

provider NEWS



CHILDREN *with*

INSIDE THIS ISSUE

Identity Theft	2
UM Denial Criteria	2
Billing Hints for After Hours Care	3
LCHP Formulary Updates	3
Hospice Care	4
CAHPS	5
Say 'ahhhh'	6
Time for a Cuppa	7
PCP/ObGyn	8
Cultural Diversity CMEs.....	8
Healthcare Classes.....	9-11
Behavioral Health	Insert

SPECIAL HEALTHCARE NEEDS

Children with special healthcare needs have a broad range of primary, specialized, and related service requirements. In addition to well-child care, health promotion, and disease prevention, children with special healthcare needs often require specialty care, diagnostic and intervention strategies, home therapies, and ongoing ancillary services. Ancillary services can include occupational therapy, physical therapy, speech therapy, and individual and family counseling. Long-term management of ongoing medical complications must also be considered.

Many of these children also depend on healthcare services at home, in school, and in the community. Strategies that optimize child health outcomes, minimize the poten-

tial for developmental delay, and address the differences in this population are an integral part of the system servicing these children. Recognizing that children with chronic conditions have these needs, the role of the PCP becomes integral to the development and intervention of a collaborative care plan.

To this end, any Lovelace Community Health Plan member who has been identified as a child with special healthcare needs has the right to request a specialist as a primary care doctor. This specialist will act as their primary resource to coordinate and manage the child's complex healthcare needs.

In the event that a request is made for a specialist to function as a special-needs child's primary doctor, the Lovelace Community Health Plan Member Services

Department will review and process the request following LCHP policies. Each request is sent to the medical director for review and a final decision.

The following criteria must be met for such a request to be granted:

- The specialist must be willing to act as the child's primary doctor
- The member/child must have a diagnosis related to the specialty of the doctor
- The specialist must be able to meet all the same rules as the primary doctor

In the event that the request is granted, it is incumbent upon the specialist, as the child's primary care provider, to comprehensively coordinate and manage the complex healthcare needs of the child.



Identity THEFT: A FRAUD AND ABUSE ISSUE

Because Lovelace Community Health Plan is committed to ensuring adherence to all federal and state laws and statutes, development and maintaining an effective fraud and abuse program is of prime consideration. A Risk Area Standards of Conduct policy has been developed which addresses areas identified by the Office of Inspector General to address fraud and abuse issues; all reports are investigated and determinations made which affect both claims payment and member/provider participation. The bottom line is: fraud and abuse cost money, eat up resources, and have heavy impact upon the functionality of any health plan dedicated to providing quality healthcare.

One area of fraud and abuse that has been of significant import is that of identity theft: specifically, inappropriate utilization of services by other than a qualified member of LCHP. It's easily done: all a member has to do is 'loan' his or her enrollment card to another person or family member who is not eligible for participation in the Medicaid program. And when the family member shares the same name as the LCHP member, it's all too easy to overlook otherwise obvious clues to the fraud.

Unfortunately, as several providers have learned to their chagrin, when these claims are processed, they will most usually be denied, and the fees for services - or drugs, in the case of prescription fills - will have to be absorbed by the providers themselves. And while the concept of charity is a noble one, it's a rare practice that can afford to participate in a 'charitable' act that could also have serious criminal repercussions.

So how can a provider protect him/herself from this type of potentially damaging situation? One way is to have staff request positive member identification when an enrollment card is presented: you wouldn't want them to accept a personal check without identification, and the only threat to your business there is a financial one. A driver's license with picture ID, state ID card, military ID - anything that can positively identify the individual requesting service. In a situation where the member is a minor child, train your staff to be aware of age-specific medications and services: in one fraudulent claim case, thousands of dollars worth of heart medications intended for the member's parent was charged to a minor child's account!

Should you suspect an issue of fraud or abuse is being perpetrated, contact Michelle Egan, the LCHP Fraud & Abuse Incident Coordinator at (888) 232-2750. All incidents are handled anonymously.

In short, effective adherence to a fraud and abuse program requires the participation of all who are affected by it. You wouldn't knowingly misrepresent a claim and jeopardize your participation in the Lovelace *Salud!* program; be savvy and don't let a third party jeopardize it for you.

UTILIZATION MANAGEMENT *Denial Criteria*

Requests for services are reviewed for medical necessity. LCHP utilizes national guidelines to determine coverage for medical necessity. These guidelines are Milliman and Robertson inpatient length of stay, InterQual ISP guidelines for Surgery and Procedures, ISX guidelines for imaging, CMS guidelines, and Medical Assistance division regulations. Whenever a service request is denied for medical necessity by the Physician Reviewer, the criteria used is cited in the notification letter addressed to the member and copied to the ordering physician. The ordering physician can at any time request a copy of the criteria used by the Physician Reviewer to deny their request.

InterQual criteria are organized by Medical specialty/body system, e.g., Cardiology. It is further delineated by a specific surgery or procedure, depending on the volume being used. Acuity of symptoms and history of medical/surgical treatment are then compared to numerous national medical standards that have been agreed upon to be reasonable and customary by physician specialists in that particular specialty. After the accompanying medical documentation with the service request is compared to criteria and found not to meet coverage guidelines for medical necessity, the nurse reviewer then refers the request, along with all the medical documentation and criteria used, to the Physician Reviewer for a determination. The Physician Reviewer then compares the medical documentation to the criteria being used and determines the medical necessity of the request. The Physician Reviewer is the only individual who can deny a prior authorization request.





BILLING HINTS: AFTER HOURS CARE

Correct billing of after hours care has been a concern for many providers for some time. Confusion surrounding who actually can or cannot bill these codes is about to be demystified.

The industry standard for payment has always followed the practice that, should a provider be required to open or reopen their offices after closure or on holidays or weekends, codes 99050 through 99054 are reimbursable. After hours codes do not apply to offices offering after hours care, emergency room visits (there are specific CPT codes for these services), or routine office care for “walk-ins” or “squeeze-ins.” If a member is seen in the office in lieu of an emergency room visit, the bill should include the after hours codes and a routine office visit code.

