

# PreferredOne®

## UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

June 2011

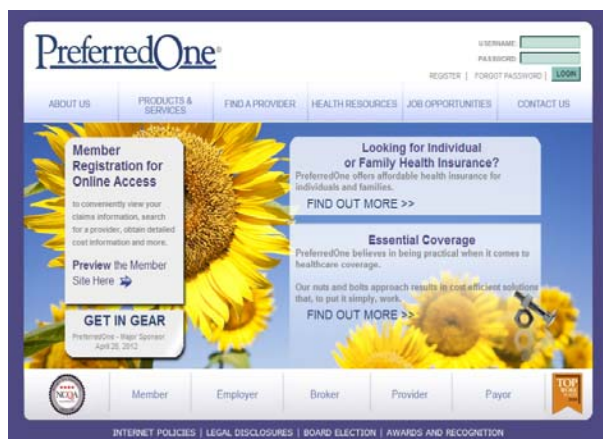
### You Are Invited to the Fall 2011 PreferredOne Provider Forum

We are pleased to invite PreferredOne Providers to visit us here at PreferredOne for a **Provider Forum** and continental breakfast on **Wednesday, September 14, 2011**. Sign-in from 7-7:30 a.m./Program from 7:30-8:30 a.m. To RSVP, please visit [www.PreferredOne.com](http://www.PreferredOne.com), click on “Providers” in the menu bar on the bottom of the home page. Once in the Login/Registration page, click on “2011 PreferredOne Provider Forum RSVP” and submit your email address by September 1, 2011 or simply click [HERE](#) to be taken directly to the page.

This is a great opportunity for you to hear the PreferredOne updates, learn about our members, get the first look at new policies, and give input on upcoming issues. This Forum will keep you current and up to date with all that is happening at PreferredOne in this ever-changing health care industry. We will have a special Q & A session to hear your feedback and answer any questions you might have for us. We hope to see you here!

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### New Look to the PreferredOne Website



As you may have noticed, we’ve recently enhanced the look of the PreferredOne Provider website. The functionality has not changed and all of the information is still in the same place, we’ve just given our website a new and updated look. We will continue to look for ways to improve our website and will keep you posted on any future changes.

### Happenings at PreferredOne

John Frederick, MD

Recently CMS came out with their first set of proposed rules for their ACO (accountable care organization) model. Like everything else in health care, when CMS comes out with a position, it catches everyone's attention. Ultimately all providers will be impacted by the final ACO regulations. I will not try to review the recommendations, but the information is available on the CMS website and there are many reviews in the medical press. All providers need to consider how they fit and what they need to thrive under these types of new rules. *Page 2...*

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The PreferredOne staff, housed in Golden Valley, has been providing disease management (DM) services for PreferredOne members for over one year. A few employers still have their own direct contacts with outside DM vendors, but the only service that is not provided by PreferredOne staff is the management of rare and serious diseases such as SLE and Crohn's disease, which is provided by Accordant. This in-house activity allows PreferredOne to provide more direct information to clinicians about their PreferredOne members. You may be contacted by my staff with clinical information about your PreferredOne patients. I would appreciate any feedback from clinicians on the information and advice on how to make it more useable in patient care.

John Frederick, MD

CMO, PreferredOne

763-847-3051

### **No More Paper Remittance Advices for Minnesota Providers**



**Effective April 2011**, PreferredOne will no longer print and mail remittance advices to Minnesota providers.

PreferredOne encourages providers to view their remittance advices electronically by logging onto [www.PreferredOne.com](http://www.PreferredOne.com) or by contacting their clearinghouse.

If you have any questions, please contact your provider relations representative.

### **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](http://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 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 Policies are created or revised; approval by the Chief Medical Officer is required. Notification of these actions is brought to the Quality Management Subcommittees as informational only.

**Since the last newsletter, the Behavioral Health Quality Management Subcommittee has approved or been informed of the following:**

Two new Behavioral Health criteria sets

- MC/M022 Mental Health Disorders: Residential Crisis Stabilization Services (CSS)
- MC/M023 Mental Health Disorders: Intensive Residential Treatment Services (IRTS)

One retired Behavioral Health criteria set

- MC/M021 Vagus/Vagal Nerve Stimulation for Treatment Resistant Depression and Bipolar Depression

Prior authorization is still required for this treatment but due to lack of requests, the criteria will no longer be maintained. *Page 3...*

## *Medical Management*

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If a request is received for this, medical necessity determination will be based upon expertise and experience of the provider, current peer-reviewed literature and medical society/specialty positions.

