

Neighborhood  
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Suffolk Health Plan  
EL PLAN DE SALUD SUFFOLK

# News & Views

TO OUR PROVIDERS NEWSLETTER \* Volume 1 \* FALL 2008

**Suffolk Health Plan**  
www.suffolkhealthplan.com

## INSIDE THIS ISSUE:

Quality Assurance 2008 .....	1-2
Your Team at SHP .....	2
Preventing Overuse of Antibiotics .....	3
Guidance on the use of Pentacel & Pediarix .....	4-5
Immunize on Time .....	6
Low Birth Weight -REMINDER .....	7
Fall Injuries .....	7
QARR Codes .....	8
QARR 2007 Measurements .....	9-10
Taking Care about Diabetic Population .....	11
Interactive Voice Response .....	12-13
Turning a sick visit around .....	13
To Test or Not to Test .....	14
Dental Care .....	15
Keep Patients Smiling for Life .....	15
Reminders .....	16

# QUALITY Assurance Reporting Requirements 2008



Suffolk Health Plan (SHP) has completed its data collection and annual reporting to the New York State Department of Health (NYSDOH) for the Quality Assurance Reporting Requirements (QARR) 2007 season.

QARR uses a wide variety of standardized performance indicators to measure quality of care, access to care and member satisfaction with QARR results being published annually to compare SHP to other health plans.

SHP has recently received most of its QARR rates along with the comparable SWAs. We want to let you know that SHP preformed at or above state average for many of the measures but identified many opportunities for improvement for 2008. We thank you for contributing to our success by your

continual provision of high quality medical care to the SHP membership and we have great confidence that you can help us make significant improvement where we have identified opportunities.

We therefore decided that this would be a great time to dedicate a provider newsletter to QARR by focusing on some key topics and providing guidance on how providers may be able to improve care and thereby raise your compliance with the quality of care criteria as outlined by the NYSDOH thus enhancing your QARR performance.

For your information and reference on pages 9-10 you will find a summary of the required measures followed by the compliant CPT codes on page 8 and tidbits of information.

Continued on Page 2

# QUALITY Assurance Reporting Requirements 2008

From Page 1

A final measurement factor for QARR is member satisfaction. This required component for QARR reporting is calculated through a member survey called the Customer Assessment of Health Plans Survey (CAHPS) which is conducted by an independent contractor and reported to the NYSDOH. The survey is administered to members continuously enrolled in a managed care plan for at least 6 months. It questions members' perception of care and services received. It asks members if they received the care they needed and received it quickly. It asks them to rate their healthcare, health plan and customer service.

Please remember, we will be reporting QARR again based on 2008 care services. **You still have time to improve your rates.** Here are some recommendations, suggestions or as we call them

“SHP TIDBITS” that can help improve all of our performance.

## SHP TIDBITS:

- **Make every encounter with your member count.**
- **Don't wait for a well visit to address preventative care. Use any opportunity to turn a visit around.**
- **NYSDOH requires all physicians to document BMI (body mass index) on every adolescent chart. Height and weight are not enough. Why not do it for every patient!**

- **Screen every adolescent for depression, as well as counsel them on drugs, alcohol, smoking, exercise and nutrition,**
- **Patients do not need a referral for a mammography**
- **Annual dental visits are required for all children and adolescents starting at age 2.**
- **Sexually active females need a Chlamydia screening starting at age 16**
- **Patients on ACE/ARBs, Diuretics, Digoxin and Anticonvulsants for more than 180 days needed blood screenings.**
- **Diabetics need at least an annual screening for HgA1C, LDL-C, nephropathy screening and dilated eye exams.**

Over the next few weeks we will be sending to Primary Care Providers lists of their members who require a medical service and where we have not received a claim or encounter. Please be sure to send us your claims as soon as possible so we can update our records. Also, since some measures require medical record review you may also be getting requests for medical records, your cooperation in this effort is greatly appreciated.

As we go through the QARR 2008 process, if you have a suggestion or a best practice that you would like to share please let us know by sending an e-mail to [Providers@royalhc.com](mailto:Providers@royalhc.com).

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# Preventing Overuse of ANTIBIOTICS



Suffolk Health Plan (SHP) along with the New York State Department of Health has completed a review of appropriate usage of antibiotics. Despite an overall downward trend in antibiotic prescriptions, broad-spectrum antibiotics are often prescribed and used unnecessarily in treating common viral infections for which antibiotics simply don't work.

One common explanation is that doctors think that parents expect a prescription for an antibiotic when they take their children in when they are sick. Parents and providers have been recognizing the dangers of overusing and misusing antibiotics for common viral infections, such as the cold, flu, bronchitis, and viral sore throats.

Primary care providers today should consider new approaches for treating patients while minimizing excessive antibiotic use. First, when treating seriously ill patients, potentially resistant

pathogens must be covered even if it is necessary to use a broader range of antibiotics. Second, antibiotics should not be used in clinical situations in which the patient will not benefit from receiving the drug, such as with viral upper respiratory infections.