Example: Mrs. Smith calls Dr. Jones because Johnny is running a temperature of 103° for three days, and it is now 8 p.m. Dr. Jones meets them in his office and subsequently bills the visit using 99214 (office visit E & M) and 99050 (after hours).

Reimbursement for emergency room, urgent care, after hours clinics/offices, critical care, hospital care, nursing facility, rest home/home basic life, work related or disability evaluation and routine management services already covers visits both during and outside the normal office hours. It is required that if services are truly “after hours,” a routine evaluation, and management (E & M) code be used in addition to a place of service code of “11” (office). Any other place of service code will cause denial in payment.

LCHP FORMULARY UPDATES

Inpatient length of stay for elective and concurrent admissions is compared to Milliman and Robertson criteria. And, again, any requests not meeting criteria are referred to the Physician Reviewer for final determination.

The following medications have been added to the formulary:

- Anaplex DM
- Aranesp (darbepoetin)
- Atuss DR Syrup
- Axid (nizatidine)
- Entocort EC (budesonide)
- Fragmin
- Nascobal Nasal Gel (cyanocobalamin)

- Neulasta (pegfilgrastim)
- Niaspan (niacin)
- Pediatex
- Pediatex-D
- Pediox
- Plexion
- Precare Tablet
- Requip (ropinirole)
- Tikosyn (dofetilide)
- Toprol XL (metoprolol)
- Valcyte (valganciclovir)
- Viread (tenofovir)
- Zometa (zoledronic)
- Zyprexa Zydis (olanzapine)

The following medications have been on the CIGNA formulary but required a prior authorization or step edit. The need for the prior authorization or step edit has been removed:

- Accolate (zafirlukast)
- Androderm (testosterone)
- Diflucan (Fluconazole) Quantity Limit on 150mg
- DDAVP
- Duragesic Patch (fentanyl)
- Halotestin (fluoxymesterone)
- Rebetol (ribavirin)
- Singulair (montelukast)
- Testred (methyltestosterone)
- Ultram (tramadol)
- Wellbutrin SR (bupropion)

The age edits for these CIGNA formulary medications have been removed or changed:

- Adderall
- Adderall XR
- Cylert (pemoline)
- Dexedrine
- Dextrostat
- Emla
- Metadate CD
- Metadate ER
- Ritalin
- Retin-A (prior authorization if patient > 46-years old)



HOSPICE CARE: BENEFIT AND COMFORT

Hospice care is recognized as a comfort and partner to persons with a terminal illness during their final months of life. This support extends to family members as they care for their loved one, and continues beyond the death of their loved one for ongoing bereavement counseling and support. Hospice care is a fully covered benefit for Lovelace *Salud!* members.

However, many persons with terminal illnesses may never learn of hospice care, or they learn about hospice care late in the course of their illness. Yet the Centers for Medicare and Medicaid Services (CMS) believes that hospice care is an “essential” benefit that can bring physical and emotional care to the terminally ill individual and his or her family when life nears its end. According to Thomas Scully of the Department of Health and Human Services, CMS is committed to ensure that persons with terminal illnesses receive appropriate end-of-life care tailored to meet their needs.

According to the National Hospice and Palliative Care Organization (NHPCO), almost 800,000 Americans receive end-of-life care services annually; however, for every hospice patient, two more patients could benefit. In a survey conducted by the NHPCO, 88% of those surveyed endorsed a consultation with end-of-life experts for information regarding care options. The benefits cited by those surveyed included increased control over decision-making, improved quality of life, and alleviation of financial concerns.

CMS published an article in the March-April 2002 edition of *The Physician Executive* entitled “End of Life Care Enhances Dignity and Peace As Life Nears Its End.” In this article, two barriers to a broader acceptance of hospice care are identified: a reluctance to contemplate or discuss end of life issues, and a lack of awareness that hospice benefits are both broad and readily available virtually everywhere in the country. CMS notes



“hospice care has been a fully reimbursable Medicare Part A benefits option for beneficiaries and providers since 1983.”

Lovelace Community Health Plan (Lovelace *Salud!*) values the services provided by our many hospice providers throughout the state of New Mexico and understands the medical, emotional, and spiritual benefits hospice provides.

However, oftentimes we receive referrals for hospice care late in the member's life and hospice services are provided for only a few days before death. Here is a case where six months of hospice care is better than two days of hospice care. The decision to pursue hospice care is an important decision that requires frank and open discussion between patient and physician. We encourage our medical providers to consider hospice care in a timely manner to allow hospice agencies to do what they do so well.

Making accurate or exact end-of-life care prognoses is difficult, therefore, CMS uses the terms “expectancy” and “if the terminal illness runs its normal course.” As such, it is entirely possible for hospice services to be extended beyond the initial six-month period. Physicians are expected to use their best “clinical judgment regarding the normal course of the individual's illness.”

Hospice services include:

- medical and nursing care
- medical equipment (such as wheelchairs, walkers, or hospital beds)
- pharmaceutical therapy for pain relief and symptom control
- home health aide and homemaker services
- social work services
- physical, occupational, and speech therapy (for control of symptoms or to maintain activities of daily living)
- diet counseling
- bereavement and other counseling services including spiritual counseling
- case management

“Palliative care is a special and valuable way of easing the pain and emotional stress of people who are approaching the end of life's journey.” “Hospice is not about death, but rather about the quality of life as it nears its end, for all concerned – the patient, family and friends, and the health professional community” (*The Physician Executive*, March-April 2002). Hospice does much to reduce the feelings of isolation, hopelessness, and despair experienced by our terminally ill members and their families.

