



# PARTNERS in CARE

December 2010

Vermont Managed Care  
P.O. Box 1150  
Burlington, VT 05402-1150

Tel. (802) 847-8161  
(800) 639-3881

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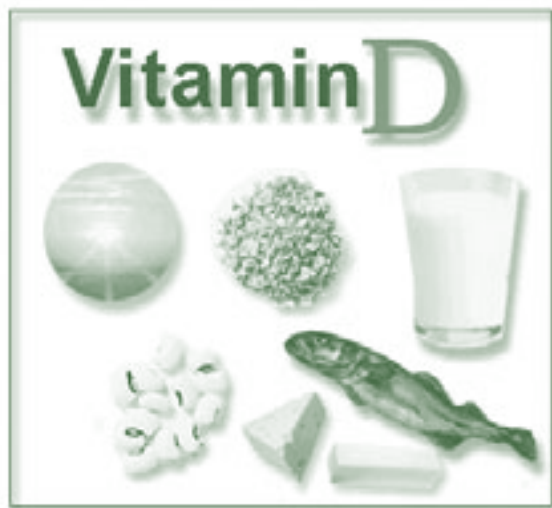
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### From The Desk of the Medical Director

## Vitamin D 2010

Vitamin D has become prominent in the lay and medical literature, being touted as a wonder-nutrient, with assertions and controversies regarding its health impact and the role of screening. In 2009, AHRQ produced a 420 page evidence assessment of vitamin D and health outcomes, answering some questions and raising others, and a number of recent studies and reviews address the topic.



### Definitions and measures

Clinical testing of serum Vitamin D levels measures the inactive form 25-hydroxyvitamin D (25-OH-D) because the active form (1,25-OH-D) is tightly regulated even in the face of overall deficiency. Confusion may arise because of variation in reported units [1 ng/ml = 2.5 nmol/L]. I will use ng/ml for this article

The terms deficiency, insufficiency, inadequacy, and, most recently, "low vitamin D status," have been used either interchangeably or with inconsistent definitions.

Although level <20 has been generally defined as deficiency, the severe manifestations of rickets, osteomalacia, and myopathy are usually seen with levels <10. Significant physiological shifts occur at about 30 ng/ml, which is now often identified as the lower limit of optimal or "normal."

NHANES 2004 data found that population 25-OH-D levels had declined from 1994, with over 50% having levels <30, and about 20% <20.

On the upper end, studies of highly sun-exposed individuals in Africa found it rare to have levels >80, suggesting that to be the attainable "natural" level. In one large survey, all reported cases of Vitamin D associated hypercalcemia were in individuals with levels >88, and most symptomatic cases were associated with levels >150.

### Possible Health Effects

Although there are conflicting results and criticisms of methodology, a number of studies and reviews suggest benefits relating to mortality, muscle performance, falls, fractures, diabetes, multiple sclerosis, cognition, immune disorders, and various cancers.

The AHRQ concluded there is evidence that 25-OH-D levels correlate with:

- cardiovascular events (but not death)
- breast cancer mortality (and lower incidence trend in older women)
- hypertension (systolic in older women)
- femoral neck bone density

Using very strict criteria, the evidence was determined to be insufficient or inconclusive for numerous other areas.

We encourage our readers to call or write us with your feedback about our newsletter.

Contact Martita Giard at 847-8161 or email to:  
martita.giard@vtmednet.org

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*continued from page 1*

The evidence is difficult to interpret and compare due to many factors, including:

- (1) Some studies look at serum levels, others look at supplementation
- (2) Threshold effects may correlate with only a narrow range of levels
- (3) Historical doses of Vitamin D supplements may be too low to show effect
- (4) Calcium supplementation may confound results.
- (5) “Authoritative” structured reviews reach different conclusions (e.g. NIH and AHRQ)

### **Screening for 25-OH-D**

Opinions on screening range from universal to selective to none, with most recommendations calling for selective screening based on risk. Universal testing for screening purposes is generally not recommended, and some sources recommend supplementation without testing, given the prevalence of low levels and the safety of supplements. Six Canadian provinces no longer cover screening, and regional Medicare contractors have enacted strict parameters on testing, as have a number of US insurers. Identified risk factors include:

- Exclusively breast-fed infants
- Dark-skinned people (up to 10 times risk)
- Age >50, and especially >65
- Limited sun exposure (location and clothing)
- Fat malabsorption
- Post-surgical intestinal malabsorption
- Obesity (due to 25-OH-D sequestration in fat)
- Selected medications

Supplements and 25-OH-D levels – how much is enough? how much is too much?

