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First Things First

Community First Health Plans News

Summer/Fall 2011 | For Physicians & Providers

MEET CFHP'S NEW CEO/PRESIDENT



Greg Gieseman joined Community First Health Plans (CFHP) in January 2011 as President and Chief Executive Officer (CEO). He brings a wealth of health plan and managed care experience, and a strong commitment to the mission, vision and values of University Health System. Gieseman was selected from a field of highly-qualified finalists following a national search.

Over the past 17 years, Gieseman has gained valuable health plan, health delivery and benefit administration experience in for-profit and community-owned health payer and provider network organizations. He has amassed a strong track record for developing and implementing utilization management, reporting and reimbursement systems that improve both financial performance and consumer satisfaction.

Prior to joining Community First, Gieseman served as CEO for Select Health Network in South Bend, Indiana, owned by St. Joseph's Regional Medical Center.

NETWORK MANAGEMENT NEW EM@IL ADDRESS

You now have the ability to communicate directly with the CFHP Network Management department via their new e-mail address at nmcfhp@cfhp.com. A CFHP Network Management Representative will respond to your e-mail within two business days of your request.



Types of requests that should be sent to this e-mail address include, but are not limited to:

- Concerns regarding who your assigned representative is;
- General provider reimbursement/claims/authorization questions;
- Inquires about CFHP processes, procedures and protocols;
- And requests for training new staff members or providers.

Please continue to communicate with your assigned CFHP Network Management Representative any time you have a question/concern.

QUESTIONS?

Call Network Management at (210) 358-6200 or
1(800) 434-2347 or email nmcfhp@cfhp.com



CFHP PROVIDER OFFICE STAFF ADVISORY COMMITTEE

The CFHP Provider Office Staff Advisory Committee (POSAC) is a forum allowing communication between POSAC representatives and the health plan. POSAC is comprised of staff from various contracted provider offices. Provider specialties represented on the POSAC include primary care physicians, specialty care physicians, ancillary services and hospital providers. POSAC meetings are held on a quarterly basis at alternating locations.

POSAC representatives gather and discuss issues related to health plan operations and address identified problems such as service delivery and access to services. Other topics such as wellness promotion and the methods used to educate, encourage and increase community awareness of services available to beneficiaries are discussed.

The diversity of the provider types represented by POSAC facilitates a broad perspective of discussions, allowing issues to be addressed thoroughly.

The POSAC's current Chairman is Greg Mazick, RN, BSN, Pediatric Administrator at Restorative Healthcare. Greg recently summarized Restoratives' role, "As a pediatric home health provider, it is necessary to have coordination of care for Community First beneficiaries between the various provider types represented by POSAC members. The majority of pediatric home health referrals are physician and hospital-based and request nursing and therapy services for a pediatric population with Medicaid as the largest source of funding. Therefore, coordinating and communicating with physicians and the hospital discharge planners is necessary for obtaining orders, oversight, reporting, and procuring durable medical equipment and supplies for Community First beneficiaries. Coordination of equipment and supplies with the DME is often done through the home health agency."

If you would like more information about the POSAC committee, please contact your CFHP Network Management Representative.

MINORITY HEALTH

The month of April was National Minority Health Month. President Obama recently commented on this topic, saying the following: "By providing nutritious options and promoting healthy choices, we can reduce disparities among our youngest citizens and secure a safer, healthier future for all Americans."

Racial and ethnic minorities comprise a large proportion of the Medicaid population. Children make up approximately 64% of Texas' Medicaid population, and 17% of children and adolescents aged 2-19 years are obese. Please join the CFHP Disease Management Program in the effort to stamp out childhood obesity which disproportionately affects minority children.

As a physician, your effort in monitoring your pediatric and adolescent population's Body Mass Index (BMI) is a positive step in that direction. For your convenience, a pediatric BMI calculator can be found on the CFHP Provider Web site. When you have identified a CFHP patient's weight as unhealthy, the Disease Management Team will be happy to assist you with the coordination of their care. The team may be reached by calling (210) 358-6070 or 1 (800) 434-2347. Working together we can help our children secure a better future by preventing disease, promoting a healthier lifestyle choices, and risk reduction.

