MemorialCare Health System and UC Irvine Health Announce Affiliation to Create New Models of Care

By Alan Puzarne, Chief Operating Officer

MemorialCare Health System and UC Irvine Health are teaming up to develop state-of-art primary care health centers with a medical group model. In addition to the health centers, Greater Newport Physicians will further extend our geographic reach with the creation of a new “pod” of community PCPs around the UC Irvine Health market area. This partnership will also provide a more cost effective contractual relationship with UC Irvine Health for current GNP patients.

What makes this collaboration unique is that it will be the only health care partnership in Orange and Southern Los Angeles Counties that includes the entire continuum of care. This relationship will provide our patients with an academic medical center, teaching and research hospitals, a children’s hospital and community hospitals, scores of physician practices, outpatient centers, imaging facilities, ambulatory surgery centers, and retail health.

We will provide additional information as the project progresses.

California Healthcare Exchange (Covered California)

By Sharon Saikali, Director, Network Management

As announced, MemorialCare Health System is one of the few healthcare providers in Orange County and the greater Long Beach area to be selected to participate in the new Anthem Blue Cross (EPO) product offered through the California Healthcare Exchange (Covered California). The formal name is Pathway Tiered-X. All GNP primary care physicians and those specialists with privileges at a MemorialCare hospital were submitted to participate in the EPO. Provided such physicians have a current Prudent Buyer contract, they will be featured in the EPO product. All other physicians will be out of network with 0% coverage.

GNP understands that you and your staff may have questions about how the new EPO works. A guide was created to assist you with the frequently asked questions – see the table on the insert. A key aspect for members enrolled in the Anthem Blue Cross (EPO) product is that it is critical for them to be referred to in-network physicians and Tier 1 hospitals (MemorialCare hospitals, UC Irvine Medical Center, and CHOC are Tier 1), otherwise there is a large cost differential for going out of network.

The other Health Plans listed below are also participating in Covered California and participation is on the individual physician contract level. Physicians will need to obtain a contract directly through the Health Plans. The key points are:

- Health Net Bronze PPO is the only Covered California product that includes Hoag. GNP is not a part of the Health Net Network. You may contact the Plan directly.
- Blue Shield sent letters directly to physicians for participation in Covered California. If you opted-in you are a part of the Blue Shield Network.

If you have questions regarding Health Net or Blue Shield, please contact the Plans directly. If you have additional questions regarding the Frequently Asked Questions, please do not hesitate to contact our Network Management department at (949) 574-4577.
Dear GNP Physicians,

With my departure from Nautilus effective December 31, 2013, I would like to take this opportunity to thank each of you for the support that I have received during my 5 year tenure as the Nautilus Chief Operating Officer. It has been a privilege to work with such a quality oriented and innovative group of physicians. Although healthcare is experiencing a great deal of uncertainty, what is clear to me is that with the strength and vision of the GNP organization, GNP will continue to be a leader within the healthcare communities you serve. Hope we have the opportunity to cross paths in the future.

Regards,
Alan Puzarne
Chief Operating Officer

Right Care Initiative Award

By Cassidy Tsay, M.D., Medical Director

The Department of Managed Health Care (DMHC) announced the 2013 Right Care Initiative award recipients. This initiative challenges physicians to improve clinical outcomes through enhancing the practice of patient-centered, evidence-based medicine. Its goal is to reduce morbidity and mortality in the world of cardiovascular disease and diabetes. This award is given out annually to health plans and medical groups who have met the HEDIS 90th percentile for controlling blood pressure, blood sugar, and/or cholesterol. For the first time since the launch in 2008, GNP received the BRONZE award for Outstanding Performance in Blood Sugar Control for Patients with Diabetes and Leadership of Los Angeles University of Best Practices.

THANK YOU and CONGRATULATIONS to all our physicians who worked hard in keeping our diabetic patients healthier!

Quest Diagnostics

The Quest Diagnostics Laboratories provide your GNP patients with many laboratory services across Orange and Los Angeles Counties. Many patient service centers offer appointment scheduling, walk-ins, and electronic patient registration that make it easy and fast for patients to receive services. If your patients need to schedule an appointment, they can find Quest Diagnostics lab locations on GNP Web listed under Medical Facilities. If your office is interested in setting up an online account with Quest, or you have any inquiries, please contact your Greater Newport Physicians Provider Relations Representative at (949) 574-4577.

