SuperWell® QuitLine — Assistance Available to Help Tobacco Users

Healthcare providers have a critical role and responsibility in assisting patients to discontinue the use of tobacco. Research indicates that clinicians can make a difference with even a minimal (less than 3 minutes) intervention, even when patients are not willing to make a quit attempt at this time. Brief, clinician-delivered interventions may enhance motivation and increase the likelihood of future quit attempts.

For members:
- Medical Mutual offers the SuperWell QuitLine, a telephonic counseling program, which includes:
  - Up to 8 weeks of nicotine replacement therapy (NRT) to qualified members at no out of pocket cost.
  - Support and advice, with up to five proactive coaching sessions by trained health coaches as well as unlimited inbound calls to the QuitLine.
  - A personalized quit plan with educational, self-help materials.
- The member can call the toll-free SuperWell® QuitLine at 866.845.7702.

For providers:
- Medical Mutual has developed brief, effective smoking cessation tools for providers:
  - Smoking Cessation Fact Sheets — patient handout
  - SuperWell QuitLine Brochure — patient handout describing our smoking cessation program
  - Tobacco Dependent Chart Identification Stickers — to easily identify tobacco users
- Tools are available on our website by selecting Tools & Resources, Forms and Clinical Supply Form.

In 2013, Medical Mutual will undergo its annual Healthcare Effectiveness Data and Information Set (HEDIS) review, which involves gathering information from our SuperMed network providers. Members meeting the criteria for specific HEDIS measures, as indicated by the National Committee for Quality Assurance (NCQA), are randomly selected for the study.

We continually strive to improve member access to care and the quality of care provided. Through HEDIS studies, we are able to evaluate such things as our members’:

- Adult BMI assessment
- Hypertension control
- Diabetes care
- Prenatal/postpartum care
- Immunization status
- Use of preventive screening

We realize that your staff is confronted with medical record requests from multiple organizations. In an attempt to lessen this burden and remain respectful of the time demanded of your office staff, we have attempted to avoid a large record request at any one time.

Detailed information for our annual HEDIS review will be sent to providers near the end of February 2013. We would like to thank you in advance for your continued cooperation.

Medical Policy Update

The following Corporate Medical Policies were developed or revised between April 1 and June 30, 2012:*  

<table>
<thead>
<tr>
<th>Policy</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>200131</td>
<td>Contact Lenses</td>
</tr>
<tr>
<td>200217</td>
<td>Gastric Electrical Stimulation</td>
</tr>
<tr>
<td>200406</td>
<td>Fetoscopic Laser Surgery for Treatment of Twin-to-Twin Transfusion Syndrome</td>
</tr>
<tr>
<td>200601</td>
<td>Fluocinolone Acetonide Intravitreal Implant</td>
</tr>
</tbody>
</table>

* Corporate Medical Policies are regularly reviewed, updated, added or withdrawn and are therefore subject to change.

Please visit Provider.MedMutual.com for a complete list of Corporate Medical Policies.

For a list of services requiring prior approval or considered investigational, please consult the Providers, Tools & Resources, Care Management and Prior Approval & Investigational Services section of our website.
A Second Look at Immunization Information Systems

If your practice does not currently participate in an Immunization Information System (IIS), it may be time to take another look. Formerly known as “immunization registries,” these confidential, computerized, state-based systems collect and consolidate vaccination data from multiple providers.

All 50 states and the District of Columbia have an operational IIS system. Benefits of participation in an IIS include:

- Ability to view a patient’s entire vaccination history
- Vaccination forecasting according to Advisory Committee on Immunization Practices (ACIP) recommendations
- Reminder and recall messaging
- Email notification of vaccine news (shortages or recalls)
- Inventory management for publicly purchased vaccine

A Healthy People 2020 target involves increasing the proportion of children under six years of age whose records are in an IIS system to 95 percent. In 2010, 82 percent (18.8 million) of children under six years of age had at least two recorded vaccinations in an IIS.

