PROVIDER connection
CoventryCares of Kentucky Quarterly Newsletter
Second Quarter 2015 Volume 3, Issue 1

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HEDIS® Spotlight – HEDIS® 2015

Our HEDIS® 2015 project is just completed and CoventryCares of Kentucky would like to thank all of our providers and their office staff who participated in our HEDIS® 2015 request for medical record documentation. We understand that your office is busy taking care of your patients/our members.

While HEDIS® is a state and government reporting requirement, the overall goal is to increase the quality of care for our members.

We now look forward to HEDIS® 2016. You can help decrease the number of office visits performed by us for medical record documentation. Just use the charts found throughout the newsletter for the recommended codes recognized by HEDIS®.

If a claim is not submitted and processed with HEDIS® recognized codes, the member doesn't get counted in the HEDIS® measure and an onsite visit has to be performed. Administrative data uses claim and encounter data. A claim needs to be submitted and processed correctly. This process directly affects HEDIS® rates and the number of onsite office visits that have to be performed.

Although the charts included in this newsletter do not contain all of the HEDIS® measures, we hope you find this information helpful.

If you have questions regarding the HEDIS® initiatives, please feel free to contact the Quality Improvement Outreach Coordinators at **1-855-737-0872**, Monday through Friday, 8 a.m. to 5 p.m., ET.

Helpful HEDIS® Documentation Tips for Providers

CCS - Cervical Cancer Screening Women 21-64 years of age with one or more Pap tests within the last 3 years or for women 30-64 years of age, with a cervical cytology and human papillomavirus (HPV) co-testing with in the last 5 years.	Women who have had a total hysterectomy with no residual cervix are excluded. This must be documented in history or problem list. Notation of Pap test located in progress notes MUST include the lab results in order to meet NCQA® requirements. Cervical cytology and human papillomavirus test must be completed four or less days apart in order to qualify for every 5 years testing.	**Procedure Codes** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 UB Rev Codes 0923 HPV **Procedure Codes** 87620-87622 **LOINC Codes** 21440-3, 30167-1, 38372-9, 49896-4, 59420-0

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Prior Authorization

One of CoventryCares tools to help manage rising prescription drug costs is to require prior approval, or authorization, before drugs are covered. Drugs which require prior authorization are often not suggested as the first-line treatment option, and/or may have limited diagnoses for which they are recommended. Prior authorization may also be required for drugs that are very expensive. The prior authorization program helps to ensure that drugs are used in a safe, appropriate and cost-effective manner.

Step Therapy

Step therapy is a form of prior authorization. It involves an electronic review of a member's drug history to ensure that appropriate generic or first-line drugs have been tried already. If the member has already tried the preferred drug(s), the claim will process as normal with the appropriate copayment. If the preferred drug(s) are NOT in the member's drug history, the claim will reject at the pharmacy and the doctor will need to provide additional clinical information to the health plan for further review.

Continued below

CoventryCares of Kentucky's Formulary

The purpose of the formulary is to encourage use of the most cost-effective drugs. The formulary is necessary because the cost of prescription drugs, especially specialty drugs, is rising faster than other health care costs. Some of the reasons for this trend include:

- More advertising for newer high-cost drugs
- An aging population that uses more drugs
- The high cost of research and development for new drugs

Without a formulary, CoventryCares members would end up paying more for health care coverage, due, in part, to rising drug costs. Our formulary allows us to continue providing cost-effective pharmacy benefits.

CoventryCares' formularies are developed and maintained by the Pharmacy & Therapeutics (P&T) Committee, which includes doctors and pharmacists. This committee studies new drugs and new information for existing drugs. They keep up-to-date on the newest developments in medicine, and they continually improve our formularies based on the latest research, including the following (where applicable):

- Drug labeling
- Clinical outcome studies from peer-reviewed published medical literature
- Standard drug reference compendia
- Regulatory status
- Evidence-based guidelines published by medical associations, government agencies or national commissions
- Views of professionals in relevant clinical areas
- Other related factors

Quantity Limits

Our P&T Committee may restrict the quantity of a drug that is covered under the pharmacy benefit. Quantity limits are required for multiple reasons. For example, it may be more cost-effective to take one pill to reach the required daily dosage rather than two lower strength pills. Other drugs have quantity limits to ensure that a prescribed dosage has been studied and determined.