Eligibility Verification Reminder

January 1, 2014 marks the start of many eligibility changes, so we want to remind all providers to verify eligibility with the health plan directly, prior to rendering services. This will safeguard sending your patients to the appropriate place for services, and being appropriately reimbursed for services you provide. If you have any questions regarding eligibility or how to verify patient information, please contact your Provider Relations Representative at (949) 574-4577.
# Anthem Blue Cross EPO — Frequently Asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1. What is the actual name of the product that Anthem Blue Cross will feature on the Exchange on January 1, 2014?</td>
<td>Anthem Blue Cross is the Health Plan and the product is an Exclusive Provider Organization (EPO). The Anthem Blue Cross EPO is offered through the California Healthcare Exchange (Covered California). The formal name is Pathway Tiered-X.</td>
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</tbody>
</table>
| 2. Which physicians and hospitals are in the Anthem Blue Cross EPO? | The Primary Care Physicians, as well as Specialist Physicians practicing out of Memorial hospitals, listed below, were submitted to participate in the EPO (except for those physicians who chose not to opt-in).  
**Physician Groups:**  
- Greater Newport Physicians  
- Edinger Medical Group  
- MemorialCare Medical Group  
**Hospitals:**  
- Long Beach Memorial Medical Center  
- Miller Children’s Hospital Long Beach  
- Community Hospital Long Beach  
- Orange Coast Memorial Medical Center  
- Saddleback Memorial Medical Center–Laguna Hills  
- Saddleback Memorial Medical Center–San Clemente  
- Children’s Hospital of Orange County  
- UC Irvine |
| 3. Will GNP manage the referrals? | GNP will not manage referrals. Patients are financially incentivized to access services within the exclusive preferred provider network. There are significant financial penalties for going outside the network for care. You can locate in-network physicians on the Blue Cross website: [www.anthem.com/ca](http://www.anthem.com/ca). |
| 4. Who is responsible for processing the claims? | Anthem Blue Cross is responsible for processing all claims. The address to submit claims is:  
Anthem Blue Cross  
P.O. Box 60007  
Los Angeles, CA 90060-0007 |
### 5. Is Hoag participating in the EPO?

Hospitals are either on Tier 1 (lower member co-insurance) or Tier 2. The difference in the member co-insurance is substantial. MemorialCare Hospitals, CHOC, and UCI are participating on Tier 1 – all other hospitals in Orange County (i.e., Hoag and St. Joseph Health System) are considered as Tier 2 – the coinsurance can be as high as 50%.

### 6. How do I verify eligibility?

Member eligibility can be verified on the Availity website, found at [www.availity.com](http://www.availity.com). Availity may be contacted by phone at (800) 282-4548.

### 7. What is the web address for Anthem Blue Cross to locate key phone numbers?

The Anthem Blue Cross web address is [www.anthem.com/ca](http://www.anthem.com/ca). Phone numbers may be accessed under the “Customer Support” tab, by clicking on “Contact Us”. Most phone numbers relevant to a specific member can be found on the back of their Member Identification Card.

### 8. What are the rates for physician compensation?

If you have a Blue Cross Prudent Buyer agreement, it is our understanding that the rates included in your existing Blue Cross agreement will stay in place for the exchange product.

### 9. How do I check if I am listed in the Anthem Blue Cross EPO?

From the Anthem Blue Cross website, [www.anthem.com/ca](http://www.anthem.com/ca), select the “Find a Doctor” button. This will allow you to search for your name as if you were a patient.

### 10. What is Availity?

Availity is health information network utilized by Anthem Blue Cross, and can be found at [www.availity.com](http://www.availity.com). The Availity website allows providers to check member eligibility, benefits, and claims status.

### 11. What are the required basic benefits for 2014?

Emergency services, hospitalization, maternity and newborn care, physicians and other outpatient services, mental health and substance abuse services, prescription drugs, rehabilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatrics services including oral and vision care. For more information you can visit the Covered California website at [www.coveredca.com](http://www.coveredca.com).
RAF Update: Coding Tips for Arrhythmias

By Daniela Culciar, CPC, Coding Supervisor

Arrhythmias treated with ongoing medication therapy can be coded and reported as long as the patient is continuing treatment. A code is not assigned for arrhythmias (including SA node dysfunction) when it is being controlled by the pacemaker and no problems are detected during the check or if the arrhythmia was corrected with a definitive procedure such as ablation.

a. Arrhythmias controlled on medications should be coded and reported.

Example:
- Correct documentation:
  - Patient with Paroxysmal Atrial Fibrillation, controlled, continue on Warfarin.
  - Patient with Atrial Fibrillation, s/p ablation but still presenting with symptoms, continue warfarin and follow up in 1 month.

