



# Provider Newsletter

Fall 2009

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For provider questions, please call **1-800-291-0396** or visit our website at **www.bravohealth.com**.

## Helping Patients Manage Depression Successfully

Depression is one of the most common mental health conditions affecting adults, but it is also one of the most treatable conditions. Routinely, primary care providers (PCPs) and other medical specialists often identify patients with depression and prescribe anti-depressants; however, this is not an instant remedy for depression. The first three months after a diagnosis of depression are very critical in ensuring that the patient receives the most benefit from initial treatment with anti-depressants. As a result, Healthcare Effectiveness Data and Information Set (HEDIS®) focuses on medication compliance as one of its behavioral health measures that is key to improving care for patients diagnosed with depression. HEDIS also relies on therapy as another resource for treating patients battling depression.

**Medication Compliance.** This HEDIS measure monitors the percentage of patients who are diagnosed with a new episode of major depression, who are treated with anti-depressant medication, and who remain on an anti-depressant medication treatment program over a period of time. The monitoring reports two rates: 1) Effective Acute Phase Treatment (members who remained on an antidepressant medication for at least 12 weeks), and 2) Effective Continuation Phase Treatment (members who remained on an antidepressant medication for at least 6 months).

Along with HEDIS monitoring for medication compliance, providers are faced with the daunting task of helping the patient understand their condition and the medications that are being used in the treatment or management of the condition. One of the main difficulties involves the patient's lack of adherence to the recommendations made by their prescribing provider. A recent study indicates that the most significant element in a patient's discontinuing medication is the lack of communication between the provider and the patient.<sup>1</sup> Based on these findings, it is important that providers help their patients receive maximum benefit from

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their medication treatment by educating them at the beginning about:

1. *how the medication works,*
2. *the benefits of taking the antidepressant with the expectation that symptoms will subside or cease altogether,*
3. *how long to take the medication to achieve best results, and*
4. *how to cope with the side effects of the antidepressant.*

Therapy. Research shows that therapy along with taking anti-depressant medication yields the best possible outcomes for those battling depression.<sup>2</sup> Bravo Health members can arrange for behavioral health through LifeSynch, Bravo Health's Behavioral Health vendor. By calling LifeSynch's Member Services Department at 1-888-285-8876, a member can locate a behavioral health provider near them. Bravo Health providers are also encouraged to call LifeSynch at the same number for advice on appropriate medication regimens, for a referral to a behavioral health specialist, or to request a consultation.

1. *Anderson, Bill. "HEDIS Antidepressant Medication Management Measures and Performance-based Measures: An Opportunity for Improvement in Depression Care." The American Journal of Managed Care 2007 November: 13(4): S98-S102.*
2. *Arnou, BA. "Effectiveness of Psychotherapy and Combination Treatment for Chronic Depression." Journal of Clinical Psychology 2003 August: 59(8): 893-905.*

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

## Healthcare Effectiveness Data and Information Set (HEDIS)

We recently completed our 2009 HEDIS data collection process (CY 2008 data). Bravo Health's scores significantly improved from the previous year with more than half of all HEDIS® measures showing improvement. For those physicians that participated in the medical record review process, we thank you for your cooperation!

**Examples of the HEDIS measures which improved in CY 2008 include:**

1. Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors)
  - a. *Mid-Atlantic – 83% to 93%*
  - b. *Pennsylvania – 82% to 93%*
  - c. *Senior Partners – 84% to 93%*
  - d. *Texas – 89% to 93%*
2. Glaucoma Screening
  - a. *Mid-Atlantic – 60% to 69%*
  - b. *Pennsylvania – 49% to 60%*
  - c. *Senior Partners – 32% to 47%*
  - d. *Texas – 26% to 58%*
3. Comprehensive Diabetes Care (LDL-Screening)
  - a. *Mid-Atlantic – 73% to 80%*
  - b. *Pennsylvania – 57% to 82%*
  - c. *Senior Partners – 83% to 86%*
  - d. *Texas – 76% to 85%*

We are continuing to track our HEDIS rates on a monthly basis and have made progress, but we still need your assistance to continue our improvement. For 2009, we have implemented new initiatives to support the efforts that you have been making with our members. Each new initiative has been reviewed and approved by practicing providers in all of our markets, and we are confident that these initiatives will further improve the care you give to our members. The 2009 HEDIS initiatives include:

1. **HEDIS Member Letters.** *Each Bravo Health member received a customized letter according to the member's age, gender, diagnosis, and services reflected in our claims/encounter data. This letter explained which HEDIS® measures the member needed to have performed before*

*the end of the year. The letter also instructed the member to bring the letter in with them for their office visits for their provider's reference.*