References: <http://minorityhealth.hhs.gov>, <http://www.cdc.gov/obesity/childhood/data.html> and <http://www.aap.org/advocacy>



INFORMATION ON NEW MEDICAID CARD

As of June 1st all Medicaid members will now utilize an identification card instead of the traditional paper letter (Form 3087) received monthly. As a provider, you will have the option of obtaining an electronic card reader or continue to use the current method to verify eligibility. CFHP currently offers online verification through Abovehealth.com at no cost to you. Eligibility can also be verified by simply calling CFHP Member Services Department at (210) 358-6060 or 1 (800) 434-2347. In addition to the mentioned verification options, you can also use the TMHP Web site at www.tmhp.com.

If you have any questions, please contact your CFHP Network Management Representative or email nmcfhp@cfhp.com.

NEW WEB PORTAL

Effective September 1st, CFHP will be migrating to a new web-based provider portal vendor. The new portal will provide the same functionality and ease as the current vendor. Additional information will be forthcoming from your CFHP Network Management representative. If you have any questions, please send an e-mail to nmcfhp@cfhp.com.

HEDIS 2011 MEDICAL RECORD REVIEW

As HEDIS 2011 comes to a close, we take this opportunity to **THANK YOU** and your office staff for your assistance with completing the Medical Record Review portion of HEDIS. We look forward to working with you next March to complete HEDIS 2012. Once again thank you for your participation and cooperation.

~The CFHP HEDIS Team

CERVICAL SCREENINGS NOT REQUIRED FOR TEXAS HEALTH STEPS MEDICAL CHECKUPS EFFECTIVE JUNE 1ST

As of June 1st, the cervical screening will no longer be a requirement of a Texas Health Steps medical checkup. The American College of Obstetricians and Gynecologists recommends that cervical screenings should begin at 21 years of age. For more information, call the Texas Medicaid Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

TEXAS HEALTH STEPS



Prior to September 1, 2010, CFHP set a 35% compliance rate as the threshold for Texas Health Steps checkups for our members. This

baseline information was disseminated to our Primary Care Providers (PCP's) by our Network Management representatives during office visits. In addition, PCP Orientation has also been utilized as an opportunity in which this information is consistently shared with providers.

As of September 1, 2010, PCP's are required to maintain a 70% compliance level with Texas Health Steps. We understand that this increase raises the responsibility of the PCP in scheduling and completing these visits to their assigned member panels. However, as a CFHP contracted provider, the commitment to ensure that all Medicaid children receive their checkups and are in line with preventive health guidelines is of highest priority.

In keeping with the medical home concept, PCP's are required to ensure that all Medicaid members under the age of 21 obtain at least one checkup per year, with multiple checkups due for members under 3 years of age.

Should a PCP have questions, please contact the CFHP Preventive Health Unit at (210) 358-6349.

ELECTRONIC FUNDS TRANSFER ENROLLMENT PROCESS

As of August 1st, CFHP will begin to offer providers the option to receive their payments through electronic funds transfer (EFT). The arrangement with Emdeon to deliver this service will require the provider to complete an enrollment process. There is no cost to the provider for enrolling in for this service.



Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system. Emdeon's product and service offerings integrate and automate key business and administrative functions of its payer and provider customers throughout the patient encounter. Through the use of Emdeon's comprehensive suite of products and services, which are designed to easily integrate with existing technology infrastructures, customers are able to improve efficiency, reduce costs, increase cash flow and more efficiently manage the complex revenue and payment cycle and clinical information exchange. Emdeon provides payer remittance data electronically via Emdeon Payment Manager – ePayment Edition. With Payment Manager – ePayment Edition, staff can quickly search, view or print each remittance as needed.

To enroll, simply follow the instructions outlined to begin the process.

New EFT Customers:

Option 1: Sign up online by visiting www.emdeon.com/eft.