When prescribing antibiotics make sure your claims data include diagnoses and procedure codes, such as cultures, that justify the use of antibiotics. For example, when prescribing an antibiotic for pharyngitis be sure to perform a Group A Streptococcus test to confirm the diagnosis and submit the appropriate procedure codes

**87430, 87650-87652, 87880, 87081, 87070-87071.**



# Guidance on the use of PENTACEL and PEDIARIX

August 2008

*Infants may be at risk when they are not vaccinated on time!*



**P**entacel is a combination vaccine that contains DTaP, IPV and Hib vaccines. Pentacel is supplied as single-dose vials, 5 doses to a package. A single-dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHIB vaccine. The vaccine must be kept at refrigerator temperature (35o-46o F) at all times. Pentacel must never be frozen. Vaccine exposed to freezing temperature must not be used.

## IMPORTANT NOTE:

The availability of Pentacel will improve the Hib vaccine supply situation in the United States. However, the availability of Pentacel is not sufficient to reinstate the last (booster) dose of the Hib vaccine series (i.e. the dose administered after the first birthday). Although Pentacel is licensed by the FDA for the fourth dose in the DTaP, IPV and Hib series, providers should NOT use it for the fourth dose until there is further improvement in the Hib vaccine supply (anticipated for the last quarter of 2008). **Until the Hib supply improves Pentacel should be used ONLY for the first three doses of the DTaP, IPV, and Hib vaccination series, except as noted below.**

*As with all combination vaccines, there are no special rules for Pentacel, except as determined by FDA licensure of the product (i.e., the maximum age for any dose- see below). The schedule, minimum intervals, and minimum ages are determined by the individual components. The recommended schedule for Pentacel is functionally the same as for DTaP and ActHib with doses at 2, 4, 6, and 15 through 18 months of age.*

*Pentacel can be administered to any child 6 weeks through 4 years of age, without a contraindication to any component, for whom DTaP, IPV, and Hib vaccines are indicated. As stated on the childhood immunization schedule, a **combination vaccine, including Pentacel, may be used whenever any component(s) of the combination is indicated and no other component of the vaccine is contraindicated.** This means that Pentacel can be used when a child needs one or two components, but does not need the others.*

Contraindications and precautions for Pentacel are the same as those for DTaP, IPV, and Hib vaccines.

The following minimum ages and intervals are defined for the component vaccines in various ACIP statements, and in particular in Table 1 of the 2006 version of the General Recommendations on Immunization (<http://www.cdc.gov/mmwr/PDF/rr/rr5515.pdf>, page 3) and on page 31-32 of the 2006 AAP Red Book.

PARAMETER	AGE / INTERVAL
Minimum age for any dose	6 weeks
Minimum interval for doses 1 and 2	4 weeks
Minimum age for dose 2	10 weeks
Minimum interval for doses 2 and 3	4 weeks
Minimum age for dose 3	14 weeks
Minimum interval for dose 3 and 4	6 months (determined by DTaP component; minimum interval for dose 3-4 is two months for Hib and four weeks for IPV)
Minimum age for dose 4	12 months (determined by DTaP and Hib components). Note that both the minimum interval AND age must be met for the fourth dose of DTaP or Hib (as Pentacel or any other formulation) to be counted as valid
Maximum age for any dose	4 years, 364 days (i.e., do not administer at age 5 years of older)

Please refer to the tables below for guidance on schedules for Pentacel, Pediarix and the single antigen series for Hep B, Hib, IPV DTaP for healthy children\* during the Hib vaccine shortage.

From Page 4

## Examples of Schedules Using Pentacel and/or Pediarix for Healthy Children\* During the Hib Shortage

The first two tables below provide examples of how to introduce Pentacel in your practice using two different schedules. The second two tables review the schedules for the single antigen and Pediarix series for Hep B, IPV, Hib and DTaP.

Schedule for Hep B, Hib*, IPV and DTaP Using Pentacel for All Doses					
Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B		Hep B		
				DTaP	DTaP
					IPV
	Pentacel	Pentacel	Pentacel		

Schedule for Hep B, Hib*, IPV and DTaP Using Pentacel for First Dose Only and Pediarix for Remainder of Doses					
Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B				
		Hib	Hib		
				DTaP	DTaP
	Pentacel				
		Pediarix	Pediarix		

Schedule for Hep B, Hib*, DTaP and IPV without Pentacel or Pediarix					
Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B		Hep B		
	Hib	Hib	Hib		
	DTaP	DTaP	DTaP	DTaP	DTaP
	IPV	IPV	IPV		IPV

Schedule for Hep B, Hib*, IPV and DTaP Using Pediarix Only (No Pentacel)					
Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B					
	Hib	Hib	Hib		
				DTaP	DTaP
					IPV
	Pediarix	Pediarix	Pediarix		

