PreferredOne®
UPDATE A Newsletter for PreferredOne Providers & Practitioners
February 2012

NCCN

John Frederick, MD

On April 1, 2012, PreferredOne will begin a new approach to improve the quality, effectiveness, and efficiency of care for our members needing oncology care.

The plan documents that govern the coverage for our members state that the proven benefit of cancer services is determined by the National Comprehensive Cancer Network (NCCN). NCCN is widely recognized by oncology providers to be the community standard of care for oncology. Therefore, PreferredOne has adopted the NCCN guidelines as its standard of care for oncology care. PreferredOne will not cover oncology services that are not consistent with the NCCN guidelines. The only exception to this coverage policy is if the services are part of a recognized collaborative clinical trial.

As of April 1, 2012, PreferredOne will require prior authorization for a number of oncology services. To ensure compliance with the NCCN guidelines, both chemotherapy and radiation therapy are included on the prior authorization list. The complete list of cancer therapies that require prior authorization will be available at www.PreferredOne.com.

To avoid having to prior authorize all services, PreferredOne will recognize qualifying oncology providers who have shown compliance with NCCN guidelines as Centers of Excellence (COEs). These groups will not be required to prior authorize their therapies but will be expected to bear the financial risk for treatments that are not recognized by NCCN.

Many contracted oncology providers do follow NCCN guidelines. PreferredOne has had discussion with a number of oncology groups and has received general acceptance and agreement. If you have any concerns please contact me, John Frederick, directly about this policy. My phone number is 763-847-3051. My e-mail is John.Frederick@PreferredOne.com.

Member Rights & Responsibilities

PrereferredOne's Member Rights and Responsibilities statement is attached (Exhibit A). PreferredOne believes observance of these rights will contribute to high quality patient care and appropriate utilization. It is expected that they will be supported by our providers as an integral part of the health care process for our members.

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Coding Update

New Genetic Testing Codes (Tier 1 & Tier 2 Molecular Pathology) CPT 81200-81408

Medicare announced it will not allow payment for the new Molecular Pathology Procedures Codes CPT 81200 – 81408 (genetic testing), putting Minnesota payers in a difficult situation when it comes to uniformity for submission of codes.

Medicare is instructing providers to report both series of codes and charges on the same claim. The first line with the new codes 81200-81408 and charges, and the second line with the old (but still valid) molecular pathology codes 83890-83914. This presents problems for commercial insurances, many involving duplicate payments and recouping overpayments.

PreferredOne is instructing providers to continue submitting the genetic stacking codes 83890-83914 with appropriate genetic testing modifiers for payment. If providers submit the new genetic codes to PreferredOne, those line items will deny to provider responsibility.

Screening Tools

Typical screening tools such as, but not limited to, the following are considered part of the Evaluation and Management service being performed and will be bundled into the payment of the reported E/M service.

- G0442 Annual alcohol screening
- G0443 Brief alcohol misuses counseling
- G0444 Depression screening
- G0447 Behavior counseling obsesity
- 96110 Developmental screening
- 99420 UC Administration & interpretation of health risk assessment/maternal depression screening
- 99406-07 Smoking counseling
- 99408-09 Alcohol screening

Additional Updates

- Attached (Exhibit B) is an updated policy for venipuncture/handling. We now follow Medicare.
- Hot packs are now a bundled service, also following Medicare.
- Car Seat Testing CPT 94780 (60 minutes)– 94781 (each additional full 30 minutes duration). This can only be reported under special circumstances. This type of event occurs in preterm or low birth weight infants, infants born with hypotonia, or infants who undergo congenital cardiac surgery. The infant is observed for a specified period of time (must be 60 to 120 minutes.). These codes include the recording and the report of findings.

Medical Policy Update

Medical Policy documents are available on the PreferredOne website to members and to providers without prior registration. The website address is www.PreferredOne.com. Click on Health Resources and choose Medical Policy from the menu.