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Which drugs require prior authorization or step therapy?

You can identify drugs that require prior authorization or step therapy by referring to our printable formulary document, online searchable formulary, or prior authorization or step therapy lists. Each of these resources is available on our website. Prior authorization and step therapy criteria and specific coverage request forms can also be found on our website.

If you have suggestions for topics in the provider newsletter, please contact Teresa Koreck at tlkoreck@cvty.com

Specialty Drugs

Specialty drugs are defined by the health plan. They are typically high-cost drugs, including, but not limited to, the oral, topical, inhaled, inserted or implanted, and injected routes of administration. Characteristics of specialty drugs are:

- Used to treat and/or diagnose rare and complex diseases
- Require close clinical monitoring and management
- Frequently require special handling
- May have limited access or distribution

Specialty drugs require prior authorization and are subject to quantity limits, unless otherwise indicated. Refer to the formulary to identify specialty drugs and to determine if prior authorization and/or quantity limits apply. The formulary is available on our website.

CoventryCares of Kentucky's Formulary Continued

Our P&T Committee determines how drugs will be covered on the formulary based on the following criteria:

- **Efficacy:** Preferred drugs must be as good as, or superior to, other currently available alternatives for most of the population.
- **Safety:** Preferred drugs must be as safe as, or safer than, other currently available alternatives.
- **Health Outcomes** (when available)**:** Preference is given to drugs which have been shown to improve overall health outcomes.
- **Drug interactions:** Preferred drugs must have similar or less potential for drug interactions compared to other currently available alternatives.
- **Pharmacokinetics:** Consideration is given to drugs with evidence showing that less frequent dosing increases patient compliance and outcomes.
- **Contraindications:** Consideration is given to drugs that do not have factors which would restrict their use to specific patient populations.
- **Cost:** When two or more drugs produce similar clinical results, cost is taken into account in determining whether a drug makes it onto our formulary. Note: Formulary decisions are based on cost differences only after safety; effectiveness, possible side effects, and therapeutic need have been established.
- **Generic availability:** Decisions to add generics to the formulary are based on safety, cost, established equivalence to the brand name, and compliance with existing drug contracts.

Continued on Page 4

Helpful HEDIS® Documentation Tips for Providers Continued

CDC - Comprehensive Diabetes Care Members 18-75 years of age with diabetes should have each of the following at least annually: HbA1C testing, medical attention for nephropathy, a retinal eye exam and blood pressure monitoring at each visit.	Document results of HbA1C and Microalbumin exams annually or more often as needed. A current medication list indicating that a member is on an ACE/ARB medication such as Lisinopril or losartan is appropriate for nephropathy attention. Refer member to Optometrist for Dilated Retinal Eye Exam Annually.	**Diagnosis Codes:** 250, 357.2, 362.01-362.07, 366.41, 648 **HbA1c Procedure Codes** 83036, 83037 **HbA1c level 7.0-9.0** 3045F **HbA1c level less than 7.0** 3044F **HbA1c level greater than 9.0** 3045F **Nephropathy Screen Procedure Codes -** 82042 - 82044, 84156, 3060F, 3061F **Blood Pressure Procedure Codes** **Systolic BP < 140** 3074F, 3075F **Systolic BP >/= to 140** 3077F **Diastolic BP 80-89** 3079F **Diastolic BP < 80** 3078F **Diastolic BP >/= 90** 3080F

Pharmacy Benefits

CoventryCares members can get personalized, real-time prescription drug pricing information, by visiting My Online Services on our website.

They can easily complete the following actions on My Online Services:

- Determine their financial responsibility for a drug, based on their pharmacy benefit
- Initiate the exceptions process for drugs that have restrictions
- Order a refill for an existing, unexpired mail-order prescription
- Find the location of an in-network pharmacy
- Conduct a pharmacy proximity search based on ZIP code
- Determine potential drug-drug interactions
- Determine a drug's common side effects and significant risks
- Determine the availability of generic substitutes

Doctors should call their Provider Relations representative with any questions related to CoventryCares' pharmacy benefits.