Lovelace *Salud!* requires prior authorization for hospice care; please submit your order for hospice care accompanied by a certification of terminal illness to LCHP Prior Authorization via fax to (505) 232-2868 or toll free fax (888) 815-8099. Case Management services are also available for Lovelace *Salud!* members who are receiving hospice care by contacting Patty Kehoe RN/CCM, Medical Manager at (505) 816-6610, or Ross Henke LISW/CCM at (505) 816-6635; both can be reached toll free by calling (877) 894-4783.

behavioral HEALTH

INSIDE THIS ISSUE

Preventing Readmissions to Residential Treatment Centers.....B-2

Level of Care Guidelines.....B-2

Specialties in Behavioral Healthcare B-3

Behavioral Health Survey.....B-3

Potential Herbal Drug Interactions ..B-4

Thoughts for a New Year.....B-4

ATTENTION DEFICIT HYPERACTIVITY DISORDER *in Adults*

Attention Deficit Hyperactivity Disorder (ADHD) persists to adulthood about 15-20% of the time, and adults with a diagnosis of ADHD commonly have ongoing difficulty in academic and work settings. The diagnosis and treatment of ADHD in adults is similar to that in children, and since this issue has been a "hot topic" in the media, your patients may ask for an evaluation for this disorder.

Use the following criteria to make a diagnosis of ADHD in adults. It is important to note that a diagnosis of childhood ADHD is essential to make a diagnosis of ADHD in adults. If your patient wasn't formally diagnosed with ADHD in childhood, you can adapt these criteria to ascertain whether the symptoms were present in childhood but went untreated. If there is no history of childhood ADHD but your patient is presenting with these symptoms as an adult, then

Depression, Bipolar Disorder and Substance Abuse should be ruled out.

In order to meet the criteria for ADHD, your patient should have at least six symptoms from either category*:

INATTENTION:

1. Does not pay close attention to details or makes careless mistakes
2. Has difficulty sustaining attention
3. Does not seem to listen
4. Does not follow through on instructions and fails to finish tasks
5. Experiences difficulty organizing things
6. Avoids or dislikes activities that require sustained attention
7. Often loses things
8. Is easily distracted
9. Is often forgetful in everyday activities

HYPERACTIVITY-IMPULSIVITY:

1. Fidgets with hands or feet

2. Gets up from his/her seat often
3. Experiences feelings of restlessness
4. Has difficulty engaging in quiet leisure time activities
5. Is often "on the go"
6. Talks excessively
7. Blurts out answers or comments
8. Has difficulty waiting in line or waiting for his/her turn
9. Often interrupts or intrudes on others

Your patients can receive more information about ADHD, and its diagnosis and treatment, at the following web sites:

www.nimh.nih.gov/publicat/adhd.cfm

www.chadd.org CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) is an organization that is dedicated to providing education and support for those with ADHD. They can also be reached at (800) 233-4050.

**These criteria were adapted from the Diagnostic and Statistical Manual Of Mental Disorders,*

PREVENTING READMISSIONS TO RESIDENTIAL TREATMENT CENTERS

By Danny Pacheco, Behavioral Health Case Manager

One of the benefits of being a Lovelace *Salud!* member is access to Residential Treatment Centers (RTC). This benefit is available for members between the ages of 5-21 years of age, who suffer from persistent psychiatric disorders, including chemical dependency. Oftentimes these individuals suffer from more than one mental health condition or have both a mental health and physical condition. RTC treatment programs consist of individual, group, family therapy, and medications, if necessary. The length of stay varies for each individual: for some it is several weeks; for others, several months. Once the member has accomplished their treatment goals, they are usually discharged to lower levels of care (treatment foster care, group home, day treatment, outpatient, etc). This is done with the coordination of a Lovelace Community Health Plan (LCHP) case manager.

Upon discharge, the member is followed by a behavioral health case manager and sometimes followed by a Complex Care Coordinator (CCC). The CCCs help the member follow up with aftercare appointments as well as with any additional services that the member may require, including helping them access community support services. Each admission and discharge is documented and tracked by the CCC. Readmissions to RTC or a higher level of care (acute inpatient) are also monitored. The state of New Mexico's goal is to have a rate no greater than 19% readmission to an RTC or higher level of care within 30 days. Lovelace *Salud!* has exceeded this goal: In 2001, the readmission rate to RTC was 8.5%, and the readmission rate to a higher level of care was .4%. Working closely with our providers and careful discharge planning has made it possible to help provide the support members need to prevent readmissions.

Having said that, there are several barriers that can contribute to a readmission. Sometimes the members and their guardians are unaware of community resources or are unable to make follow-up appointments with local community providers. In some smaller rural communities there are often limited resources and services. If transportation is an issue, members have access to transportation services through LCHP, if appropriate. LCHP also offers translation services for members for whom language may be a barrier to understanding or following through with the aftercare plan. Others experience fear related to the stigma of being seen by a mental health provider. It can be very difficult for a child or parent to admit that they need help. Lack of education or awareness about mental illness and or medications also plays a part in readmissions. This lack of awareness and or education makes it difficult for some to be aware that their symptoms have increased, often not realizing they need help until things have reached a critical point. Or, sometimes, when members begin to feel better on medication therapy

they discontinue their medications without consulting with their treating physician first. One of the most common indicators of readmission is the continued use of drugs or alcohol. The most important factors in helping members continue to be successful in their aftercare treatments are an appropriate and safe discharge plan, attendance at follow-up appointments and strong family support. LCHP works closely with the families and providers to assist them during and after discharge from any level of care. If you would like to find out more about residential care services or have any other question on behavioral health services, please contact Lovelace Community Health Plan at (800) 291-6944.



New Managed Care Organizations Uniform Level Of Care Guidelines Available

Effective November 1, 2002, Lovelace Community Health Plan (LCHP) Behavioral Health Services began using the new Managed Care Organizations Uniform Level Of Care Guidelines. These guidelines are for all levels of Medicaid/*Salud!* required Behavioral Health Services. The guidelines have been developed in concert by Lovelace, Presbyterian and Cimarron MCOs and HSD to provide a consistency across the

three plans in authorizing levels of service.

