have completed a course of treatment on medication (6-10 months), prophylactic medication would not be prescribed.

For women who have had a series (greater than 3) of depressive episodes in the child-bearing years, continuing the antidepressant is a strong consideration. If this is not acceptable to the patient, family, or practitioner, then close monitoring with strong consideration of medication in the postpartum period is advised, due to the serious and sometimes lethal consequences of postpartum depression and possible psychosis.

Whereas the exposure of the medication to the developing fetus is not exactly known, these anti-depressant medications are found in breast milk. Therefore, they can be directly ingested by the infant during breast feeding. The same clinical anecdotal evidence and informed consent applies for the breast-feeding mother as for the pregnant mother.

In terms of an informed consent discussion with the patient and family regarding breast feeding and anti-depressant medication, the clinician is strongly advised to consider the consequences of psychiatric illness in the postpartum period.



Following Through on Postpartum Visits

by *Caesar DeLeo, MD, Medical Officer and Chris Ann Uhler, RN, BSN*

Preventive Health

The postpartum visit, like the follow-through of a golf or tennis swing, is an essential component in achieving an optimal maternal outcome. The postpartum visit is so important because it provides the opportunity for:

- Detection of postpartum complications
- Detection of postpartum depression
- Smoking cessation counseling if necessary
- Breastfeeding support
- Discussion of family planning and birth spacing
- Education on nutrition and physical activity to prevent obesity
- Assuring that the infant is getting well-child care.

The postpartum visit to the practitioner's office should occur within

eight weeks after delivery. This time frame is part of HEDIS (Healthplan Employer Data and Information Set), which is a set of performance measures increasingly used by managed care plans, employers, researchers, and government to assess quality. While home care visits are a valuable and covered adjunct to postnatal care, they are not a substitute for the postpartum visit.

As a practitioner, you are very influential in helping your patients understand the necessity of the visit. Do not underestimate your influence. Have the discussion prior to discharge.

Actually, achieving a good follow-through can be difficult, but here are

When billing the postpartum visit, please utilize ICD-9 procedure codes 91.46, 89.26 and ICD-9 diagnosis codes V24.1, V24.2, V25.1, V76.2 or V72.3.

some tips that may help:

- Discuss the postpartum visit with your patient prior to discharge.
- Schedule the appointment preferably at or shortly after the time of discharge.
- Use the hospital staff to reinforce scheduling the postpartum visit.
- Schedule appointments to occur between 3 and 5 weeks after delivery. This allows for rescheduling of missed appointments by the 8th week.
- Have your office mail a reminder card or place a reminder phone call about the appointment.

Gateway Health Plan can help with scheduling postpartum visits and helping to resolve transportation issues to and from postpartum appointments. For assistance, call our Preventive Health Department at 1-800-642-3550, Option 4.

Tdap and Td Vaccine Recommendations for Pregnant Women

by *Edwin Kairis, MD, Medical Director*

Medical Management

Adacel and Boostrix® (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine) are known by the acronym Tdap and were approved for administration by the Food and Drug Administration in Spring 2005. Adacel is approved for patients ages 11-65, while Boostrix is for patients 10-18 years of age.

In June 2006, the Advisory Committee on Immunization Practices (ACIP) published the following recommendations for using these vaccines in pregnancy:

- A one-time administration of Tdap is recommended for all women in the immediate postpartum period as long as more than two years have passed since the most recent tetanus toxoid (Td) vaccine.
- Pregnant women who have not

received a tetanus vaccine in the past 10 years should receive a Td in the second or third trimester. Otherwise, Tdap should be administered in the immediate postpartum period. There are no current recommendations to offer Tdap during pregnancy as there are concerns that this vaccine may negatively affect the efficacy of the infant's immunizations.

Gateway Health Plan strongly supports these recommendations as it has been well established that the majority of mortality and morbidity from pertussis occurs in infants less than six months of age. We also encourage those who care for pregnant women or for infants to consider changing current hospital practices so that all new mothers who need a Tdap will receive it in the immediate postpartum period."



Preventing Osteoporotic Fractures

by *Khlood Salman, Dr.PH*

Preventive Health

Are you aware that over 1.5 million fractures per year are attributable to osteoporosis? This results in:

- 500,000 hospitalizations
- 800,000 emergency visits
- 2.6 million physician visits
- 180,000 nursing home placements
- \$12-18 billion in direct

healthcare cost each year.