The Behavioral Health, Chiropractic, Medical/Surgical, and Pharmacy and Therapeutics Quality Management Subcommittees approve new criteria sets and clinical policy bulletins for use in their respective areas of Integrated Healthcare Services. Quality Management Subcommittee approval is not required when there has been a decision to retire PreferredOne criterion or when Medical Polices are created or revised; approval by the Chief Medical Officer is required. Notification of these actions is taken to the Quality Management Subcommittees as informational only.

Since the last newsletter, the following quality management subcommittees have approved or been informed of new or retired criteria and policies, and additions to the investigational list.

Behavioral Health – Retired Criteria Set: MC/M008 Psychotherapy, Outpatient Treatment

Chiropractic – New Clinical Policy Bulletins

- CPB T001 Treatment Documentation
- CPB CMT01 Chiropractic Manipulative Therapy Documentation

Medical/Surgical – New Criteria

- MC/A006 Ventricular Assist Devices (VAD)
- MC/D001 Lower Limb (ankles, feet, knees, hips) Prosthesis
- MC/G007 Prophylactic Mastectomy and Oophorectomy
- MC/G011 Hyperbaric Oxygen Therapy
- MC/L009 Intensity Modulated Radiation Therapy (IMRT)
- MC/T007 Pancreas, PAK, and Autologous Islet Cell Transplant

Medical/Surgical – New Policy: MP/P011 Prenatal Testing

Additions to the Investigational/Experimental/Unproven Comparative Effectiveness List

- Acupuncture as treatment of major depressive disorder in absence of other diagnoses
- Hyperbaric oxygen therapy for treatment of chronic brain disorders, such as, but not limited to, cerebral palsy, chronic brain injury, multiple sclerosis and stroke
- Hyperbaric oxygen therapy for treatment of pervasive developmental disorders, such as, but not limited to, autism
- Intensity modulated radiation therapy of the rectum
- Topical hyperbaric oxygen therapy for treatment of wounds or ulcers

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Pharmacy Policy and Criteria

- New Criteria Set: PC/R004 Rituxan Prior Authorization
- New Policy: PP/R001 Review of Newly FDA-Approved Drugs and Clinical Indications

Remember to check the Pre-certification/Prior Authorization List posted on the website. The list can be found with the other Medical Policy Documents on the PreferredOne internet home page, under the Health Resources menu. The list will be fluid, as we see opportunities for impact, driven by, but not limited to, newly FDA-approved devices, technologies, or changes in standard of care. Please check the list regularly for revisions.

See the Pharmacy section of the Newsletter for Pharmacy policy and criteria information.

The attached documents (Exhibits C-G) include the latest Chiropractic, Medical (includes Behavioral) and Pharmacy Policy and Criteria indices. Please add these documents to the Utilization Management section of your Office Procedures Manual. For the most current version of the policy and criteria documents, please access the Medical Policy option on the PreferredOne website.

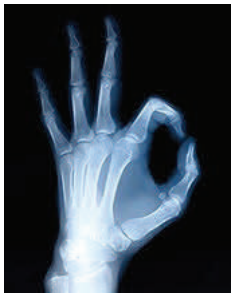
If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy department telephonically at (763) 847-3386 or on line at Heather.Hartwig-Caulley@PreferredOne.com

Affirmative Statement About Incentives

PreferredOne does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization. Utilization management decision making is based only on appropriateness of care and service and existence of coverage.

Quality Management Update

Clinical Practice Guidelines



PreferredOne promotes clinical practice guidelines to increase the knowledge of both our members and contracted providers about best practices for safe, effective and appropriate care. Although PreferredOne endorses all of ICSI's guidelines, it has chosen to adopt several of them and monitor their performance within its network (Exhibit H). The guidelines that PreferredOne has adopted are clinical guidelines for Coronary Artery Disease, Asthma, Major Depression in Adults and Diagnosis, and Management of ADHD. The performance of these guidelines by our network practitioners will be monitored using HEDIS measurement data. All of the ICSI guidelines that we have adopted can be found on ICSI's website at www.icsi.org.