Included in the guidelines are general and specific definitions and requirements, and admission, continued stay, and discharge criteria for the following behavioral health services:

- Acute Inpatient Hospitalization
- Observation Stay
- Partial Hospitalization
- Residential Treatment Center Services
- Treatment Foster Care I & II
- Group Home
- Day Treatment
- Psychosocial Rehabilitation
- Behavioral Management Skills Development Services
- Outpatient Services
- Case Management

A copy of the guideline can be obtained from Lovelace's website at: www.lovelacehealthplan.com. For a printable version of the Level of Care Guidelines, click on *Salud!*

Each plan may have additional individualized enhanced services. Lovelace Community Health Plan will continue to provide the enhanced services of Shelter Care, Respite Care, Home Based Services, School Based Services and Prevention/Outreach Services. For the specific guidelines, please contact Case Management at (800) 291-6944.

Copies of the guidelines will not be mailed out to Behavioral Health Providers. If you cannot access the Lovelace web page, please contact Provider Relations, Digby Henry, at (505) 232-2700, ext. 2220, and a copy will be mailed to you.

SPECIALTIES IN BEHAVIORAL HEALTHCARE

When choosing or making a referral to a mental health provider, one of the first questions to ask is what is their specialty? Whom do they work with? What issues do they deal with? What model of therapy do they practice? How and where do they provide treatment? Knowing a provider's specialty and method makes selection and referral more effective.

Areas of specialty typically fall into five categories: population served, types of disorders treated, areas of treatment focus, models of therapy, and methods employed in treatment. A provider may have a specialty based on their personal preference, education, work experience, or a specific area of training.

Practitioners often elect to work with specific populations such as children, adolescents, or adults. They may focus on working with individuals, families or groups. Some practitioners or agencies will focus on the needs of specific cultures, languages, religious denominations, or ethnic groups. A practitioner may be bilingual or skilled in visual languages, such as International or American Sign Languages. Specialties in this area include working with persons experiencing persistent mental illness, geriatrics or other issues of aging, and medical issues effecting behavior.

Providers also specialize addressing disorders or dysfunctions in which they are trained, have specific skill and are licensed to treat. These disorders, listed in the DSM IV or the ICD-9, include depression, anxiety and adjustment disorders, dissociative disorders, sexual and gender identity disorders, eating and sleep disorders, alcohol and substance related disorders, impulse control and disorders of childhood, psychotic and personality disorders. Some providers specialize in single areas, such as Reactive Attachment Disorder or Post Traumatic Stress Disorder, developing specific treatment methods.

Many behavioral health practitioners list their treatment focus as an area of speciality. These may include career and work issues, personal and spiritual growth, crisis and trauma, domestic violence, problems of intimacy, relationships and life stage transition, gay/lesbian issues, woman's issues, adoption and parenting, court referral and evaluation, cross and multicultural issues. They may specify anger and stress management, grief and loss issues, sexual assault and sexual abuse issues, addictive behaviors, conflict resolution, treatment of fears and phobias, ADD/ADHD, and learning or communication problems.

Most providers are trained in one or more models of human behavior and treatment. They may identify themselves, for example, as Ericksonian or Rogerian, Humanistic, Transpersonal or Existential, Freudian and Psychoanalytic, Rational/Emotive, Cognitive/Behavioral, Gestalt, or Experiential Therapy. They might practice Pastoral or Christian counseling, Psychiatry, Biomedical, or Health Psychology. They may focus on a specific therapeutic model or have a broad, inclusive, eclectic and holistic approach.

The therapeutic model operated from frames the methods of treatment. The models and methods used may focus on the client's level of function, ability and skill and/or personality dynamics, depending on the goals of treatment.

Therapy and treatment may be provided in a hospital, residential setting, private office, at the workplace, in the home or in the school. Treatment methods include psychotherapy and interpersonal counseling, experimental and interactive methods of psychodrama, art and play therapy, gestalt therapy and guided imagery. Cognitive/behavioral therapies may focus on brief therapy, specific skill training, behavior management and modification, or assertiveness training. Other treatment methods include biofeedback, group therapy, marriage and family therapy, case management and psychosocial rehabilitation.

As Complimentary and Alternative Medicine has come more to the forefront of medical practice, there are new fields and specialties developing out of the interaction and integration of these fields. Integrative medicine and holistic practice combine traditional medical and behavioral practices with other cultural, indigenous and contemporary models of healthcare.

For example, Equine Assisted Psychotherapy has integrated the horse as an effective therapeutic tool. Over the past few years, EMDR has developed and grown in practice as a treatment method for PTSD and other traumatic experiences. Therapists are bringing in the practice of yoga, tai chi chuan and martial arts as methods of focusing and developing consciousness. Energy Psychology bridges mental health practices with methods from other medical models such as Chinese medicine, acupuncture and meridians, giving rise to Thought Field Therapy. Increasingly, Behavioral Health practitioners are joining in practice with Medical and Contemporary providers to expand the options and specialties of Healthcare. Lovelace Community Health Plan is currently developing a database of specialties of all our Behavioral Health practitioners. To have your areas of specialty and training entered into the database, please complete the enclosed Specialties Information Form and fax it to Gail Dement, Data Specialist, at (505) 816-6627.

LOVELACE COMMUNITY HEALTH PLAN BEHAVIORAL HEALTH SPECIALTIES INFORMATION FORM

Practitioner Name: _____
 Degree: _____ License: _____ DOB: _____ Gender: Male ___ Female ___
 Contract Name: _____ Group/Facility: _____
 Group/ Faculty Name: _____

In the areas below, please check those that apply and add in any not listed.

