Medical Discharge Policy Changes

Increasing evidence has demonstrated that immediate follow-up after an inpatient admission has been able to decrease the chances of a patient being readmitted to the hospital. Discharge planning and the communications during transitions in care play crucial roles in the success of a patient’s health management in the “medical home” and continued wellness. Systems that support thorough and timely communication between the patient and the patient’s family/caregiver, as well as the treating physician, contribute to the overall health, safety, and satisfaction of members/patients.

To support an orderly transition between inpatient and outpatient management, UPMC Health Plan, effective April 1, 2012, will increase the reimbursement of the evaluation and management codes (99211-99215) by ten percent (10%) to primary care physicians and specialists who see their patients within five (5) calendar days of a medical discharge from an acute inpatient admission or observation. This applies to your patients who are discharged to home only and includes all of UPMC Health Plan’s products. To receive this enhanced compensation, your office will be required to bill the standard E & M (evaluation and management) code commensurate with the post-discharge visit with the TM modifier. Periodic retrospective audits will be conducted to ensure compliance.

UPMC Health Plan will support this initiative by outreaching to members to remind them of the need for this follow-up and by assisting them in scheduling an appointment.

During this visit, please pay particular attention to medication reconciliation, as this is often a contributing factor to a patient’s readmission. In addition to medication reconciliation, UPMC Health Plan recommends beginning the self-management process, providing instructions on seeking emergency care and communicating the care plan to the patient and caregiver. Any assistance needed in the care of the patient, such as case management or home care, can be facilitated through your primary care case manager or by calling the Health Plan at 1-800-899-7553 between the hours of 8 a.m. and 5:30 p.m.

Hospital Campus to Close

UPMC Health Plan members will no longer be able to receive services at Altoona Regional Health System’s (ARHS) 7th Avenue Bon-Secours Campus (known as Mercy Hospital and Bon Secours-Holy Family Hospital), which closed on Wednesday, March 28, 2012.

Renovations have been completed at the Altoona Hospital Campus located at 620 Howard Street, Altoona, PA 16601, just two miles away. This new campus will accommodate the consolidation of acute care services to one hospital campus, which will provide for optimal utilization of staff, technology, and financial resources to better serve our patients.

ARHS is committed to their mission of exceptional people providing exceptional health care through the newly renovated emergency department, operating suites, laboratory, catheterization laboratories, patient units, and other clinical areas on the Altoona Hospital Campus.

Altoona Hospital Campus is part of the UPMC Health Plan provider network.

If you have questions, contact your Network Management representative or Physician Account Executive.
PHYSICIAN

There is good news, bad news, and scary news about tobacco smoking. The good news first: according to a study in the Journal of the American Medical Association, the rate of smoking intensity has declined for both moderate (10+ cigarettes/day) and heavy (20+ cigarettes/day) U.S. smokers over the past 40 years. Among smokers, the rate of moderate smoking decreased from 10.5% to 5.4% and that of heavy smoking dropped from 56% to 40% between 1965 and 2007. Furthermore, a 2008 Gallup survey reported an overall decline in the percentage of U.S. adults who smoke from as high as 28% in 2001 to 21% in 2008.

The bad news is that each day in the U.S., about 3,450 youths between the ages of 12 and 17 smoke their first cigarette, about 850 become daily cigarette smokers, and an increasing number reported using smokeless tobacco, the use of which almost always begins in adolescence. Teens who smoke are 3 times more likely to use alcohol, 8 times more likely to use marijuana, and 22 times more likely to use cocaine; they are also more likely to engage in high-risk behavior, have unprotected sex, become adult smokers, die prematurely, and earn 4%-8% less in wages as adults.

The scary news goes beyond the highly addictive and known deleterious health effects of cigarettes, which are too often an inadequate deterrent for tobacco use. But what if tobacco was radioactive? Might that move your patients more rapidly along the readiness to quit scale? Sound crazy? Perhaps not so much!

In a document akin to an industrial espionage story starring Erin Brockovich, The Polonium Brief tells a real life hidden story of cancer, radiation, and the tobacco industry. It is replete with industry suppression of knowledge, “smoking gun” evidence from internal memos of tobacco company scientists, and a sentinel event involving espionage that increased public knowledge about this issue.

Scientific discovery of polonium-210 (Po-210) and lead-210 (Pb-210) in cigarette smoke was first published in the Journal Science by Radford and Hunt in 1964. In 1965, Little showed concentration of the radio-elements in pulmonary tissue biopsies, especially concentrated at bronchial branch points where most lung cancers arise. Martell in 1974 found that the radioactive isotopes concentrated and grew into the trichomes, which are tiny, very sticky hair-like projections on tobacco leaves. They remained intact through the processing and manufacture of tobacco products and were inhaled into the lungs as radioactive insoluble particles in the tobacco smoke. The sources of Po-210 and Pb-210 come from radon degradation products in the soil and from phosphate fertilizers used in the growing process.

