Tips and Reminders On Pharmacy Prior Authorizations:

- **Prior authorization requests should NOT be sent to Caremark.** Paramount handles drug authorizations internally.
- Providers should fax Rx requests to 844-256-2025. Please take note, this number was new 1/1/15.
- To find a short video with tips on finding the proper forms, visit www.paramounthealthcare.com/rxvideo.

Using the CORRECT form will help streamline the process and make sure your patients’ needs are addressed as efficiently as possible. See the links at the left side under Prescription Drug Benefits.
Timeliness of Prenatal and Postpartum Care

Nationally, Ohio has one of the highest rates in the country for overall infant mortality; the highest for African American babies. Decreasing infant mortality is one of the top health priorities shared by local and community partners throughout Ohio. Lack of early and consistent access to prenatal care is one of the top risk factors associated with infant mortality and poor health outcomes for a mother and her infant.

ACOG (American College of Obstetricians and Gynecologists) recommends 14 visits for a 40 week pregnancy. Recommended visits for a women with an uncomplicated pregnancy include receiving visits every four weeks for the first 28 weeks of pregnancy, every two weeks until 36 weeks of pregnancy and weekly thereafter.

Other recommendations include:

- Provide rapid access to care for all newly identified pregnant women
- Screen all newly identified pregnant women for a high risk pregnancy and history of preterm delivery
- Refer all woman identified at high risk to case management for assistance with care coordination, transportation and community resources
- At the time of the pregnancy confirmation appointment, have your patient schedule her next appointment
- Emphasize the importance of attending all regularly scheduled appointments
- Address possible barriers to compliance with scheduled appointments such as transportation
- Update patient contact information at each encounter
- Implement a chart flagging system that prompts your staff to place appointment reminder calls, texts, or email
- Provide same day follow-up phone calls and rescheduling for any missed prenatal and postpartum appointments
- Provide information on Paramount Advantage’s Prenatal to Cradle Program (see page 10) and Text4baby
- Provide counseling and education during the prenatal period and prior to discharge after delivery emphasizing the importance of postpartum care and family planning
- Provide access to contraceptives prior to discharge from the hospital or birthing facility
- Encourage arranging for baby’s primary care provider before birth

A postpartum visit on or between 21 and 56 days after delivery. A postpartum visit should consist of:

- Pelvic exam
- Evaluation of weight, BP, and abdomen
- Family planning
- Glucose monitoring for women diagnosed with gestational diabetes

Many physicians are seeing patients at two weeks postpartum and then they are not seen again. If you would like to see your patient within 7-14 days of delivery (i.e. cesarean delivery or complicated pregnancy) you will need to schedule an additional postpartum visit before the 56 days or move their initial postpartum visit to 21 days or later.

- Update patient contact information with information provided by the hospital or birthing facility
- Encourage patients who are eligible to take advantage of home visits
- Provide education on family planning, safe sleep, breast feeding and postpartum depression
Health Behavior and Assessment Intervention (HBAI) Services

The Health Behavior and Assessment Intervention (HBAI) Services are used to identify and address the psychological, behavioral, emotional, cognitive, and social factors important to the treatment and management of physical health problems. HBAI is an established intervention designed to enable the member to overcome the perceived barriers to self-management of his/her chronic disease(s).

Paramount has determined that Clinical Psychologists may provide HBAI Services (CPT 4 codes 96150-96154) with limits for HMO, PPO, Individual Marketplace, & Elite members:

HBAI Services (CPT 4 codes 96150-96154) are non-covered for Advantage members.

Please consider referring your patients to a Clinical Psychologist for HBAI Services who meet all of the following criteria:

1. The patient has an underlying physical illness or injury, and
2. There are indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or an injury, and
3. The patient is alert, oriented and has the capacity to understand and to respond meaningfully during the face-to-face encounter, and
4. The patient has a documented need for psychological evaluation or intervention to successfully manage his/her physical illness, and activities of daily living, and
5. The assessment is not duplicative of other provider assessments

Please call Provider Inquiry at 888-891-2564 or see Paramount Medical Policy PG0330 The Health and Behavioral Assessment/Intervention for further information: http://www.paramounthealthcare.com/documents/MedicalPolicy/PG0330_The_Health_and_Behavioral_Assessment-Intervention.pdf.
The New MyParamount Portal Is Here!

As a healthcare provider, you want quick and easy access to the member information you and your staff need. We hear you. With our new and improved provider portal, you can check your patient’s eligibility and benefits, look up claims, and view payment status with a simple login.