POPULATIONS

Children ages 1-5: _____ Children ages 6-12: _____ Adolescents ages 12-18: _____
 Adults: _____ Seniors age 65 +: _____ Other: _____

LANGUAGES

English: ___ Spanish: ___ German: ___ Vietnamese: ___ Other: _____
 Native American/First Peoples: Tewa ___ Navajo ___ Apache ___ Other _____

SPECIALTIES

- | | |
|---|--|
| <input type="checkbox"/> Alcohol/SA Assessment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Anxiety Disorder/Phobias | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Obsessive/Compulsive |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Personality Disorder |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Chronic/Terminal Illness | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Conduct/Disruptive Disorder | <input type="checkbox"/> SDMI |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sexual Offenders |
| <input type="checkbox"/> Developmental Disorder | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Dissociative Disorder | <input type="checkbox"/> Sexual Disorders |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Marital/Couples |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Home Visit |
| <input type="checkbox"/> Gay/Lesbian/Gender Identity Issues | _____ |
| <input type="checkbox"/> Grief/Loss | _____ |
| _____ | _____ |
| _____ | _____ |

Please fax this form to: Gail Dement, Data Specialist, (505) 816-6627. Thank you.

POTENTIAL HERBAL-DRUG INTERACTIONS

Reported interactions between herbal medicines and synthetic drugs are small in number; however, interactions do exist and can have serious clinical consequences. Healthcare professionals should inquire about herbal product use and consider the possibility of herb-drug interactions. Case reports of interactions with the seven most commonly used herbal medicines are summarized below. [Ref: Izzo AA, Ernst E; Drugs 2001 61(15): 2163-75]

St John's wort (*Hypericum perforatum*)

- lowers blood concentrations of cyclosporine, amitriptyline, digoxin, indinavir, warfarin, and theophylline. (Mechanism: induction of hepatic isoenzyme CYP 3A4 and increased P-glycoprotein activity)
- intermenstrual bleeding when used with oral contraceptives (ethinylestradiol/desogestrel)
- episode of delirium in one patient when used with loperamide and valerian
- mild serotonin syndrome when used with SSRIs (sertraline, paroxetine, nefazodone)

Ginkgo (*Ginkgo biloba*)

- bleeding complications when combined with warfarin or aspirin
- increased blood pressure in an elderly patient when combined with a thiazide diuretic
- coma in an Alzheimer's patient when combined with trazodone

Ginseng (*Panax ginseng*)

- possible interaction with warfarin leading to decreased INR
- induction of mania with concomitant phenelzine
Garlic (*Allium sativum*)
- noted to alter the pharmacokinetics of acetaminophen
- increased INR when combined with warfarin
- potential increased risk of post-operative bleeding complications

Kava (*Piper methysticum*)

- increased 'off' periods in a Parkinson's patient taking levodopa
- increased sedation when given concomitantly with alprazolam

No reports of interactions were found for echinacea (*Echinacea angustifolia*, *E. purpurea*, *E. pallida*) or saw palmetto (*Serenoa repens*).



Thoughts for a New Year:

the answer is simple

listen and meditate

give greetings to each morning

exercise purposefully

eat well

complete your tasks

look for the small beauties

and dandelions in the parking lot

*at twilight give thanks to the day
and welcome the night*

*know that regardless of your thoughts
life has its own purpose*

*the universe does not belong to you
you belong to the universe*

*there is no such things as importance
there is only gratitude*

*there is no such thing as best
there is only beauty*

CAHPS CONSUMER ASSESSMENT OF HEALTH PLAN STUDY

A MEMBER SURVEY — *Results are in.*

In an on-going effort to provide the best possible healthcare for our Lovelace Community Health Plan members, annual surveys are conducted to receive feedback from our member base. These survey procedures and questionnaires are specified by the National Committee for Quality Assurance (NCQA), and lead to uniform measures for comparability to other health plans and managed care organizations for consumers, employers and other interested parties.

This year's survey was fielded in February-March 2002, and consisted of two separate samples: adults 18 years or older, and children 12 years or younger as of December 31, 2001. 490 usable responses were received from the 1275 eligible and participating members and highlight areas of the health plan service that deserve attention either for outstanding service or need for improvement.

Both membership populations surveyed responded positively to the questions regarding customer service issues. With satisfaction percentages of 71.7% (adults) and 72.2% (children), LCHP ranks favorably above the regional averages for either population group, and above the 2001 HEDIS® benchmark percentages. Equally positive figures were reported for courteousness and helpfulness of provider office staff: 89.1% (adults) and 90.5% (children), where the regional averages were 89.3% and 90.3%, respectively. It should be noted that these reportings represent definite increases in these areas from last year's survey, a fact that demonstrates commendable effort on the part of LCHP's providers and their staffs!

Additionally, members were pleased with the level of communication received from their doctors, and gave their specialists seen high marks. In general, the health plan received positive ratings from the membership, as it has over the past several years.



This year's survey was fielded in February-March 2002, and consisted of two separate samples: adults 18 years or older, and children 12 years or younger as of December 31, 2001.

Areas for improvement exist as well, as evidenced by notable decreases in satisfaction levels for referrals and length of time necessary to obtain appointments or approvals. Of particular interest for our culturally diverse population group was the decrease in satisfaction rates for availability of an interpreter. Providers are reminded that interpretation and translation services are available, and are an invaluable resource in providing quality healthcare service.

As a result of these survey results, action plans will be developed to address opportunities for improvement in all areas of the health plan - all of which will enhance LCHP's commitment to Quality Care and Quality Service. Remember: Your hard work is helping Lovelace build the best healthcare team in New Mexico!

Prior authorization, for billing purposes, is necessary – just call Medical Services.

For more information, call LCHP Provider Services at (505) 232-2700 or Certified Languages International at (800) 237-8434.



say 'ahhhh'

IN MACEDONIAN, PLEASE?

You speak English, and a fair bit of Spanish. You took French in high school. But your patient is a Laotian refugee who only speaks Hmong. The few words of English she knows isn't enough for you to explain her specific condition, nor the medication schedule she needs to be on. Substitute 'Hmong' for any language that you aren't fluent in: A routine health situation threatens to become

critical because of a communication boundary. What are your options?

Luckily, you don't need to sign up for a crash course at Berlitz, nor invest in a complete set of world language dictionaries. All you need is a telephone.

Lovelace Community Health Plan is contracted with Certified Languages International (CLI) to provide free

translation and interpretation services to *SALUD!* members and providers in over 143 languages, including - yes - Hmong. Both on-site and telephonic services are provided by CLI, as well as language instruction services. Please allow a 24-hour lead-time for on-site visits or for any of these services.