The answer depends on whether the goal is to prevent outright deficiency, or to reach a higher target level of 30-50 based on the belief that this results in healthier outcomes. One can find opinions which, despite lack of conclusive evidence, recommend levels as high as 100.

- (1) Twice weekly exposure of arms and legs for up to 30 minutes during midday can prevent deficiency.
- (2) The AAP recommendation has been raised to 400 u/d for children.
- (3) 1000 u daily generally will raise serum 25-OH-D by about 10 ng/ml, [It takes 3-6 mo to plateau at new level, and response is variable].
- (4) The Institute of Medicine concluded that up to 2000 u/d is safe if no contraindications, and many proponents feel this is actually a minimum dose.

[note: supplementation with vitamin D and calcium increased kidney stone risk in women]

### **References:**

Vitamin D and Calcium: Systematic Review of Health Outcome, 2009  
AHRQ 09-E015

Vitamin D Deficiency, Holick, NEJM 2007;357:266

Recognition and Mgt of Vitamin D Deficiency, Bordelon et al, Am Fam Phys 2009;80(8):841

Endocrinol and Metab Clin N Am 2010 vol. 39 [Entire issue on vitamin D]

## IMPORTANT REMINDER

# Apex Benefits Services New Provider Web Portal

Apex Benefits Services, the Third Party Administrator for Fletcher Allen Preferred and Preferred Plus Medical Plans, is pleased to announce the development of a new and enhanced provider web portal. The new web portal went LIVE July 15, 2010. Current users **MUST** re-register to obtain a new user account for the new web portal. The current portal will no longer be available as of December 1, 2010.

To access the online registration form please visit [www.summacare.com](http://www.summacare.com), click the Provider tab then select Resources and Self Services. The link for the registration form is available toward the center of the page under the Self Service Tools heading and is titled *New User? Request Access to Plan Central*. Paper copies of the registration form are also available by calling VMC or on the Vermont Managed Care Website at [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org) under Providers/Forms. Completed forms can be faxed to Apex, attention Amy Rastetter at 330-996-8490. Please contact Elizabeth Roach or Carrie Germaine at 847-8161 or 1-800-639-3881 for more information or to obtain a registration form.

## FAP Prescription Drug Copay Assistance Program

If you have patients enrolled in the Fletcher Allen Preferred medical plan, they may be eligible to have their copay cost covered for certain high clinical value medications prescribed for the following conditions:

- Hypertension
- Diabetes
- Congestive Heart Failure
- Asthma
- Chronic Obstructive Pulmonary Disease
- Hyperlipidemia
- Mood disorders

Vermont Managed Care has teamed up with the FAHC Health Assistance Program (HAP) to subsidize selected copays based on clinical and financial eligibility. The program is open to all Fletcher Allen Preferred and Preferred Plus subscribers and dependents. These subscribers can contact FAHC HAP directly to set up an appointment to determine eligibility by calling 802-847-6984.

If you have any questions regarding the program, or for a list of the eligible drug classes, contact your VMC Provider Relations Representative, Elizabeth Roach or Carrie Germaine, at 802-847-8161 or 1-800-639-3881.

## Coding News

**Consult Codes - Inpatient Codes 99251-99255, Office Outpatient Codes 99241-99245** these codes remain valid and MVP Health Plan will continue to reimburse these codes for providers contracted with VMC for MVP products. VMC has arranged that MVP will continue to pay for these codes until CPT deletes them. Please be advised that Medicare no longer reimburses for consult codes.

If you have coding questions, please feel free to email VMC at [askvmc@vtmednet.org](mailto:askvmc@vtmednet.org). We will work with our coding partner to provide an answer to you and we will also publish it in our next newsletter, as well as on the VMC website.