The number of people with osteoporosis increases as the population ages. While bone mineral density (BMD) slowly decreases with age in women and men, osteoporosis is more prevalent among women. Women account for eight in ten people diagnosed with the disease. The lifetime risk of an osteoporotic fracture in 50-year-old women is 40%, compared to 13% for men of the same age.

Many risk factors are known to be associated with osteoporotic fractures, including:

- low peak bone mass
- hormonal factors (particularly a lack of estrogen)
- use of certain drugs (particularly glucocorticoids)
- cigarette smoking
- excessive use of alcohol or caffeine
- lack of physical activity
- low intake of calcium and vitamin D
- race (higher in Caucasians and Asians)
- low body weight (< 70kg)
- personal or family history of fracture.

Because of the risk of osteoporosis fractures, all postmenopausal women should be evaluated for signs of osteoporosis during routine physical examinations. Radiological tests of bone min-



eral density generally should be utilized for a patient at highest risk. Gateway's Adult Preventive Health guideline recommends that routine screening begin at age 60 for women identified as high risk because of their weight or estrogen use and for women age 65 and older at increased risk.

Gateway Health Plan recommends that routine screenings begin at age 60 for women identified as high risk because of their weight or lack of estrogen use, and for women age 65 and older at increased risk.

The clinical consequences and the economic burden of the disease, as well as the quality of life of the patients, call for measures to assess individuals who are at risk. Interventions can be designed to prevent the devel-

opment of the disease, reduce further bone loss, and reduce the risk of fracture. These include:

- A balanced diet with adequate intake of calcium and vitamin D
- Regular exercise
- Measures to prevent falls or minimize their impact
- Smoking cessation
- Moderation of alcohol and caffeine intake
- Use of pharmacologic agents (in-

cluding the bisphosphonates and the selective estrogen receptor modulator, raloxifene), that have been shown to increase bone mass to reduce risk of fracture.

Women who have discontinued hormone replacement therapy are in particular need to be monitored for fracture.

Education regarding osteoporosis prevention encourages women to make life style changes. Most women are more likely to consider pharmacologic agents if they are informed about their BMD testing results.

References

1. Gass M, Dawson-Hughes B. Preventing osteoporosis-related fractures: an overview. *American Journal of Medicine*, (2006) Apr; 119 (4 Suppl 1): S3-S11.
2. Lane NE. Epidemiology, etiology, and diagnosis of osteoporosis. *American Journal of Obstetric Gynecology*, (2006) Feb; 194 (2 Suppl): S3-11.
3. Vescini F, Francucci CM, Buffa A, Stefoni S, and Caudarella R. Does bone mineral density predicts fractures comparably in women and men? *Journal of Endocrinol Investigation*, (2005); 28 (10 Suppl): 48-51.

GHP Spotlight: Screening for Domestic Violence

by Beth A. Nicholson, MSW, LSW

Special Needs

Domestic violence is behavior in any intimate relationship that is used to gain or maintain power and control over a partner. Abuse can include physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes behaviors and actions that frighten, intimidate, isolate, terrorize, manipulate, hurt, humiliate, blame, injure, wound, or kill. Abusers will also target children and pets to control their victims. Domestic violence ruins self-esteem and devalues the self-worth of the victim.

Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender. It can happen to couples who are married, cohabitating, or dating. Violence and abuse can continue even after a couple has broken up or divorced. Domestic violence affects people of all socioeconomic backgrounds and education levels. Even couples who appear to be happy and well-adjusted may be hiding a terrible secret.

If you are treating men, women, or children at your practice, you are seeing and treating victims of domestic violence. One out of every four women will be a victim of domestic violence during the course of their lifetime. As many as 324,000 women each year experience domestic violence during their pregnancy.

Screening every patient, regardless of appearances, is the first step to opening the door to help an abused person. Screen every patient at every encounter, because situations between partners can



change at any time. Screening should be with the patient alone, without their partner in the room.

Good screening questions can include:

- Do you feel unsafe at your home?
- Have you ever felt afraid of your partner? Or a past partner?
- Are you afraid for your children?
- Have you been hit, kicked, punched, burned, or otherwise hurt by someone in the past year?
- Is anyone in your home being hurt, hit, threatened, frightened, or neglected?
- Can you tell me more about your injuries?
- Is there anything you would like to tell me?