HERE IS A PARTIAL LIST OF LANGUAGES THAT CERTIFIED PROVIDES SERVICES IN:

Afghani	Chiu Chow	Kirghiz	Nepali	Russian	Tibetan
American	Chukchi	Korean	Payute	Spanish	Turkmen
Sign Language	Croatian	Kurdu	Portuguese	Sudanese	Urdu
Arabic	Farsi	Lao	(Brazilian and	Swahili	Vietnamese
Basque	Gujarati	Macedonian	European)	Tagalog	Xhosa
Bengali	Hindi	Maio	Pueblo	Taiwanese	Zulu
Bosnian	Hmong	Malaysian	Punjabi	Tamil	
Burmese	Indonesian	Maya	Quechua	Thai	
Cambodian	Khmu	Navajo	Romanian	Thai Dam	



CULTURAL DIVERSITY

Culture – a term used to describe a people’s whole way of life: the customs, acts, behavior, skills, art, music, books, language, ideas of a given people in a given time.

Custom – an act that becomes habit and may be handed down from grandparent to parent to child, etc.

Time for “A Cuppa”?

Since last year was the Golden Jubilee of Queen Elizabeth’s coronation, and her 75th birthday, it’s an appropriate time to talk about a very British custom: the English Afternoon Tea.

Throughout the 300 years that the British have been drinking tea, it has had a remarkable influence on our culture and lifestyle patterns through the ages. Queen Catherine, wife of Charles II, first introduced tea drinking as a social and family habit to the English in 1662, when she brought chests of tea to Britain as part of her wedding dowry. It is a habit which has been firmly adhered to by today’s royal family, as well by all levels of society.

Prior to the introduction of tea into Britain, the English had two main meals: breakfast and dinner. Breakfast was ale, bread and beef. Dinner was a long, massive meal at the end of the day. It was no wonder that Anna, the Duchess of Bedford (1788-1861) experienced a “sinking feeling” in the late afternoon. Adopting the European tea service format, she invited friends to join her for an additional afternoon meal at five o’clock in her rooms at Belvoir Castle. The menu centered around small cakes, bread and butter sandwiches, assorted sweets, and, of course, tea. (It helped that the Earl of Sandwich had invented the idea of putting a filling between two slices of

bread at about this time). This summer practice proved so popular, the Duchess continued it when she returned to London, sending cards to her friends asking them to join her for “tea and a walking in the fields.” The practice of inviting friends to come for tea in the afternoon was quickly picked up by other social hostesses. Food and tea was then passed among the guests, the main purpose of the visiting being conversation.

Tea cuisine quickly expanded in range to quickly include wafer thin crustless sandwiches, shrimp or fish pâtés, toasted breads with jams, and regional British pastries such as scones (Scottish) and crumpets (English).

At this time two distinct forms of tea services evolved: “High” and “Low.” “Low Tea” (served in the low part of the afternoon) was served in aristocratic homes of the wealthy and featured gourmet tidbits (such as those above) rather than solid meals. The emphasis was on presentation and conversation. “High Tea,” or “Meat Tea,” was the main or “High” meal of the day. It was the major meal of the middle and lower classes and consisted of mostly full dinner items such as roast beef, mashed potatoes, and of course, tea. An easy way to remember the distinction between “High” and “Low” teas is to associate the services with the furniture:

“High” tea is served on a “high” table, like a buffet or sideboard, while “Low” tea is usually served on a “low” table, like a coffee table!

Whether time is taken for afternoon tea, or a coffee break, and whether you take it with a scone or a doughnut, it is good to stop and relax, reenergize batteries and release stress. The time will be put to good use for the mind and body’s well being. So take a break today, and have yourself a cuppa!

Throughout the 300 years that the British have been drinking tea, it has had a remarkable influence on our culture and lifestyle patterns through the ages.



GETTING MEMBER OB/GYN RESULTS TO PCP FILES

Primary Care Physicians or gynecologists may provide important preventive health services, such as pap smears, mammograms, breast exams, documentation of self - breast exam, and fecal occult screening. When these services are provided by a gynecologist, it is very important that this information always ends up in the PCP's file on the member. If this information is not in the PCP's records, the PCP has no way of knowing if these tests have been performed or if any follow-up is indicated.

Since female health plan participants may self-refer to a participating OB/GYN provider for routine OB/GYN services, the necessary information does not always make it back to the patient's PCP. It is important that gynecologists and other specialists work closely with the PCP to enhance continuity of healthcare services. Specialists are required to follow each visit with a dictated note to the PCP stating findings and recommendations on an appropriate treatment plan. A copy of the office note to the PCP may be appropriate and less burdensome to the specialist.

The Preventive Health section of the Ambulatory Medical Record Review of PCP files exists to determine if preventive health measures are being performed by participating practitioners. Evidence of health counseling, early detection screening, and prevention of disease can be assessed through the medical record review process. Measurement of performance against preventive guidelines is also conducted through the HEDIS® Effectiveness of Care measures.

Having the patient's health information accessible to all applicable caretakers promotes thorough and coordinated care. Let's all work together to provide the best possible care to our patients by ensuring all medical information makes its way to the member's PCP file. If you have any thoughts regarding the improvement of medical information sharing between PCPs and OB/GYNs, please call (505) 232-1954 and leave a message for your Quality Nurse Liaison.

CULTURAL DIVERSITY C M E S

Are you interested in earning CMEs for Cultural Diversity? Check out this web site!

www.earningcme.com

New Mexico is a multi-cultural, multi-racial, and multi-lingual state, so this site contains four diversity modules that will be useful to healthcare practitioners. Each of these modules are worth .5 CME. Lovelace



provides these on-line CME modules to support the on-going efforts of our staff and network providers to give compassionate and appropriate care to all patients.

The site offers information that is available for Category I CME.

The information will change from time to time, so check back often!

BETTER YOURSELF

Education and Health Classes

LOVELACE

The following pages offer classes for your education, self improvement or general well being. Have fun!

