



Care-Outlook

NEWSLETTER

PRESIDENT'S MESSAGE

External Review Requirements Go Into Effect January 2012

Claire Levitt, MS, President, Alicare Medical Management

This past summer, the federal government issued a technical release updating the “external review” requirements for health plans and insurers under the Patient Protection and Affordable Care Act (PPACA).¹ The most recent regulations published by the U.S. Department of Health and Human Services (HHS) and the Department of Labor (DOL) alter several key external review provisions that were first published in 2010 after the adoption of PPACA.

The new Technical Amendment alters the original interim regulations that were released in July 2010.² Key changes include:

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Claire Levitt

CLINICAL CORNER

Promoting Patient Transitions of Care

Julie O'Brien, BSN, RN, MS, Vice President/COO, Alicare Medical Management

Coordinating proper care through the U.S. health care delivery system is often a challenge due to fragmentation and segmentation. Health care barriers and silos need to be broken down and all health care providers need to work together as a collaborative team for the good of the patient. Through an efficient and patient-centered case management process, Alicare Medical Management excels at providing support to patients over an extended period of time and in a wide range of clinical settings.

Case managers must strive to provide smooth, seamless patient transitions. But this is not an easy task. Keeping the patient, family, caregivers, and the entire health care team, all in different settings,

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Julie O'Brien

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**Happy Holidays
from the
Alicare Medical
Management Team!**



MEDICAL DIRECTOR'S NOTES

Assessing the Clinical Efficacy of Gastric Bypass Surgery

Bernard M. Bettencourt, Jr., DO, MPH, FACEP, CPE, Medical Director, Alicare Medical Management

This October MSNBC reported on a phenomenon that has recently come to light in the bariatric surgical arena. The report discussed a young lady who gained weight to meet the BMI (body mass index) requirement so her weight loss surgery would be covered by her health insurance plan. The woman was finally enrolled in a clinical trial and had her surgery covered by the clinical trial. This clinical trial, in fact, was one of the studies the Food and Drug Administration (FDA) relied on in its decision to lower the BMI requirement for lap band surgery. FDA modified its recommendation and lowered the BMI to 30 when associated with a weight-related illness. Previously, the lap band “stomach-shrinking device” was reserved for patients who were at least 100 pounds overweight or had a BMI of at least 40, or a BMI of at least 35 with other co-morbidities such as heart disease.

Although bariatric surgery has been shown to be of great value to the severely obese who have tried and failed numerous non-surgical methods, surgery still would not constitute the best practice for the management of mild to moderate obesity. Even the FDA’s panel vote was not unanimous to lower the lap band BMI to 30, as the procedure profoundly changes the individual’s way of eating and this is a surgical procedure with all of the risk inherent of surgery.

The phenomena of eating to gain weight should be viewed as a psychological disqualifier of weight-loss surgery. By taking this approach, the patient makes it obvious they do not understand their disorder. They also do not understand that the way they eat and what they eat after the surgery will need to change. Therefore, for the surgery to

be a success, patients must commit to changing their eating habits and activities. This is not a “get thin quick” plan, but rather a course of action that should only be undertaken when everything else has failed. Individuals who would gain weight just to get coverage are not good candidates for the surgery as the post-surgical likelihood of these individuals following their doctor’s instructions and diet plans are very low. In fact, recent articles indicate surgeons have cancelled the surgery due to the member’s deceptive activity (e.g., gaining weight to gain insurance coverage).

To that end, health plans continue to encourage their members to exhaust all the possible alternate methods of weight loss before considering surgery. This is not an attempt by most insurers to simply avoid the cost of the surgery—as the benefit for those who need it makes this a very cost-effective procedure for both the insurer and employer—but rather because surgery is the last and least desirable option. One’s health (psychological and physical) will be much improved if the weight loss is achieved through modification of diet and lifestyle changes, including exercise.

Insurers place restrictions on coverage of different services and offer coverage only when it is a medical necessity. This is to insure quality of care and the offering of an affordable insurance product to members. Therefore, the restrictions on surgical coverage for bariatric surgeries serve two purposes:

1. Insure that members who need the surgery are able to get the procedure and that money is not wasted when it is not a medical necessity; and
2. Use financial incentives to encourage members who do not need the surgery, and who are clinically better served with lifestyle changes, to undertake these changes.

Using National Institutes of Health guidelines and current consensus statements from the specialty boards, AMM has developed the following coverage recommendations:

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CLIENT UPDATE

Alicare to Support HealthHelp's Alert™ Program

Leading medical management organizations team up to promote best-in-class services

Alicare Medical Management (AMM) has begun providing clinical staff support for Houston, TX-based HealthHelp's Alert™ Program.

"HealthHelp is working with Alicare Medical Management to support our Alert program by providing clinical evaluation of criteria used to order radiological procedures," says Mark Hiatt, MD, MBA, MS. "Alert allows health plans to monitor radiology-exam ordering patterns to ensure that evidence-based imaging is taking place, as well as giving providers support and feedback so the best clinical pathways are used."