Narcotics Registry for ER usage

Due to the success of our Migraine Headache Management Program, PreferredOne continues to educate our member population in seeking medical care from a headache specialist or a primary care practitioner in an attempt to reduce emergency room/urgent care visits and medication overutilization. Our Quality Management Committee has recommended that hospital emergency department staff check the state narcotics registry in an attempt to reduce narcotic overutilization for recurrent patients.

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Blood Pressure Readings for Controlling High Blood Pressure

In 2012 PreferredOne will be focusing on a quality improvement initiative to control high blood pressure among our members diagnosed with hypertension. Controlling blood pressure is a HEDIS measurement specified by NCQA and is also reported by Minnesota Community Measurement. We value this project and deem it important to our members because hypertension is the most treatable form of cardiovascular disease and medication compliance is a significant factor that contributes to the overall success of treatment. PreferredOne will be providing medication adherence education to members diagnosed with hypertension. As part of this initiative in 2012, we are asking for providers' assistance by conducting a second reading of your patient's blood pressure if it is high on the initial reading and ensuring that the patient's medical record reflects both of the measurements taken.

Update on HEDIS Technical Specifications

HEDIS measures are nationally used by all accredited health plans and PreferredOne also has an obligation to the Minnesota Department of Health to collect HEDIS data on an annual basis. Two new measures for 2012 are Human Papillomavirus Vaccine for Female Adolescents and Medication Management for People with Asthma. Also, as a reminder, PreferredOne's HEDIS medical record review vendor will be contacting clinics in the coming weeks to coordinate medical record review for PreferredOne members seen at your clinics.

Medical Record Documentation Policy

Please see attachment (Exhibit I) for our Medical Record Documentation Policy.

Minnesota Community Measurement - Release of the 2011 Health Care Quality Report

Minnesota Community Measurement (MNCM) is collaboration among health plans and provider groups designed to improve the quality of medical care in Minnesota. MNCM's mission is to accelerate the improvement of health by publicly reporting health care information. MNCM has three goals:

Reporting the results of health care quality improvement efforts in a fair and reliable way to medical groups, regulators, purchasers and consumers.

Providing resources to providers and consumers to improve care.

Increasing the efficiencies of health care reporting in order to use our health care dollars wisely.

PreferredOne is one of seven founding health plan members of MNCM. The state medical association, medical groups, consumers, businesses and health plans are all represented on the organization's board of directors. Data is supplied by participating health plans on an annual basis for use in developing their annual Health Care Quality Report.

MNCM released their 2011 Health Care Quality Report on their website during the first quarter of 2012. The 2011 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care. One of the primary objectives of this report is to provide information to support provider group quality improvement. Provider groups will find this report useful to improve health care systems for better patient care. Sharing results with the public provides recognition for provider groups that are doing a good job now and motivates other groups to work harder. The report will allow provider groups to track their progress from year-to-year and to set and measure goals for future health care initiatives. The MNCM website also provides consumers with information regarding their role as active participants in their own care. Visit the MNCM website site to view the 2011 annual report at *www.mncm.org*.

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Quality Management (QM) Program

The mission of the QM Program is to identify and act on opportunities that improve the quality, safety and value of care provided to PreferredOne members, both independently and/or collaboratively, with contracted practitioners and community efforts, and also improve service provided to PreferredOne members and other customers.

PreferredOne's member and physician website will be updated in the near future to offer the following program documents:

- 2012 PreferredOne QM Program Description, Executive Summary
- 2011Year-End QM Program Evaluation, Executive Summary

To access these documents, log into the Provider site, and then click on the Quality Management Program link under the Information heading.

If you would like to request a paper copy of either of these documents please contact Heather Clark at 763-847-3562 or e-mail us at *quality@preferredone.com*.