Spirit of
Women CLASSES

The following classes along with other special events, seminars, and workshops, are posted online at www.lovelace.com. Pre-registration is required for most classes. Call 262-3089 for location, schedule, and to register for the following classes unless otherwise specified.

Prepared Childbirth

\$85 for a five-class series offered twice per month at Gibson from 6-8:30 p.m. Saturday classes are also offered at Lovelace's Gibson and Journal Center locations from 9 a.m.-5 p.m. Come learn about the birth process, breathing and relaxation techniques. Support people are encouraged to attend.

Weeknight classes at Gibson center begin on Wednesday night January 22, February 26, April 2, and May 14. Thursday night classes at Gibson center begin on January 9, February 13, March 20, and Apr 24. Saturday classes at Gibson meet January 11, January 18, February 8, February 15, March 15, March 22, April 19, April 26, May 24, and May 31. Saturday classes at Journal Center meet January 25, February 1, February 22, March 1, March 29, Apr 5, May 3, and May 10.

Baby Care Basics

\$12.00 per person or \$18.00 per couple. 6-8:30 p.m. Offered Tuesday, Wednesday and one Thursday evening per month. This class provides information on parenting skills for first-time parents and a refresher for the "pros." Infant feeding, baby care basics, normal newborn appearance and behavior and safety tips are covered.

Tuesday night classes are January 14, January 28, February 11, February 25, March 11, March 25, April 8, April 22, May 13 and May 27. Wednesday night classes are February 19, March 26, and April 30. Thursday night classes are February 6, March 13, April 17 and May 22.

CPR for Infants and Toddlers

\$22.00 per person or \$37.00 per couple. 9 a.m.-1 p.m. Offered one Saturday per month on January 25, February 22, March 29, Apr 26 and May 31. Be certain you know what to do in case of an emergency. Designed for parents-to-be, new parents.

Preoperative Hysterectomy Class

No cost. Instruction and support for the woman who is deciding whether to have surgery or who is already scheduled for surgery. Taught by registered nurses with surgical care background. Approved and encouraged by Lovelace surgeons. Support person welcome! Call 262-7834 for information and to register.

Bottom Line on Kegels

\$15 LHP/CIGNA members; \$20 for non-members. Offered twice a month (once at Jefferson Rehab and once at Gibson Rehab). The class gives information and exercise instruction for pelvic floor muscles for those patients experiencing stress incontinence. No referral is necessary. Call 262-3794 to register.

Lovelace Spirit of Women Workshop: Breast Health Program

No cost to the public. This workshop includes discussion on breast health and breast cancer treatment, and optional massage and stress reduction techniques. Call 262-3901 for schedule and location. Co-sponsored by the NM Department of Health. 5.1 CEUs available for nurses.



HEALTH EDUCATION CLASSES

WINTER 2003 • JANUARY - APRIL

The following classes, along with other special events, seminars, and workshops, are posted online at www.lovelace.com. Pre-registration is required for most classes. Call 262-3794 to register.

Yoga

\$40 Lovelace/CIGNA; \$80 non-members. Yoga is an ancient Indian practice that includes slow exercises emphasizing strength and flexibility as well as the use of the breath. It is both a physical and mental form of exercise. Eight Mondays, January 20-March 17 (no class on President's Day), March 24-May 12, September 8-November 3 (no class on Columbus Day). Beginners 5:30-6:30 p.m. or Inter-mediate 6:45-7:45 p.m. at the Lovelace Learning Center, 1258 Ortiz SE, Room 106.

T'ai Chi Chih

\$40 Lovelace/CIGNA; \$80 non-members. This simple form of T'ai Chi is appropriate for any level of physical ability. Movement is slow and meditative. Eight Wednesdays, January 8-February 28, April 16-June 4, September 24-November 12, 5:30-6:30 p.m. at the Lovelace Learning Center, 1258 Ortiz SE, Room 106.

NEW! Introduction to Qigong

\$30 Lovelace/CIGNA; \$60 non-members. Also known as Chinese Yoga, this class is for all ages and fitness levels and focuses on breathing patterns, flexibility, mobility, and relaxation. Six Wednesdays March 5-April 9, August 13-September 17. 5:30-6:30 p.m. at the Lovelace Learning Center, 1258 Ortiz Dr. SE, Room 106.

Back to Life

\$20 Lovelace/CIGNA; \$30 non-members. This two-session class on back care is offered twice per month. Call for schedule and location.

Pre-operative Education Class for Orthopedic Patients

No cost to pre-op patients. 2nd Thursday of every month from 10:00 a.m. to noon or 4th Thursday of every month from 1:00-3:00 p.m. at the Lovelace Education Building (just east of main building). If you are having a hip replacement, knee replacement or back fusion surgery, attending this class prior to your surgery will be helpful for your recovery process. Call 262-3089 to register.

Caregiver's Support Group

No cost to the public. Fourth Monday of each month from 1:30-2:45 p.m. at the Palo Duro Senior Center (5521 Palo Duro NE) and the second Monday of each month from 6:30-7:30 p.m. at the Lovelace Montgomery Clinic (9101 Montgomery Blvd. NE). Call Wendy at 275-4229 for information.



Look Good, Feel Better

This class is offered at NO COST for Lovelace cancer patients.

See page 11 for more information.

Continued on page 11

PARENTING CLASSES

HEALTH EDUCATION CLASSES WINTER 2003 • JANUARY - APRIL

Parenting Classes

\$5 per person; \$8 per couple raising same child. Classes meet most Tuesday evenings from 6:30-8 p.m. at Lovelace at Journal Center, 2nd floor classroom. Join child development expert Dr. Mary Dudley to learn about the following topics:

- *Constructive Anger!*
- *When Kids Don't Listen*
- *Stop Fighting Now! Problem Solving with Children*
- *Helping Children Become Self-Disciplined*
- *Effective Discipline for the Strong-Willed Child*

This class will not meet on March 18th and March 25th and will resume April 1. No pre-registration needed; call 873-0376 for details and schedule. Sorry, childcare is not provided.