2. **Provider HEDIS Flow Sheets.** *All Bravo Health PCPs were sent a HEDIS Flow Sheet for each Bravo Health member. The Flow Sheet reflects the tests/services that the member has already received and those still needed in CY 2009. The information on the Flow Sheet corresponded with the information in the HEDIS Member Letters.*
3. **Monthly HEDIS Updates.** *Monthly updates are being provided by our Provider Network Representatives to NQIP (Network Quality Improvement Project) participants. These updates should be reporting each physician's progress on the completion of the 10 HEDIS measures we are using for NQIP.*
4. **Bravo Personal Health Profile™.** *All Bravo Health PCPs are being introduced to a Health Profile for each Bravo Health member. The purpose of the form is the collection of important clinical information that can be used to capture HEDIS data.*
5. **Colorectal Cancer Screening.** *For members that need to be screened for Colorectal Cancer, Bravo Health is working with Quest Diagnostics to offer the Fecal Globin, Immunochemistry (InSure®) test as an alternative to the standard Fecal Occult Blood Test (FOBT). Bravo Health Provider Network Representatives will instruct PCPs on how to order the test for their patients (see related article on page 4).*
6. **Outreach Calls.** *Bravo Health nurses will continue to make outreach calls to members with rheumatoid arthritis, members who need to schedule a mammogram, and members who have recently suffered a fracture and need a bone mineral density test or treatment for osteoporosis.*

**As a reminder, in 2009, our focus is to improve the following measures:**

- Diabetic HbA1c testing at least once every year and result below 9%
- Diabetic LDL-Cholesterol Screening every year and result below 100mg/DL
- Monitoring for Diabetic Nephropathy every year
- Diabetic Retinal Eye Exam every year
- Glaucoma Screening every two years
- Breast Cancer Screening every two years
- Cardiac LDL-Cholesterol every year
- Monitoring of Members on Diuretics every year
- Monitoring of Members on ACE/ARBs every year
- Outpatient visit to PCP at least once every year
- Colorectal Cancer Screening
  - every year if Fecal Occult Blood Test (iFOBT recommended)
  - every five years if flexible sigmoidoscopy
  - every ten years if colonoscopy
- Flu shot every year
- Pneumonia vaccine every ten years
- Smoking cessation discussion with smokers every year
- Advance Directive discussion every year

We have only a few months remaining in 2009 to improve our members' care before the next HEDIS data collection cycle. Research has shown that a physician continues to have the most influence on members when discussing health care options. With your help, we can work to ensure that your Bravo Health patients schedule an appointment and get the necessary tests and screenings.

For additional information on the 2009 HEDIS Initiatives, please contact Deena Hillis-Sindler, Bravo Health's Director of Quality Outcomes, at [443-573-1947](tel:443-573-1947) or via e-mail at [deena.hillis@bravohealth.com](mailto:deena.hillis@bravohealth.com).

## Bravo Health and Block Vision Partner for Mid-Atlantic Vision and Eye Health Needs

Early next year, Bravo Health will partner with Block Vision, Inc., who will manage our vision and eye health services. This transition to Block Vision will replace Advantica in the Mid-Atlantic region only.

Founded in 1990, Block Vision manages vision-related benefits for more than 3.5 million covered lives, 350,000 of which are Medicare Advantage beneficiaries. Block Vision boasts a customer-centric approach that is consistent with Bravo Health's mission. Their experience and success, as well as being a uniquely specialized company in 18 markets, will be beneficial to our network providers.

In the area of managed vision and eye health services, Block Vision has demonstrated the ability to apply integrated utilization



management processes to produce better outcomes and cost-effective care. Block Vision's strong national presence supports the expansion of Bravo Health and will assist us in providing even better service to you and our members.

To find out more about Block Vision, please visit [www.blockvision.com](http://www.blockvision.com) or you may call Block Vision at 1-866-819-4298.

## Colorectal Cancer Screening

Colorectal cancer is the third most common type of cancer and second leading cause of death in the United States. Age is the most common risk factor with over 90% of colorectal cancer diagnosed for people over 50 years of age. Screening and early detection are crucial to surviving and beating this type of cancer. Less than half of those eligible to receive screenings do so. In Medicare Advantage Plans, the national 2008 HEDIS mean was 50.40%. Bravo Health numbers were: Mid Atlantic Market- 39.66%, Pennsylvania Market- 42.58%, and Texas Market - 28.22%. It is our goal to encourage our members to receive this screening, and you can help us improve our HEDIS® rate while working towards improved health care for your patients.

The gold standard for colorectal cancer screening continues to be the colonoscopy. However, there

are many patient barriers to completing this test including the prep required, costs to the patient, and fear of conscious sedation or anesthesia. Patients may be more willing to use a fecal occult blood test as an initial screening tool. It may be used for average risk patients needing routine screening. A referral for further evaluation which may include colonoscopy should be done if there are positive findings.