HEDIS Data

We would like to thank all of our provider groups for their cooperation and collaboration during our recent HEDIS medical record review process. We realize that this process is burdensome to clinics and staff and appreciate your willingness in working with our vendor to ensure our HEDIS results for 2012 are accurate. Thank you!

Exhibit A

PreferredOne Member Rights & Responsibilities

As a PreferredOne member, you have the following rights and responsibilities:

1. A **right** to receive information about PreferredOne, its services, its participating providers and your member rights and responsibilities.

2. A **right** to be treated with respect and recognition of your dignity and right to privacy.

3. A **right** to available and accessible services, including emergency services, 24 hours a day, 7 days a week.

4. A **right** to be informed of your health problems and to receive information regarding treatment alternatives and risks that are sufficient to assure informed choice.

5. A **right** to participate with providers in making decisions about your health care.

6. A **right** to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

7. A **right** to refuse treatment recommended by PreferredOne participating providers.

8. A **right** to privacy of medical, dental and financial records maintained by PreferredOne and its participating providers in accordance with existing law.

9. A **right** to voice complaints and/or appeals about PreferredOne policies and procedures or care provided by participating providers.

10. A **right** to file a complaint with PCHP and the Commissioner of Health and to initiate a legal proceeding when experiencing a problem with PCHP or its participating providers. For information, contact the Minnesota Department of Health at 651.201.5100 or 1.800.657.3916 and request information.

11. A **right** to make recommendations regarding PreferredOne's member rights and responsibilities policies.

12. A **responsibility** to supply information (to the extent possible) that PreferredOne participating providers need in order to provide care.

13. A **responsibility** to supply information (to the extent possible) that PreferredOne requires for health plan processes such as enrollment, claims payment and benefit management.

14. A **responsibility** to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

15. A **responsibility** to follow plans and instructions for care that you have agreed on with your participating providers.

Exhibit B

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE:**	
POLICY DESCRIPTION:	Venipuncture and Specimen Handling		
EFFECTIVE DATE:	01/01/2012		
PAGE:	1 of 1	**REPLACES POLICY DATED:**	2/1/03
REFERENCE NUMBER:	P-8	**RETIRED DATE:**	

SCOPE: Network Management, Claims, Customer Service, Sales and Finance

PURPOSE: To recommend reimbursement for venipuncture

POLICY: PreferredOne will recommend reimbursement for venipuncture

Venipuncture is coded using either CPT-4 code 36415 or HCPCS Level II code G0001,

PreferredOne does not recommend separate reimbursement for finger, heal or ear sticks CPT 36416 nor for specimen handling CPT 99000

PROCEDURE:

1. Venipuncture charges will be paid for samples analyzed within the office

   Venipuncture charges include any further preparation of that specimen and any administrative charges necessary for its submission to the laboratory for analysis.

2. Only one venipuncture is allowed for each patient encounter, regardless of the number of specimens drawn.
3. The reference laboratory cannot bill for handling charges.
4. The reference laboratory can not bill for venipuncture charges unless the blood was drawn by reference lab staff rather than a provider clinic
5. No separate room charges should be billed for blood draws
6. No separate reimbursement will be made for handling charges CPT 99000

DEFINITIONS:

REFERENCES:

Exhibit C

Chiropractic Policies

Reference #	Description
001	**Use of Hot and Cold Packs**
002	**Plain Films Within the first 30 days of Care** ***Revised***
003	**Passive Treatment Therapies beyond 6 Weeks**
004	**Experimental, Investigational, or Unproven Services** ***Revised***
006	**Active Care**
007	**Acute and Chronic Pain**
009	**Recordkeeping and Documentation Standards**
010	**CPT Code 97140**
011	**Infant Care - Chiropractic**
012	**Measureable Progressive Improvement - Chiropractic**
013	**Chiropractic Manipulative Therapy Recommendation** ***New***
014	**Treatment Plan Documentation** ***New***