**Since the last newsletter, the Chiropractic Quality Management Subcommittee has approved or been informed of the following:**

- No new Chiropractic criteria sets or policies

**Since the last newsletter, the Medical/Surgical Quality Management Subcommittee has approved or been informed the following:**

- No new or retired Medical/Surgical criteria sets

Three new Medical/Surgical policies were created

- MP/G002 Gender Reassignment
- MP/L001 Laboratory Tests
- MP/M001 Medical Testing During Pregnancy

- No additions or deletions to the Investigational/Unproven Comparative Effectiveness List

Remember to check the Precertification/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 drop down menu. The list will be fluid, as we see opportunities for impact; driven by changes in standard of care, etc. Please check the list regularly for revisions.

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

The attached (**Exhibits A-E**) documents include the latest Chiropractic, Medical 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](mailto:Heather.Hartwig-Caulley@PreferredOne.com)

### **Pharmacy Policy Update**

Since the last newsletter, the Pharmacy and Therapeutics Subcommittee has been informed of the following:

- No new Pharmacy criteria were developed
- No Pharmacy criteria were retired
- No new Pharmacy Policies were created or retired
- No additions or deletions to the Pharmacy Investigational/Unproven Comparative Effectiveness List



### **Quality Management Update**

#### **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 underutilization. Utilization management decision making is based only on the appropriateness of care and service and existence of coverage.

#### **Minnesota Community Measurement - Release of the 2010 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 2010 Health Care Quality Report on their website during the first quarter of 2011. The 2010 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 2010 annual report at [www.mncm.org](http://www.mncm.org).

#### **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:

- 2011 PreferredOne QM Program Description, Executive Summary
- 2010Year-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](mailto:Quality@PreferredOne.com).

**Chiropractic Policies Table of Contents**

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

## Medical Criteria Table of Contents

Reference #	Category	Description
B002	Dental and Oral Maxillofacial	<b>Orthognathic Surgery</b>
C008	Eye, Ear, Nose, and Throat	<b>Strabismus Repair (Adult)</b>
F022	Orthopaedic/Musculoskeletal	<b>Cervical Disc Arthroplasty (Artificial Cervical Disc)</b>
F024	Orthopaedic/Musculoskeletal	<b>Radiofrequency Ablation Neck and Back</b>
G001	Skin and Integumentary	<b>Eyelid and Brow Surgery (Blepharoplasty &amp; Ptosis Repair)</b>
G002	Skin and Integumentary	<b>Breast Reduction Surgery</b>
G003	Skin and Integumentary	<b>Excision Redundant Tissue</b>
G004	Skin and Integumentary	<b>Breast Reconstruction</b>
G008	Skin and Integumentary	<b>Hyperhidrosis Surgery</b>
G010	Skin and Integumentary	<b>Lipoma Removal</b>
H003	Gastrointestinal/Nutritional	<b>Bariatric Surgery</b>
L010	Diagnostic	<b>Breast or Ovarian Cancer, Hereditary -BRCA1 and BRCA2 Genes and BRCA Analysis Rearrangement Testing (BART)</b>
M001	BH/Substance Related Disorders	<b>Mental Health Disorders: Inpatient Treatment <i>Revised</i></b>
M004	BH/Substance Related Disorders	<b>Mental Health Disorders: Day Treatment Program</b>
M006	BH/Substance Related Disorders	<b>Mental Health Disorders: Partial Hospital Program (PHP)</b>
M007	BH/Substance Related Disorders	<b>Mental Health Disorders: Residential Treatment <i>Revised</i></b>
M008	BH/Substance Related Disorders	<b>Psychotherapy: Outpatient Treatment</b>
M009	BH/Substance Related Disorders	<b>Chronic Pain: Outpatient Program</b>
M019	BH/Substance Related Disorders	<b>Pathological Gambling: Outpatient Treatment</b>
M020	BH/Substance Related Disorders	<b>Pervasive Developmental Disorders in Children: Evaluation and Treatment</b>
M022	MH/Substance Related Disorders	<b>Mental Health Disorders: Residential Crisis Stabilization Services (CSS) <i>New</i></b>
M023	MH/Substance Related Disorders	<b>Mental Health Disorders : Intensive Residential Treatment Services (IRTS) <i>New</i></b>
N003	Rehabilitation	<b>Occupational and Physical Therapy: Outpatient Setting <i>Revised</i></b>
N004	Rehabilitation	<b>Speech Therapy: Outpatient <i>Revised</i></b>
N005	Rehabilitation	<b>Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers</b>
N006	Rehabilitation	<b>Acupuncture</b>
T002	Transplant	<b>Kidney/Pancreas Transplantation</b>
T003	Transplant	<b>Heart Transplantation</b>