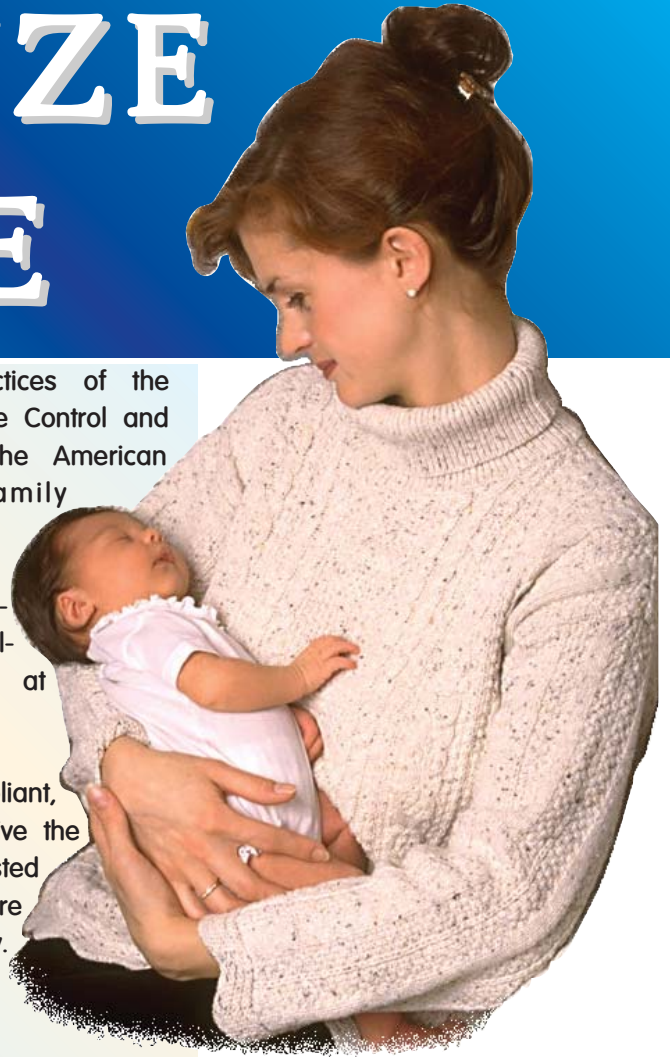
Pentacel contains DTaP, IPV and Hib. Pediarix contains DTaP, IPV, and Hep B

Neither Pentacel nor Pediarix should be used prior to 6 weeks of age. In general ACIP recommends the same brand of DTaP be used for all doses of the series. However, different brands can be used if the providers does not know or have available the brand of DTaP used for prior doses.

\*When supplies are sufficient an additional dose of Hib vaccine (single antigen or as part of a combination vaccine) is recommended for healthy children at 12 through 15 months of age (at least 2 months after the prior dose). Either Pentacel or single antigen Hib vaccine may be used at 12 through 15 months of age for children who are at increased risk of Hib disease or who have not completed a complete primary Hib schedule. If Pentacel is administered at 12 through 15 months of age a dose of DTaP at 15 through 18 months of age is not needed. See MMWR 2007;56(No.50):1318-1320 for additional details.

Questions or comments on this document should be directed to the Immunization Services Division, NCIRD, by email at [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov).

# IMMUNIZE ON TIME



Providers are encouraged not only to make sure their littlest members are immunized but also to assure they adhere as closely as possible to the recommended childhood immunization schedule. Clinical studies have reported that adhering to the recommended ages and intervals of multidose antigens will provide optimal protection and have the best evidence of efficacy.

The annual recommended childhood and adolescent immunization schedule for January–December 2008 was approved by the American Academy of Pediatrics, the Advisory Committee on

Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.

The 2008 immunization schedule is available online at [www.cdc.gov](http://www.cdc.gov).

To be QARR compliant, children must receive the immunizations listed below on or before their second birthday.

VACCINATION	REQUIRED # OF VACCINATIONS
DtaP/DT	Four DtaP vaccinations with different dates of service on or before the child's second birthday. DtaP administered prior to 42 days after birth can not be counted
IPV	At least three polio vaccinations (IPV) with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth can not be counted.
MMR	At least one measles, mumps and rubella vaccination with a date of service on or before the second birthday.
HIB	Three H influenza type B (HiB) vaccinations, with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after birth can not be counted.
Hepatitis B	Three Hepatitis B vaccinations, with different dates of service on or before the child's second birthday
VZV	At least (1) Varicella Zoster vaccine with a date of service falling on or before the child's second birthday.
Pneumococcal Conjugate	At least four pneumococcal conjugate vaccinations with different dates of service on or before the child's second birthday.



## REMINDER! LOW BIRTH WEIGHT

We would like to advise the providers to indicate the birth weight on their newborn inpatient claim submissions.

The birth weight can be placed in the value code boxes **39, 40 or 41** with a value code of **54** and the birth weight entered next to it.