There is still room for improvement, and many IIS systems have been addressing barriers to participation, such as:

- Integration with electronic health records (EHR)
- Questions of data quality
- The use of IIS data

If your practice is considering participation in an IIS:

- Identify your IIS contacts at http://cdc.gov/vaccines/programs/iis/index.html or contact your state health department
- Learn about your state’s policies and legislation regarding IIS usage
- Determine if your EHR system can interface with HL7 standards and tools
- Ask for a demonstration. Many IIS systems provide training sessions at provider offices or at central locations

Contacting Care Management

The Care Management department is available to address inquiries about utilization management functions, such as inpatient admissions, denials, appeals and referrals (including Behavioral Health services), Monday through Friday, excluding holidays, from 8:15 a.m. to 4:15 p.m. EST. Please refer to the phone numbers on the member’s ID card.

Case Management services are available to help coordinate care, provide information on community resources and provide patient education. Call 800.258.3175 for more information.
Due to progressive loss of beta-cell function, many type 2 diabetes patients will require insulin therapy. Because primary care physicians (PCPs) provide care for most type 2 diabetics, education regarding insulin therapy should be initiated early in the course of treatment. However, many PCPs are hesitant to initiate insulin therapy.

Research has shown that maintaining good control (defined as an A1C of 7% or less) early in the disease course prevents diabetic complications later, including nerve, kidney, eye and heart disease. Patient concerns and misconceptions influencing their willingness to start insulin include:

- The association of insulin with complications, such as hemodialysis or amputation
- Fear of injections
- Fear of weight gain
- Feelings of personal failure if insulin is required

Deciding when to begin insulin therapy in patients with type 2 diabetes can be problematic. Studies demonstrate that providers often delay initiating insulin, with one study showing that less than one-half of patients with high A1C levels had intensification of their medications. A recent survey found that fewer than half of all physicians made any change in diabetes therapy even for patients with A1Cs over 9%.

Patient compliance with an insulin regimen is influenced by a number of factors, including:

- The number of daily injections
- Frequency of blood glucose checks
- Lifestyle limitations caused by insulin
- Cost

Education is the best way to promote acceptance of insulin treatment. At the time of diagnosis, patients should be informed that type 2 diabetes is progressive and that their treatment may have to be intensified, possibly including insulin. Compliance is enhanced when the patient feels better as a result of good glycemic control and understands that the likelihood of complications is reduced.

Sources:

Do You Delay Insulin Therapy in Type 2 Diabetics?

Do you have a comment or suggestion you would like to share with us? We are always interested in hearing from providers regarding our efforts to partner with you to provide the highest quality of care to our members. Contact the Clinical Quality Improvement (CQI) department at 800.586.4523, email us at ClinicalQuality@MedMutual.com, or write to us at the address listed to the right.
Antidepressant Use on the Rise

According to the Center for Disease Control and Prevention (CDC), about 11% of Americans aged 12 or older take antidepressants, including many who have not seen a mental health professional in the past year. A report by the CDC’s National Center for Health Statistics (NCHS) also says that the rate of antidepressant use in the U.S. has increased nearly 400% since 1988.

Key findings of the study include:

- 23% of women between 40 and 59 take antidepressants, more than in any other age-sex group.
- Females are 2.5 times more likely than males to take antidepressants, but there is no difference by sex in rates of use of antidepressants among people between 12 and 17.
- Antidepressant use does not vary by income status.
- From 2005 to 2008, antidepressant medication was the third most common prescription drug taken by Americans of all ages.
- Less than one third of Americans taking one antidepressant medication has seen a mental health professional in the last year.

Researchers say it is important for depressive symptoms to be treated and emphasis needs to be placed on increasing treatment rates among adults and children.

Figure 1. Percentage of person ages 12 and over who take antidepressant medication, by age and sex: Unites States, 2005-2008

<table>
<thead>
<tr>
<th></th>
<th>12 years and over</th>
<th>12-17</th>
<th>18-39</th>
<th>40-59</th>
<th>60 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>10.8</td>
<td>13.7</td>
<td>16.1</td>
<td>14.5</td>
<td>15.9</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Significantly different from age group 18-39.
2Significantly different from age groups 40-49 and 60 years and over.
3Significantly different from females.
4Significantly different from age group 60 years and over.