Quest Diagnostics, our lab partner, offers the Fecal Globin, Immunochemistry (InSure®) test as an alternative to the standard Fecal Occult Blood Test (FOBT). This test is packaged as a kit and only one test needs to be completed once a year instead of the three tests a year needed with the FOBTs. No change in diet is required and specimen collection is easier and more patient-friendly. The test has 87% sensitivity for colorectal cancer and 96.6%

specificity for specific neoplasia. You can order the kit from QUEST by filling out the Client Supply Order Form and, under the Transport Media section, order the number of kits needed (Item Number 129016).

The kit and instructions should be given to the patient who will then mail the completed kit to QUEST Diagnostics. Results will be sent to you by QUEST Diagnostics once the specimen

has been processed. Patient education and other materials are available on the QUEST Diagnostics Website: [www.questdiagnostics.com/hcp/topics/insure/insure.html](http://www.questdiagnostics.com/hcp/topics/insure/insure.html).

If you have any questions about Colon Cancer Prevention, please contact Deena Hillis-Sindler, Bravo Health's Director of Quality Outcomes, at [443-573-1947](tel:443-573-1947) or via e-mail at [deena.hillis@bravohealth.com](mailto:deena.hillis@bravohealth.com).

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## Not Just a Physician; Also a Bravo Health Member!

At Bravo Health, we value every participating provider in our networks and appreciate the quality care rendered to our members. Our member population in the Houston-metropolitan area is on the rise and one of those members is also one of our providers, Dr. La Rose.

James La Rose, D.O., has been practicing medicine as a General Practitioner for approximately 40 years. Originally from Detroit, Dr. La Rose opted for a career in medicine after his dad, who owned a meat-packing business, advised him to choose a career where he “could do good for people and one where a need for his services would always exist.” He attended medical school in Des Moines, IA, and after his internship in Tulsa, OK, he settled in Houston because snow was not an issue. At Bretshire Medical Clinic, Dr. La Rose has shared his practice with Dr. Charles Rudd, Sr., for 25 years. Together, they provide services to over 300 Bravo Health members. Dr. La Rose attributes the overall success of their practice to their religious principles and emphasis on quality of care for every patient. Dr. La Rose keeps no record of the number of patients that he may see in a day, a week, or month. Such information is irrelevant to him. He only cares about his dedication to each and every one of his patients. “People have entrusted me with their health, therefore, my time with them is important,” he said.

Dr. La Rose is in the Bravo Health network via our Agreement with IntegraNet, Houston area's largest Independent Practice Association (IPA) and Integrated Delivery Network. He is actively participating in the Bravo Personal Health Profile program and is an energetic ambassador for both the IPA and Bravo Health.

So why did Dr. La Rose choose us as his Medicare Advantage plan over others? In an effort to ensure that our commitment to quality of care matched his own, he became a Bravo Health Member in February, 2009. “If I am recommending Bravo Health to my patients, I needed to know how it works for myself! If something happens, can I get the care?” he told us. He put his new health coverage to the test when he needed medical care for himself. Dr. La Rose had successful back surgery in March and reports a pleasant experience with the care and attention he received from the surgeon, the hospital, and Bravo Health.

In addition to his dedication to his wife of 33 years, 5 grown children, 5 grandsons, and a successful practice, he manages to find time for a variety of hobbies and to serve as President of the Property Owners Association of his community. Dr. La Rose's philosophical and practical approach exemplifies the gold standard in patient care: placing an emphasis on patients first. We are fortunate to have Dr. La Rose as a participating provider in our network and an advocate of Bravo Health.

## 2010 Bravo Health Medicare Advantage Plans

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### \$0 Premium Plans with Part D Available

For 2010, Bravo Health will offer Medicare Advantage plans that provide a variety of benefits tailored to meet the individual needs of Medicare beneficiaries. Each plan below provides members with cost savings for office visits, hospital stays, and/or prescription drugs. Available plans will vary by service area. Please contact Bravo Health's Member Services Department at [1-800-291-0396](tel:1-800-291-0396) for more information.

#### **Bravo Classic (HMO)**

Bravo Classic (HMO) offers an all-around value for a \$0 monthly plan premium. With set copayments for most health care services and Part D Prescription Drug Coverage, this plan allows the member to keep more money in his/her pocket. With Bravo Classic (HMO), members also have the option to purchase the Encore Package, an optional supplemental package that provides additional dental and hearing coverage.

