



MARICOPA
HEALTH PLAN

Count on us to care.

managed by



in touch

Summer 2010

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Chronic CARE

Annually UPHP identifies prevalent chronic conditions based upon aggregate claims data on existing members, and self reported information based on our annual Health Status Questionnaire. Once these chronic conditions are identified, UPHP designs programs that focus on delivering proactive management of member's care, in collaboration with their primary and specialty care providers, through the UPHP Case Management program. UPHP case managers have training in many chronic care conditions and utilization established care guidelines from recognized industry standards in co-managing a member's care with the integrated delivery team that provides care to UPHP members.

This year, UPHP is targeting members with Diabetes and Asthma for proactive management. The Case Managers will work in collaboration with the identified member's providers and care team to enhance communication and improve the quality of care and outcomes.

For these two conditions, the following guidelines are used by the UPHP Case Manager to guide the care and services for these members (*see links below*)

Diabetes: <http://care.diabetesjournals.org>

Asthma: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>

If you have any questions regarding the UPHP Chronic Care Programs, please contact Martha Rodriquez at (520) 874-5213.



MARICOPA
CARE ADVANTAGE



It has come to our attention that there are laboratories in the community promoting their services to our providers. Maricopa Health Plan (MHP) is only contracted with Laboratory Corporation of America, Medical Diagnostic Laboratory, and Sonora Quest Laboratories. If you receive information from any other labs, you should not use them as a part of MHP. If any changes are made to the MHP Laboratory network we will notify our providers.

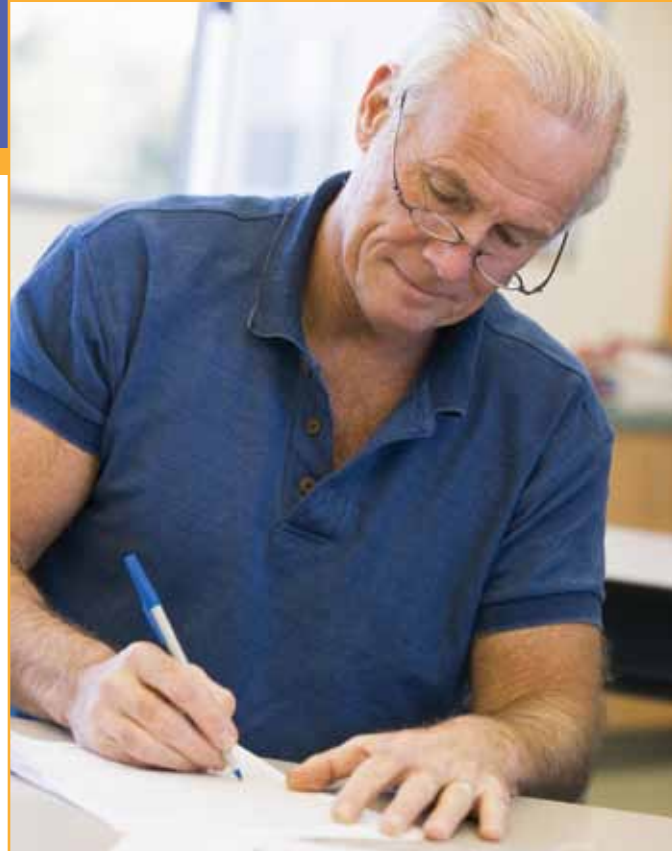
Advance Directives Reminder from the UPHP Quality Management Department

Advance Directives are written documents stating how a member wants medical decisions made if they lose the ability to make decisions for themselves. It is the policy of University Physicians Health Plans (UPHP) to establish advance directive standards to ensure all adult members are provided with information about formulating advance directives, and to ensure all adult members are informed of their advance directive rights. In addition, UPHP needs to ensure that all contracted facilities and contracted Primary Care Providers (PCPs) are aware of the AHCCCS mandates regarding advance directives.

Each facility contracted with UPHP; i.e., hospital, nursing facility, home health agency, hospice, or other organization which provides personal care, must comply with federal and state law regarding advance directives for adult members including: development of written policies, which address the rights of adult members to make decisions about their medical care, including the right to accept or refuse medical care, and the right to execute an advance directive. If the organization has a conscientious objection to carrying out an advance directive, it must be explained in their policies.