Exhibit D

Medical Criteria

Reference #	Category	Description
A006	Cardiac/Thoracic	**Ventricular Assist Devices (VAD)** ***New***
B002	Dental and Oral Maxillofacial	**Orthognathic Surgery**
C007	Eye, Ear, Nose, and Throat	**Surgical Treatment of Obstructive Sleep Apnea**
D001	DME	**Lower Limb (Ankles, Feet, Knees, Hips) Prosthesis** ***New***
F021	Orthopaedic/Musculoskeletal	**Bone Growth Stimulators (Osteogenic): Electrical/Electromagnetic and Ultrasonic**
F022	Orthopaedic/Musculoskeletal	**Cervical Disc Arthroplasty (Artificial Cervical Disc)**
F024	Orthopaedic/Musculoskeletal	**Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Neck and Back**
G001	Skin and Integumentary	**Eyelid and Brow Surgery (Blepharoplasty & Ptosis Repair)**
G002	Skin and Integumentary	**Breast Reduction Surgery**
G003	Skin and Integumentary	**Excision Redundant Tissue**
G004	Skin and Integumentary	**Breast Reconstruction**
G007	Skin and Integumentary	**Prophylactic Mastectomy** ***New***
G008	Skin and Integumentary	**Hyperhidrosis Surgery**
G010	Skin and Integumentary	**Lipoma Removal**
G011	Skin and Integumentary	**Hyperbaric Oxygen Therapy** ***New***
H003	Gastrointestinal/Nutritional	**Bariatric Surgery** ***Revised***
L008	Diagnostic	**Continuous Glucose Monitoring Systems for Long Term Use** ***Revised***
L009	Diagnostic	**Intensity Modulated Radiation Therapy (IMRT)** ***New***
L010	Diagnostic	**Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes and BRCAnalysis Rearrangement Testing (BART)**
L011		**Insulin Infusion Pump**
M001	BH/Substance Related Disorders	**Mental Health Disorders: Inpatient Treatment**
M004	BH/Substance Related Disorders	**Mental Health Disorders: Day Treatment Program**
M005	BH/Substance Related Disorders	**Eating Disorders-Level of Care Criteria**
M006	BH/Substance Related Disorders	**Mental Health Disorders: Partial Hospital Program (PHP)**

M007	BH/Substance Related Disorders	**Mental Health Disorders: Residential Treatment**
M009	BH/Substance Related Disorders	**Chronic Pain: Outpatient Program**
M010	BH/Substance Related Disorders	**Substance Related Disorders: Inpatient Primary Treatment**
M014	BH/Substance Related Disorders	**Detoxification: Inpatient Treatment**
M020	BH/Substance Related Disorders	**Pervasive Developmental Disorders in Children: Evaluation and Treatment** ***Revised***
M022	MH/Substance Related Disorders	**Mental Health Disorders: Residential Crisis Stabilization Services (CSS)**
M023	MH/Substance Related Disorders	**Mental Health Disorders : Intensive Residential Treatment Services (IRTS)**
N003	Rehabilitation	**Occupational and Physical Therapy: Outpatient Setting**
N004	Rehabilitation	**Speech Therapy: Outpatient**
N005	Rehabilitation	**Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers**
N006	Rehabilitation	**Acupuncture** ***Revised***
T002	Transplant	**Kidney, SPK, SPLK Transplant** ***Revised***
T003	Transplant	**Heart Transplant**
T007	Transplant	**Pancreas, PAK, and Autologous Islet Cell Transplant** ***New***