## Peer Support for Vermont Practice Managers

Vermont MGMA is a statewide organization whose goal is to support practice managers through networking, information and education. The group is an affiliate of the Medical Group Management Association (MGMA), although one does not have to join the national association to be a member of VTMGMA. Members have the opportunity to share experiences, challenges, and solutions to the issues that occur when running a healthcare office – whether it is a doctor, dentist, or physical therapist office.

Non-members are welcome to attend a meeting and pay a \$35 meeting fee to cover meals.

Visit their website ([www.vtmgma.com](http://www.vtmgma.com)) to learn more about the group, to see a schedule of upcoming meetings, or to obtain an application for membership.

# Events & Notices

## Network Brag Board

### NMC Successfully Launched Electronic Medical Record October 1

Northwestern Medical Center (NMC) successfully went live with its new fully integrated electronic medical record and enterprise-wide computer system on October 1, 2010 in conjunction with the start of the hospital's new fiscal year.

According to Kelly Barland, NMC's Chief Information Officer, the Meditech implementation has been on an aggressive nine month implementation schedule. The project earned final approval by the State of Vermont in December of 2009.

During the first few weeks of live use, people seeking care at NMC may have noticed that registration took a few extra minutes as staff became accustomed to the new system. In clinical areas, nurses, technologists, and other staff will be using more computerized devices to support patient care. For instance, if you are an inpatient, you will see nurses using tablet computers on rolling carts in your room to complete documentation on your care. Also, clinical staff will use handheld devices to scan bar-coded bracelets to help confirm your identity.

"The new electronic medical record allows nurses and doctors to have all of the patient's information at their fingertips," says Sandy Robinson, Chief Nursing Officer/Director of Clinical Services. "Allergies, past medical history and other important details are readily accessible at any time, and in all locations where the patient may be receiving care. There will be no more hunting for a patient's chart, because everyone can access the patient's record electronically from any location. Our "closed loop medication system" assists nurses with electronic prompts to be sure that the right medication in the right dosage is being given to the right patient at the right time, by the right route. This is a very important safety feature that assists nurses when patients have many different medications for multiple medical conditions."

NMC will begin Phase II of implementation, which will implement Computerized Physician Order Entry (CPOE) in 2011. CPOE will allow physicians to enter orders and document care directly into the EMR. Phase III will include the build and implementation of the Emergency Department system into the Meditech product in 2012.

## VMC Employee News

Over the past several months, VMC has had several staff changes. We would like to welcome and congratulate our newest VMC employees. In addition we would like to congratulate those who have recently been promoted.



### New Employees:

- McKeena Lee, Staff Assistant
- Alice Normandin, RN, CRRN, Nurse Case Manager
- Karen Ploof, Nurse, RN, CCM, Nurse Case Manager
- Laurie Riley-Hayes, Administrative Assistant
- Tawnya Safer, Staff Assistant

### Employee Promotions:

- Kim Douglas was promoted from Financial Specialist to Finance Manager
- Amy Bannister, was promoted from Lead Nurse Case Manager to Supervisor of Care Management

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## VMC Provider Satisfaction Survey

Recently, Vermont Managed Care's (VMC) Provider Satisfaction Survey was sent to our contracted providers offices through Zoomerang's on-line service. For those offices who we do not have email addresses we have sent a letter with the link (<http://www.zoomerang.com/Survey/WEB22BGAQ4ANKF>) for you to access the survey on line. Please note when accessing this website you need to enter the link as noted as it is case sensitive. VMC will be offering five randomly drawn prizes worth \$100 each. We look forward to your responses on our performance over this past year. Should you have any questions please contact your Provider Relations Representative Elizabeth Roach or Carrie Germaine at 847-8161 or 1-800639-3881.

# The VMC Care Management Department Annual Notices

## UM Availability

The Care Management Department is available to you 24 hours a day, 7 days per week to assist with Utilization Management Determinations. During normal business hours, you can call us directly through our local or toll free numbers listed below. On weekends, holidays, and off-hours you can access assistance by contacting the on-call Nurse Case Manager by pager. If a Medical Director is needed, the on-call nurse will coordinate this.

Local Number ..... (802) 847-8369  
Toll Free Number ..... (802) 639-3881  
On-call Pager (Toll-Free) ..... (888)-586-8476

## UM Criteria

Annually, the Care Management Committee of the Board reviews and approves the utilization management criteria for use as guidelines and benchmarks to inform the Care Management process. The most current versions of the following criteria are approved for use by the Care Management Sub-Committee of the VMC Board of Directors.