CoventryCares of Kentucky's Formulary Continued

Comments and suggestions on the formulary are welcomed and should be directed to CoventryCares' Pharmacy department.

Doctors may submit a written request to have a medication added to the formulary by submitting it to the attention of CoventryCares P&T Committee. At a minimum, written requests should include:

- Advantages and disadvantages of the drug compared to current formulary alternatives
- Indications for use, efficacy and a review of side effects

We do not require that doctors only prescribe preferred formulary drugs. However, members may save time and money if a prescribed drug is on the CoventryCares formulary. In most cases, there are at least two formulary alternatives to choose from.

You can find the formulary, including any restrictions and preferences, as both a printable document and a searchable database on our website. The formulary applies only to outpatient prescription medications dispensed by participating pharmacies. It does not apply to inpatient medications or the medications obtained from and/or administered by doctors. Unless exceptions are noted, all dosage forms (e.g., tablet, capsule, liquid, and topical) and strengths of a formulary drug are included.

While new drugs may be added to the formulary throughout the year, we try to remove them only twice a year (generally January 1 and July 1). A summary of the most recent formulary changes can be found on our website. In addition to the drug limitations and restrictions called out in the formulary, certain classes of drugs (such as those for cosmetic uses or smoking cessation) may not be covered. Members should then refer to their benefit documents, or call Customer Service at the number on their ID card, to determine which drugs are excluded under their benefit plan.

Depending on the patient's prescription drug benefit (example: closed formulary), doctors may request an exception to the formulary. In fact, doctors can request a coverage exception for any drug that he/she considers to be medically necessary by following the steps outlined under the section of this document entitled "Process for Requesting a Medication Coverage Exception." (See Page 6)

Helpful HEDIS® Documentation Tips for Providers Continued

Measure	Tips	Codes
ABA - Adult BMI Assessment Members 18-74 years of age with their body mass index (BMI) and weight documented annually.	Perform and document criteria of Ht/Wt/BMI calculation at each visit. *Pregnant members are excluded from this measure.* Use correct diagnosis and procedure codes and submit claims timely.	**Diagnosis Codes** V85.0—V85.5
CBP - Controlling High Blood Pressure Members 18-85 years of age with a diagnosis of hypertension (HTN) and who's BP is adequately controlled. (Age 18-59 and age 60-85 with diabetes <140/90, age 60-85 without diabetes <150/90).	If BP elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and retake BP during exam. If elevation persists, treat as necessary and retake BP. Document all measurements and efforts to obtain BP control. Schedule follow up visits to monitor effectiveness of BP medication.	**Diagnosis Codes** 401.0, 401.1, 401.9

Utilization Management (UM) Program

The CoventryCares utilization management (UM) program ensures that members receive quality services that are medically necessary, meet professionally recognized standards of care, and are provided in the most effective and medically appropriate setting. The program provides a system for prospective, concurrent, and retrospective review of services and treatments provided.

Medical necessity decisions are made in accordance with:

- CoventryCares contractual guidelines,
- Benefit availability,
- McKesson's InterQual® criteria or Aetna Clinical Policy Bulletins.

If a question of medical necessity or appropriateness arises, the case will be reviewed by a Medical Director. Copies of the criteria used in making medical necessity determinations may be obtained by contacting Customer Service at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m. ET.

Access our Utilization Management Staff

If you have questions about our utilization management processes, we want to hear from you. You can reach our knowledgeable staff during business hours.

- For any questions about UM processes or a UM issue, please call our toll-free Customer Service line at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m. ET.
- After normal business hours, you may leave a voice message or send a fax.
- Calls will be returned during normal business hours, unless otherwise agreed upon.

To make sure you are speaking with an authorized CoventryCares of Kentucky representative, all staff will identify themselves by name and title and will indicate that they represent CoventryCares of Kentucky during all inbound and outbound calls.