Please call  
**PROVIDER SERVICES**  
at **1-877-747-6789**  
if you have any questions.



# FALL INJURIES

In NYS fall-related injuries are the leading cause of injury hospitalizations among children ages 0-14. Falls are the leading cause of unintentional injury deaths for those 45 years and older. Falls can result in serious injuries such as traumatic brain injuries (TBI) or fractures. There is also a heavy financial burden to fall-related injuries with a yearly cost of \$1.3 billion in New York State for hospitalizations alone.

In childhood, falls can be an everyday occurrence. The most common causes of fall-related hospitalizations for children include slipping or tripping, falling from playground equipment, falling from bed, and falling on or from stairs or steps.



## PREVENTION STRATEGIES - ADVISE MEMBERS ABOUT:

- Use of child safety gates at the top and bottom of stairs
- Never leave an infant unattended on a table, bed or other elevated surface
- Keep children away from balconies and open windows
- Use of safety straps to secure their child in strollers, shopping carts and infant carriers
- Place their child in a stationary play-station rather than a mobile walker
- Playground surfaces should consist of shredded rubber, fiber mulch, or fine sand and extend 12 inches deep and 6 feet around equipment to reduce the severity of falls.

# QARR Codes

MEASURE	CPT4/Diagnosis Code
Breast Cancer Screening	76090-76092, 76083,77055-77057
Lead Testing	83655
Well Child and Preventative Care	By 15 - month(s) -99381, 99382, 99391,99392, 99432, V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
	3-6 years - 99382, 99383, 99392, 99393, V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
	12-21 years of age - 99383-99385, 99393-99395 V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
Cholesterol Management	80061, 83715, 83716, 83721,83700,83701,83704
Appropriate Testing for Children with Pharyngitis	87430, 87650-87652, 87880, 87081, 87070-87071
Childhood Immunizations (by the child's 2nd)	DtaP- 90698,90700,90721,90723
	Diphtheria and Tetanus- 90702
	Diphtheria-90719
	Tetanus-90703
	IPV-90698,90713,90723
	MMR- 90707, 90710
	Measles and Rubella 90708
	Measles-90705
	Mumps- 90704
	Rubella- 90706
	HIB- 90645, 90646, 90647, 90648, 90698, 90721, 90748
	Hepatitis B- 90723, 90740, 90744, 90747, 90748
	Pneumococcal conjugate- 90669
Cervical Cancer Screening	88141-88145, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175
Chlamydia Screening	87110,87270,87320,87490,87491,87492,87810
Comprehensive Diabetes Care	HbA1C- 83036,83037
	Eye Exams- 67028,67030,67031,67036,67038-67040,67101, 67105, 67107, 67108, 67110, 67112,67121, 67141, 67145, 67208, 67210, 67218,67220,67221 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 92287, 99
	Nephropathy Screening -82042, 82043, 82044, 83518, 54156 Urine microalbumin test- 81000-81003, 81005.
	LDL-C- 80061, 83715, 83716, 83721
Colorectal Screening	FOBT- 82270,82274
	Flexible Sigmoidoscopy--45530-45335,45337-45342,45345
	DCBE---74280
	Colonoscopy----44388-44394,44397,45355,45378-45387,45391,45392

# QARR 2007 (Quality Assurance Reporting Requirement) Measurements

QARR Measurement	VACCINATION	REQUIRED # OF VACCINATIONS
Childhood Immunizations (By the child's 2nd Birthday )	DTaP	Four Dtap vaccinations falling on or before the second birthday. Any vaccine administered prior to the 42nd day of life can not be counted.
	IPV	At least three polio vaccinations (IPV) with different dates of service on or before the child's second birthday. An IPV vaccine administered prior to the 42nd day of life can not be counted.
	MMR	At least one measles, mumps and rubella (MMR) vaccination, on or before the child's second birthday.
	Hib	Three H influenza type B (Hib) vaccinations, with different dates of service by the child's second birthday. An IPV vaccine administered prior to the 42nd day of life can not be counted.
	Hepatitis B	Three hepatitis B vaccinations with different dates of service by the child's second birthday.
	VZV	At least (1) Varicella Zoster vaccine with a date of service falling on or before the child's second birthday.
	Pneumococcal Conjugate e	At least 4 pneumococcal vaccinations on or before the child's second birthday.
Breast Cancer Screening	Combination #2	Children who have received four Dtap vaccinations, three IPV vaccinations, one MMR vaccination, three Hib vaccinations, three hepatitis B vaccinations and one VZV vaccine.
	Combination #3	Children who have received all of the antigens listed in Combination #2 and 4 pneumococcal conjugate vaccinations.
	The percentage of women 40 -69 years of age who had a mammogram during the measurement year prior to the measurement year.	
	Lead Testing	At least one capillary or venous lead test should be performed on or before the 2nd birthday
Well Child and Preventative Care	AGE	Scheduled No. of Well - Child Visits
	By 15 - month(s)	6
	3 - 6 years of age	1 or more/year
Cervical Cancer Screening	12 - 21 years of age	1 or more/year
	The percentage of woman 21 -64 years of age who had one or more Paps during the measurement year or two years prior to the measurement year.	
Colorectal Screening	URI	The percentage of adults 50 -80 years of age who had a screening for colorectal cancer. -FOBT in MY, Flexible sigmoidoscopy during MY or 4 years prior, DCBE in MY or 4 years prior, colonoscopy during MY or 9 years prior
	Chlamydia Screening	The percentage of children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.
Appropriate Testing for Children with Pharyngitis	Chlamydia Screening	Annual testing for genital chlamydial infection for women between 16 -26 years of age, identified as sexually active.
	Appropriate Testing for Children with Pharyngitis	The percentage of children 2 - 18 years of age who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