Parenting Workshop: Toddlers: Terrific Or Terrible?

\$10 per person; \$15 per couple raising same child. Saturday, February 1, 9 a.m.-noon, Lovelace at Journal Center, 2nd floor classroom. Please join us to learn about and discuss the terrific, but sometimes trying, toddler stage of life. Learn what's typical for this stage in children's development. Taught by child development expert Dr. Mary Dudley. RSVP 873-0376. Sorry, childcare is not provided, but babes in arms are always welcomed.

Parenting Children with ADHD

No cost to the public. 6:30- 8:30 p.m. on Wednesdays, scheduled "as needed" at Journal Center, 5150 Journal Center Blvd. NE. Please call 262-3794 to be placed on a waiting list for the next class.

Cancer Support Group

No cost to the public. Every Thursday from 4-5 p.m. in the Southwest Dining Room in the cafeteria at Lovelace, located at 5400 Gibson SE. No registration required. Call 262-3947 for more information.

Back to Life

\$20 Lovelace/CIGNA; \$30 non-members. This two-session class on back care is offered twice per month. Call 232-1911 for schedule and location.

Pre-operative Education Class for Orthopedic Patients

No cost to pre-op patients. 2nd Thursday of every month from 10:00 AM to noon or 4th Thursday of every month from 1:00-3:00 PM at the Lovelace Education Building (just east of main building). If you are having a hip replacement, knee replacement or back fusion surgery, attending this class prior to your surgery will be helpful for your recovery process. Call 262-3089 to register.

Boning Up On The Basics: Osteoporosis

\$20members/\$30 non-members. Offered one Tuesday per month Jan 21, Feb 18, March 18, April 15, May 20, and Jun 17 from 1-3 p.m. at the Lovelace Rehab dept. located at 5405 Gibson Blvd. SE (Siesta Hills location across from the main hospital). This educational program designed for a better understanding of the prevalence of osteoporosis and the risk factors involved. Posture, exercises, and injury prevention are the main focus of this class, with a brief overview of nutrition and medical interventions. Call 262-3794 to register.

Look Good, Feel Better

Offered at no cost for Lovelace cancer patients on the 3rd Wednesday of each month at 7 p.m. at Lovelace, located at 5400 Gibson SE. Call 262-7170 for more information.

Sleep E-z-z-z

\$20 CIGNA/Lovelace; \$30 for non-members. Class meets twice/week from 5:30 - 7:00PM on Tuesdays and Thursdays, February 18-27, March 18-27, April 15-24, May 20-29, and June 17-26 at The NM Center for Sleep Medicine, 4700 Jefferson NE #800. Call 872-6000 to register.

Caregiver's Support Group

No cost to the public. Fourth Monday of each month from 1:30-2:45 PM at Palo Duro Senior Center (5521 Palo Duro NE) and the second Monday of each month from 6:30-7:30 PM at the Lovelace Montgomery Clinic (9101 Montgomery Blvd. NE). Call Wendy at 275-4229 for information.

Freedom From Smoking

\$75 for eight classes from 7-8:30 p.m. This smoking cessation class is based on behavior modification theory, and is taught by trained professionals at the American Lung Association. Call Ray Baca at 265-0732 for schedule and location.

Senior Solutions at New Mexico Sports and Wellness

There is no cost to attend this class for New Mexico Sports and Wellness members. Non-members \$60. This is a ten-session course for mature adults and focuses on various aspects of physical fitness taught by a certified trainer. Next class starts November 4 at the Del Norte location. Call Rebecca Brooks at 857-0123 ext. 112 to register and for schedule at other locations.

Home Study Guides

To order home study guides, call 262-3794 (800) 877-7526, ext. 3794 outside the Albuquerque area). Postage and handling are included in the listed fee for each guide

It's Up to You to Bring it Down

\$5 for home-study book including postage. If you have high (or borderline) blood pressure, this course will help you learn to manage your hypertension. For immediate answers to your high blood pressure questions, call the help line at (800) 575-9355.

Tobacco Free

There is no cost for this home study guide for Lovelace/Cigna members with a healthcare provider's prescription; \$5 for others. The guide contains techniques to quit smoking and other tobacco use.



PO Box 81675
Albuquerque, NM 87108

www.lovelace.com

PRSR STD
US POSTAGE
PAID
ALBUQUERQUE NM
PERMIT NO. 150

CALL US TOLL-FREE (888) 232-2750 EXT. 1201

Claims	(877) 881-5247
Provider Services-Northern	(888) 232-2750 ext.2225
Provider Services-Central	(888) 232-2750 ext.2201
Provider Services-Southern	(888) 232-2750 ext.2226
Provider Services-Lovelace Delivery System	(888) 232-2750 ext.2234
Behavioral Health	(505) 816-6600
or Toll-free	(800) 291-6944
Case Management	(505) 816-6608
or Toll-free	(800) 894-4783
LHP Quality Management	(505) 232-1782
Health Information Line	(800) 366-3401 opt.2
Medical Education	(505) 262-3468
Health Status Management	(505) 262-3527
Pharmacy Exception Center	(505) 262-7917
or Toll-free	(800) 877-7526 ext.7917
Medical Services (Prior Authorization)	(505) 232-2700 ext.1203
Member Services (Eligibility)	(505) 232-2700 ext.1202
PATTI (Provider Access to Timely Information)	(877) 972-8846
Superior Medical Transportation	(505) 341-0042
or Toll-free	(877) 735-0111
Doral Dental	
Prior Authorization	(800) 294-9650
Provider Relations	(800) 233-1468
VSP	(800) 877-7195



Your hard work is helping Lovelace build the best healthcare team in New Mexico.

Comments and questions are appreciated. Call (888) 232-2750, ext. 2240 or write Karen Redman, Manager of Provider Relations, LCHP, PO Box 81675, Albuquerque, NM 87198

Services are funded in part under contract with the State of New Mexico.