### Medical Policy Table of Contents

Reference #	Description
A003	<b>Amino Acid Based Elemental Formula (AABF)</b>
C001	<b>Court Ordered Mental Health Services</b>
C002	<b>Cosmetic Treatments</b>
C003	<b>Criteria Management and Application</b>
C008	<b>Oncology Clinical Trials, Covered / Non-covered Services</b>
C009	<b>Coverage Determination Guidelines</b>
C011	<b>Court Ordered Substance Related Disorder Services</b>
D004	<b>Durable Medical Equipment, Orthotics, Prosthetics and Supplies</b>
D005	<b>Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism</b>
D007	<b>Handicapped Dependent Eligibility</b>
D008	<b>Dressing Supplies</b>
G001	<b>Genetic Testing <i>Revised</i></b>
G002	<b>Gender Reassignment <i>New</i></b>
H005	<b>Home Health Care (HHC)</b>
H006	<b>Hearing Devices</b>
I001	<b>Investigational/Experimental Services</b>
I002	<b>Infertility Treatment</b>
I003	<b>Routine Preventive Immunizations <i>Revised</i></b>
I005	<b>Intensity Modulated Radiation Therapy (IMRT) Coverage Considerations</b>
L001	<b>Laboratory Tests <i>New</i></b>
M001	<b>Medical Testing During Pregnancy <i>New</i></b>
N002	<b>Nutritional Counseling <i>Revised</i></b>
P008	<b>Medical Policy Document Management and Application</b>
P009	<b>Preventive Screening Tests</b>
P010	<b>Narrow-band UVB Phototherapy (non-laser) for Psoriasis</b>
R002	<b>Reconstructive Surgery</b>
R003	<b>Acute Rehabilitation Facilities</b>
S008	<b>Scar Revision</b>
S011	<b>Skilled Nursing Facilities</b>
S012	<b>Substance Related Disorders Coverage Considerations</b>
T002	<b>Transition of Care - Continuity of Care</b>
T004	<b>Therapeutic Pass</b>
W001	<b>Physician Directed Weight Loss Programs</b>

## Pharmacy Criteria Table of Contents

<b>Reference #</b>	<b>Description</b>
A003	<b>Combination Beta2-Agonist Inhalers</b>
A004	<b>Antihistamines Step Therapy <i>Revised</i></b>
A005	<b>Antidepressants Step Therapy <i>Revised</i></b>
A008	<b>Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) Medications Step Therapy</b>
B003	<b>Botulinum Toxin</b>
B004	<b>Biologics for Rheumatoid Arthritis/Psoriatic Arthritis &amp; JIA/JRA <i>Revised</i></b>
B005	<b>Biologics for Plaque Psoriasis <i>Revised</i></b>
B006	<b>Biologics for Inflammatory Bowel Diseases <i>Revised</i></b>
B009	<b>Osteoporosis Prevention and Treatment Medications <i>Revised</i></b>
C002	<b>Cyclooxygenase-2 (COX-2) Inhibitors (Celebrex)</b>
C003	<b>Topical Corticosteroids Step Therapy</b>
D003	<b>Diabetic Medication Step Therapy <i>Revised</i></b>
E001	<b>Erectile Dysfunction Medications</b>
F001	<b>Fenofibrate Step Therapy</b>
G001	<b>Growth Hormone Therapy</b>
H001	<b>HMG - CoA Reductase Inhibitor Step Therapy <i>Revised</i></b>
I001	<b>Topical Immunomodulators Step Therapy: Elidel &amp; Protopic <i>Revised</i></b>
I002	<b>Immune Globulin Therapy (IVIG)</b>
L002	<b>Leukotriene Pathway Inhibitors Step Therapy <i>Revised</i></b>
L003	<b>Lyrica Step Therapy</b>
M001	<b>Multiple Sclerosis Medications <i>Revised</i></b>
N002	<b>Nasal Steroids Step Therapy</b>
O001	<b>Overactive Bladder Medication Step Therapy</b>
P001	<b>Proton Pump Inhibitor (PPI) Step Therapy <i>Revised</i></b>
R003	<b>Topical Retinoid Medications Step Therapy</b>
S003	<b>Sedative Hypnotics Step Therapy <i>Revised</i></b>
T002	<b>Tramadol Step Therapy</b>
W001	<b>Weight Loss Medications</b>



## Pharmacy Policies Table of Contents

<b>Reference #</b>	<b>Description</b>
B001	<b>Backdating of Prior Authorizations</b>
C001	<b>Coordination of Benefits</b>
C002	<b>Cost Benefit Program <i>Revised</i></b>
F001	<b>Formulary and Co-Pay Overrides</b>
N001	<b>Pharmacy Benefit Manager Formulary Exceptions/Additions</b>
O001	<b>Off-Label Drug Use</b>
P001	<b>Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist</b>
Q001	<b>Quantity Limits per Prescription per Copayment</b>
S001	<b>Step Therapy</b>