#### **Bravo Classic Plus (HMO-POS)**

Bravo Classic Plus (HMO-POS) offers great value for a \$0 monthly plan premium and includes an out-of-network feature called Point-of-Service (POS), which allows members to see doctors outside of Bravo Health's network. With low-set copayments for most health care services, this plan allows the member keep more money in his/her pocket. Bravo Classic Plus (HMO-POS) includes Part D Prescription Drug Coverage and provides preventive dental coverage. With Bravo Classic Plus (HMO-POS), members also have the option to purchase the Encore Package, an optional supplemental package that provides additional dental and hearing coverage.

#### **Bravo Premier (HMO)**

Bravo Premier (HMO) includes Part D Prescription Drug Coverage and provides preventive dental services as well as low-set

copayments for primary care doctor visits, outpatient services, and inpatient hospital stays. With Bravo Premier (HMO), members also have the option to purchase the Encore Package, an optional supplemental package that provides additional dental and hearing coverage. Under this plan, members also have the choice to purchase a plan with rich benefits at a reasonable premium.

#### **Bravo Premier Plus (HMO-POS)**

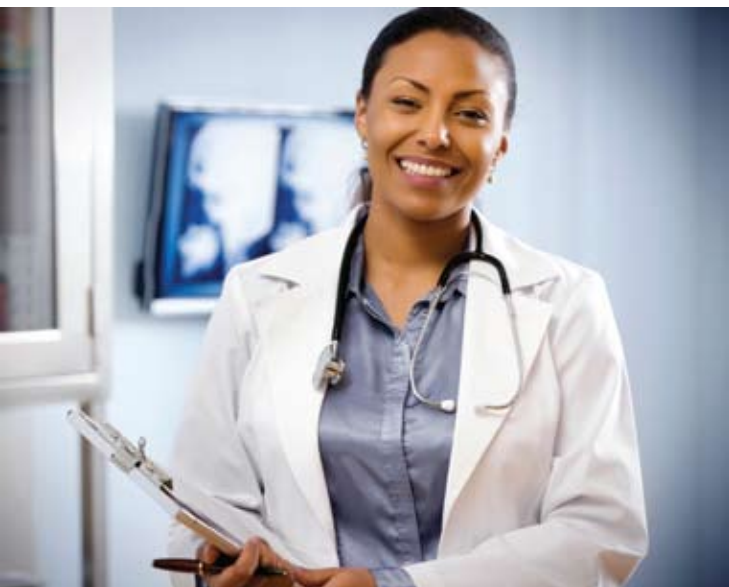
Bravo Premier Plus (HMO-POS) covers all Medicare benefits for low or no cost sharing and a low monthly plan premium. This plan includes Part D Prescription Drug Coverage and provides additional dental and hearing aid coverage, as well as low copayments for primary care doctor and specialist visits, outpatient services, and inpatient hospital stays. Bravo Premier Plus (HMO-POS) also offers the POS feature so that members are permitted to see doctors outside of Bravo Health's network. This plan gives members the choice to purchase a plan with rich benefits at a reasonable premium.

#### **Bravo Freedom (PPO)**

Bravo Freedom (PPO) is a Preferred Provider Organization plan, or PPO plan, that gives members access to an extensive group of medical providers and allows them to see doctors both in and out of the Bravo Health network. This plan includes coverage for glasses, contact lenses, routine eye exams, and hearing aids. Part D Prescription Drug Coverage is also covered under this plan.

#### **Bravo Gold (HMO)**

Bravo Gold (HMO) is an ideal plan for Medicare beneficiaries who do not need Part D Prescription Drug Coverage. For a \$0 monthly plan premium, Bravo Gold (HMO) offers preventive and comprehensive dental coverage. Routine chiropractic services are also provided for a low copayment.



### **Bravo Liberty I (PFFS)**

With low, set copayments, Bravo Liberty I (PFFS) is an ideal private fee-for-service plan for beneficiaries who do not need Part D Prescription Drug Coverage. With all the benefits of Original Medicare, this plan allows members to keep more money in their pocket while giving them added flexibility in choosing their doctors.

### **Bravo Liberty II Rx (PFFS)**

Bravo Liberty II Rx (PFFS) provides all the benefits of Bravo Liberty I (PFFS), and more. In addition, Bravo Liberty II Rx (PFFS) offers a Part D Prescription Drug benefit with no deductible and a \$7 Generic drug copayment.

### **Bravo Liberty Silver (PFFS)**

Bravo Liberty Silver (PFFS) covers all Medicare benefits with low or no cost sharing for a \$0 monthly plan premium. Bravo Liberty Silver (PFFS) also includes preventive dental coverage, additional dental services including dentures and fillings, glasses, contacts, and routine eye exams as well as a rich hearing aid benefit. This private fee-for-service plan is ideal for beneficiaries who do not need Part D Prescription Drug Coverage.