AMM President Claire Levitt says her team is "pleased to be collaborating with HealthHelp to provide clinical support as its Alert Program continues to expand. Combining AMM's broad care management platform with HealthHelp's superior specialty programs will provide improved clinical and financial results for HealthHelp's clients," she adds.

AMM is recognized as one of the nation's premier care management organizations, offering a wide range of programs to promote optimal health outcomes and manage health care costs through patient advocacy, support, health information and education by medical professionals. AMM's programs are supported by hundreds of clinicians nationwide and have earned four URAC accreditations for health utilization management, case management, health call center and independent review.

HealthHelp also is recognized as one of the nation's leading organizations offering specialty medical management services. HealthHelp's innovative programs enable healthcare payers of all types and sizes to achieve critical goals through effective benefit management for diagnostic imaging, radiation oncology, and diagnostic cardiology. Many of its programs qualify as "activities that improve health care quality" under the new federal medical-loss ratio (MLR) requirement, which took effect January 1, 2011, as part of the Patient Protection and Affordable Care Act (PPACA). HealthHelp also is recognized by URAC and NCQA.

"HealthHelp works with payers to establish customized criteria for recognizing physicians whose diagnostic imaging or radiation oncology orders don't correlate with evidence-based guidelines," Hiatt says. "When software alerts detect problematic patterns, plan administrators may choose to conduct chart reviews or take a closer look at ordering and outcomes," he notes.

"We are excited to be assisting HealthHelp in this initiative," says Julie O'Brien, AMM vice president and COO. "AMM has the clinical expertise and dynamic medical offerings to assist in the support/monitoring of these clinical programs. I was particularly impressed with HealthHelp's specialty guidelines and its educational approach to working with providers."

If you would like additional information relating to Alicare Medical Management, please contact Janice Blattenberger, RN, AMM's director of business development, at (603) 328-6602 or jblattenberger@alicaremed.com. To learn more about HealthHelp, contact Elizabeth Ivey at (281) 447-7000, ext. 1870 or iveye@healthhelp.com. •



PRESIDENT'S MESSAGE

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- *Compliance deadlines were extended* until January 1, 2012 both for health plans and states that are attempting to implement or enhance their own external review regulations. States have until January 1, 2014, to transition to the National Association of Insurance Commissioners (NAIC) model act covering external review activities if certain criteria are met.
- *Temporarily limiting the scope of the external reviews to just the “medical necessity appropriateness”* of the care being rendered when an external appeal is filed.³ Now eligible claims include only those that

CLINICAL CORNER

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aware of the many steps and progress involved in the care of a patient is a major challenge.

Alicare Medical Management offers a unique blend of clinical and business services to support our case managers, attending providers, patients, health plans and others to ensure the highest clinical and financial outcomes. Managing transitions of care is part of our secret sauce. For example, we offer one-stop shopping for such interventions as case management, utilization management, disease management, nurse triage, readmission management and other programs through an integrated health information technology (IT) and workflow platform.

With so many aspects of care coordination to think about, case managers need to have a care management system that helps them assess, plan, implement, track, facilitate, and document key aspects of a patient's care.

There is never a dull moment when managing a patient who has a range of co-morbidities. Promoting better transitions of care is like promoting higher quality; both are never-ending journeys toward something better. Contact me if you want a few more case of examples why we are best-in-class when it comes to managing patient transitions of care. •

involve “(1) medical judgment (excluding those that involve only contractual or legal interpretation without any use of medical judgment...), as determined by the external reviewer; or (2) a rescission of coverage.”⁴

- *Restoring the maximum timeframe for urgent reviews* back to the 2002 DOL standard of 72 hours. The July 2010 interim regulations had proposed a 24-hour turnaround, which was not practicable.⁵
- *Scaling back the reporting requirement of diagnosis and treatment codes* when an adverse benefit determination is rendered. Although health plans must still provide this information upon request to a health plan member, it no longer has to be automatically reported.
- *A minor infraction of the external review requirements no longer gives the claimant an automatic opt-out of the appeals process.*
- *The non-English interpretation requirement of using “culturally and linguistically” appropriate language is softened.* Now all plans must print notices in the dominant foreign language if 10 percent of the population of a county speaks that language (and not English). Under the previous rules, companies with fewer than 100 employees would have to furnish foreign-language notices in counties where 25 percent of the population spoke the second language.

If your organization is a non-grandfathered health plan, self-funded trust fund or employer group or an insurer, you need to comply with PPACA's external review requirements by January 1, 2012. If you haven't yet contracted with a URAC-accredited, independent review organization, call us and we will make sure you're ready in time. •

¹ See Technical Release 2011-12 at http://cciio.cms.gov/resources/files/appeals_srg_06222011.pdf and <http://www.federalregister.gov/articles/2011/06/24/2011-15890/group-health-plans-and-health-insurance-issuers-rules-relating-to-internal-claims-and-appeals-and>.