<p><b>Smoking Cessation</b></p>	<p>Members &gt;18 advised or recommended to quit smoking. Survey collection</p>
<p><b>Low Back Pain</b></p>	<p>Assesses whether imaging studies (plain x-ray, MRI, CT scan) are overused in evaluating acute low back pain for 18-50 yr old.</p>
<p><b>Annual Dental Visit</b></p>	<p>Members between 2 -21 years of age ? 1 dental visit a year</p>
<p><b>Follow-up after Hospitalization for Mental Illness</b></p>	<p>Follow-up with patients (6 years of age and older) within 30 days or 7 days after discharge from a hospital for a mental disorder.</p>
<p><b>Antidepressant Medication Management</b></p>	<p>Patients 18 years of age and older who are diagnosed with a new episode of depression and treated with antidepressant medication who had at least three follow-up contacts with a primary care provider or mental health practitioner coded with a mental health diagnosis during the 84-day (12-week) Acute Treatment Phase, or remained on an antidepressant during the entire 84-day (12-week) Acute Treatment Phase, or remained on an antidepressant drug for at least 180 days (6 months).</p>
<p><b>Adult/Child Access</b></p>	<p>Members who had an ambulatory or preventive visit during the measurement year Children 7 -11 or adolescents 12-19 have a prior year look back.</p>
<p><b>Use of Spirometry Testing in The Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease</b></p>	<p>The percentage of members 40 years of age and older during the measurement year with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis (this measure identified incident cases using a clean claim period).</p>
<p><b>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</b></p>	<p>Members who had at least one ambulatory prescription dispensed for a disease modifying antirheumatic drug (DMARD) and had two face-to-face physician encounters with different dates of service in an ambulatory or nonacute inpatient setting on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis.</p>
<p><b>Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</b></p>	<p><input type="checkbox"/> The percentage of members 6 -12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication and who had one follow-up visit with practitioner with prescriptive authority during the 30 days.</p> <p><input type="checkbox"/> The percentage of members 6 -12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and had at least two additional follow-up visits with a practitioner within 9 months after the Initiation Phase ends. (The C&amp;M Phase spans from 31 days to 300 days [a total of 9months] after the Index Prescription Episode Start Date.)</p>
<p><b>Annual Monitoring for Patients on Persistent Medications - This measure assesses whether persistent users of medications receive timely monitoring to prevent potential harms associated with persistent use of these drugs.</b></p>	<p>The % of members 18 years of age and older who received at least a 180-day supply of ambulatory medication therapy for the selected therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. ACE or ARB = Serum Potassium and Serum Creatinine or BUN, Digoxin =Serum Potassium and Serum Creatinine or BUN, Diuretics =Serum Potassium and Serum Creatinine or BUN, Anticonvulsants = Drug serum concentration level</p>
<p><b>Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis</b></p>	<p>The percentage of healthy adults 18 -64 years of age with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription on or within three days after the Episode Date.</p>
<p><b>Adolescent Screening and Counseling Measures</b></p>	<p>Members 14-18 years old as of December 31 of the measurement year who had a reported well visit. 7 numerators - BMI Calculation -Nutrition - physical exercise -Sexual activity and preventative action -Depression - Tobacco usage - Substance abuse (includes alcohol).</p>
<p><b>Diabetic care</b></p>	<p>Annual HgA1C testing, Annual LDL-C screening, Annual monitoring for kidney disease (nephrologists' visit, nephropathy screening or monitoring, evidence of ACE/ARB), yearly dilated eye exam</p>

# Taking Care of Your Diabetic Population

As the population of diabetics continues to increase in the United States, we must make sure that we use every means and opportunity to identify our members, elicit change and improve their health outcomes. One in three Americans born in 2000 will develop diabetes in their lifetime. Each day close to 4,110 people were newly diagnosed in 2005. About 1.5 million new cases were diagnosed in people over the age of twenty.

## Who is at Risk and How Do You Evaluate?

Are your patients at risk? Can they answer yes to any of these questions? Do you evaluate the answers with each of your patients?