### **Bravo Achieve (HMO)**

Bravo Achieve (HMO) is a diabetic Special Needs Plan (SNP) with a \$0 monthly plan premium,

and is designed for people who meet specific enrollment criteria. Beneficiaries diagnosed with diabetes may be eligible to join Bravo Achieve (HMO). This plan offers low copayments for most health care services, as well as \$0 copayments for diabetic supplies and diabetes-related drugs, including coverage in the gap (limited to diabetes-related drugs.) With Bravo Achieve (HMO), members also have the option to purchase the Encore Package, an optional supplemental package that provides additional dental and hearing benefits.

### **Bravo Choice (HMO)**

Bravo Choice (HMO) is an ideal plan for individuals who want to purchase a plan with rich benefits at a lower premium. This plan allows members to enjoy lower cost-sharing for inpatient and outpatient benefits as well as low physician copayments. Bravo Choice (HMO) also includes Part D Prescription Drug coverage, dental benefits, and a health club membership.

### **Bravo Select (HMO)**

Bravo Select (HMO) is a Special Needs Plan (SNP) designed for anyone who has Medicare and receives medical assistance from the state. This plan offers a \$0 plan premium and \$0 cost-sharing for all benefits. Bravo Select (HMO) includes Part D Prescription Drug Coverage and provides plan-approved transportation to and from doctor appointments. This plan also includes full dental coverage, a health club membership, and a hearing benefit.

*Beneficiaries must have Medicare Parts A and B and Medicaid to join Bravo Select (HMO).*

### **Bravo Silver (HMO)**

Bravo Silver (HMO) covers all Medicare benefits for low or no cost-sharing and a \$0 monthly plan premium for those who qualify for full Low Income Subsidy (LIS) assistance. Bravo Silver (HMO) provides transportation to and from doctor appointments, full dental coverage, eyeglasses, and a health club membership.

### BravoRx (PDP)

For a low monthly plan premium, beneficiaries can enroll in Bravo Health's Part D Prescription Drug plan, BravoRx (PDP). This plan offers a large network of pharmacies across the country and includes an extensive list of prescription drug medications on its formulary. BravoRx (PDP) is designed to be sold as standalone Part D Prescription Drug coverage for members who already have medical coverage through another plan or have selected Original Medicare.

### Senior Partners Silver (HMO)

Senior Partners Silver (HMO) is a Special Needs Plan (SNP) designed for anyone who receives medical assistance from the State of Pennsylvania and Medicare. With all the benefits of Original Medicare and Part D Prescription Drug Coverage, Senior Partners Silver (HMO) gives our members transportation to and from doctor appointments, preventive and comprehensive dental services, a health club membership, over-the-counter medications and products, and an allowance for home safety devices. *Beneficiaries must have Medicare Parts A and B and Medicaid to join Senior Partners Silver (HMO).*

### Senior Partners Gold Rx (HMO)

Senior Partners Gold Rx (HMO) covers all Medicare benefits and Part D Prescription Drug Coverage for low or no-cost sharing and a \$0 monthly plan premium for those who qualify for Low Income Subsidy (LIS) assistance. This plan includes coverage for eyeglasses, contact lenses, routine eye exams, a health club membership, hearing aids, and transportation to and from doctor appointments.

### Senior Partners Gold (HMO)

Senior Partners Gold (HMO) is a great option for those who already have Part D Prescription Drug Coverage through another plan. For a \$0 monthly plan premium, this plan offers a health club membership, and preventive dental coverage, as well as transportation to and from doctor appointments. Senior Partners Gold (HMO) also includes coverage for eyeglasses, contact lenses, routine eye exams, and hearing aids.



## Flu and Pneumococcal Immunizations

This fall, we will begin our successful flu and pneumococcal immunizations program for our members. Members will be encouraged to participate in the program through the member newsletter, *live life well*, and automated member calls telling them to contact their PCP with any questions they may have about these vaccines and the H1N1 (swine) flu or to schedule an appointment for an inoculation.

If you do not provide flu and/or pneumococcal immunizations, Maxim Health Systems is offering these immunizations at local retail/public access partners. Maxim Health is the leading provider of immunization and wellness services in the United States. Members can find a location in their neighborhood by calling [1-877-962-9358](tel:1-877-962-9358) or visiting the website: [www.findaflushot.com](http://www.findaflushot.com).

At the time this newsletter goes to press, it is not known how the H1N1 vaccine will be distributed, the number of immunizations required, or the patient prioritization. Providers are encouraged to contact their local Health Department for up-to-date information.