Generic Substitution

Depending on a member's benefit plan, **generic substitution** may be required for brand-name drugs where the U.S. Food and Drug Administration have determined that the generic is equivalent to the brand.

However, this requirement is based on the availability of the generic and state regulations regarding drug product selection.

If a doctor states that the brand is required, or a member requests the brand when a generic equivalent is available, the member may have to pay a higher out-of-pocket amount based on his/her benefit plan.

Generic substitution is not required for brand drugs when slight differences in blood levels have been determined to cause reduced safety and/or efficacy (narrow therapeutic index drugs). Examples may include: Dilantin®, Tegretol®, Coumadin®, Lanoxin®, theophylline, and Synthroid®.

In some cases, CoventryCares covers a preferred manufacturer's version of a multisource brand-name product at a lower coverage tier, instead of the generic. This is often referred to as Preferred Brand Interchange.

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Helpful HEDIS® Documentation Tips for Providers Continued

W15 - Well Child 15 months Members 0-15 months of age with 6 comprehensive well child visits. **Minimum of 6 well child visits required before 15 months old**	**Never miss an opportunity! Exam requirements can be performed during a sick visit or a well child exam.** Documentation **MUST** include **ALL** three criteria: health education/guidance, physical exam, developmental health and history. **Anticipatory guidance must be documented.**	**Diagnosis Codes** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 **Procedure Codes:** 99381, 99382, 99391, 99392, 99432, 99461

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CoventryCares of Kentucky's Formulary Continued

Process for Requesting a Medication Coverage Exception

You or your appointed representative can request a medication coverage exception on behalf of your patient by:

1. **Calling** the Pharmacy Call Center at **1-877-215-4098**. The Call Center will ask a number of clinical questions, and depending on the answers provided, coverage will either be approved or the caller will be given the opportunity to fax in additional information for further clinical review.
2. **Faxing** a letter of medical necessity, or the applicable prior authorization request form, to the Pharmacy Call Center at **1-877-554-9139**. You can obtain prior authorization request forms on our website or by calling your Provider Relations representative.
3. **Mailing** all clinical information related to the request to the attention of the Pharmacy Department at CoventryCares of Kentucky.

You should include all of the following with all requests for medication coverage:

- Patient's name
- Patient's date of birth
- Patient's member ID number
- Doctor's name and phone number
- Name, strength and dosing schedule for the drug being requested
- Diagnosis for which the drug is being requested
- Any necessary supporting documentation (i.e., progress notes, laboratory results, published literature supporting safety/efficacy, etc.)
- All drugs previously tried for the diagnosis being treated and the reason for the failure

You can also call your Provider Relations representative with any questions related to the CoventryCares pharmacy benefits. You will find the list of representatives of page 8 of this newsletter.

Helpful HEDIS® Documentation Tips for Providers Continued

W34 - Well Child 3-6 years Members 3-6 years of age with at least 1 comprehensive well child visit annually. **Minimum of 1 visit required annually.**	**Never miss an opportunity! Exam requirements can be performed during a sick visit or a well child exam.** Documentation **MUST** include **ALL** three criteria: health and developmental history, physical exam, health education/guidance. **Anticipatory guidance must be documented.**	**Diagnosis Codes:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 **Procedure Codes:** 99382, 99383, 99392, 99393
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity.	Document height, weight and BMI percentile. **Discussion and documentation of nutrition and physical activity during at least one office visit annually.** ***This may be done during a sick visit or well child exam.***	**BMI Diagnosis Code** V85.0-V85.54 **Nutrition Counseling** **Diagnosis Code** V65.3 **Procedure Codes** 97802-97804 **HCPCS** G0447, G0270, G0271, S9449, S9452, S9470 **Physical Activity Counseling** **Diagnosis Code** V65.41 **HCPCS** G0447, S9451

Do Your Patients Need Disease Management or Case Management Services?

CoventryCares of Kentucky (CoventryCares) offers Disease Management (DM) programs to patients with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), and chronic renal disease (CRD).

These programs can assist your patients to better understand their condition, update them on new information on their condition and provide them with assistance from our staff to help them manage their disease. These programs are designed to reinforce your treatment plan for your patient.

