



## Congratulations to 2009 Clinic Award Winners

A strong working relationship with our great provider network is critical to our success at Physicians Plus. We're excited to recognize the excellent work you do everyday! Congratulations to the winners of Physicians Plus' fifth-annual Awards for Clinical Excellence:

**Cervical Cancer Screening** Melius, Schurr and Cardwell

**Breast Cancer Screening** UW Health-West Clinic, Women's Health-Internal Medicine

**Childhood Immunization** (tie) UW Health-West Towne, Pediatric & Adolescent Medicine and UW Health-East Towne, Pediatric & Adolescent Medicine

**Diabetes Glucose Management** UW Health-Odana Atrium, Family Medicine

**Diabetes Cholesterol Management** (tie) UW Health-West Clinic, Women's Health-Internal Medicine and UW Health-West Towne-Internal Medicine

### 2009 Regional Clinic Winners

**Cervical Cancer Screening** River Valley Medical Center, Spring Green

**Breast Cancer Screening** River Valley Medical Center, Spring Green

Thank you for the excellent care you deliver to our members! Having a fantastic provider network is one of the keys that make Physicians Plus the best health plan around!

Winners were selected based on claim data review using the Healthcare Effectiveness Data and Information Set (HEDIS®) methodology. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

## New Programs Added to GO-TO Healthy Choices

Do you have patients that want to eat healthier? Get more sleep? Become more active? Feel better? Whatever their goal may be, GO-TO Healthy Choices—our online personal health manager—has a solution to fit their lifestyle, wants, and needs. Physicians Plus recently added four new programs to its suite of GO-TO Healthy Choices lifestyle improvement programs. The four new programs include:

**Overcoming™ Insomnia** is a sleep solution founded in proven science that will teach techniques that address specific sleep problems. As part of the program, individuals will: learn to change negative thinking that interferes with sleep; develop new habits that promote healthy and restful sleep; learn relaxation techniques to fall asleep; and

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## 2010 Plan Changes

2010 promises to be an exciting year with many potential changes in health care. Each year, Physicians Plus announces upcoming benefit changes. Here is an overview of the changes that P+ members can expect for most policies that renew on or after January 1, 2010.

**Mental Health Parity and Addiction Equity Act of 2008** In accordance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, the prior limits for Behavioral Health (BH) and Alcohol or other Drug Abuse (AODA) services will be removed. Member cost-sharing will apply to the specific services received. Deductibles, coinsurances and/or copays for inpatient, outpatient or office visit services will apply to the appropriate services received. The prior authorization requirements will continue.

**Autism** The Wisconsin State Budget mandates coverage for evidence-based therapy for members with a verified diagnosis of Autism Spectrum Disorder. Coverage must be provided for members up to \$50,000 for intensive level services per insured per year if services begin between the ages of 2–9 with at least 20 hours of care per week for up to four cumulative years; and \$25,000 for non-intensive services per member per year. These monetary amounts will be adjusted annually beginning in 2011. Coverage will be subject to deductibles, coinsurance and copayments that generally apply to other conditions covered by the plan. Coverage may not be subject to limitations on the number of treatments.

**Hearing Aids and Cochlear Implants** The Wisconsin State Budget also requires coverage for one standard hearing aid per ear for member's ages 0–18 when medically necessary in addition to coverage for cochlear implants for members ages 0–18 when medically necessary (this is not new or a change for most Physicians Plus policies). Cost sharing (copays, coinsurance and deductibles) will be applied if applicable. Cochlear implants will require prior authorization.

**Dependent Eligibility** The Wisconsin State Budget requires insurers to provide coverage of unmarried dependents through age 26 if they are not eligible for coverage under a group plan offered by the child's employer where the child's premium contribution would be less than the premium amount for his or her coverage as a dependent. Additionally, the Budget includes provisions to allow coverage for a dependent, regardless of age, who is returning to school after being called to active duty in the National Guard or Reserves while a full-time student.

**Birth Control** The Wisconsin State Budget requires that any outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove contraceptives must be covered. The coverage may be subject to the exclusions, limitations, and cost-sharing provisions that generally apply to the coverage of outpatient health care services, preventative treatments, and prescription drugs and devices provided under the policy. *Note:* Not all Physicians Plus policies provide prescription drug coverage.

## Aspirin to Prevent Heart Attack and Stroke

A recent report by the National Commission on Prevention Priorities ranked "Advising At-risk Adults about Regular Aspirin Use" as #1 in its list of 25 evidence-based Clinical Preventive Services. However, less than 40% of high-risk adults are using aspirin regularly for primary prevention.

The United States Preventive Services Task Force's (USPSTF) March 2009 guideline update recommends three steps to help determine the potential net benefit of aspirin use for primary prevention of CVD events in men ages 45–79 and women ages 55–79.

**Step 1: Determine the benefit from aspirin.** An individual's potential clinical benefit from aspirin depends on his or her baseline risk. To calculate CHD risk for men, go to [www.heartdecision.org](http://www.heartdecision.org). To calculate stroke risk for women, go to [www.westernstroke.org](http://www.westernstroke.org).

**Step 2: Determine harms from aspirin.** Harms from aspirin include the risks of serious upper GI bleeding and hemorrhagic stroke. An individual's risk for GI bleeding from aspirin increases with age.

**Step 3: Determine net benefit.** Net benefit is assessed by weighing the potential clinical benefit against the potential harms.