Option 2: Go to www.emdeon.com/epayment to download the EFT enrollment form. Simply fax or mail in your completed form to start realizing the benefits of electronic payments and remittance advises.

Option 3: Contact Emdeon at 1-866-506-2830. Select option 1 to start your enrollment process.

Existing EFT Customers:

Existing Emdeon EFT customers who wish to add CFHP to their service, please call 1-866-506-2830 and select option 1. An Emdeon Enrollment Representative will assist you.

For more information, please contact your CFHP Network Management Representative or an Emdeon Enrollment Specialist.

NEW CHILD HEALTH CLINICAL RECORD FORMS



New child health clinical record forms are now available on the Texas Health Steps Web site at <http://www.dshs.state.tx.us/thsteps/childhealthrecords.shtm>. Changes made include a form for each age visit, from up to 5 days through 20 years. These forms are a good tool to ensure that all required components of a

Texas Health Steps medical checkup are completed and documented appropriately. While these forms are provided as part of the Texas Health Steps program, it is important to note that the Texas Health Steps periodicity schedule is based on the Recommendations for Preventive Pediatric Health Care as published by the American Academy of Pediatrics. These forms can be used for all pediatric patients to ensure comprehensive preventive health care. Also on the Web site are helpful instructions on how to complete the forms, which may serve as a useful training tool for you and your staff.

AcuEXCHANGE™

AcuExchange™ is a web-based application that gives physicians and other providers the ability to submit new authorization requests and check the status of requests submitted through AcuExchange. It works in conjunction with TCS Healthcare Technologies' Acuity Advanced Care™ Management Software System used by our CFHP nurse reviewer. Providers and CFHP reviewers are able to communicate with each other using AcuExchange and ACUITY™.

CFHP offers training sessions every Tuesday from 1 pm to 3 pm and Thursday from 9 am to 11 am. If you like more information regarding AcuExchange or are interested in registering for a training session, contact your CFHP Network Management Representative.



DIABETES: MAKING LIFESTYLE CHANGES

As a health professional you know that prevention is the first line of defense in the fight against diabetes. However, once a patient has been diagnosed it must be managed. An integral part of diabetes prevention and/or management is education. How you communicate with your patient will play an important role in the way in how that communication will be received, retained, utilized, and shared. Your patient must have a firm understanding of this disease and how it will affect not only them, but their family and their entire way of life. Education, along with communication, can be very powerful in assisting patients to make healthy lifestyle changes to live successfully with diabetes. However, this change will not be successful if it is not patient-centered. Please see the following tool as a guide to enhance communication with your patient.



STAGES OF CHANGE MODEL

STAGE OF CHANGE	TECHNIQUES
Pre-Contemplation - Not currently considering change. "Ignorance is bliss"	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: decision is theirs • Encourage re-evaluation of current behavior • Encourage self-exploration, not action • Explain and personalize the risk
Contemplation - Ambivalent about change: "Sitting on the fence"	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: decision is theirs • Encourage evaluation pros/cons of change • Identify & promote new/positive outcome expectations
Preparation - "Testing the waters" Planning to act	<ul style="list-style-type: none"> • Identify and assist in problem solving re: obstacles • Help patient identify social support • Verify that patient has underlying skills for behavior change
Action - Practicing new behavior for 3-6 months	<ul style="list-style-type: none"> • Focus on restructuring cues and social support • Bolster self-efficacy for dealing with obstacles • Combat feelings of loss and reiterate long-term benefits
Maintenance – Continued commitment to sustaining new behavior	<ul style="list-style-type: none"> • Plan for follow-up support • Reinforce internal rewards • Discuss coping with relapse
Relapse – Resumption of old behaviors: "Fall from grace"	<ul style="list-style-type: none"> • Evaluate trigger for relapse • Reassess motivation and barriers • Plan stronger coping strategies

References: <http://www.aafp.org/afp/20000301/1409.html> and http://www.cellinteractive.com/ucla/physician_ed/stages_change.html