Members of CoventryCares are automatically enrolled when they are identified with one of the above conditions. If you would like to enroll a patient in our DM program or have questions about our program please let us know.

The DM program provides the following services:

- CoventryCares nurses and other health care staff will work with your patients to understand how they can best manage their condition and will periodically evaluate their health care status.
- Patients will receive informational newsletters which provide updates on a variety of conditions.
- Educational and informational materials will be provided to your patients to help them understand and manage the medications you prescribe and the importance of regularly scheduled visits with your office.

CoventryCares offers a Case Management (CM) program that can work with your patients to achieve their optimum level of wellness, functional capability, and to identify appropriate providers and facilities. High-risk obstetrics and neonatal concerns are also managed in case management. These programs help patients care for themselves through education, health coaching, and special care.

If you have patients that need disease management or case management or if you have any questions about these services, call Customer Service at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m., ET. Just ask to speak to a case manager. Involvement in the CM and DM program is voluntary. Members have the right to opt out of DM or CM programs at any time.

Preferred Brand Interchange

In some cases, CoventryCares covers a preferred manufacturer's version of a multisource brand-name product at a lower coverage tier, instead of the generic. This is often referred as preferred brand interchange. Whenever preferred brand interchange exists, the preferred brand will be listed on the applicable coverage tier on the formulary.

CoventryCares may offer a three-month program that waives copays as an incentive for you to switch to a preferred generic or over the counter drug. This Value Program is called a voluntary therapeutic interchange.

Continued below

Voluntary Therapeutic Interchange

This program (**Value Program**) is a voluntary therapeutic interchange opportunity that may help members save money. If a member's health plan and employer group participate in this program, they will receive a letter after the first time they fill any eligible non-preferred drug. This letter will offer three months for $0 copay if the member chooses to contact their doctor and get a new prescription for the preferred alternative. The list of Value Program Select Target drugs, including the preferred alternatives, is available on our website.

Affirmative Statement: CoventryCares of Kentucky (CoventryCares) employees make clinical decisions regarding health care based on the most appropriate care, service available and existence of benefit coverage. CoventryCares does not reward providers or other employees for any denials of service.

CoventryCares does not encourage nor reward clinical decisions that result in decreases or under use of services. CoventryCares does not use incentives to encourage barriers to care and service.

CoventryCares prohibits any employee or representative of CoventryCares from making decisions regarding hiring, promoting, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

IMPORTANT TELEPHONE NUMBERS

Member Services Department	**1-855-300-5528**
Prior Authorization Department	**1-888-725-4969**
Provider Relations Department	**1-855-454-0061**
State Eligibility Verification	**1-800-635-2572**
Behavior Health 24/7 Service Line	**1-888-604-6106**
24-Hour Nurse Line	**1-855-620-3924**

NOTICE: CoventryCares of Kentucky does not reward practitioners or other employees for any denials of service. CoventryCares of Kentucky does not encourage or reward clinical decisions that result in decreased services.

How Do I Contact My Provider Relations Representative?

REGION	NAME	TELEPHONE	EMAIL
Region 1	Regina Gullo	1-502-612-9958	rlgullo@cvty.com
Region 2	Kimberly Berry	1-812-660-1394	kdberry@cvty.com
Region 3	Philip Kemper	1-502-719-8604	pxkemper@cvty.com
Region 3	Beth Day	1-502-719-8618	DayB@aetna.com
Region 4	Abbi Wilson	1-270-498-1443	axwilson4@cvty.com
Region 5	Tanura Moss	1-859-381-7404	MossT2@aetna.com
Region 5	Sherry Farris	1-513-218-7725	sxfarris@cvty.com
Region 6	Jennie Cahill	1-859-412-0052	jrcahill@cvty.com
Region 7	JoAnn Marston	1-859-669-6217	jxrose@cvty.com
Region 8	Jacqulyne Pack	1-606-331-1075	jmpack@cvty.com
Region 8	Lori Kelley	1-859-302-6334	KelleyL2@aetna.com
Behavioral Health			
All Regions	Jay Mingus	1-502-264-3484	jtmingus@aetna.com