Provision of written information regarding each individual's rights under state law to make decisions regarding medical care, and the health care provider's written policies concerning advance directives, including any conscientious objections are required for adult members. There must be documentation in the member's medical record that the information has been provided and **whether or not an advance directive has been executed**. Providers of care can not discriminate against a member because of his or her decision to execute or not to execute an advance directive and not making it a condition for provision of care.

Provider of care must provide education to staff on issues concerning advance directives, including notification of direct care providers of services, such as home health care, of any advanced directives executed by members to whom they are assigned to provide services. Facilities are encouraged to provide a copy of the member's executed advance directive, or documentation of refusal, to the member's PCP for inclusion in the medical record. All contracted PCPs will comply with the above requirements.



UPHP will provide written information to all adult members that describe the following:

- A member's rights under state law, including a description of the applicable law.
- The organizational policy regarding the implementation of those rights, including a statement of any limitations regarding the implementation of advance directives as a matter of conscience.
- The member's right to file a complaint/grievance, related to advance directives, directly with AHCCCS.
- The member will be notified of changes to the State's advanced directive laws as soon as possible, but no later than 90 days after the effective date of the change.

If you have questions, please call Carol Burks, RN Supervisor, with UPHP's Quality Management Department at (520) 874-2760.

Timeliness of Prenatal Care

Getting women into early prenatal care during their first trimester of pregnancy is challenging. The result of doing so increases the likelihood of a good birth outcome. Approximately 36% of women identified for MHP OB Case Management are high risk. Often they are teens. 60% of pregnant members are not identified until after they deliver. 40% who are identified are not discovered early enough to impact prenatal care. The AHCCCS Timeliness of Prenatal Care Performance Measure requires that at least 80% of all pregnant women are identified in the first trimester and receive care.

Providers: when a woman has a positive pregnancy test, schedule their first prenatal visit before she leaves the office and educate her about why this is important to her and the baby.

The table below details how Maricopa Health Plan is performing compared to AHCCCS standards to get pregnant members into early prenatal care.

CYE 2007 (AHCCCS)	CYE 2008 (AHCCCS)	Q1 CYE 2009 (Internal Measurement)	AHCCCS Minimum Performance Standard
55.4%	48.5%	58.7%	80%

The figures above show how much Providers and Maricopa Health Plan (MHP) need to partner to improve timely identification and service delivery to this population. Your office staff can call the MHP Member Services line at 1 (800) 582-8686, while the woman is in the office and the appointment will be scheduled, and an OB provider selected during that third party call. In addition, when the woman is high risk, call 1 (800) 582-8686 and refer her to MHP Maternal Child Health OB Case Management. The case manager will partner with your office to educate the member to be healthy, stay out of the hospital, use community resources and other strategies to have a healthy baby.

The suggested frequency of prenatal care visits:

- First Trimester appointment – within 14 days of request
- Second Trimester appointments – within seven (7) days of request, and
- Third Trimester appointments – within three (3) days of request
- High Risk Pregnancies – appointment within three (3) days of identification of high risk by the health plan (Contractor) or maternity care provider, or immediately if an emergency exists.

Please share this vital information with your staff and partner with Maricopa Health Plan; together we can raise the rate to 80+%.



EPSDT Screening for the Pregnant Member

AHCCCS requires EPSDT Tracking forms be done on pregnant members who are under 21 years of age as they qualify for EPSDT services. AHCCCS uses the information to track and trend service needs of this population. Pregnant members often do not see their primary care physician while receiving prenatal care from an OB provider. Young members need well child visit services more than ever when pregnant. For example, EPSDT age pregnant members are encouraged to have a dental exam while pregnant. It is a well known fact that hormone levels cause teeth and gums to swell, trapping food that can lead to infections which cause preterm labor. MHP is in the process of mailing packets of 13-17 year old and 18-21 year old EPSDT tracking forms to all OB providers in the network.

Whether you are a PCP or an OB provider, please fill out an EPSDT Tracking form on any pregnant member under the age of 21 and send the form to:

**EPSDT Dept.
2701 E. Elvira Rd.
Tucson, AZ 85756
or
Fax to (520) 874-7184**

Adolescent Well Care Visits



Maricopa Health Plan needs your help getting teens in for well visits!

It's no secret, getting teens in for well visits can be challenging, however, AHCCCS requires certain rates of compliance. The table below shows Maricopa Health Plan's rates as reported by AHCCCS from the last 2 measurement years compared with AHCCCS Minimum Performance Standards (MPS).