- Incorrect documentation:
  - Patient with Atrial Fibrillation, s/p ablation, follow up in 6 months.

b. If the patient requires a pacemaker and a medication to control rhythm and/or anticoagulant treatment, this can be coded as ongoing therapy by medication is required.

Example:
- Correct documentation:
  - Patient with Atrial Fibrillation, s/p pacemaker insertion, condition is stable, continue on Warfarin and follow up in 3 months.
  - Patient with Atrial Fibrillation and s/p pacemaker, arrhythmia controlled with amiodarone, continue same and follow-up in 3 months.

- Incorrect documentation: Patient with Atrial Fibrillation, s/p pacemaker insertion, arrhythmia is controlled, follow up in 6 months.

Remember to document the medication that is being used to prevent a stroke or to control the rhythm!

Phase Out of High-Dose Rx Acetaminophen Combination Products

By Alan Phan, Pharm.D., Manager, Clinical Pharmacy Services

With the concern of adverse effects as a result of excessive acetaminophen use, the FDA asked pharmaceutical manufacturers to limit the strength of acetaminophen in prescription drug products. Effective January 1, 2014, prescription acetaminophen combination products that contain more than 325 mg of acetaminophen per capsule, tablet, or other dosage unit will no longer be manufactured. This includes strengths of acetaminophen with hydrocodone, oxycodone, or butalbital.

The intent of this action is to improve patient safety and reduce the risk of inadvertent acetaminophen overdose. Acetaminophen is the number one cause of acute liver failure; as little as 6 g/day of acetaminophen for two days can cause liver toxicity in some patients.

Norco is the only opioid combination that is not changing as the acetaminophen strength has always been 325 mg. Lortab, Vicodin, Vicodin ES, and Vicodin HP (hydrocodone/acetaminophen) will be reformulated to 300 mg of acetaminophen. Also impacted is Percocet (oxycodone/acetaminophen) which will be reformulated to 325 mg of acetaminophen.

Another way to contemplate the changes is to remember hydrocodone products will be available in either 325 mg (Norco) or 300 mg (Vicodin, etc.). Oxycodone products (Percocet) will be available as 325 mg.

To minimize call backs from pharmacies, we recommend the following:
- Write the desired strength on the prescription

Example for Vicodin: hydrocodone 5 mg/acetaminophen 300 mg
Evidence-Based Cervical Cancer Screening (ECS) — P4P Quality Measure

The goal of this measure is to encourage women 24 years and older to be Appropriately Screened for cervical cancer and NOT be Screened Too Frequently. The health plans will report the rates separately for each of the categories below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Percentage Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately screened</td>
<td>Women who were screened for cervical cancer according to evidence-based guidelines</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Underscreened</td>
<td>Women who should be screened but were not</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Screened Too Frequently</td>
<td>Women who received more cervical cancer screenings than necessary</td>
<td>Lower is better</td>
</tr>
</tbody>
</table>

GNP has historically done well on the first 2 categories; however, our Screened Too Frequently rates are higher than other groups in our area. The health plans will consider the following situations as being Screened Too Frequently:

- Any woman who had a hysterectomy and a Pap test afterwards
- Average-risk women with 2 or more Pap tests within a 3 year period

Any woman with more than 1 repeat Pap test after 120 days
Any woman 67 years and older who had 1 or more Pap tests in the measurement year

Measure Exclusions
For women who do require more frequent screenings, it is very important for GNP to identify these patients for exclusion. When appropriate, please bill with the exclusion codes below when a repeat Pap test is performed within the 3 year period.

ECS Exclusion Table

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysplasia of cervix</td>
<td>622.1</td>
</tr>
<tr>
<td>Abnormal Pap test – nonspecific</td>
<td>795.0, 795.1</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>180, 233.1, V10.41</td>
</tr>
<tr>
<td>Diethylstilbestrol (DES) exposure</td>
<td>760.76</td>
</tr>
<tr>
<td>HIV</td>
<td>042, V08, 079.53</td>
</tr>
<tr>
<td>HPV</td>
<td>079.4, 795.05, 795.15</td>
</tr>
<tr>
<td>Immunodeficiency, including genetic (congenital) immunodeficiency syndromes</td>
<td>279</td>
</tr>
</tbody>
</table>

Patient information will also be provided on these recommendations in an upcoming patient newsletter. For additional information or questions on quality measures and performance, please contact Lydia Simon, Pharm.D. at lsimon@memorialcare.org or call (949) 574-4518.