



2008 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 every day! Congratulations to the winners of Physicians Plus' fourth-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

UW Health-West Towne, Pediatric & Adolescent Medicine

Diabetes Glucose Management

UW Health-West Towne, Internal Medicine

Diabetes Cholesterol Management

UW Health-West Clinic, Women's Health-Internal Medicine

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The Provider Newsletter is dedicated to informing Physicians Plus providers about our organization's news and developments.

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Case Management at Physicians Plus

Do you have patients (age 18 or older) who have a chronic disease such as diabetes, hyperlipidemia, or hypertension who are at high risk of complications, have uncontrolled medical conditions, or who have multiple social problems interfering with their treatments? One option is to consider making a referral for case management. Case management is a collaborative process and its underlying premise is that everyone benefits when patients reach their optimum level of wellness, self-management, and functional ability. Case managers serve as an additional resource for your patient and for the entire clinic and healthcare team.

The referral process is simple. There is a one-page referral form available under "Providers" at HealthyChoicesBigRewards.com. Click on "Provider Manual and Forms" and look for the Case Management Referral Form. Complete and fax the referral form to (608) 258-1903.

Case Management Contacts

Diabetes

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Hyperlipidemia

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Hypertension

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Other Complex Medical Conditions

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Promote Lead Poisoning Screenings

At Physicians Plus, we are proud to work in collaboration with our providers to ensure that children throughout our service area are healthy. One of the easiest ways to do that is by making sure they are not being exposed to lead poisoning in their daily environment.

As you know, there is no safe level of lead in the human body; even very low levels of lead exposure can cause permanent brain damage and can negatively affect health throughout a child's life. Adverse health effects can occur in children with blood lead levels below the Wisconsin definition of lead poisoning.

Lead poisoning is preventable, and with appropriate effort and commitment, can be eliminated. Less than one-third of Wisconsin children who are at greatest risk of lead poisoning have been tested at their most vulnerable ages of one and two years. In Dane County in 2007, a majority of lead poisonings were reported in the BadgerCare Plus population.

When providing care to children, we encourage you to use four easy questions to determine whether a child is at risk for lead poisoning.

1. Does the child live in or visit a house built before 1950, or have they ever lived in one in the past (including day care, homes of friends, grandparents, relatives, etc.)?
2. Does the child live in or visit a house or building built before 1978 with recent or ongoing renovations, or have they in the past?
3. Does the child have a brother, sister or playmate who has/had lead poisoning?
4. Is the child enrolled in BadgerCare Plus?

We encourage you to have any children at-risk for lead poisoning screened. To learn more about childhood lead poisoning in Wisconsin, please visit <http://dhs.wisconsin.gov/lead> or call the Wisconsin Childhood Lead Poisoning Prevention program at (608) 266-5817.



Coding Corner

We want your claim submission experience to be smooth and simple. The following tips can help you avoid claims submission complications and speed up turnaround time. As always, feel free to contact us with questions or suggestions.

Proper Use of Modifiers

The proper use of modifiers expedites reimbursement. Based on our appeals data, using the following modifier correctly can eliminate the most common coding errors:

Modifier 53 represents a discontinued procedure where the physician elects to terminate a surgical or diagnostic procedure due to extenuating circumstances that threaten the well-being of the patient. We would expect to see this modifier used on "rare" occasions. In most cases, Modifier 52 representing reduced services may be a more appropriate modifier to use when a procedure cannot be completed. If Modifier 53 is submitted, providers should be sure to send supporting documentation and the appropriate reduction will be taken.

Surgical Assist Document Update

When submitting a Surgical Assist document, the primary surgeon is now required to indicate what procedure(s) the assistant surgeon performed in the body (technical) portion of his/her operative report. This documentation is required in order to support medical necessity for the assistant.

Primary Procedure Determination

Physicians Plus uses the Non-Facility Total RVU in determining what code is considered primary and what code(s) should have the Modifier 51 reduction. For most major surgeries, the RVU is the same for both the facility and non-facility, but when there is a difference, Physicians Plus' Code Review product uses the Non-Facility Total RVU. When the Non-Facility Total RVU is not listed, the Facility Total RVU is used.