Abuse is often under-reported and your patient may never tell you what happened or who caused their harm. They may even deny there is a problem. A victim may fear retaliation by their abuser, resulting in more violent injury or even death. Your patient may even think they are to blame for making their partner angry or disappointed.

If you are unsure of the situation your patient is facing, please ask and docu-

ment their responses. Assure your patient that their confidentiality is paramount and that you will not tell their partner anything you have learned.

Talking to your patients can be awkward or make you feel uncomfortable. If you don't know where to start or what to say, try these helpful conversation starters:

- I'm afraid for your safety.
- I'm afraid for the safety of your children.
- It will only get worse.
- We're here for you when you are ready or when you are able to leave.
- You deserve better than this.
- This is not your fault.
- Let's figure out a safety plan for you.

You can refer your patients to the National Domestic Violence Hotline at 1-800-799-7233 or your local domestic violence center to talk with someone about their situation. Gateway's Special Needs Department (1-800-642-3550) is committed to improving the lives of our members and is available to provide resources to help you and your patients get through their difficult times.

At your practice, you are seeing and treating victims of domestic violence. One out of every four women will be a victim of domestic violence during the course of their lifetime.

Colorectal Cancer Screening

by *Khlood Salman, Dr.PH*

Preventive Health

Colorectal cancer is a leading cause of cancer-related death globally. In the U.S, it is the third-leading type of cancer and the second-leading cause of cancer-related death, taking the lives of approximately 60,000 people each year. Fortunately, both the incidence and mortality of the disease have declined during the past two decades.

This is most likely due to improved screening efforts and the early detection of adenomas in asymptomatic patients. However, the screening is still underutilized.

Lifestyle Issues Leading to Colorectal Cancer

Although the precise mechanisms for the development of colorectal cancer have not been identified, evidence from epidemiological and experimental studies shows that several lifestyle issues are likely to have a major impact on developing colorectal cancer. These lifestyle issues include:

- Low physical activity
- Cigarette smoking
- Diet and nutritional factors (for example, a diet high in red and processed meat increases risk)
- Excess alcohol consumption

Preventing Colon Cancer

The effect of exercise on the primary and secondary prevention of colon cancer has been reported by many studies. Although the exact mechanism is not known, it is more likely due to the effect of the increase in insulin-like, growth factor-binding protein and the reduction of prostaglandins.

Recent evidence suggested a protective effect of vitamin D in colon cancer. Evidence regarding the relationship between intake of dietary fiber and risk of colon cancer are still inconclusive.



Screening Strategies

The decisions of when to start and stop screening and how often to perform the screening exams could be influenced by the following findings:

1. There is convincing evidence that screening populations older than 50 with annual fecal occult blood tests and regular sigmoidoscopy or colonoscopy can reduce colon cancer mortality.
2. Since colon cancers evolve from adenomatous polyps, studies suggest that patients with large polyps (> 1 cm) or villous adenomas have a high risk of colon cancer; therefore, they are likely to benefit from full colonoscopy and more frequent screening. The benefits are far less clear for patients with small polyps.

Gateway's Adult Preventive Guideline recommends a fecal occult blood test be done annually beginning at age 50. Also beginning at that age, a sigmoidoscopy should be performed every 5 years or colonoscopy every 10 years.

Gateway encourages physicians to

educate members about the importance of colorectal cancer screening in reducing morbidity and mortality caused by this disease.

References:

1. Trojian TH, Mody K, Chain P. (2007). Exercise and colon cancer: primary and secondary prevention. *Current Sport Medicine Rep.* Apr; 6(2):120-124.
2. Dove-Edwin I, Sasieni P, Adams J, Thomas HJ. (2005). Prevention of colorectal cancer by colonoscopic surveillance in individuals with a family history of colorectal cancer: 16 year prospective, follow up study. *BMJ* Nov 5; 331: 1033-4.
3. Martinez ME. (2005). Primary prevention of colorectal cancer: lifestyle, nutrition, exercise. *Recent Results Cancer Research*; 166: 177-211.



Special Needs Unit & Pharmacy

Helping Patients Follow Their Treatment Plans

According to the Office of the U.S. Inspector General, “Noncompliance with drug treatment accounts for 125,000 deaths per year. Ten percent of hospital admissions and up to 23 percent of nursing home admissions each year could be avoided if people took their medications as prescribed. Neither gender, age, ethnicity, or educational level seem to be an indicator of compliance.”

