



## HEDIS® 2007 Results

This year's HEDIS<sup>1</sup> project was successfully completed on June 15th, the mandatory reporting deadline for California Department of Health Services (CDHS), Managed Risk Medical Insurance Board (MRMIB), and National Committee for Quality Assurance (NCQA)<sup>2</sup>. Data were also reported to the Children's Health Initiative for the Authority's Healthy Kids program. Since March, 3,387 medical record reviews were completed by the HEDIS team to evaluate effectiveness of care, access to care, and use of services. The Authority's overall performance is excellent and better than last year's, with six measures that surpass the NCQA's best 10th percentile for Medicaid plans. High performance was documented in diabetes management, childhood immunizations, and postpartum care. The Authority again fell below DHS's Minimum Performance Level (MPL) for Appropriate Treatment for Children with URI, a measure of antibiotic prescribing for members diagnosed with a URI or common cold. Adolescent Well Care Visits, a measure that previously fell below the DHS MPL, improved marginally and surpassed this year's MPL.



Thanks to you and your staff for the excellent care you provide to our members! Final results have been summarized and posted on our website: [http://www.sbrha.org/sections/ensuring\\_quality/hedis/Hedis2007Report.pdf](http://www.sbrha.org/sections/ensuring_quality/hedis/Hedis2007Report.pdf)

1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).  
2 The NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.

## CLAIMS

### CORNER

## New Claim Forms – Submission Reminders

Effective October 1, 2007, providers MUST use the new CMS-1500 or UB-04 claim form. Providers not currently using the new CMS-1500 or the new UB-04 claim form should begin the transition process. Failure to use the new forms for claims submitted on or after October 1, 2007, will result in the rejection of your claim. The following are reminders for correctly submitting the new CMS-1500 and UB-04 claim forms:

- Claim forms must be printed on scanner-quality paper. Forms printed on low quality or thin paper are not acceptable.
- Original claim forms must be submitted; copies will not be accepted.
- All provider information fields must be completed.
- Claims billed without a provider billing number (i.e., NPI) will be rejected.
- For providers with multiple specialties (i.e., ENT and audiology) who were issued one NPI, the appropriate Taxonomy Code must be provided on the claim in box 33B.
- If your facility has been issued only one NPI, please ensure your claim is submitted with the correct bill type to indicate that the claim is for either outpatient or inpatient services. Please reference the Medi-Cal Manual page "ub comp op" (pages 4 – 6) at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

Please contact the Claims Department with any questions regarding using the new claim forms at (805) 685-9525, extension 1034.

## Ozone Friendly Inhalers

The Food & Drug Administration (FDA) has made an amendment to their regulation regarding ozone depleting substances (ODSs). All Albuterol® inhalers that contain chlorofluorocarbons (CFCs) must stop production and sale by December 31, 2008. CFCs and ODSs deplete the stratospheric ozone. Manufacturers are moving toward adoption for all other inhalers as a date has yet to be defined for them. Albuterol®, Ventolin®, and Proventil® are now manufactured to meet the new FDA standard. The inhalers have the letters HFA after the drug which indicates that it is the new approved ozone friendly formulation.

To comply with this change, the Authority currently has the following products on Formulary that meet FDA standards:

- Ventolin HFA®
- Proventil HFA®
- Proair HFA®
- Flovent HFA®
- Advair HFA®
- Atrovent HFA®

Please contact the Pharmacy Department with any questions regarding ozone friendly inhalers at (805) 685-9525, extension 1639.

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# PROVIDER *Bulletin*

SEPTEMBER 2007

## Women's Health Screenings

Since October is Breast Cancer Awareness Month, we thought it would be a good time to remind our providers of this and other important screening tests for women. Please also refer to the "Preventive Health Guidelines for Adults" that can be found on our website, [www.sbrha.org](http://www.sbrha.org), under "Ensuring Quality."

Screening Exam or Test	Indication	Frequency	Billing Codes
Mammography	Breast Cancer Screening	(Once between ages of 35-39 as baseline) Every 1 to 2 years after age 40	<b>G0202</b> - digital <b>77052</b> - computer aided w/ review <b>77057</b> - Film
Pap Smear	Cervical Cancer Screening	Atleast every 3 years from ages 18 to 65	<b>88141 (Mod 26)</b> -cytology requiring interpretation by physician <b>88142-88155, 88164-88167, 88174, 88175</b> - smear or interpretation
Direct (cervical swab) or urine sample (Nucleic acid amplification test [NAAT] preferred)	Chlamydia Screening	Every year for sexually active women age 25 and under, and at-risk women after age 25	<b>86631, 86632, 87110, 87270, 87320</b> - each is test specific

These guidelines are based on the Clinical Preventive Services for Normal-Risk Adults recommended by the U.S. Preventive Services Task Force (USPSTF).

Remember, a Referral Authorization Form (RAF) is NOT required for these routine screenings, and they are benefits of all Authority programs. Some age, frequency and provider type specifications apply. Screening mammograms are restricted to females. Please contact Sheila Thompson, RN, CPHQ, at (805) 685-9525, extension 1677 if you have any questions regarding these screenings.

## Pharmacy Benefit Changes:

### OPHTHALMIC ANTIHISTAMINES

Effective October 1, 2007, over the counter (OTC) Ketotifen known as Alaway® and Zaditor® will be the only ophthalmic antihistamines that will be on the Authority's Formulary. Patanol®, Optivar® and Federal legend Ketotifen will no longer be formulary agents, and a Medical Request Form (MRF) will be required. Effective August 1, 2007, all providers who currently have members utilizing Patanol®, Optivar® or federal legend Ketotifen will be contacted via fax or mail and asked to convert their members to OTC Ketotifen. With demonstration of medical necessity, providers have the option of not converting their member; however, a MRF will need to be submitted and approved to continue therapy after October 1, 2007. Please contact the Pharmacy Department with any questions regarding this change at (805) 685-9525, extension 1639.

### LIPITOR®

Effective October 1, 2007, all strengths of Lipitor®, except for 80 mg, will be non formulary for the Authority. Lipitor® will require a Medical Request Form (MRF) beginning October 1, 2007. Beginning August 1, 2007, providers will be notified of their members who are currently utilizing Lipitor®. For those members who are currently utilizing less than 80 mg of Lipitor, we have generated a form that asks the provider to please convert the member to Simvastatin. With demonstration of medical necessity, a provider has the option of not converting a member; however, beginning October 1, 2007, a MRF will need to be submitted and approved for continuation of therapy. Please contact the Pharmacy Department with any questions regarding this change at (805) 685-9525, extension 1639.

## Holiday Closure

The Authority will be closed on Monday, September 3rd in observance of Labor Day.



*The Provider Bulletin is produced as a timely supplemental information service for provider office staff and is published monthly by the Provider Services Department. Questions and/or suggestions for articles may be made to Suzzi Tyler ([suzzi@sbrha.org](mailto:suzzi@sbrha.org)), Marina Gordon ([marina@sbrha.org](mailto:marina@sbrha.org)), Faith Reeves ([faith@sbrha.org](mailto:faith@sbrha.org)), Jennifer Fraser ([jennifer@sbrha.org](mailto:jennifer@sbrha.org)), or Theresa Merkle ([theresa@sbrha.org](mailto:theresa@sbrha.org)), at 110 Castilian Drive, Goleta, CA 93117-3028, or by calling 805/685-9525 or 800/421-2560, ext. 1676.*