**Your age is over 45 years of age?**

**Your weight over 20 pounds of your ideal weight**

**You are a woman who had diabetes during pregnancy**

**You had a baby weighing more than nine pounds at birth**

**You have a sister or brother with diabetes**

**You have a parent with diabetes**

**You are under 65 years of age and get little exercise**

**You are being treated for high blood pressure**

**You are being treated for high cholesterol**

**Are you thirsty often**

**You urinate up to two or more time at night**

**You are tired most of the time**

**You have pain and unexplained numbness and tingling in your feet.**



For our senior population, the U.S. Department of Health and Human Services' (HHS) National Diabetes Education Program (NDEP) launched a public awareness campaign called "***It's Not Too Late to Prevent Diabetes***" to spread the word that diabetes prevention for older adults is proven and possible.

HHS' Diabetes Prevention Program (DPP), a recent study involving Americans from all over the country,

## Diabetes Prevalence

According to the American Diabetes Association (ADA), there are 20.8 million Americans with diabetes and nearly one-third of them do not know it. Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. Men aged twenty years or older, account for 10.9 million or 10% of this population. Women aged twenty years or older account for 9.7 million or 8.8% of the female population.

showed that type 2 diabetes can be delayed or even prevented by losing a small amount of weight by following a low-fat, low-calorie meal plan and getting 30 minutes of physical activity five times per week. These lifestyle interventions worked particularly well in people aged 60 and older, reducing the development of diabetes by 71 percent. The "***It's Not Too Late to Prevent Diabetes***" campaign includes radio and print public service advertisements, tip sheets, and posters. Materials are also available on the NDEP website at [www.ndep.nih.gov](http://www.ndep.nih.gov).



# SHP Provider Services has upgraded the INTERACTIVE VOICE RESPONSE (IVR) System **TO SERVE YOU BETTER!** *24 hours a day, 7 days a week*



**E**ffective August 15, 2008, Suffolk Health Plan has upgraded our Interactive Voice Response System to better serve our providers to more easily verify patient eligibility information and claim status by using a touch-tone telephone. Simply dial the same SHP Provider Services telephone number (1-877-747-6789) and listen to the instructions to obtain member eligibility verification and claim status.

You may continue to verify the status of an unlimited amount of claims and member eligibility at any time throughout the day.

When you utilize the IVR system for basic eligibility verification and claim status, it allows our knowledgeable representatives to provide you with superior personalized service for your more complex inquiries. As always, our service center staff will be available to serve you from 9 am to 5 pm Monday through Friday.

**PLEASE CAREFULLY LISTEN TO THE MENU OPTIONS FOR THEY HAVE BEEN CHANGED. YOU WILL NOW BE ASKED TO INPUT OF YOUR NPI NUMBER INSTEAD OF THE PROVIDER'S TAX IDENTIFICATION NUMBER.**

It is important that you have the following information available before you call:

- **Provider's NPI Number**
- **Member ID**

If you are checking on the status of a claim, you will also need the following information available before you call:

- **The Date of Service for the claim**
- **The claim amount (total charges)**

You will be asked to enter your NPI Number followed by the pound key (#) for validation purposes.

Once validated, you will be prompted to PRESS 1 to check the eligibility status of a member or PRESS 2 to check the status of a claim.

Enter the member's ID followed by the pound key (#).

## **IMPORTANT NOTES:**

If the member's ID number is composed of letters and numbers, enter the letters using the appropriate number key identifying the letters as follows:



From Page 12

**LETTER      NUMBER KEY**

<b>ABC</b>	<b>2</b>
<b>DEF</b>	<b>3</b>
<b>GHI</b>	<b>4</b>
<b>JKL</b>	<b>5</b>
<b>MNO</b>	<b>6</b>
<b>PQRS</b>	<b>7</b>
<b>TUV</b>	<b>8</b>
<b>WXYZ</b>	<b>9</b>

**For example, if the member's 8-digit CIN is AD12345Z you will enter 23123459 followed by the pound key (#).**

**Utilize the mapping above even if the letters indicated on your telephone keypad are different!**

**NOTE:** If multiple member matches are found after entering the member ID, you will be prompted to enter the first three letters of the member's last name.



# TURNING A SICK VISIT AROUND

The position statement from The Society for Adolescent Medicine states that physicians and other health care professionals have an ethical obligation to provide the best possible care for our adolescent patients. We can make a difference in the lives of young people by taking advantage of any opportunity we get to address some of the leading health problems facing young people.

While it is recognized that young adults do not generally access preventative care, it is expected that each time an adolescent comes to see you, whether it is for a sick or well visit, you will use your professional judgement, clinical assessment and training to counsel this patient on risk behaviors and preventative care standards. The New York State Department of Health has issued standards on Adolescent Counseling and Screening that address:

- Acknowledging obesity and other eating disorders through a BMI measurement and offering nutrition and exercise counseling will ensure that adolescents have access to the care they need.
- Inquiring about tobacco, alcohol and substance abuse may open a dialogue to assist the teenager in obtaining the help they need.
- Addressing sexual behavior, contraception, injury prevention, depression and suicide may prevent any unwanted pregnancies or other harmful situations.