Tablet Splitting Helps Your Patients Save Money

Physicians Plus would like to remind you of our voluntary Tablet Splitting Program. This program lowers a patient's out-of-pocket costs and overall drug costs, and helps their employer continue to provide affordable insurance premiums.

Please note this program is only for members who receive prescription drug coverage through Physicians Plus.

Participating members receive a half-copay or coinsurance on program-listed medications only. To qualify for a lower copay, the member needs a new prescription order written for twice the tablet strength of their current medication with directions to take a half tablet daily (include the desired milligram strength in parenthesis) with a dispensed quantity of 15 instead of the usual 30 for a corresponding 30-day supply.

Instruct your patients to obtain a free tablet splitter by calling Pharmacy Services at (800) 545-5015, ext. 7803, or emailing a request to pharmacyinfo@plusplus.com.

Tablet Splitting Savings Example

If your patient takes Abilify 5 mg tablets (#30) and pays a Tier 2 copay of \$35, he or she could split an Abilify 10 mg tablet (#15) in half every day and save \$17.50 each month—a savings of approximately \$210 per year!



The following medications are currently available through the Tablet Splitting Program and eligible for a copay/coinsurance reduction:

Abilify
Amlodipine
Amphetamine Salt Combo
Benicar
Benicar HCT
Bupropion SR
Buspirone
Citalopram
Clozapine
Cozaar
Crestor
Fluvoxamine
Gabapentin
Hyzaar
Lamotrigine
Lexapro
Lipitor (prior authorization required)
Lovastatin
Nefazodone
Oxcarbazepine
Paroxetine HCl
Risperidone
Seroquel
Sertraline
Simvastatin
Tizanidine
Topamax
Trazodone
Vytorin
Zetia
Zyprexa

Clinic Awards *(continued from p. 1)*

Winners were selected based on claim data review using the Healthcare Effectiveness Data and Information Set (HEDIS) methodology.

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!

Clinics with 100 or more qualifying Physicians Plus members were eligible for the Cervical Cancer Screening and Breast Cancer Screening awards. The clinic with the highest documented percentage of women 21–64 who received a Pap test between 2005 and 2007 won the Cervical Cancer Screening Award. The clinic with the highest documented percentage of women 40–69 who received a mammogram between 2006 and 2007 won the Breast Cancer Screening award.

Clinics with 30 or more Physicians Plus members who turned two in 2007 were eligible to win the Childhood Immunization award. The winner was selected based on the percentage of children who received four DTaP/DT, three IPV, one MMR, three H Influenza type B, three Hepatitis B, one chicken pox and four pneumococcal conjugate vaccines by their second birthday.

Eligibility for the Diabetes Glucose Management and Diabetes Cholesterol Management awards was based on having 50 or more Physicians Plus members diagnosed with diabetes. The clinic with the lowest A1c average received the Glucose Management Award, and the clinic with the lowest LDL average received the Cholesterol Management award.

Heart Monitoring by Cell Phone

There is good news for your patients who could benefit from the Physicians Plus Heart Failure case management program. The program — using the Cardiocom Telescale®—is now compatible with cellular phones.

If you're not familiar with the Heart Failure program, participants use the Telescale at home every day to measure their weight and answer questions about their health. A traditional phone line or cellular phone then sends information from the scale directly to a nurse at Physicians Plus. The nurse can contact the member directly to discuss their condition. As their doctor, you too will receive regular updates and can quickly make needed changes to their care plan and medicines.

This free program — in which you can refer members — can improve heart and overall health and reduce the risk of future health problems. Their health information is transmitted by an independent cellular company, and they will not incur any charges to their existing cell phone service.

The Heart Failure case management program is available to Physicians Plus members aged 18 and older with Class III or IV heart failure, cardiomyopathy and ejection fraction of less than 40%. Please visit HealthyChoicesBigRewards.com for more information.