## ■ What is a Fast Track Appeal?

A Fast Track Appeal is a request from a member to a Quality Improvement Organization (QIO) to review a pending discharge from a Skilled Nursing Facility (SNF) or Comprehensive Outpatient Rehabilitation Facility (CORF), or termination from services of a Home Health Agency (HHA),

The member receives an advance notice of the discharge or termination of services from Bravo Health, the SNF, the HHA, or the CORF on a Medicare approved form “Notice of Medicare Non-Coverage.” This notice includes information about the member’s appeal rights and how to request an appeal. The member must receive this notice 48 hours before the last covered date (LCD), which is 3 days before the discharge date. The SNF, HHA, or CORF is responsible for the timely delivery of this notice, and for getting the member to sign and date the notice on the day of delivery.

In cases where the member is not able to sign the notice, the notice may be signed and dated by the member’s authorized representative. The SNF, HHA, or CORF may call the authorized representative and read the notice over the phone. At the completion of this call, a SNF, HHA, or CORF employee may sign and date the form on behalf of the authorized representative, and document the details of the call.

**It is important for the SNF, HHA, or CORF to fax the signed and dated form back to Bravo Health as quickly as possible. Please fax the form to 1-866-234-8926, attn: Kimberly Martinez.**

The member has until 12:00 noon on the day prior to the last covered day (LCD) to contact the QIO directly and request an appeal of the discharge date. The QIO will, in turn, contact Bravo Health and request the member’s medical records and a Medicare approved form “Detailed Explanation of Non-Coverage”. Bravo will then immediately call



the SNF, HHA, or CORF to request the medical records. All documentation is required to be sent back to the QIO within 24 hours.

**It is important for the SNF, HHA, or CORF to provide medical records to Bravo Health as quickly as possible. The SNF, HHA, or CORF must provide the name and phone number of an on-call employee during evening and weekend hours.**

Once the QIO renders its decision, Bravo Health will contact the SNF, HHA, or CORF and make changes to the member’s discharge plan as required.

**It is important for the SNF, HHA, or CORF to begin preparing for the member’s discharge in advance of the discharge notice. Lack of planning may result in QIO overturns and administrative denials of covered days.**

If you have any questions regarding this information, please contact Glenda Prince, Appeals and Grievances Investigator, at [410-864-4415](tel:410-864-4415).

## Training on 2010 SNP Model of Care

Bravo Health provides case management services for members with targeted chronic illnesses and special needs. (These services are referred to as “the Program”).

Under the Program, which is designed to promote health and to reduce mortality and morbidity, members work with case managers to navigate important transitions in care and condition severity, as well as to coordinate health services as effectively as possible. It is important to note that Bravo Health treats disease management as a component of the case management continuum, as opposed to a separate and distinct activity. In so doing, the Program is able to seamlessly manage the member across the care continuum using integrated staffing, program content, data resources, risk identification algorithms, and computer applications.

Bravo Health continually assesses the Program, which includes necessary adjustments in its structure, content, methods, and staffing. Changes to the Program are made under two conditions: 1) changes must benefit members; and 2) changes must be in compliance with applicable regulations and guidance. Changes to the Program are accompanied by policy and procedure revisions and staff training as required.

### Case Management Approach

Bravo Health employs a segmented and individualized case management approach that focuses on identifying, prioritizing, and triaging cases effectively and efficiently. Our goal is to assess the needs of individual members, to secure their agreement to participate, and to match the scope and intensity of our services to their needs. Results from health risk assessment surveys, eligibility data, retrospective claims data and



diagnostic values are combined using proprietary rules and then used to identify members for case management intervention. The Program uses a streamlined operational approach to identify and prioritize member outreach and focuses on working closely with members and family/caregivers to close key gaps across five domains:

1. *Condition-related education;*
2. *Clinical care gaps;*
3. *Drug access, availability, and utilization;*
4. *Psychosocial, behavioral, cognitive, functional, and environmental barriers to care; and*
5. *Coordination of benefits for dual-eligible members.*

Personalized case management is combined with medical necessity review, ongoing delivery of care monitoring, and continuous quality improvement activities to manage target member groups.