Risk assessment and discussion should probably be held at least every five years with middle-aged and older people or when CVD risk factors are detected. Focus on the individual's risk of MI or stroke, the potential benefits and harms of aspirin therapy, and patient preferences.

While the optimum dose and timing is not yet known, a variety of regimens are effective. Readily available formulations include *one low-dose aspirin (81 mg) every day or one regular aspirin* (continued on p. 3)

# New HEDIS® Measures Target Obesity

Guidelines from the U.S. Preventive Services Task Force indicate the first step in weight management is assessment of height and weight in order to calculate a patient's body mass index (BMI). BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height; and it is the most conducive method of assessment in the primary care setting.

The Healthcare Effectiveness Data and Information Set (HEDIS®) reviews completed this spring included two new measures designed to assess obesity screening in adults and children. The results for Physicians Plus members showed that 62% of adults had a body mass index (BMI) documented in the medical record. Only 32% of children and adolescents had a BMI percentile recorded.

**Adult BMI Assessment** This measure looks at the percentage of members between 18 and 74 years of age who had an outpatient office visit and who had BMI documented in the last two years.

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents** This measure assesses the percentage of members 3 through 17 years old who had an outpatient office visit with a primary care physician and had evidence of

*(continued on p. 4)*

## New GO-TO *(continued from p. 1)*

develop strategies to keep stress from affecting sleep.

**Overcoming™ Depression** Over 30% of people experience some form of depression. To be proactive in treatment takes a lot of honesty and courage. Overcoming™ Depression provides confidential help for any level of depression.

**Overcoming™ Binge Eating** uses evidence-based techniques to help participants stop binge eating and compulsive eating, battle obesity and improve their overall quality of life. Through a series of interactive exercises, participants establish a pattern of regular meals and snacks while learning strategies to curb urges to overeat.

**MOVE™** is designed to help participants re-frame personal thoughts and address specific barriers to physical therapy. Move provides one-of-a-kind solutions to help find the motivation and confidence to take the first step and continue taking steps toward living a longer, healthier and more active life.

Members can earn a \$25 Good Health Bonus reward for taking the initial health risk assessment and another \$75 for participating in two lifestyle improvement/condition management programs! For more information about GO-TO Healthy Choices, click on the Members tab at [pplusic.com](http://pplusic.com).

## Aspirin *(continued from p. 2)*

*(325 mg) every other day.* Taking a higher dose is no more effective and is associated with a higher risk of bleeding.

Physicians Plus has fact sheets for men, women and providers to support the use of aspirin to prevent heart attack and stroke. You can get them at [www.pplusic.com](http://www.pplusic.com) or by contacting your PNM liaison.

### Formulary Update

The Physicians Plus prescription drug formulary is the preferred list of prescription drugs developed by our Pharmacy & Therapeutics Committee and is continually updated through additions, deletions and status changes. Formulary drugs are covered under all of our prescription drug plans. Drugs not on the formulary are covered only by our three-tier drug plans. Prior Authorization (PA) medications require prescribers to submit a PA request form to Physicians Plus. The form must be submitted before the prescription is filled at a pharmacy. If PA is not obtained or is denied, members with two-tier coverage are responsible for 100% of the medication cost, and members with three-tier plans are responsible for 50% coinsurance. In addition, a change in formulary status may affect a member's out-of-pocket expense. Please contact Pharmacy Services at (608) 260-7803 with any questions.

**KEY** Tier 1 Formulary low copay. Tier 2 Formulary moderate copay. Tier 3 Non-Formulary (prescription drugs available at 50% coinsurance for some benefit plans). **PA** Prior Authorization required. **QL** Quantity Limits are in place. **TS** Voluntary Tablet Splitting Program medication. Members electing to use #15 tablets per month will receive a half-copay or coinsurance reduction depending on their drug benefit.

Tier 2 Copay	Comments
Kapidex™ Dexamproprazole Delayed Release Capsules	Kapidex is a proton pump inhibitor indicated for the healing of all grades of erosive esophagitis, maintaining healing of erosive esophagitis, and treating heartburn associated with non-erosive GERD. Due to its formulation, dexlansoprazole capsules have a peak plasma concentration occurring approximately 1 to 2 hours post dose and a second peak occurring approximately 4 to 5 hours post dose. Therefore, Kapidex is dosed once daily while other proton pump inhibitors may be dosed once to twice daily. Formulary alternatives include: Prilosec OTC and Aciphex.
Tier 2 Copay with Prior Authorization Required	Comments
Savella™ (Milnacipran HCl Tablets)	Savella is a serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the management of fibromyalgia in adults. There is a quantity limit of 2 tablets daily with prior authorization criteria of diagnosis of fibromyalgia. Formulary alternatives are: amitriptyline, fluoxetine, cyclobenzaprine, gabapentin, Cymbalta.

**HEDIS®** (continued from p. 3)

BMI percentile assessment, counseling for nutrition and counseling for physical activity during the last year.

To assess compliance with these measures, notation of height and weight only is insufficient. BMI value is required for adults while BMI percentile is required for children and adolescents.

Nutrition and physical activity counseling for children and adolescents is noted through documentation in the medical record of: (1) engagement in discussion of current behaviors; (2) a checklist indicating nutrition/physical activity was addressed; (3) counseling or referral for nutrition education/physical activity; (4) educational materials being provided; and (5) anticipatory guidance being provided.

Consider how your clinic is measuring and documenting obesity. For more information, contact Health Improvement at (608) 260-7143.

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*How are we?*

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### Physicians Plus Provider Network Web Site

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