



Bringing Our Care Model to Scale

In our last newsletter, we listed five new Commonwealth Care Alliance primary care sites:

- Cambridge Health Alliance
- Dorchester House Health Center
- Framingham Community Health Center
- Whittier IPA (Haverill)
- Holyoke Health Center

These new sites are launching yet another Commonwealth Care Alliance innovation in care delivery. In this variation of our care delivery model, Commonwealth Care Alliance recruits and places Nurse Practitioners (and eventually Registered Nurses) to wrap around a designated primary care site. As in our other primary care sites, the Nurse Practitioner serves as primary care manager for enrollees, bringing together the resources of the practice and the community to support the subset of patients in the practice that are Commonwealth Care Alliance members. Nurse Practitioners will also have the capacity to provide acute and chronic primary care, much of it in the home setting.

In this clinical model, Commonwealth Care Alliance, rather than the primary care practice, recruits and deploys the site-based Nurse Practitioners. In order to grow and support additional Nurse Practitioner resources in the new model, Commonwealth Care Alliance has partnered with its clinical affiliate, Boston's Community Medical Group (BCMG) to create Commonwealth Care Alliance

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Hospital Readmissions

Hospital readmission—admission to hospital within 30 days of discharge—is a quality indicator and a topic of clinical concern for Commonwealth Care Alliance. Many, although certainly not all, readmissions are preventable. In an effort to reduce numbers of hospital readmissions, Commonwealth Care Alliance's primary care teams have implemented structured intervention programs whereby members are routinely seen by their primary care clinician within 48 hours of a hospital discharge. The visits create an opportunity to review medication regimens, establish a plan for post-hospital care, and answer any questions.

Studies of this intervention in other care setting have shown that admissions were reduced by 12% to 75%, and we are optimistic that our primary care teams will also see significant reductions in readmissions and improvement in the quality of care for our members. ♦

Enrollment Numbers

Senior Care Options (SCO)

= 1548 members

Member demographics:

Nursing Home Certifiable 44%

Community "non-frail" 47%

Alzheimer's, Dementia or

Chronic Mental Illness 7%

Institutional 2%

Commonwealth Care Connection (CCC)

= 203 members

Member demographics

English-speaking 76%

Spanish-speaking 23%

All other languages 1%

Severe Disabilities Program at BCMG

= 450 members

Member demographics:

Adults with severe physical disabilities

Brightwood Pilot

= 400 members

Member demographics:

Adults with chronic, complex conditions, advanced HIV disease and significant behavioral health conditions



[L-R] Chris Ruge (Brightwood Health Center), Lauren Henderson (Elder Service Plan of the North Shore) & Kathy Burns (Elder Service Plan of the North Shore) participate in a panel discussion during last year's Senior Care Options Conference

Commonwealth Care Alliance SCO Conference

On Friday, May 2, 2008, Commonwealth Care Alliance will host the Senior Care Options Best Practice clinical conference at Regis College. This event promises to be every bit as successful as last year's conference, with a program that includes keynote speakers, lectures, and a series of interactive workshops. The conference has also attracted a substantial number of participants, which will make the sharing of experiences and best practices beneficial for all.

Those clinicians who have confirmed their attendance at this annual event will receive further information in the near future.

Have questions? Please call Karen Potter, Program Development Specialist, at 617.426.0600 ext. 503 or kpotter@commonwealthcare.org ♦

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Clinical Group, a clinical entity which now provides training, clinical supervision, and administrative infrastructure to the Nurse Practitioners working in this approach.

BCMG is a premier Nurse Practitioner-based care delivery system, headed by Executive Director, Mary Glover, NP. Commonwealth Care Alliance believes that this expanded nurse care manager model will help to create new opportunities to enroll members and to enlist new primary care sites. The experience gained in transforming the delivery of primary care in our large core practices has informed, and will continue to inform, the design and implementation of this new clinical model variation.

Have questions? Please contact Renee Rulin, Medical Director, at 617.426.0600 or rrulin@commonwealthcare.org ♦

REMINDERS

New Dental Review Process

The Senior Care Options program dental benefit mirrors the benefits available under Mass Health. In our model of care, the Primary Care Team is responsible for managing and approving these benefits. The dental benefit includes, but is not limited to, routine care, restorative care, emergency care, and oral surgery. All services need to be pre-approved to ensure payment.

Dr. Alan Filzer has joined Commonwealth Care Alliance, in a consulting capacity, to collaborate with the Primary Care Teams and our Dental Providers to establish treatment plans for our members. Dr. Filzer brings many years of experience working with populations similar to the Commonwealth Care Alliance membership.

Dental providers should continue to request prior approval for all dental treatments from the referring Primary Care Team. For treatments that are not considered routine care or when Individual Consideration for payment is requested, the Primary Care Team will refer the request to Dr. Filzer for review. In order to participate in the decision making around treatment plans, Dr. Filzer may also request a charting of the existing dentition, radiographs, x rays or other diagnostic results. Commonwealth Care Alliance will contact the dental provider's office to request this information.

After review by Dr. Filzer, Commonwealth Care Alliance will provide an approval of the treatment plan or recommend an alternate treatment plan. When requested, Dr. Filzer is available to dental providers to discuss individual cases after the review.

Have questions? Please contact Barbara Mitzan, Clinical Program Manager, at 617.426.0600 ext. 228 or bmitzan@commonwealthcare.org ♦



NPI Compliance

This is a reminder to providers that you must be fully compliant with CMS National Provider Identification (NPI) requirements by May 23, 2008.

If you do not meet the definition of 'health care provider' as stipulated by CMS, you are not eligible to apply for a NPI. Examples of entities that may not need an NPI include non-emergency transportation services, companion services, and language interpretation services.

Have questions? To find out if you need an NPI, if you need assistance obtaining an NPI or if you have an NPI and need to share that information with us, please call Carol St. John, Provider Network Support Specialist, at 617.426.0600 ext. 234

ID Numbers on Claim Forms

Please help us prevent members from receiving bills & ensure prompt payment to all providers.

- Please note: CCA member ID numbers have changed. Look for a 10-digit number beginning with 536.
- Check CCA members' ID cards each time you serve them and update your registration & billing system.
- Include CCA members' insurance information (CCA ID number & billing address or a copy of the front & back of the ID card) each time you make a referral to another provider or vendor.

Pharmacy Update

The following is a summary of pharmacy changes to become effective April 1, 2008. For more information about the Commonwealth Care Alliance Pharmacy program, please visit our website at www.commonwealthcare.org and click on the "Pharmacy Program" tab.

Formulary Changes

The following medications have been added to the Medicare Part D formulary:

- Azor
- Cefotetan
- Chantix Starting Month Pak
- Famciclovir
- Fosphenytoin
- Gamastan
- Kaletra
- Methylprednisolone
- Omnitrope
- Ramipril
- Renexa
- Sanctura XR
- SymlinPen
- Tamiflu
- Trezix
- Verapamil
- Zylflo

The following medications have been removed from the Medicare Part D formulary:

- Nitroglycerin 9mg cap

Step Therapy Changes

The following step therapy programs will be removed:

- a) Cox-II Inhibitors;
- b) Zetia
- c) Lyrica

Effective April 1, Ramipril and Azor have been added as a first and second line medication to the Angiotensin II Receptor Antagonists step therapy program, respectively.

Prior Authorization Changes

The following medications will no longer require prior authorization:

- a) Symbicort

Have questions? Please contact Basem Shebli, Pharmacy Director, at 617.426.0600 ext. 238 or bshebli@commonwealthcare.org ♦

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