NOTE: Access data table fro Figure 1 at: [http://www.cdc.gov/nchs/data/databriefs/db76_tables.pdf#1](http://www.cdc.gov/nchs/data/databriefs/db76_tables.pdf#1)


References:
1. National Center for Health Statistics. Health, United States, 2010
New Gonorrhea Treatment Recommendations

All U.S. state governments require reporting a diagnosis of gonorrhea (Neisseria gonorrhoeae or N. gonorrhoeae) to the local and/or state Department of Health. In 2011, over 300,000 cases of gonorrhea were reported, rendering it the second most commonly reported infection. Gonorrhea can lower resistance to infection with HIV and is a major cause of pelvic inflammatory disease, ectopic pregnancy and infertility.

From penicillin in the 1940’s to fluoroquinolones in 2007, N. gonorrhoeae has shown a remarkable propensity to develop antimicrobial resistance. The “Gonococcal Isolate Surveillance Project” (GISP) studied urethral N. gonorrhoeae isolates collected in the U.S. during 2006-2011 and found evidence of declining cefixime susceptibility. Results of the GISP have prompted the Centers for Disease Control and Prevention (CDC) to update the recommendations for treatment.

The goals of treatment of patients with gonorrhea are to limit transmission, prevent complications and slow emergence of antimicrobial resistance. For uncomplicated urogenital, anorectal and pharyngeal gonococcal infection, treat with:

- **Combination therapy of ceftriaxone 250 mg in a single intramuscular dose** and
  - Azithromycin 1 gram orally as a single dose or
  - Doxycycline 100 mg orally twice daily for 7 days

**NOTE:** The CDC no longer considers cefixime a first-line drug for the treatment of gonorrhea due to increasing minimum drug concentrations required to inhibit growth, as well as treatment failures. If cefixime is used as an alternative agent, then the patient should return in one week for a test-of-cure at the site of infection.

For persistent infection after treatment (treatment failure) with the recommended combination therapy regimen:

- **Culture relevant clinical specimens and perform antimicrobial susceptibility testing of N. gonorrhoeae isolates.**
  - The laboratory should retain the isolate for possible further testing.
- **Consult an infectious disease specialist, a STD/HIV Prevention Training Center** ([www.nnptc.org](http://www.nnptc.org)) or the CDC (404.639.8659) for treatment advice, and report the case to the CDC within 24 hours of diagnosis.

For details, refer to:

CDC. Update to CDC’s Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections. MMWR 2012;61(31);590-594.
According to the CDC, obesity — defined as a Body Mass Index (BMI) ≥30 — continues to be a concern for all age groups in the United States. An adult with a BMI of 25.0 to 29.9 is considered overweight and an adult with a BMI over 30.0 is considered obese.\(^1\)

The most recent survey results from The National Health and Nutrition Examination Surveys (NHANES) indicate a non-statistically significant increase in the prevalence of obesity when compared to annual rates between 2004 and 2008.\(^2\) The last two measurement years are shown in the table below:

| Prevalence of Obesity (BMI ≥ 30) |
|-------------------------------|-------------------------|
| Gender | 2007-2008 | 2009-2010 |
| Men | 33.3% | 35.5% |
| Women | 33.5% | 35.8% |

\(^1\)Centers for Disease Control and Prevention. “Obesity and Overweight.” Updated April 27, 2012.


What can healthcare providers do to help?

Please document the following in the member’s medical record:
- Date of the BMI
- BMI value

Sharing the BMI value with our members may be the trigger to help them begin to make healthier diet and exercise choices. Please use the following codes when submitting claims for office visits when BMI is measured:

| Outpatient Visits Codes to Identify BMI |
|----------------------------------------|-------------------|
| CPT Codes | HCPS | ICD-9-CM Diagnosis | UB Revenue |
| 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 | G0402 | V85.0 – V85.5 | 051x, 0520-0523, 0526-0529, 0982, 0983 |

| Codes to Identify Pregnancy Exclusion |
|---------------------------------------|-------------------|
| ICD-9-CM Diagnosis | 630-679, V22, V23, V28 |

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the NCQA.
Clinical Practice Guidelines Additions and Updates

Medical Mutual has replaced our internally created COPD guidelines with Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD). This is a comprehensive 96 page evidence-based guideline for COPD management developed by the National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI) and the World Health Organization (WHO).

These NIH/NHLBI/WHO guidelines have been carefully reviewed by a panel of actively practicing, board certified Medical Mutual physician reviewers and can be found on Providers, Tools & Resources, Guidelines section of our website.