According to the *Geriatric Times*, “Medication misadventures are endangering the health of the geriatric population, filling emergency rooms and hospitals, and contributing to escalating health care costs. Polypharmacy, wherein elderly patients must manage compliance with regimens of several prescription drugs and concurrently may be self-medicating with over-the-counter (OTC) products, should be of concern to all members of the health care team who work with geriatric patients.”¹

The medical profession defines compliance as the degree to which a patient follows a treatment plan. Studies have shown that only 50 percent of patients take their medications as prescribed.²

Why are patients not taking medications?

Reasons for noncompliance are varied and include:

- Inconvenience
- Not understanding the directions
- Fear of possible side effects
- The taste of the medications and altered taste perceptions of other foods
- Cost
- Personal and emotional (psychological) reasons, such as denial of an illness or an attempt to gain control

Who doesn't take their meds?

Compliance is an issue for all age groups. Seniors have multiple compliance issues, including numerous medications ordered by different doctors, the use of nonprescription drugs, increased



sensitivity to medications, and cognitive changes. Middle-aged adults are at greatest risk for missing medications due to their busy lifestyles. Children are less likely to follow a treatment plan, especially when they have a chronic diagnosis that requires complex therapy, such as asthma or juvenile diabetes. Adolescents can refuse treatment out of rebellion toward parents or authoritative medical personnel.

How do we get cooperation?

Because there is no single cause of noncompliance, preventing it can be challenging. Here are some recommendations for encouraging patients to cooperate:

- Encourage routines. i.e. use of medications that are associated with certain events or a time of day.
- Provide printed instructions that are simple and easy to follow. Most medication instructions are at the eighth-grade reading level, which only 58% of the population can easily read.³
- Recommend devices such as pill boxes.
- Foster two-way communication with patients and provide clear explanations and the rationale for treatment.
- Encourage support groups or a family member or “buddy” to assist your patient in reinforcing their treatment plan.

How can GHP help?

Gateway is interested in partnering with your office to meet the many challenges of medication and treat-

ment compliance. At Gateway we have a number of resources available to provide assistance to your office regarding adherence to treatment plans, including medication compliance. Gateway’s Special Needs Unit is designed to help members who may need guidance in following their medication regime or treatment plan. This group can also connect members with supportive community resources.

Services provided by the Special Needs Unit include:

- Assistance with medication compliance
- Education and support for treatment plan adherence
- Help finding community resources
- Assistance with coping skills
- Telephone support for families in need
- Assessment of safety in homes
- Connection to medical assistance transportation services.

Call Gateway’s Special Needs Unit at 1-800-685-5215, Option 1, Monday through Friday, between 8:30 AM and 4:30 PM. You’re welcome to refer any of your Gateway patients for our services.

We look forward to hearing from you as we work toward a common goal—the improved health and well-being of the patients we serve.

References:

- ¹ *Geriatric Times*, Vol. 1, Issue 3, September/October 2000.
- ² *Compliance and Compromise*, Vol. 2, No. 5, September/October 2001.
- ³ “Center on Aging and Cognition: Health, Education and Training,” Royfal Issue Brief, Issue 5, Spring 2002.



Helping Patients Comply with Long-Term Asthma Control

by Edwin Kairis, MD, Medical Director & Chris Ann Uhler, RN, BSN

Disease Management

Gateway Health Plan continually searches for ways to partner with our providers to assist in the delivery of high-quality care. One example is our asthma disease management program, “AIR” Gateway. This program has been successful in reaching out to many of your asthmatic patients. We currently have some level of communication with all 19,000 of our asthmatic members and strive to place information in your hands to assist you in caring for our members.

The asthma medication profile is one

such tool. Mailed in the spring and fall, the report is patient specific and targets those patients with persistent asthma who have filled fewer than three prescriptions for a long-term controller medication in the past six months. The patients identified on the report are also mailed a letter, encouraging them to see their providers to discuss medication adherence. This list is also color-coded so that a provider can easily detect those medications written by the PCP as opposed to all other physicians.

This report was most recently mailed in May 2007 and may be utilized as a

chart document. We have found that a patient’s report on medication use can vary with our pharmacy utilization data. Our goal is that this report could serve as a starting point for you and our members to discuss medication adherence.