Exhibit E

Medical Policy

Reference #	Description
A003	**Amino Acid Based Elemental Formula (AABF)** ***Revised***
C001	**Court Ordered Mental Health Services** ***Revised***
C002	**Cosmetic Treatments** ***Revised***
C003	**Criteria Management and Application**
C008	**Oncology Clinical Trials, Covered / Non-covered Services**
C009	**Coverage Determination Guidelines**
C011	**Court Ordered Substance Related Disorder Services**
D004	**Durable Medical Equipment, Orthotics, Prosthetics and Supplies**
D005	**Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism** ***Revised***
D007	**Handicapped Dependent Eligibility**
D008	**Dressing Supplies**
G001	**Genetic Testing**
G002	**Gender Reassignment** ***Revised***
H005	**Home Health Care (HHC)** ***Revised***
H006	**Hearing Devices** ***Revised***
I001	**Investigational/Experimental Services**
I002	**Infertility Treatment**
I003	**Routine Preventive Immunizations** ***Revised***
L001	**Laboratory Tests**
N002	**Nutritional Counseling**
P008	**Medical Policy Document Management and Application** ***Revised***
P009	**Preventive Screening Tests**
P010	**Narrow-band UVB Phototherapy (non-laser) for Psoriasis**
P011	**Prenatal Testing** ***New***
R002	**Reconstructive Surgery**
R003	**Acute Rehabilitation Facilities** ***Revised***
S008	**Scar Revision**
S011	**Skilled Nursing Facilities** ***Revised***
T002	**Transition of Care - Continuity of Care**
T004	**Therapeutic Pass**
W001	**Physician Directed Weight Loss Programs**

Exhibit F

Pharmacy Criteria

Reference #	Description
A003	**Combination Beta-2 Agonist/Corticosteroid Inhalers Step Therapy**
A004	**Antihistamines Step Therapy**
A005	**Antidepressants Step Therapy**
A008	**Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) Medications Step Therapy**
A009	**Alpha Blockers for Benign Prostatic Hypertrophy (BPH) Step Therapy** ***New***
B003	**Botulinum Toxin**
B004	**Biologics for Rheumatoid Arthritis**
B005	**Biologics for Plaque Psoriasis**
B006	**Biologics for Crohn's Disease**
B009	**Osteoporosis Prevention and Treatment Medications**
B010	**Biologics for Juvenile Rheumatoid Arthritis**
B011	**Biologics for Psoriatic Arthritis**
B012	**Biologics for Ankylosing Spondylitis**
B013	**Biologics for Ulcerative Colitis** ***Revised***
C002	**Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy (Celebrex)**
C003	**Topical Corticosteroids Step Therapy**
D003	**Diabetic Medication Step Therapy**
E001	**Erectile Dysfunction Medications**
F001	**Fenofibrate Step Therapy**
G001	**Growth Hormone Therapy**
H001	**HMG - CoA Reductase Inhibitor Step Therapy**
I001	**Topical Immunomodulators Step Therapy: Elidel & Protopic**
I002	**Immune Globulin Therapy (IVIG)** ***Revised***
L002	**Leukotriene Pathway Inhibitors Step Therapy**
L003	**Gabapentin Step Therapy**
M001	**Multiple Sclerosis Medications**
N002	**Nasal Corticosteroids Step Therapy**
O001	**Overactive Bladder Medication Step Therapy**
P001	**Proton Pump Inhibitor (PPI) Step Therapy**
R003	**Topical Retinoid Medications Step Therapy**
R004	**Rituxan Prior Authorization** ***New***
S003	**Sedative Hypnotics Step Therapy**

T002	**Tramadol Step Therapy**
T003	**Topical Testosterone Prior Authorization** ***New***
V001	**Vascular Endothelial Growth Factor Antagonists for Intravitreal Use**
W001	**Weight Loss Medications**

Exhibit G

Pharmacy Policies

Reference #	Description
B001	**Backdating of Prior Authorizations** ***Revised***
C001	**Coordination of Benefits** ***Revised***
C002	**Cost Benefit Program** ***Revised***
F001	**Formulary and Co-Pay Overrides**
O001	**Off-Label Drug Use**
P001	**Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist** ***Revised***
Q001	**Quantity Limits per Prescription per Copayment**
R001	**Review of Newly FDA-Approved Drugs and Clinical Indications** ***New***
S001	**Step Therapy**