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 1 Copay Additions		
Generic Name	Brand Name	Use
Balsalazide	Colaza [®]	Ulcerative colitis
Budesonide inhalation suspension	Pulmicort Respules [®]	Asthma
Divalproex Sodium	Depakote ER [®]	Mood disorder, Epilepsy and migraine prevention
Galantamine	Razadyne [®]	Alzheimer's
Lamotrigine	Lamictal [®]	Seizure disorder, Bipolar
Levetiracetam	Keppra [®]	Seizure disorder
Risperidone	Risperdal [®]	Schizophrenia
Ropinorole	Requip [®]	Parkinson's, restless leg syndrome
Sumatriptan	Imitrex [®]	Acute migrane
Topiramate	Topamax [®]	Migraine prevention, seizure disorder
Tier 2 Brand Copay Additions	Comments	
Simcor [®] (niacin extended-release/ simvastatin)	Lowers LDL, TG, and raises HDL-C in patients when treatment with simvastatin monotherapy or niacin extended-release monotherapy is considered inadequate.	
Patanase [®] (olopatadine hydrochloride) Nasal Spray	Relieves symptoms of seasonal allergic rhinitis in patients 12 years of age and older. Formulary alternatives include fluticasone nasal spray, NasalCrom, Veramyst and Nasonex.	
Venlafaxine ER	For the treatment of depression and generalized anxiety disorder. Formulary alternatives include: venlafaxine, Effexor XR, and Cymbalta.	
Vyvanse [™] (lisdexamfetamine dimesylate)	For the treatment of Attention Deficit Hyperactivity Disorder (ADHD). Formulary alternatives include: dextroamphetamine, mixed amphetamine salts, and Adderall XR.	
Astepro [™] Nasal Spray (azelastine HCL)	Relieves symptoms of seasonal allergic rhinitis in people 12 years of age and older. Formulary alternatives include: Astelin, Patanase, Fluticasone nasal spray, Veramyst, and Nasonex.	
PrandiMet [™] (repaglinide and metformin HCL)	Used in addition to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus who are already being treated with either agent alone or together as separate entities. Formulary alternatives include: Metformin, metformin ER, glipizide, glyburide, Januvia, Janumet, Prandin, Actos, ActoPlus Met, Avandia, Avandamet.	
Trilipix [™] (fenofibrate)	Used in addition to diet and in combination with a statin to lower TG in patients with mixed dyslipidemia and heart disease or heart disease risk equivalent. Formulary alternatives include: Gemfibrozil, Tricor and fenofibrate.	
Toviaz [™] (fesoterodine) and Detrol LA (tolterodine)	Improves the symptoms of urge urinary incontinence, urgency, and frequency. Formulary alternatives include: Flavoxate, Hyoscyamine, Oxybutynin, oxybutynin ER, Urispas, Ditropan LA and Vesicare.	
Tier 2 Copay with Prior Authorization Required	Comments	
Relistor [™] (methylnaltrexone bromide)	Relieves opioid-induced constipation in patients with advanced illness who are receiving palliative care when laxative therapy has not been sufficient. Formulary alternatives include: misoprostol, metoclopramide, and lactulose.	
Lovaza [®] (omega-3-acid ethyl esters)	Lowers very high (greater than 500 mg/dL) triglyceride levels in adults. Formulary alternative include: OTC fish oils, gemfibrozil, fenofibrate, Tricor, and Niaspan.	
Alvesco [®] (ciclesonide) Inhalation Aerosol	Maintenance asthma therapy in adults and adolescent patients 12 years or age and older. Formulary alternatives include: Flovent HFA, Qvar, Asmanex Twisthaler, Azmacort, and Pulmicort.	
Promacta [®] (eltrombopag)	Raises platelet levels in patients with chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Formulary alternative include: Prednisone, Azathioprine, Cyclosporine, and Mycophenolate.	
Xenazine [™] (tetrabenazine)	Relieves the chorea associated with Huntington's disease. Formulary alternatives include: Risperidone, Zyprexa, Abilify, Clozapine, and Reserpine.	
Nplate [™] (romiplostim)	Is a medical benefit drug to raise platelet levels in patients with chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Formulary alternatives include: prednisone, azathioprine, cyclosporine, Danazol, and Mycophenolate.	
Uloric [®] (febuxostat)	Lowers uric acid levels in patients with symptomatic hyperuricemia associated with gout. Formulary alternatives include: allopurinol, probenecid, colchicine.	



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