Performance Measure	Contract Year Ending 2007	Contract Year Ending 2008	Internal Measurement 2009	AHCCCS MPS
Adolescent Well Care	25.8%	34.7%	38%	41%
Children's Access to PCP 12-19 Years	61.9%	67.6%	78%	81%

Maricopa Health Plan's internal measurement for 2009 indicates only a 3% disparity from the AHCCCS MPS for Adolescent Well Care and Children's Access to PCP 12-19 Years. These internal rates are encouraging but more work needs to be done to reach MPS as AHCCCS has become increasingly stringent in requiring the health plan to meet MPS in all measures.

As our contracted provider, you are in a unique position to partner with us to bring these rates up to AHCCCS standards!

Children's Access to PCP 12-19 Years encompasses office or other outpatient services, home services, preventive medicine and a general medical exam whereas Adolescent Well Care is strictly comprehensive well-care. The Adolescent Well Care visit must be with a PCP or OB/GYN during the measurement year. Even when adolescents come to the office with cold symptoms, it's possible to conduct a full well-care exam and fulfill both Performance Measures. The charts below show the proper HEDIS codes for each type of visit.

Children's and Adolescents' Access to PCP

Description	CPT	ICD-9-CM Diagnosis
Office or other outpatient services	99201-99205, 99211-99215, 99241-99245	
Home services	99341-99345, 99347-99350	
Preventive Medicine	99381-99385, 99391-99395, 99401-99404, 99411-99412, 99420, 99429	
General medical exam		V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Adolescent Well-Care

CPT	ICD-9-CM Diagnosis
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Together we can improve the quality of care for Maricopa Health Plan members and meet AHCCCS Minimum Performance Standards. Thank you for your partnership in caring for our members!

Maricopa Medical Center Pediatric Emergency Department



When you are in need of quality care and compassionate hearts, look no further than Maricopa Medical Center's Pediatric Emergency Department. Located on the south side of Maricopa Medical Center at 24th Street and Roosevelt, you will find highly skilled physicians and staff to take care of your children's urgent medical needs. Open 24 hours a day, 7 days a week for children from birth to 18 years of age, care is provided by physicians specializing in Pediatric and Emergency Medicine. Maricopa Medical Center is the flagship of Maricopa Integrated Health System, which also includes the Arizona Children's Center, the Arizona Burn Center, and 11 Family Health Centers in convenient locations throughout the Valley. Please read below to find out more about what we offer:

- We are staffed by board certified Emergency, Pediatric, and Pediatric emergency medicine doctors.
- We offer a full spectrum of pediatric specialists to provide immediate care to every sick child who comes through our doors.

- Much of our staff is fluent in Spanish and we have access to interpreters 24/7 who speak more than 20 languages.
- All of our medical equipment and supplies are specifically designed for children.
- Maricopa Medical Center is the home of our Level 1 Pediatric Trauma Center with trained "traumatologists" as well as pediatric surgeons and specialists.
- Maricopa Medical Center is also home to the Arizona Burn Center, the second largest burn center in the United States, and Arizona's only pediatric burn center.

If you would like more information please call (602) 344-5404.



Providers

Women who lose SOBRA primary medical care benefits need to know where they can obtain primary care at no or low cost in their community. After their post partum visit, they become eligible for Family Planning Extension Program (FPEP) services which include birth control but not primary care.

MHP partners with OB provider offices by providing a resource list of local programs where members about to lose either SOBRA medical care and/or FPEP services can access primary and other care services. Documentation of the referral to no/low cost services is an AHCCCS requirement before a member becomes ineligible for SOBRA. MHP recently began to send OB offices medical record chart inserts for their patients, who are about to lose SOBRA benefits. A representative of the OB office needs to only sign off on the medical record chart insert to verify the member was provided the referral or that an appointment to do so was scheduled.

A survey of women who lost SOBRA benefits was recently done. Although OB chart audits showed little or no compliance with making the referral, a survey of women who lost SOBRA benefits indicated that approximately 30% received the referral. The medical record chart insert was created in order to capture the referrals OB offices are making, but not documenting as required. Please make educational appointments for members who are about to lose SOBRA and/or FPEP benefits so they can continue to take good medical care of themselves and their families. Consistently making and documenting the referral in the medical record is the right thing to do!