Exhibit H

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Department of Origin: Quality Management	**Approved by:** Quality Management Committee	**Date approved:** 7/14/11
Department(s) Affected: Quality Management, Network Management	**Effective Date:** 7/14/11	
Procedure Description: Clinical Practice Guidelines	**Replaces Effective Procedure Dated:** 7/14/10	
Reference #: QM/C003	**Page:** 1 of 2	

PRODUCT APPLICATION:

- ☒ PreferredOne Community Health Plan (PCHP)
- ☐ PreferredOne Administrative Services, Inc. (PAS)
- ☐ PreferredOne (PPO)
- ☐ PreferredOne Insurance Company (PIC)

BACKGROUND:

PreferredOne adopted four of the Institute of Clinical Systems Improvement (ICSI) guidelines. Clinicians from ICSI member medical organizations survey scientific literature and draft health care guidelines based on the best available evidence. These guidelines are subjected to an intensive review process that involves physicians and other health care professionals from ICSI member organizations before they are made available for general use. More than 50 guidelines for the prevention or treatment of specific health conditions have been developed and are updated annually.

PreferredOne adopts the guidelines listed below for distribution in the contracted networks and performance measurement.

PROCEDURE:

I. PreferredOne adopts the following ICSI guidelines and supports implementation within its provider network:

A. Coronary Artery Disease, Stable
B. Asthma, Diagnosis and Outpatient Management of
C. Major Depression in Adults in Primary Care
D. Diagnosis and Management of ADHD

II. Distribution and Update of Guidelines

A. PreferredOne's adopted guidelines are distributed via the provider newsletter to the contracted network and posted on the PreferredOne Web site. Adopted guidelines are always available upon request.
B. Guidelines are reviewed approximately every 18 months following publication to reevaluate scientific literature and to incorporate suggestions provided by medical groups who are members of ICSI. The ICSI workgroup revises the guideline to incorporate the improvements needed to ensure the best possible quality of care. When guidelines are revised PreferredOne will send out the updated guideline(s) to all practitioners via the provider newsletter.
C. On an annual basis, practitioners are notified that all guidelines are available at *www.icsi.org*

III. Performance Measurement - baseline assessment for the initial adoption of the guidelines was conducted in fall of 2007, first network assessment report available in June 2008. Annual assessment to be conducted on an ongoing basis. The ICSI guidelines provide the basis for measurement and monitoring of clinical indicators and quality improvement initiatives. The annual measures that will be used to assess performance for each clinical guideline adopted are as follows:

A. Coronary Artery Disease
1. Optimal Vascular Care Measure (Minnesota Community Measurement measure)
This measure examines the percentage of patients, ages 18-75, with coronary artery disease who reached all of the following four treatment goals to reduce cardiovascular risk:
• Blood pressure less than 130/80 mmHg
• LDL-C less than 100 mg/dl
• Daily aspirin use

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Department of Origin: Quality Management	**Approved by:** Quality Management Committee	**Date approved:** 7/14/11
Department(s) Affected: Quality Management, Network Management	**Effective Date:** 7/14/11	
Procedure Description: Clinical Practice Guidelines	**Replaces Effective Procedure Dated:** 7/14/10	
Reference #: QM/C003	**Page:** 2 of 2	

• Documented tobacco-free status

2. Cholesterol management after acute cardiovascular event (HEDIS technical specifications)

B. Asthma, Diagnosis and Outpatient Management of
   1. Percentage of patients with persistent asthma who are on inhaled corticosteroid medication (HEDIS technical specifications)
   2. Asthma action plan developed (PreferredOne Chronic Illness Management outcome measure)

C. Major Depression in Adults in Primary Care
   1. Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks) (HEDIS technical specifications)
   2. Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months) (HEDIS technical specifications)

D. Diagnosis and Management of ADHD Initiation Phase
   1. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase (HEDIS technical specifications)
   2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended (HEDIS technical specifications)

IV. PreferredOne has utilized the ICSI's practice guidelines as the clinical basis for its chronic illness management programs for CAD and Asthma and will ensure program materials are consistent with the practice guidelines.