It is our hope that you will find this guide useful in your daily practice:

- Family Practice
- Internal Medicine
- General Practice
- Pulmonologists
- Geriatrics

Additional guidelines that can also be easily accessed from our provider website include:

- Alcohol Screening
- Asthma
- Attention Deficit/Hyperactivity Disorder
- Cardiology
- Cholesterol
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic, Non-Malignant Pain
- Continuity of Care Behavioral Health Provider
- Continuity of Care Medical Surgical Provider
- Diabetes
- Heart Failure
- Hypertension
- Low Back Pain
- Major Depression: Behavioral Health Provider
- Major Depression: Primary Care Physicians
- Preventive Care
- Tobacco Dependence

SuperWell® Disease and Maternity Management Program

To assist members that are pregnant or those diagnosed with certain chronic diseases, we are offering the SuperWell Disease and Maternity Management Program. In addition to maternity, this program is available for eligible members diagnosed with one or more of the following conditions:

- Heart failure
- Chronic obstructive pulmonary disease
- Diabetes
- Coronary artery disease
- Asthma
- Chronic pain conditions
- Depression

Because many of the above conditions coexist in the same individual, this program can provide the intensive support necessary to make your management more effective. Enrollment in the program provides structured education and support by specially trained Health Coaches. Patients benefit from routine monitoring, education on complication management and stresses the importance of following the prescribed treatment plan.

To enroll a patient into the SuperWell Disease and Maternity Management Program, call us at 800.861.4826.
New Cervical Cancer Screening Recommendations

Earlier this year, the U.S. Preventive Services Taskforce (USPSTF) issued new cervical cancer screening recommendations. At the same time, joint recommendations were issued by the American Cancer Society (ACS), the American Society for Colposcopy and Cervical Pathology (ASCCP) and the American Society for Clinical Pathology (ASCP).

For the most part, the two groups are in agreement as both recommend a screening with cytology (Pap test) be performed every three years in women ages 21-65. However, the USPSTF recommends that women ages 30-65 receive a Pap test every three years, but women “who want to lengthen the screening interval” may opt for a Pap test with HPV testing (co-testing) every five years.

The ACS/ASCCP/ASCP group indicated a preference for the co-testing, but also considers a Pap test every three years to be acceptable.

In December 2011, researchers in the Netherlands reported the results of a randomized controlled trial that evaluated cytology alone and cytology with HPV testing. The POPulation-BAsed SCreening study in AMsterdam (POBASCAM) evaluated over 40,000 women ages 29 to 56 who participated in cervical cancer screening between January 1999 and September 2002. The women received either cytology alone or cytology with HPV DNA testing. All women had cytology with HPV DNA testing five years later.

During the first set of screenings, more cases of cervical epithelial neoplasia (CIN) grade 2 were identified in the co-testing group. Detection of CIN grade 3 or higher did not differ significantly between the two groups. At the follow-up screening, there were significantly fewer CIN grade 3 or higher in the HPV DNA group. The researchers determined that implementation of HPV DNA testing in cervical cancer screening led to earlier detection of CIN grade 2, which improved protection against CIN grade 3 or higher and cervical cancer.

Practical challenges to compliance with these recommendations include keeping track of the five-year span between screenings. Medical Mutual encourages our female members to schedule an annual women’s wellness visit to address the need for age- or risk-related screenings, including, but not limited to, Chlamydia, breast or cervical cancer, blood pressure, lipid or fasting glucose.

Questions regarding benefit coverage for specific services or members should be directed to Provider Inquiry at 800.362.1279.
Formulary Changes

Our Pharmacy Quality Committee has approved the following formulary recommendations from Express Scripts’ independent Pharmacy and Therapeutics Committee. The recommended changes help ensure we deliver a formulary that is evidence-based and promotes safe, high-quality and cost-effective prescription medications.