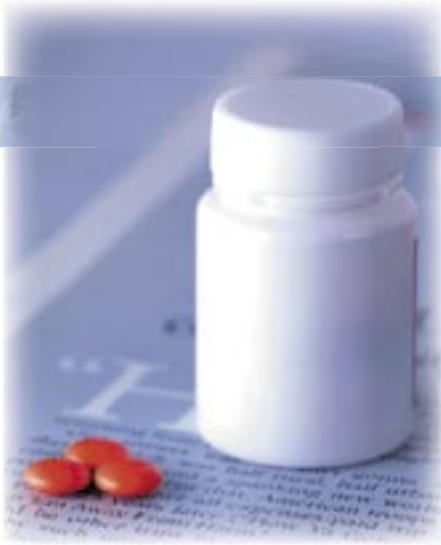


GATEWAY HEALTH PLAN

Formulary Updates

The Gateway Health Plan formulary is updated on a regular basis. The listed medication changes reflect the decisions made by the Gateway Health Plan's Pharmacy and Therapeutics committee. Please review the changes and update your Gateway Health Plan formulary book as necessary. Please note that the Gateway Health Plan Formulary can now be accessed online at www.gateway-healthplan.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).



Medicaid Formulary Additions		
Brand Name	Generic Name	Effective Date
Cefprozil	Cefprozil	4/1/07
Doxycycline Hyclate	Doxycycline Hyclate	4/1/07
Enalapril/Hydrochlorothiazide	Enalapril/Hydrochlorothiazide	4/1/07
Felodipine ER	Felodipine ER	4/1/07
Fosinopril	Fosinopril	4/1/07
Fosinopril/Hydrochlorothiazide	Fosinopril/Hydrochlorothiazide	4/1/07
Glipizide/Metformin	Glipizide/Metformin	4/1/07
Hydrocodone/Ibuprofen	Hydrocodone/Ibuprofen	4/1/07
Ofloxacin	Ofloxacin	4/1/07
Orphenadrine citrate	Orphenadrine citrate	4/1/07
Pentoxifylline	Pentoxifylline	4/1/07
Suboxone	Buprenorphine/Naloxone	4/1/07
Subutex	Buprenorphine	4/1/07
Terconazole (vaginal)	Terconazole (vaginal)	4/1/07
Tramadol/Acetaminophen	Tramadol/Acetaminophen	4/1/07

Medicare Formulary Additions		
Brand Name	Generic Name	Effective Date
Cefprozil	Cefprozil	4/1/07
Doxycycline Hyclate	Doxycycline Hyclate	4/1/07
Enalapril/Hydrochlorothiazide	Enalapril/Hydrochlorothiazide	4/1/07
Felodipine ER	Felodipine ER	4/1/07
Fosinopril	Fosinopril	4/1/07
Fosinopril/Hydrochlorothiazide	Fosinopril/Hydrochlorothiazide	4/1/07
Glipizide/Metformin	Glipizide/Metformin	4/1/07
Hydrocodone/Ibuprofen	Hydrocodone/Ibuprofen	4/1/07
Orphenadrine citrate	Orphenadrine citrate	4/1/07
Pentoxifylline	Pentoxifylline	4/1/07
Terconazole (vaginal)	Terconazole (vaginal)	4/1/07
Tramadol/Acetaminophen	Tramadol/Acetaminophen	4/1/07

Medicare Formulary Deletions	
Brand Name Deletion (Generic added to formulary)	Effective Date
Zofran (Ondansetron)	4/15/07
Ambien (Zolpidem)	7/1/07
Colestid (Colestipol)	7/1/07
Norvasc (Amlodipine)	7/1/07
Surmontil (Trimipramine)	7/1/07
Zantac syrup (Ranitidine)	7/1/07
Effexor (Venlafaxine)	7/15/07

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) or fax to 412-255-4544 or 888-245-2049, Attn: Pharmacy Department.



PRSR STD
US POSTAGE PAID
 PITTSBURGH PA
 PERMIT NO. 3895

Office staff: Please forward to **physicians**

Information Central

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".

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 Disease Management Programs MOM Matters™ - Maternity "AIR" Gateway - Asthma Help Your Heart - Cardiac Healthy Returns - Diabetes		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. Models may be used in photos and illustrations. Copyright ©2005 Gateway Health Plan