ATTACHMENTS:
ICSI Program Description

REFERENCES:
20011 NCQA Standards and Guidelines for the Accreditation of Health Plans
- QI 9 Clinical Practice Guidelines
- QI 8 Disease Management

DOCUMENT HISTORY:

Created Date: 1/24/06
Reviewed Date: 7/14/11
Revised Date: 4/10/08, 7/10/08, 7/9/09, 7/14/10, 7/14/11

Exhibit I

PreferredOne®

Department of Origin: Quality Management	**Approved by:** Quality Management Committee	**Date approved:** 7/9/09
Department(s) Affected: Quality Management, Network Management	**Effective Date:** 7/9/09	
Procedure Description: Medical Record Documentation Guidelines	**Replaces Effective Procedure Dated:** 10/09/08	
Reference #: QM/M001	**Page:** 1 of 2	

PRODUCT APPLICATION:
☒ PreferredOne Community Health Plan (PCHP)
☒ PreferredOne Administrative Services, Inc. (PAS)
☒ PreferredOne (PPO)
☒ PreferredOne Insurance Company (PIC)

BACKGROUND:
PreferredOne requires medical records to be maintained in a manner that is complete, current, detailed and organized, and permit effective and confidential patient care and quality review.

The medical record for each PreferredOne member, whether paper or electronic, should be an organized, consistent record that accurately communicates information required to render timely, comprehensive medical care.

PROCEDURE:

PreferredOne member health records must be maintained according to all of the following:

I. The medical record must include all the following:

A. For paper records, all pages must contain patient identifier (name or ID#)

B. All record entries must:

1. Be dated; and

2. Must be legible

C. All medical record documentation must include:

1. Patient specific demographic data (address, telephone number(s) and date of birth)

2. A completed problem list that indicates significant illnesses and medical conditions for patient seen three or more times in one year

3. A medication list if applicable, or a note of no medications

4. Medication allergies and other allergies with adverse reactions prominently noted in the record, or documentation of no known allergies (NKA) or no history of adverse reaction appropriately noted

5. Past medical history is identified and includes a review of serious accidents, surgical procedures and illnesses if the patient has been seen three or more times (for children and adolescents, 18 years and younger, past medical history relates to prenatal care, birth, operations and childhood illnesses)

6. Current or history of "use" or "non-use" of cigarettes, alcohol and other habitual substances is present when age appropriate

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7. Continuity and coordination of care between the primary care practitioner and consultants as evidenced by consultant's written report or notation of verbal follow-up in the record's notes if consultations are ordered for the member (if applicable)

8. An immunization record/history

9. Evidence that treatment plans are consistent with diagnoses and notes indicating the specific time for return/follow-up in weeks, months, or "as needed" if the member requires follow-up care or return visits

II. Medical records must be stored in a manner that allows easy retrieval and in a secure area that is inaccessible to unauthorized individuals.

III. Clinic has written policies for:

A. Documented standards for an organized medical record keeping system

B. Confidentiality, release of information and advanced directives

C. Chart availability including between practice sites (if applicable)

D. Reviewing test/lab results and communicating results to patient.

IV. Compliance with medical record organization and documentation requirement policies will be monitored as follows:

A. Chart audits will occur in coordination with HEDIS data collection on a yearly basis. A maximum of 10 charts per clinic will be reviewed for documentation completeness.

B. Clinics surveyed that do not meet an overall rate of 80 percent of the above record keeping requirements (based on the total number of charts reviewed) will be notified of their deficiencies and a corrective action plan will be requested from the clinic addressing how they will conform to the above guidelines with follow-up measurement performed the following year.

REFERENCES:

- 2009 NCQA Standards and Guidelines for the Accreditation of Health Plans, QI 12 Standards for Medical Record Documentation
- Minnesota State Statue 4685.1110, Subp. 13

DOCUMENT HISTORY:

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