### Area of application

### Criteria

Inpatient, Home Care,  
Case Management,  
Recovery Facility, Surgical Procedures,  
Imaging and select DME items

Milliman Care  
Guidelines

New technology

Hayes Directory

Other criteria sets are also approved for reference. These include “Apollo’s Medical and Rehabilitation Review Criteria”, “Therapy Referral Handbook, Second Edition” and the “APTA Guide to Physical Therapist Practice, Second Edition”.

External Review firms contracted to provide specialty review services include American Medical Review (AMR) Medical Review Institute of America (MRIoA) and MCMC II.

Providers may request a copy of the criteria used to make a Utilization Management decision by contacting the Care Management Department at the numbers listed under UM Availability.

## Medical Director Availability

When there is an adverse determination for one of your VMC members, you may always access a VMC Medical Director to discuss the case. You can make arrangements to contact one of them by dialing the numbers listed above and request a Case Manager. They will work with you to schedule a convenient time for you to discuss the case with one of the Medical Directors.

## No Incentives

The purpose of Utilization Management is to facilitate efficient safe and appropriate care that meets standards for quality. Because this is one of the guiding principles for Care Management at VMC, the Care Management Committee of the Board has adopted a policy that prohibits the application of incentives for anyone involved in making UM decisions. UM decision making is based only on the appropriateness of care and service and the existence of coverage. VMC does not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives for UM decision makers do not in any way encourage decisions that result in underutilization. VMC regularly monitors utilization trends to evaluate and encourage appropriate utilization of services. This policy can be found in the Utilization Management Plan. In summary, the volume or type of adverse determinations or denials does not affect in any way incentives given to any person. This includes Medical Directors, Case Managers, Client Account Representatives, Managers or anyone involved in Utilization Management decisions.

## UM Policies

The Utilization Management Policies are provided to you in the VMC Provider Manual. You may access the following policies on the VMC Website, including but not limited to:

- The Utilization Management Plan
- Grievance (Appeal) Policy
- Transition of Care policies for members
- Specialist as PCP Policy
- Inpatient Review Policy
- Pre-Approval procedures and forms
- Review Timeframe Policy
- Many other helpful policies and information

The policies have recently been reviewed and revised. The updated policies can be accessed on the VMC website: [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org). or by calling VMC at the numbers listed above.

# Health Care Reform and Benefits Changes for the Fletcher Allen Preferred (FAP) Medical Plan

Fletcher Allen Health Care is enhancing their medical plans in response to the Patient Protection and Affordable Care Act (PPACA). The changes listed below are effective January 1, 2011.

## Dependent Eligibility

Effective January 1, an adult child may be covered through the end of the month during which he or she turns 19 (26 if the adult child is not eligible to be covered under his or her employer's or spouse's plan). Student status and marital status no longer affect eligibility for medical coverage.

## Many Preventive Services Covered without Member Cost-Sharing

Fletcher Allen is voluntarily enhancing its medical plans to eliminate member cost-sharing for certain in-network preventive services. These covered services will not be subject to the deductible, coinsurance, or office visit copayments.

Services that will be covered without a copayment, coinsurance or deductible include screening procedures for osteoporosis, mammography, cholesterol, colon cancer, diabetes, HIV and other select conditions.

Many pediatric and adult immunizations will also be covered without member cost-sharing. Select counseling services related to, for example, breast cancer genetics, breast feeding, smoking cessation, and sexually transmitted diseases will also be covered without patient cost-sharing.

## Preferred Plus Plan Lifetime Benefit Maximum Eliminated

The one million dollar lifetime benefit maximum for out-of-network services under the Preferred Plus Plan will be eliminated effective January 1, 2011.

## Mental Health Office Copayment Reduced

Beginning January 1, the office visit copayment for mental health and substance abuse services will be reduced from \$25 to \$10.

## Mental Health & Medical Claims to Share Common Deductible & Out-of-Pocket Maximum

The \$250 inpatient copayment for mental health and substance abuse stays is being eliminated. Instead, like medical inpatient stays, a mental health hospital admission will be subject to the existing annual deductible (\$250 single/\$750 family) and 5% or 10% coinsurance, depending on whether the service is provided by Fletcher Allen. Mental health and medical charges will accumulate to a single \$250 deductible and a single out-of-pocket maximum. Family maximums also apply.