Effective January 1, 2013, the following brand-name medications will become non-preferred drugs:

- Duac Gel® (clindamycin phosphate/benzoyl peroxide)
- Fragmin® (dalteparin)
- Noroxin® (norfloxacin)
- Synvisc®, Synvisc-One® (hylan GF-20)
- Avandamet® (rosiglitazone/metformin)
- Avandaryl® (rosiglitazone/glimepiride)
- Avandia® (rosiglitazone)
- Avodart® (dutasteride)
- Flovent Diskus®, Flovent HFA® (fluticasone)
- Fosamax® Solution (alendronate)
- Frova® (frovatriptan)
- Jalyn® (dutasteride/tamsulosin)
- Multaq® (dronedarone)
- Xopenex HFA® 45mcg Inhaler (levalbuterol)
- Picato® (ingenol mebutate)
- Lamictal IR® Starter Kit — Green, Blue, Orange (lamotrigine)

Express Scripts will send a 30-day pre-notification letter to any member who has filled a prescription for one of these medications within the past 120 days.

Letters will be specific to members who have either retail-only benefits or integrated mail and retail benefits and will explain the changes and include the names of alternative preferred formulary medications, both brand-name and generic. Using an alternative may help reduce a member’s out-of-pocket expense.

Visit our website at Provider.MedMutual.com and select Tools & Resources, Rx Benefit Management for additional information regarding the formulary, prior authorization, clinical services and pharmaceutical education.

Additional Reimbursement for OB Providers

As a reminder, we offer additional payments to obstetric providers performing certain prenatal and postpartum visits within specified time frames. Besides the global obstetrical payment, additional reimbursement is available for each of the services reflected by the following CPT Category II codes:

1. CPT Category II code 0500F* — Initial prenatal visit when it occurs within the first 12 weeks of pregnancy.

   *CPT Category II code 0500F is interchangeable with HCPCS code H1000. You may submit a claim for 0500F or H1000 on a one-time basis when our member is seen by you for an initial prenatal visit within the first 12 weeks of pregnancy.

2. CPT Category II code 0503F — One postpartum visit occurring between three and eight weeks (21 to 56 days) after delivery.

Please take advantage of this opportunity to receive additional compensation for timely prenatal and postpartum visits. Your patients should not incur additional expenses related to these codes as they are not subject to deductibles or coinsurance.

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>CPT Category II Code</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial prenatal visit: within first 12 weeks of</td>
<td>0500F or H1000</td>
<td>Eligible for reimbursement in addition to the</td>
</tr>
<tr>
<td>pregnancy</td>
<td></td>
<td>global obstetrical payment</td>
</tr>
<tr>
<td>One postpartum visit: occurring between 21 to 56</td>
<td>0503F</td>
<td>Eligible for reimbursement in addition to the</td>
</tr>
<tr>
<td>days after delivery</td>
<td></td>
<td>global obstetrical payment</td>
</tr>
</tbody>
</table>
We remain committed to supplying you with the programs, information and support needed to ensure the health and well-being of our members and the communities we serve. Access our website, Provider.MedMutual.com, for the following:

Select Providers for:
- Tools & Resources
- Products & Services
- Become a Network Provider
- Health & Wellness

Select Tools & Resources/Care Management/ Clinical Quality for:
- Mission
  - Quality Improvement Program Description
  - Quality Improvement Program Evaluation
  - Technology Assessment Program Description
  - Affirmation Statement
- Accessibility Standards
- Clinical Guidelines
- Medical Necessity Criteria
- Patient Safety
- Discharge Planning

Select Tools & Resources/Clinical Credentialing for:
- Office Site and Medical Record Documentation Standards
- Accessibility Standards
- Sample Forms and Policies

Select Tools & Resources/Contact Us for:
- Contacting the Care Management Department

Select Tools & Resources/Forms for:
- Online Provider Services
- Forms

Select Tools & Resources/Rx Benefit Management for:
- Prescription Formulary
- Pharmaceutical Education
- Prior Authorization
- Clinical Services
- Home Delivery Practices

Select Tools & Resources/Care Management/Corporate Medical Policies for:
- Medical Policies
- Predetermination
- Investigational Services

Select Tools & Resources/Newsletters & Bulletins for:
- Newsletters/Bulletins

Select Tools & Resources/Provider Manual for:
- Provider Manual

Select Health & Wellness/Disease and Maternity Management Program for:
- SuperWell Health Management Programs
Medical Spotlight

Assistance Available to Tobacco Users

Antidepressant Use on the Rise

Cervical Cancer Screening Recommendations

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