Suffolk Health Plan will be reviewing medical records yearly for BMI calculations, nutrition and exercise assessment and counseling, counseling or education on sexual activity, assessment for depression and assessment and counseling for tobacco, alcohol and substance abuse. Please be sure to document all components of your visit in the medical record.

Remember our young people deserve the best we can give them. Take advantage of any opportunity you get to attend to their complex needs.



# TO TEST or NOT TO TEST

With all the technology at our fingertips it is not surprising to learn that some basic diagnostic tests are overused while some are very much under used.

Two of the quality measures reported to the New York State Department of Health (NYSDOH) during QARR are the use of imaging studies for low back pain and the use of spirometry testing in assessment and diagnosis of COPD.

According to the reported rates for 2007, more than 30% of SHP members diagnosed with low back pain have some type of imaging study for their first episode of low back pain and less than 25% of SHP members diagnosed with COPD ever receive spirometry testing to confirm their diagnosis.

## Imaging Studies for Low Back Pain

The new joint guidelines released by the American College of Physicians and the American Pain Society state that primary care doctors shouldn't routinely order X-Rays, MRIs, CT scans and other diagnostic tests for patients with nonspecific low back pain.

Such tests should be reserved for patients with severe or progressive neurological deficits or suspected underlying conditions such as infection or cancer.

According to the American Academy of

Orthopedic Surgeons" X-rays and other imaging studies are typically not used in determining the cause of short-term (acute) back pain. When X-rays are obtained, they are often normal or they show an abnormality that may not be related to the pain. For instance, it is very common to see some disk degeneration in X-rays of people with back pain. But it is also very common to see it in people who do not have back pain. It is difficult to tell whether the degeneration is actually the cause of the pain. The same is true for magnetic resonance imaging (MRI) and computed tomography (CT) scans.

Many X-ray findings are considered non-specific -- they may or may not be related to the pain. Some nonspecific findings are disk space narrowing, spurring, spina bifida occulta (incomplete formation of the lamina and spinous process), mild scoliosis, and a decrease in lumbar lordosis (the normal curvature of the spine when viewed from the side). In addition, disks are not visible on X-ray -- only the disk spaces.

X-rays and other imaging studies are more likely to be helpful when low back pain does not get better on its own after a few weeks or when a person has evidence of more severe problems.

Early indication for an X-ray or other imaging studies are for patients with a history of a previous cancer or a recent trauma like a fall or car accident that may

have caused a fracture or significant weakness on physical examination like trouble controlling their urine or bowels.

## Spirometry testing for COPD



In the United States the diagnosis of chronic obstructive pulmonary disease (COPD) includes: emphysema and chronic bronchitis and is the fourth leading cause of death in the United States.

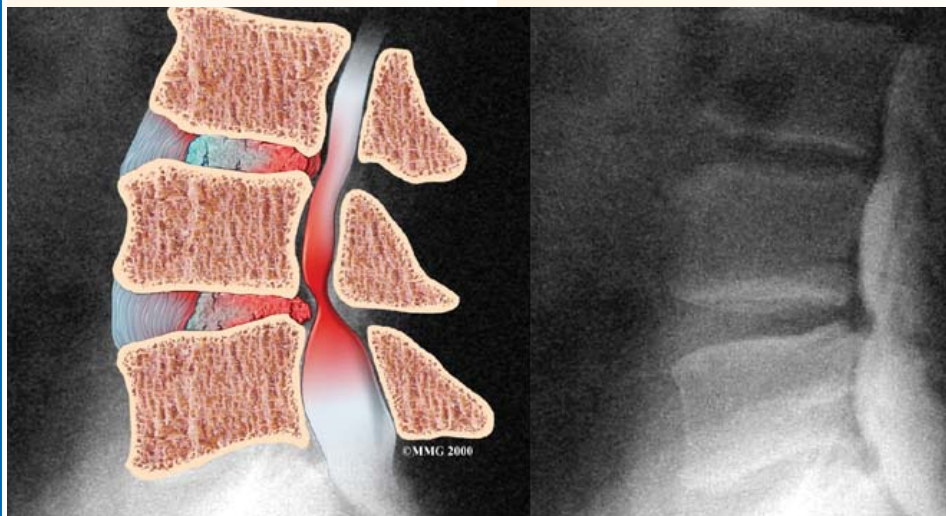
Pulmonary function tests are the primary diagnostic tools for COPD, after the medical history and physical examination. Spirometry is the most sensitive test of lung functions and can detect COPD long before the patient has significant symptoms. Based on this test, the doctor can determine if the patient has COPD and how severe it is.