# Why Does Vermont Managed Care Apply a Withhold?

Vermont Managed Care is a non-profit PHO (Physician Hospital Organization), governed by a board of directors including Vermont community health care providers as well as physicians and other individuals affiliated with Fletcher Allen Health Care, VMC's sole corporate member. It contracts with payors to arrange health care services for enrolled individuals through a network of participating physicians, hospitals and suppliers. Its contracts with payors tend to be based on a capitation or risk model, under which VMC shares significant responsibility for the costs of health care services to patients who receive care from VMC contracted providers. Use of withholds and incentive terms in contracts with providers is sound business management for a provider-sponsored organization such as VMC that assumes responsibility for the cost of health care to enrolled population. Also, withhold and incentive risk provisions help align our network providers' interest in working together to pursue both quality improvement and cost-effectiveness in the care of patients. These features also help enable VMC to achieve the integration in health care delivery that is key to the lawful operation of PHO organizations such as VMC in accordance with guidelines of the Federal Trade Commission and Department of Justice Antitrust Division.

# CHCB Breaks Ground on “The Gateway Project”



*The dignitaries as pictured (left to right) are Burlington Mayor Bob Kiss, Congressman Peter Welch, Senator Bernie Sanders, CHCB Executive Director Jack Donnelly, CHCB Board President Phil Lavoie, DDS, John Tracy from Senator Patrick Leahy’s office and Governor Jim Douglas.*

Community and State leaders recently joined together to mark the launch of the “Gateway Project”, a major expansion of the Community Health Center of Burlington’s (CHCB) main facility on Riverside Avenue in Burlington. Hosted by CHCB Executive Director Jack Donnelly, the program featured a speaking panel of Senator Bernie Sanders, Congressman Peter Welch, Governor Jim Douglas, John Tracy representing Senator Patrick Leahy and Mayor Bob Kiss. The new building will be a LEED Certified “green” facility approximately double the size of the current Old North End main site. The Gateway Project con-

struction project will significantly expand CHCB’s capacity to serve our region and will include new dental and medical exam spaces and room for additional specialty services. As Chittenden County’s sole Federally Qualified Health Center, CHCB’s project has generated intense interest as cost effective and affordable primary and dental care that helps ensure access to all community residents, regardless of life circumstances. CHCB offers a sliding fee scale for low income, uninsured community residents and operates two no cost clinics in downtown Burlington that serves homeless adults, families and teens.

Major funding for this 11.3 million dollar health facility (approximately 96%) came from HRSA’s highly competitive Federal Facility Improvement Project (FIP) funding for Federally Qualified Health Centers (FQHCs). CHCB competed nationally with FQHCs across the country and was the only Vermont FQHC to receive these highly sought after funds. This funding was extremely competitive, with only 85 awards given out of 600 applicants. HRSA expected to award approximately \$500 million and had over \$3 billion in requests; demonstrating the local need and opportunity for expansion. CHCB must also raise private, community funding to complete the project. For more information or to arrange a tour, call Alison Calderara at 264-8190.



Vermont Managed Care  
 P.O. Box 1150  
 Burlington, VT 05402-1150

Tel. (802) 847-8161  
 (800) 639-3881

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## VMC Board of Directors

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|---|---|
- \* Board Officers

## Vermont Managed Care Contact Numbers



Phone #	Phone # FAP	Fax #
<b>Main</b>		
802-847-8161		802-847-6214
<b>Customer Service (CS) / Case Managers (CM)</b>		
802-847-8369 (CS)	802-847-4862 (CS)	802-847-6213 (CS)
800-639-3881 (CS &CM)	866-582-6836 (CM)	802-847-6213 (CM)
<b>Provider Enrollment (PE) / Provider Relations (PR) / Credentialing</b>		
802-847-8161 or		802-847-3427 (PE)
800-639-3881		802-847-6214 (PR)
		802-847-6254 (CRED)

A complete phone list of all staff is available in the VMC Provider Manual available online at [www.vermontmanagedcare.org](http://www.vermontmanagedcare.org).