Please call 1 (866) 466-8777 and press 1 for Clinical and Medical Management, then press 5 for Case Management

Don't Miss the Forest through the Trees!



Risk adjustment coding requires that the 'immediate' problem of your patient be evaluated and coded, in addition to all conditions that affect the 'total picture' of the health status of your patient. These other conditions are just as important, and need to be coded at least once per year, here is a short list of conditions that are too important to miss:

1. Does your patient have any of these?

ICD-9 Code 428.0	CHF
ICD-9 Code 340.	Multiple Sclerosis
ICD-9 Code 741.90	Spina Bifida
ICD-9 Code 344.00	Quadriplegia
ICD-9 Code 342.90	Unspecified Hemiplegia

2. Did your patient have a major organ transplant?

(Heart, Lung, Liver, Bone Marrow, Peripheral Stem Cell, etc.)
ICD-9 Code V42.x or xx Status of ...

3. Is your patient a lower limb amputee?

ICD-9 Code V49.70-77 Status of ...

4. Does your patient have a tracheostomy or dependence on a ventilator/respirator?

ICD-9 Code V44.0	Tracheostomy status
ICD-9 Code V46.11	Respirator dependence status

5. Does your patient have any Artificial Openings for Feeding or Elimination?

ICD-9 Code V44.1-9	Status of (type)	(except V44.7)
ICD-9 Code V55.1-9	Attention to (type)	(except V55.7)

Along with evaluating and coding the 'immediate' problem of your patient, all conditions that affect the health status of your patient need to be addressed as well. Here is an additional list of conditions that need to be coded at least once per year:

1. Is your patient on Dialysis?

ICD-9 Code V45.11	Renal dialysis status
ICD-9 Code V45.12	Noncompliant w/renal dialysis status

2. Has your patient had an MI in the past?

ICD-9 Code 412.	Old MI
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3. Is your patient Protein Calorie Malnourished?

ICD-9 Code 263.0-2, 8-9	(varied levels)
ICD-9 Code 799.4	Cachexia

4. Does your patient have HIV?

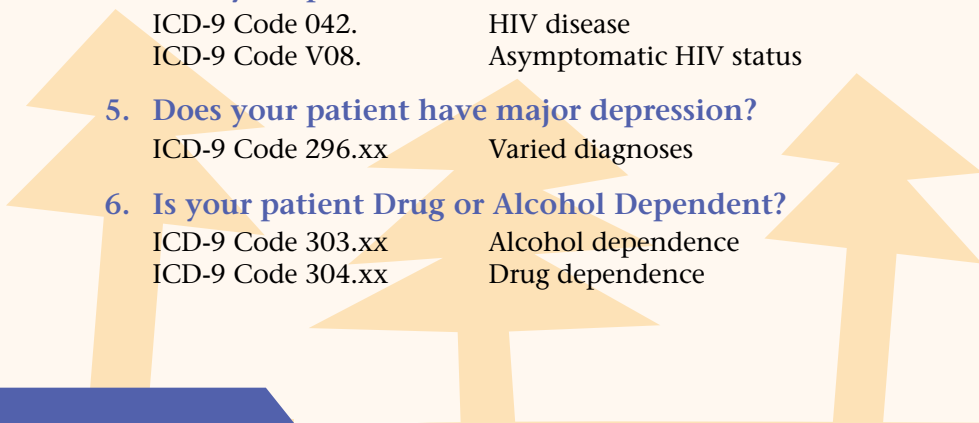
ICD-9 Code 042.	HIV disease
ICD-9 Code V08.	Asymptomatic HIV status

5. Does your patient have major depression?

ICD-9 Code 296.xx	Varied diagnoses
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6. Is your patient Drug or Alcohol Dependent?