The following processes or activities are included within the scope of the Program:

1. *Assessment of member-specific care needs and gaps, and risk stratification;*
2. *Coordination with network providers;*
3. *The dissemination of care guidelines, preventive health literature, and educational materials;*
4. *Promotion of healthy behavior, member education, and wellness activities;*
5. *Regular evaluation of service utilization patterns, quality indicators, and health outcomes;*
6. *Regular evaluation of case manager activity, documentation completeness, and quality;*
7. *Coordination and collaboration with internal departments, such as Quality Improvement, Member Services, Utilization Management, and Network Management;*
8. *Specialized clinical rounds;*
9. *Coordination with local community outreach services for those members who have not accessed care or who require services beyond those covered by their benefits;*
10. *Coordination of benefits with state agencies;*
11. *Referral for behavioral health services;*
12. *Access to TDD/TTY services for the hearing impaired and maintenance of an interpreter line for members requiring translation services;*
13. *Maintenance of electronic case documentation, monitoring of case progress, and referral management;*
14. *Development, dissemination and maintenance of policies and standard operating procedures; and*

15. *Maintenance of a comprehensive and up-to-date resource guide (Wiki) that describes case management procedures and protocols, and provides in-depth program references and case management system support information.*

Members are discharged from the Program under four specific circumstances:

1. *There has been a stabilization of symptoms or plateau in disease processes;*
2. *The adjunct course of therapy has been completed and the member's specific goals obtained;*
3. *The member has been referred to hospice; or*
4. *The member has terminated his or her membership with their Bravo Health plan.*

All members remaining with Bravo Health who have been discharged from the case management program return to “maintenance” status. All members with a maintenance status are continually monitored for changes in their condition. A member may be reinstated into the Program based on the identification of a transition in care (e.g., notification of an inpatient admission), a change in risk score, or a provider referral. In all instances, a member must consent to case management activities.



## Program Objectives

Bravo Health has published and actively maintains a detailed set of case management program objectives. These objectives are clearly stated, measurable, and have associated internal and external benchmarks against which progress is assessed and evaluated throughout the year. Plan demographic, epidemiologic and survey data are used to select case management program objectives, activities, and evaluations. Bravo Health's case management program objectives are listed below:

1. *Ensure services are provided by qualified individuals;*
2. *Ensure the safety of all members in all treatment settings;*
3. *Improve the health services delivery system by implementing procedures and policies to conduct access, availability, quality, utilization, care coordination, credentialing, compliance and fiscal monitoring using defined standards;*
4. *Improve the medical and mental health of individuals served by Bravo Health;*
5. *Improve the ability of all Bravo Health staff to apply quality methodology through a program of education, training, and mentoring;*
6. *Achieve improvement in performance measures tied to provider reimbursement;*
7. *Maintain a rigorous pre-delegation review, delegation oversight, and corrective process;*
8. *Improve member and provider satisfaction;*
9. *Ensure adequate infrastructure and resources to support the Quality Improvement Plan (QIP);*
10. *Improve the quality of all activities through the education of staff, providers, members, and the community in best practices/evidence-based practices;*
11. *Improve the level of customer service and communication, both internally and externally; and*
12. *Improve care coordination and collaboration between Bravo Health and providers.*



These goals are monitored by our Quality Improvement Committee (QIC), which meets 10 times each year to track progress and develop action plans when performance is out of line with the benchmark. Multiple staff productivity and service utilization reports are also used to monitor day-to-day activities and to rapidly address any access, coordination and continuity of care, or quality issues that may arise during the normal course of business. We also maintain a complete set of policies and procedures that support our case management objectives. These policies and procedures are available to all staff.

## Interdisciplinary Care Team

Bravo Health's Interdisciplinary Care Team (ICT) consists of medical directors, nurse case managers, licensed clinical social workers, and staff from across the organization. The ICT is supplemented on a case-by-case basis by network providers with skills matched to the unique needs of the member. For example, behavioral health and substance abuse specialists, and clinical pharmacists are some of the providers available to assist the member.

In addition to the case management team, ICT draws from existing teams within the organization and builds our existing case management routines. The case management system, which is integrated with the plan's authorization, utilization management, claims, member services, and provider databases, is the single tool through which the ICT captures, manages, and evaluates individualized member care data on a day-to-day basis.

Members of the ICT participate in clinical and behavioral health rounds each month and quarterly ICT meetings are held. Quarterly ICT meetings offer a chance to review program activities and troubleshoot clinical and operational issues. They include leadership associates from the Health Services, Pharmacy, Medical Economics, IT, Quality Improvement, and Network divisions. Ad Hoc ICT meetings are scheduled as needed to review care and other pressing issues.

## Model of Care Training

All new case management staff receive training within 30 days of employment. Established employees receive refresher training annually and in response to operational or systems enhancements that occur throughout the year. Training focuses on:

1. *Key tenets of Bravo Health's model of care;*
2. *Specific goals and objectives of the model of care;*
3. *Staff roles;*

4. *Care planning guidelines;*
5. *Risk identification procedures;*
6. *Program educational materials;*
7. *Medicare and Medicaid coverage information; and*
8. *Medicare compliance.*

## Provider Role

Network providers play an important role in the Program. If you are seeing a Bravo Health member who could use condition-related health coaching or who has social, cognitive, or functional impairments that keep him or her from managing their health independently, please contact our Case Management Department at [1-888-454-0013](tel:1-888-454-0013), extension 336351, Monday through Friday, between 8:30 am and 5:00 pm.