These findings have been supported and confirmed by other investigators and in parallel research performed by large tobacco companies over the years, as evidenced by internal memos. There is also evidence that the tobacco industry has failed at multiple attempts to remove these agents from tobacco by various methods, including washing, filtering, changing fertilizers, and genetic engineering. Big tobacco has been successful for many years, however, at hiding, suppressing, and discounting much of this scientific information. In the battle between scientists and tobacco lawyers, it was no contest and the information was largely suppressed and forgotten until a recent cloak and dagger event raised public awareness.

References:
Technology Assessment Committee

The Technology Assessment Committee meets regularly to review medical technology. The following chart details recent committee decisions. Please refer to the designated policy for complete indications and limitations.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>UPMC Health Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proton Beam Therapy</td>
<td>Policy Review</td>
<td>• Covered for the Medicare product only — requires prior authorization.</td>
</tr>
<tr>
<td>XIAFLEX® for Dupuytren’s Contracture</td>
<td>Policy Review</td>
<td>• Covered for the Medicare, Medicaid, and Commercial products — for adults with a diagnosis of Dupuytren’s contracture and a palpable cord.</td>
</tr>
</tbody>
</table>

A Member’s Letter
(Printed with member’s signed consent.)

Dear Preventive Care Screening Persons:

Thank you for including a preventive screening notification from UPMC Health Care Plan!

I had no plans to schedule a Pap test in the near future until I received a letter from you reminding me that I should. I decided to get it over before the holidays, and I scheduled an appointment in November. This resulted in a biopsy, and on December 19 I was given the diagnosis of uterine cancer.

Dr. Cathy Saunders performed a radical hysterectomy on January 10 and I’ve received a cancer-free report following the surgery.

I wish to thank God for His rescue plan and for all of the people He used to make this possible.

I know this involved anyone who thought up, approved, and implemented this preventive care screening.

Thank you!
May God’s blessings be on you.

A sincerely grateful member

Therapy Benefits for UPMC Medicare Special Needs Plans Are Identical

UPMC Health Plan is confirming that physical, speech/language therapy, and occupational therapy benefits for all Medicare Special Needs Plans (UPMC for You Advantage, UPMC for Life Specialty Plan, and UPMC for Life Options) are identical.

The benefit for therapy services is as follows:

As of January 1, 2012, there is a benefit limit of $1,880 per year for combined physical therapy and speech/language therapy services. In addition, there will be a $1,880 limit for occupational therapy outside of an outpatient facility. Providers can verify member eligibility through the UPMC Health Plan Provider OnLine secure website or by contacting Provider Services at 1-866-918-1595.

These limits do not apply for services provided in an outpatient hospital setting, in an emergency department, or in a skilled nursing facility. The providers that will be affected are home health agencies, rehabilitation agencies, public health agencies, physical or occupational therapists in private practices, speech pathologists in private practices, and other outpatient providers.

Providers are required to bill occupational therapy with a GO modifier. Physical therapy will need to be billed with a GP modifier. If no modifier is included, the claim will deny.
TeleCare Management Program

What is the UPMC Health Plan TeleCare Management Program?

The TeleCare Management Program is an in-home monitoring program offered by UPMC Health Plan in collaboration with AMC Health, an industry leader in capturing clinical information directly from patients’ homes. When your patient enrolls in this program, simple monitoring devices will be installed in the patient’s home. These devices may include a scale, blood pressure monitor, and pulse oximeter to measure vital signs. Readings from the devices are transmitted to the data collection center where the TeleCare Management team monitors readings for abnormal trends. The TeleCare Management team will contact your patient and provide education and motivation. If further intervention is needed, your patient will be asked to contact you directly. This program does not replace routine communication and other interactions between you and your patient.

What are the benefits of our TeleCare Management Program?

- Early detection of complications
- Decreased hospitalizations and emergency department visits
- Improved quality of life
- Promotion of condition management and self-management
- Increased patient and caregiver satisfaction
- Outreach to physicians for trends and sudden, significant changes in values

Why would a TeleCare Management Program benefit my patients?

Studies consistently show improved outcomes and reduced costs when:
- Patients associate better health with specific healthy behaviors
- Care team members detect warning signs early and avoid unnecessary emergency department use
- Care team members provide the patient with education and reinforcement following an abnormal trend

When will I receive feedback about my patient’s condition?

The TeleCare Management team will advise your patient to call 9-1-1 or a local ambulance company or to go to the emergency department if an urgent issue arises. When an issue is potentially urgent and requires your attention, the patient will be asked to call you as the primary care provider or other appropriate provider. In addition, UPMC Health Plan will follow up with the provider’s office to ensure that the issue is being addressed.

On a routine basis, the TeleCare Management team will fax a monthly report to all of the patient’s providers. This report will summarize clinical trends and note important activity that occurred in the prior month. This report will also be faxed just prior to any scheduled office appointments.

Who qualifies for this program?

Members will be identified based on claims data and appropriateness for an in-home monitoring intervention. However, providers can contact UPMC Health Plan to discuss patients who may be good candidates for the program.

Please contact UPMC Health Plan at 1-866-778-6073 if you have questions or would like more information.