² See Federal Register, vol. 75, no. 141, pgs. 43330-43364 (July 23, 2010) and U.S. DOL Technical Release 2010-01 (August 23, 2010). See also Federal Register, vol. 75, no. 165, pgs. 52597-52599 (Aug 26, 2010).

³ http://cciio.cms.gov/resources/files/appeals_srg_06222011.pdf at page 5 and footnote 10.

⁴ <http://www.thompson.com/public/printpage.jsp?id=3505&pageid=newsbrief>.

⁵ http://cciio.cms.gov/resources/files/appeals_srg_06222011.pdf at page 3.

EMPLOYEE SPOTLIGHT

Stacey Thomas-Roy

Stacey Thomas-Roy is a true New Englander at heart. A fan of the Red Sox, Celtics, Bruins and of course the Patriots, AMM's director of utilization management is as loyal to the Boston sports teams as she is dedicated to her career.

"Starting in the reviewer role and moving up allowed me to get acclimated to the culture at Alicare Medical Management," Stacey says. "I have worked with most of the nurses in a reviewer capacity, which has helped me to have a better relationship with each of them since I understand their day-to-day workload."

Stacey is a veteran of the health care industry, receiving her bachelor of science degree with a concentration in nursing in 1998 and a master's of science with a concentration in forensic nursing in 2004. She is also a Certified Professional of Healthcare Management.

"The nursing profession provides so many different opportunities," Stacey says. "I worked as a pediatric home care nurse, a floor nurse on a medical-surgical unit, and an ER nurse. All of these experiences prepared me for my position at AMM."

"Stacey's professionalism and her ability to get things accomplished have made her very

successful in her position. She has foresight and a good knowledge base to allow her to lead her team in an efficient, productive manner," says Julie O'Brien, vice president and COO of Alicare. "With health care reform on everyone's mind, Stacey is able to assist in making the necessary changes to comply with the reform rules."



*Stacey
Thomas-Roy*

Referring to the nursing staff, Stacey says they all feed off of the different professional backgrounds and knowledge that everyone has to offer. "It really adds to the organizational culture and overall work experience."

Stacey is looking forward to seeing what the future brings to the health care industry and believes advances in technology and health care reform will have a significant impact. "There are so many questions left regarding health care reform, and the answers are really going to dictate where our industry goes and how we're going to get there," she says. "I don't know the extent of what the changes are going to be, but making sure that everyone has access to quality health care is the ultimate goal." •

MEDICAL DIRECTOR'S NOTES

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1. BMI \geq 40 kg/m² or BMI \geq 35 kg/m² with high-risk, co-morbid conditions or obesity-induced physical problems interfering with lifestyle.
2. Failure of nonsurgical weight loss efforts to include physician-supervised weight loss programs within the last 12 months. Therefore, the member has to have exceeded the BMI for at least one year prior to the surgery despite a physician-supervised weight loss program.
3. Absence of contraindications (medical and psychological). This would exclude anyone who purposely puts on weight for the sake of gaining coverage for the procedure as this is a relatively psychological contraindication.
4. Well-informed, compliant, motivated patient. The act of purposefully putting on weight for the sake of gaining coverage would be incongruent with being "well-informed, compliant, motivated" and therefore the member would fail this requirement. •

MEDICAL MANAGEMENT NEWS

Current Flu Vaccine Outdated, Study Finds

A study conducted at the University of Minnesota indicates that the most widely used flu vaccine in the United States is only 59 percent effective in healthy adults. According to researchers, there is an immediate necessity for a new generation of flu shots to avoid a possible pandemic. Visit www.foxnews.com/health for details. •

Are Vitamin Benefits for Real?



Recently published studies indicate that dietary supplements and vitamins may not provide health benefits, as many originally thought. In fact, the data indicates that taking vitamins is actually a financial waste for individuals who do not have a specific deficiency or reoccurring illness.

Go to <http://online.wsj.com> for more information. •

U.S. Lung Cancer Rates Decline

A new report by the Centers for Disease Control and Prevention indicates the rates of new lung cancer cases in the U.S. dropped among men in 35 states and among women in 6 states between 1999 and 2008. Among women, lung cancer incidence decreased nationwide between 2006 and 2008, after increasing steadily for decades.

The decrease in lung cancer cases corresponds closely with smoking patterns across the nation, according to a CDC press statement. In the West, where smoking prevalence is lower among men and women than in other regions, lung cancer incidence is decreasing faster. Studies show declines in lung cancer rates can be seen as soon as five years after smoking rates decline.

The CDC report's bottom line message: "States that make greater investments in effective tobacco control strategies see larger reductions in smoking; and the longer they invest, the greater the savings in smoking-related health care costs." Such strategies include higher tobacco prices, hard-hitting media campaigns, 100 percent smoke-free policies, and easily accessible treatments and services for those who want to quit.

To read the full report, visit www.cdc.gov/mmwr. For information about CDC's cancer prevention and control program, visit www.cdc.gov/cancer; and to learn more about CDC's tobacco control efforts, visit www.cdc.gov/tobacco. •

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