When you create a MyParamount.org account, you get:

- Single member or multiple member eligibility, claims and authorization search
- At-a-glance view of member’s coverage and coverage periods
- Document library for important documents and exclusive provider information
- Patient roster for PCPs
- EOPs are available for review
- Mobile/Tablet friendly for on-the-go navigation
- View COB information
- Access to medical policies and PA forms

Visit MyParamount.org to create your provider account today!
Clinical Practice Guidelines

The clinical guidelines for physicians and other practitioners can be reviewed and printed from the Paramount web site. These guidelines are evidenced-based and intended for use as a guide in caring for Paramount members. The Medical Advisory Council reviews and approves each guideline annually. The guidelines are adopted from various nationally recognized sources. The guidelines will not cover every clinical situation and are not intended to replace clinical judgement.

The following guidelines have been reviewed and approved to date in 2015:

• **Standards of Medical Care for Patients with Diabetes Mellitus** - his guideline is based on American Diabetes Association Position Statement: Standards of Medical Care in Diabetes – 2015. The Summary of Revisions for the 2015 Clinical Practice Recommendations was adopted February 2015.

To view the guidelines, go to www.paramounthealthcare.com, click on “Provider,” then click on “Publications and Resources” then “Clinical Practice Guidelines.”

Best in Class Hospitals

The Institute for Diversity in Health Management and Paramount are pleased to recognize these Paramount network health care organizations for their progress in increasing diversity and reducing health care disparities. All three are Best in Class hospitals with respect to cultural competency and engaging communities.

• Cinicinnati Children’s Hospital Medical Center, Cincinnati
• MetroHealth Medical Center, Cleveland
• Ohio State University Wexner Medical Center, Columbus

For more information about this AHA Institute’s benchmark study, see www.diversityconnection.org.
Reimbursement Incentive
ADD/ADHD Medication Follow-up Phone Call
Commercial and Advantage Product Lines

Successful medication therapy for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) is directly related to follow-up care.

It has been shown that three (3) contacts with the patients by a practitioner increases compliance with the medication regimen. One follow-up face-to-face contact should be made between initiation and day thirty (30) of medication therapy and two contacts during days 31-300 of therapy, one of which may be a phone call follow-up consultation. Paramount reimburses for one phone consultation from your office to the patient.

In order to meet the criteria for this additional reimbursement, the phone consultation should be made during the maintenance phase (days 31-300) of ADD/ADHD medication therapy. Such reimbursement is limited to once per calendar year per qualifying member. This call is intended to reinforce medication compliance and assess therapeutic effectiveness and is NOT a substitute for psychotherapy or other clinical services.

### Criteria & Coding – Phone Consultation for ADD/ADHD Therapy

<table>
<thead>
<tr>
<th>Eligible Specialties: Family Practice, Internal Medicine, Pediatrics, Behavioral Health, &amp; Neurology</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD9 Codes Required for Payment</td>
</tr>
<tr>
<td>314.00 Attention Deficit Disorder without mention of hyperactivity</td>
</tr>
<tr>
<td>314.01 Attention Deficit Disorder with hyperactivity</td>
</tr>
<tr>
<td>Required CPT Code</td>
</tr>
<tr>
<td>98966 non-physician; 99441 physician (5-10 minutes)</td>
</tr>
<tr>
<td>98967 non-physician; 99442 physician (11-20 minutes)</td>
</tr>
<tr>
<td>98968 non-physician; 99443 physician (21-30 minutes)</td>
</tr>
<tr>
<td>(A telephone call from a physician/non-physician health care professional for consultation and/or medical management; simple and brief).</td>
</tr>
<tr>
<td>Documentation</td>
</tr>
<tr>
<td>Patient Chart documentation following phone call, include:</td>
</tr>
<tr>
<td>- Date / Time / Length of Call</td>
</tr>
<tr>
<td>- Summary of Discussion</td>
</tr>
<tr>
<td>Or, use the SCRIPT attached</td>
</tr>
<tr>
<td>Reimbursement &amp; Co-payment</td>
</tr>
<tr>
<td>$40.00 reimbursement per call for CPT codes 98966, 98967, 98968, 99441, 99442, 99443</td>
</tr>
<tr>
<td>No co-payment will be applied to the phone call.</td>
</tr>
</tbody>
</table>

Questions: Contact your Provider Relations Representative at:
(419) 887-2535 or (800) 891-2542

1-3-13, Updated 2-13-13
ADD/ADHD Follow-Up Telephone Visit  
(days 31-300 of treatment)

Name ____________________________ ID # ____________________________ Date ________________

I’m calling to talk with you about your child who is taking medication for Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder:

1. Is your child still taking the medication?  
   Yes → Go to Question 3  
   No → Go to Question 2

2. Can you tell me why not? ____________________________________________________________

   If not yet filled, advise to fill script; repeat call in two weeks.  
   If filled but stopped taking, encourage making an appointment to discuss. No further questions.