ICD-9 Code 303.xx	Alcohol dependence
ICD-9 Code 304.xx	Drug dependence



Member Satisfaction Survey Results

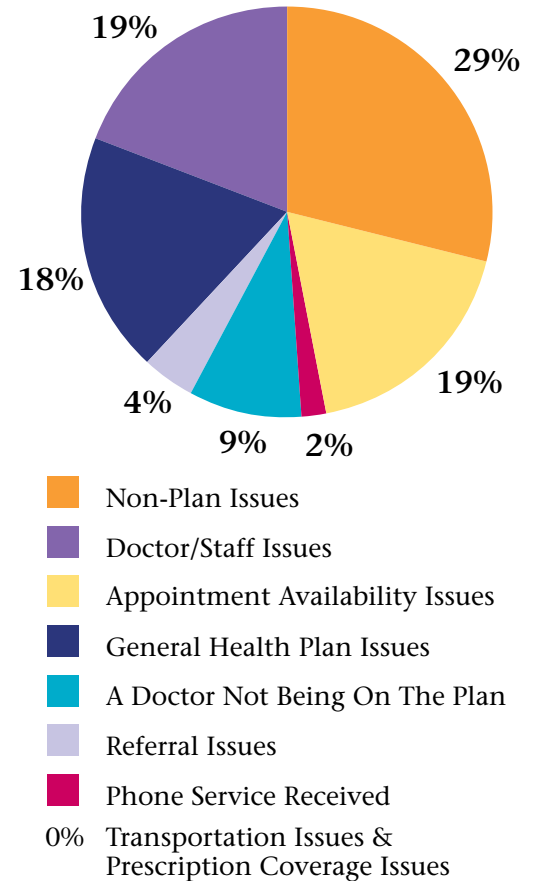
In 2009 UPH conducted a member satisfaction survey of Maricopa Health Plan (MHP) members. A variety of questions were asked, mainly focusing on two areas – the member’s likelihood of recommending MHP to someone (i.e. their general satisfaction level with their plan), and the member’s satisfaction level with the care they received from their provider. The survey found that 65% of MHP respondents were likely to recommend the plan while only 16% would not.

These scores are good, they are better than those seen for many top companies, and are in line with the last AHCCCS survey of Arizona Medicare Health Plans that were conducted. They reflect an overall commitment to quality care by our providers, for which we are grateful. However, for those members who were not happy with MHP in general, when asked about the reasons for their unhappiness, an average of 19% of responses to all questions gave ‘doctor/doctor’s staff’ as the reason. When looked at in detail, the two issues usually listed by these members were perceived rudeness from the doctor and/or their staff as well as a feeling the doctor did not spend enough time with them while they were in their office.

Overall, doctors and their staffs, as well as MHP, scored very well with their members. For those who were unhappy there were a variety of reasons for such. We feel the message to take out of the survey results is that our members are telling us we are all doing a good job, but can always do better. Let’s listen to our members.

Reasons Listed for MHP Members’ Unhappiness

(Average % of All Questions Asked)



Making a Difference One by One through Case Management

Did you know that the MHP Adult and Maternal Child Health case managers are here to assist your office in developing care plans for high risk members with complex medical needs? Whether it is coordinating a transplant or suggesting a community resource for a social issue, you can call on us to partner with your office in supporting the MHP member to achieve their health goals. We are here to manage and identify member’s needs through a cooperative effort.

Case managers develop rapport with the member, assess their ability and willingness to increase compliance in

order to avoid hospitalizations, utilize their primary care instead of the emergency room and be healthy. OB case managers educate members about positive birth outcomes and Behavioral Health case managers collaborate with your office and the behavioral health system.

You can reach case management by calling 1 (866) 466-8777 and press 1 for Clinical and Medical Management, then press 5 for Case Management

We look forward to a continued collaboration to best serve our members needs.



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Exceptional Customer Service: *Increasing Patient Satisfaction*

In this time of uncertainty and change – especially in the health care arena, it is as important as ever to ensure you have a strong economic base. A key component toward financial stability is having a steady stream of revenue flowing into the practice. In the case of a provider's office, that revenue stream typically generates from patients seeking services. A patient – or customer – who returns for services is likely satisfied with the services they received. A customer who is exceptionally satisfied will not only return again and again for care; but will refer other customers as well. Since the health care industry is service-based, it is important to consider the patient's experience as a key component in your overall business strategy.

At the moment a customer is dissatisfied, it can be difficult. They may be upset which can lead to raised voices or heated exchanges. Training organizations offer regular seminars on how to “take the heat”. The “HEAT” strategy typically involves:

- Hearing the customer out
- Empathizing with the customer
- Apologizing to the customer
- Take responsibility for action to address the customer's concern

While we can't always satisfy every customer, for those that are within our control; a complaint is a valuable commodity. It gives you the opportunity to learn, to grow, to be better, and to provide customers with the best possible service. An exceptionally satisfied customer is also ultimately important to an organization's overall success.