While spirometry is the best test to assess lung function and often used to evaluate a person who has a chronic cough and sputum production with a history of risk factors even if shortness of breath is not present, it not used often enough.

Without proper testing both under diagnosis and misdiagnosis may occur which can lead to improper therapies being prescribed.

Because COPD is a progressive disease, spirometry testing can also determine whether a specific therapy has improved lung function or whether the lung disease is getting worse.

It is important for all treating physicians to use spirometry testing for all newly diagnosed or newly active COPD patients to confirm the diagnosis.



# GOOD DENTAL CARE LEADS TO OVERALL GOOD HEALTH



One of the many justifications for promoting managed care is that it encourages HMO members to develop relationships with doctors who manage all aspects of their health care.

In addition to the medical program, our dental program, administered by Healthplex, Inc., allows for a strong primary care relationship between each member and a dentist.

Under the Healthplex program, members choose a primary dental provider, and the relationship between the dentist and member is exactly the strong relationship envisioned by the managed care Child Health Plus and Family Health Plus programs when the state put these programs in place.

Good dental health is important to the overall health of your patients. The loss of teeth can lead to poor mastication of food, which in turn could cause gastrointestinal problems. Inflammation of gums and tooth decay can add to already precarious health situations for patients with diabetes, heart disease and pregnancy.

Please take the time to discuss with your patients the need for regular dental check-ups with their primary care dentist. If they are not sure of their assigned primary care dentist, remind them that they may call the Healthplex Customer Service Department at **800-468-9868** for assistance.

# PCPs: KEEP PATIENTS SMILING FOR LIFE!



As a Primary Care Provider were you aware that:

▶ **According to the Surgeon General the perception that oral health is separate from general health is deeply ingrained in the American consciousness.**

▶ **Oral Health Plan for NYS Reports have linked poor oral health to adverse general health outcomes.**

▶ **In New York State, approximately 50% of children experience tooth decay by the third grade.**

▶ **By age 35-44, 45% have lost one or more teeth to tooth decay or gum disease.**

▶ **Life threatening cancers of the mouth and throat are detected in five New Yorkers every day.**



Although annual dental visits are one of the measures that are used for quality comparisons between health plans, at SHP we are also very concerned with the overall health of our members. The linkage between poor dental health and poor general

medical health is staggering. So please help us to get every member to see their dentist, especially our children where we believe you can help us make the most significant impact and ultimately help SHP demonstrate our commitment to good dental health and show improvement in this measure.

## SO PLEASE:

▶ **Use any opportunity to integrate oral health into primary health care visits.**

▶ **Encourage your member to make an appointment with their dentist. If they need any assistance, have them call Healthplex at 1-800-468-9868.**

▶ **If you practice in a health center where both medical and dental care is available ALWAYS try to schedule a medical visit and a dental visit together when possible.**

▶ **Encourage yearly dental visits as part of your routine exam starting at age 2.**

Anxiety and fear of pain are some of the reasons our members delay getting dental care until a dental emergency exists.

We need your help in educating our members on the importance of good dental care. It is recommended that adults see the dentist at least once or twice a year, and the recommendation from the American Dental Association and the American Academy of Pediatrics is that dental exams start at two years of age for children. Dental visits present an opportunity for providing preventative services as well as early detection of any oral or dental problems. Without proper dental care, our members face possible tooth decay and disease that can lead to a lifetime of pain and complications

## KEEP YOUR PATIENTS SMILING FOR LIFE!





# News & Views

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New York, NY  
10164 -2906



## REMINDERS

You or your office staff can now obtain member eligibility and claims status **24** hours a day, **7** days a week by using **SHP'S INTERACTIVE VOICE RESPONSE (IVR) SYSTEM**. The IVR phone number is **(877) SHP-6789**.

If you are a Pediatric provider, please remind parents that their child(ren) need an **ANNUAL PREVENTIVE DENTAL VISIT**.



SHP now offers **CASE MANAGEMENT PROGRAMS** for Asthma, Diabetes, High Risk Pregnancy, HIV and other catastrophic illnesses. For more information, contact our **CARE MANAGEMENT DEPARTMENT** at **(800) 250-5007**.



## REMINDERS



If you are **MOVING** your practice address, **CHANGING** your phone number, **RETIRING** from private practice or **RELOCATING** out of the area, let us know by sending a letter to our **Provider Relations Department**. You may also call us at **212-808-4775** to update your information and status with **Suffolk Health Plan** just ask to speak to **Provider Relations**. Our address is:  
**SUFFOLK HEALTH PLAN  
PROVIDER RELATIONS  
521 Fifth Avenue, 3rd Floor  
New York, NY 10175**



Help us produce healthy maternity outcomes by introducing your expectant Moms to **SHP'S HEALTHY BEGINNINGS PROGRAM**. Call us at **(800) 250-5007**, and let us partner with you to provide the best possible care for expectant Moms.