3. Have you noticed any improvement in symptoms and/or behavior? 
   Yes → In what way(s) _______________________________________________________________

   Reinforce need to continue to take medication, even if symptoms have improved, to reduce the chance of having the symptoms return.  
   No → Stress the need to continue the medication. May want to consider making an appointment to discuss dose adjustment or a different medication.

4. How is your child tolerating the medication? ____________________________________________
   List any side effects mentioned ______________________________________________________

   Reinforce that many side effects disappear over time once the body adjusts to new medicines. If severe, schedule an appointment to discuss.

5. How is your child sleeping? (i.e. Falling asleep OK? Through the night? How many hours?)

6. How is your child’s appetite? (How many meals a day? Weight gain/loss?)

7. Have you had any follow-up with your child’s school, teachers, grades, etc? 
   Yes → In what way? _______________________________________________________________
   No…..

8. Is there a follow-up visit scheduled?  
   Yes (Date) ____________________________  
   No → Schedule an appointment.

9. Do you have any questions?

10. (May want to consider pharmacy consult if on multiple medications, eg asthma, diabetes or psychiatric referral if multiple ADD/ADHD meds have been tried without success)

Signature                          Physician/Advanced Practitioner Signature
__________________________________                  _________________________________________
 Paramount Health Care and Optum are partnering to offer Medical Provider and Coder Education

Wednesday, June 10th, 2015

At Paramount Health Auditorium
1901 Indian Wood Circle, Maumee, OH 43537

Coder or Office Staff Education Session from 4-5:30PM
Medical Provider Education Session from 6-7:30PM

** Dinner served between sessions **

This is a complimentary event

For more information please contact Deb Curry at Deborah.Curry@promedica.org or (419) 887-2215
Or Angela Papenhagen at angela.papenhagne@optum.com or (419) 902-1156
Healthchek is a Federal and State (Well-visit) Mandate for Medicaid members from birth through the age of 20 years.

Healthchek Screening Service Frequencies
The Ohio Department of Medicaid (ODM) will follow the frequency recommendations for preventive pediatric health care developed by the Committee on Practice and Ambulatory Medicine of the American Academy of Pediatrics (AAP). The AAP frequencies are as follows:

- Eight screens from newborn through 12 months;
- Exams at 15 months, 18 months, 24 months, 30 months, and;
- One screen per year from ages 3 through age 20.

Minimal Requirements of a Complete Healthchek Exam:
- Comprehensive Health and Developmental History
- Comprehensive Unclothed Physical Exam
- Health Education/Counseling and Anticipatory Guidance
- Developmental Assessment (Physical and Mental Health Development)
- Nutritional Assessment
- Vision Assessment
- Hearing Assessment
- Immunization Assessment
- Lead Assessment (Blood lead test between age 1 and age 2, and when medically indicated)
- Laboratory Tests (When medically indicated)
- Dental Assessment

Physician Role:
- Perform and document complete Healthchek exams during sick and well visits
- Bill according to guideline
- Educate members on importance of well visits, immunizations, dental visits, and blood lead testing

ODM and Paramount monitor compliance with the Healthchek standards on an annual basis via administrative claims data and random medical record documentation auditing for HEDIS®.

*HEDIS® is a registered trademark of NCQA.

Correct billing of Healthchek/well visits is essential for Paramount to capture claims to improve accuracy of administrative rates and decrease visits to provider offices for chart review. When a Healthchek exam is completed during any visit, include at least one of these codes:

<table>
<thead>
<tr>
<th>Preventive Medicine (ICD-9 CM Diagnosis codes)</th>
<th>New Patient Service (CPT 4 - E/M codes)</th>
<th>Established Patient Service (CPT 4 - E/M codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V20.2 V20.31 V20.32 V70.0 V70.3</td>
<td>99381 99382 99383</td>
<td>99391 99392 99393</td>
</tr>
<tr>
<td>V70.5 V70.6 V70.8 V70.9</td>
<td>99384 99385 99461</td>
<td>99394 99395</td>
</tr>
</tbody>
</table>

Possible new or additional ICD-10 well visit billing codes will be available October 1, 2015. These codes will be listed in the Fall/Winter 2015 Network News. For age-specific Well Child Exam forms, go to www.paramounthealthcare.com. Click “Providers,” then “Publications and Resources” then “Healthchek.”