## Ten Ways To Address Behavioral Health Issues In Persons With Co-Occurring Medical Conditions

Data from the Centers for Disease Control (CDC) indicates that up to 29% of people with chronic medical conditions have co-occurring mental health issues. As a health services provider, you likely will encounter members in this situation throughout your tenure. The following is a list of top ten ways to maximize treatment for these individuals:

1. *Encourage your patient to seek the full spectrum of behavioral health and medical services. Studies show that a combination of both therapy and medication management produces the best treatment outcomes.*
2. *Involve the patient's family or other support system in treatment. The presence of a chronic medical condition affects the entire support system.*

3. *Coordinate the patient's treatment plan with all of his/her providers. This step is especially important in coordinating medication regimens.*
4. *Educate the patient about the emotional phases he or she may experience while adjusting to this new challenge and any types of treatment they may receive.*
5. *Help the patient develop a practical daily plan for living within the context of having a chronic medical condition.*
6. *Emphasize the importance of adherence to treatment recommendations as a means of stabilizing their emotional and physical health. Of particular importance is medication compliance in all treatment venues in which the patient is participating.*
7. *Support the patient in seeking good health in all aspects of his or her life: physical, mental, emotional, and spiritual.*
8. *Stress the idea that adjusting to this new reality is a process; there is no instant resolution.*
9. *Teach the patient to recognize the triggers and first signs of feeling overwhelmed. Encourage them to seek help as soon as possible.*
10. *Assist the patient in integrating a sense of meaning, significance and purpose into this part of their journey.*

Persons with co-morbid medical and mental conditions must handle realities which singly can drain an individual's physical and emotional energy. With compassionate, intentional care, you can be a valuable resource in helping these patients find stability amidst their changed circumstances.

## ■ The Growing Diabetes Problem

Diabetes is a growing problem for Americans and, therefore, a growing concern for health care providers.

The good news is that there is an expanding array of tools to deal with diabetes, including new treatment guidelines, as well as new drugs, treatment options, and devices. The bad news is that it can be difficult to keep track of everything that's out there to help you treat your patients.

The American Diabetes Association has a new, free website, DiabetesPro (<http://professional.diabetes.org/>), that allows professionals to seamlessly cross-search many different types of information, including practice guidelines, journal articles, abstracts, webcasts, clinical trial data, and more. DiabetesPro provides an easy, one-stop location to find anything you need to know about diabetes care.

DiabetesPro now offers physicians a brand-new means of earning free CME credits simply for researching clinical care questions in ADA's peer-reviewed journals. Called Internet Point of Care (PoC) learning, this ACCME-accredited service allows physicians to receive CME credit for the real questions they face in daily practice. Do you have a patient with multiple co-morbidities, and you'd like more information on the most suitable medication regimen? A quick search in DiabetesPro will allow you to both answer the

question and earn 0.5 hours of CME credit for free (up to 20 hours per year). DiabetesPro and more information about the new PoC service can be found at <http://professional.diabetes.org>.

You should also note that this November, the American Diabetes Association is asking for your help to launch a movement to put an end to this deadly disease. Stop Diabetes<sup>SM</sup> will inspire and mobilize the scientific and medical communities, along with the general public, volunteers, donors, and businesses, to rally around the cause and call to "share, act, learn, and give." Through these actions, millions will have the chance to get involved and help raise awareness, promote healthy living, and raise money to fund educational outreach, advocacy efforts and critical research that will ultimately stop diabetes once and for all.

You can become involved by joining the movement to Stop Diabetes and encourage your patients to do the same. Visit [stopdiabetes.com](http://stopdiabetes.com) or call 1-800-DIABETES.

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## Has Your Contact Information Changed?

Have there been any recent changes?  
Please let us know.

- Tax ID Number
- Group Name
- Billing Location
- Service Location
- Phone and/or Fax Numbers
- Addition and/or Deletion of Providers to the Group



Please call Bravo Health with any updated information at [1-800-291-0396](tel:1-800-291-0396). In the event that there are changes to your tax ID number and/or group name, a new W-9 is required. When you call, please have a phone number and contact person that we can call if we have any questions about your new information.

Bravo Health  
ADVANCED CARE CENTER 

### ATTENTION: Philadelphia Providers

The Bravo Health Advanced Care Center will be opening in early 2010 in North Philadelphia.

1010 W. Lehigh Ave  
Philadelphia, PA 19133

To learn more, visit:

[www.bravohealth.com/bhacc](http://www.bravohealth.com/bhacc)

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## Provider Newsletter



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