In the center of the screen are 17 age-specific Well Child Exam forms. These forms may be printed and copied at no charge. If you currently use your own well visit form or EHR template, please compare it to the age-specific forms to make sure all the components of a complete Healthchek exam are included. These forms are not mandatory, but are highly recommended to assure all the elements required by ODM are met during a Healthchek exam.
PREGNATAL TO CRADLE (PTC) is a Pregnancy Care Reward Program for Paramount Advantage (PADV) members who are pregnant or have delivered in the last 60 days. PADV members who register for the program are eligible to earn a $25 Wal-Mart gift card for each trimester of their pregnancy if they complete a recommended number of perinatal care appointments and a postpartum visit 21-56 days after delivery (up to $125 in total gift cards). PADV members can register by completing the self-mailing registration card found in each PTC brochure (example on page 11) or online at www.paramounthealthcare.com. All registrants will also be entered one time into a monthly diaper drawing for the chance to win a four-week supply of Pampers. Three diaper winners are selected each month; one winner in each of our three statewide regions.

The program is marketed statewide through medical providers, FQHCs, community clinics, WIC, JFS, health departments, and new member packet mailings. In addition, PADV members are identified and mailed PTC information via claims, transportation request, Healthchek information, and Pregnancy Risk Assessments. Enrollment in this program is voluntary. PADV members can sign-up by completing the brochure/registration form and mailing it to Paramount Advantage, or they can register online at www.paramounthealthcare.com.

Brochures are available for distribution in your office or clinic by contacting your PA Provider Relations Representative.

Frequently Asked Questions:
Do you have to be a PADV member to participate in the PTC program?
Yes, this is a PADV-added member benefit, so all participants must be effective PADV members to participate.

What if someone is not a PADV member at the start of their pregnancy?
The program is divided into three-trimester and 1- postpartum segments; therefore members later in their pregnancy are still eligible to earn at least a portion of the gift cards. Only prenatal/postnatal claims billed to Paramount Advantage are counted toward the program requirements.
1. Tear off the registration form from the Prenatal to Cradle brochure.
2. Write your Advantage member information in the boxes below.
3. Pull off the wax tape strip and press the two (2) sides of the registration form together to seal.
4. Mail your registration; no stamp is needed.

OR

- You may register online at www.ParamountAdvantage.org.

PLEASE PRINT CLEARLY

ADVANTAGE ID NUMBER
MEMBER FIRST NAME
MEMBER LAST NAME
MEMBER ADDRESS

APARTMENT OR LOT #
CITY, STATE, ZIP
PHONE NUMBER

The most important gift you can give your baby is early and regular pregnancy care.

• Remember to schedule and attend all your prenatal and postpartum appointments with your doctor, midwife or provider.
• Contact Paramount Advantage and your County Department of Job and Family Services (CDJFS) to update any changes to your address or phone number.

Paramount Advantage wants you and your baby to get a healthy start!

If you are pregnant and a Paramount Advantage member, sign up for Prenatal to Cradle and you can earn up to $125 in gift cards just for going to your prenatal and after delivery (postpartum) appointment(s).

How do I sign up?

• Complete the attached Prenatal to Cradle registration form and mail it to Paramount Advantage.
• You may also sign up online at www.ParamountAdvantage.org.
• Once you register, Paramount Advantage will track the number of prenatal and postpartum appointment(s) you attend.
• You must be a Paramount Advantage member at the time of your prenatal and postpartum appointment(s) to qualify for gift cards.
• Gift cards are processed electronically every 6 - 8 weeks based on claims from your medical provider's office. The gift cards are mailed to the most recent CDJFS address on file. Advantage is not responsible for lost or stolen gift cards. You are responsible for both of these.

IMPORTANT INFORMATION

If your address changes, please let us know as soon as possible at 888-296-0220. Thank you for choosing Paramount Advantage.
Safeguard In Utilization

Utilization Management (UM) decision making is based only on appropriateness of care and service and availability of coverage. Paramount does not reward practitioners or other individuals for issuing denials of coverage or care. Paramount does not provide financial incentives for UM decision-makers to encourage decisions that result in underutilization. Additionally, Paramount’s staff (UM/CM/BH Coordinators) cannot deny services based on medical necessity. These denials can only be made by our Medical/Associate/Clinical Directors, Pharmacists or a Paramount-designated sub-specialist.