



Care-Outlook

NEWSLETTER

PRESIDENT'S MESSAGE

Understanding the Federal Regulations for External Review

Claire Levitt, President, Alicare Medical Management

One of the less discussed aspects of the new healthcare reform law has been the new appeal rights for consumers. This past summer, the federal government issued regulatory guidance detailing how health plans and insurers must comply with the new standards for external review.¹ Health plans that have not been subject to state external review requirements must now comply with the new minimum federal requirements. Although additional details still need to be worked out, the new rules became effective on September 21, 2010.



Claire Levitt

See President's Message, page 7

CLINICAL INSIGHTS

Implementing Care Treatment Plans

Julie O'Brien, BSN, RN, MS, Vice President/COO, Alicare Medical Management

With all of the buzz surrounding healthcare reform, I feel a great degree of comfort in Alicare Medical Management's ability to offer an integrated approach to serving patients. During my career as both a registered nurse and now as Alicare Medical Management's chief operating officer, I am proud of how we have brought together a dynamic medical team, advanced clinical workflows, and technology platforms that can be fully customized for each client—whether a private or public sector program.



Julie O'Brien

See Clinical Insights, page 3

IN THIS ISSUE...

Medical Director's Notes: CDC Recommends Taking Action Against the Flu 2

Research: How Is Health IT Impacting Case Management? 3

Product Close Up: Meeting the New Federal External Review Requirements 4

Employee Spotlight: Janice Blattenberger, RN 5

Alicare Teams with LifeWIRE® to Increase Connectivity 6

Medical Management News 6



MEDICAL DIRECTOR'S NOTES

CDC Recommends Action Against Flu

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After last season's H1N1 influenza pandemic, protection from the flu virus remains a top priority for healthcare professionals. Although we are nearly through the season, we aren't out of the woods yet.

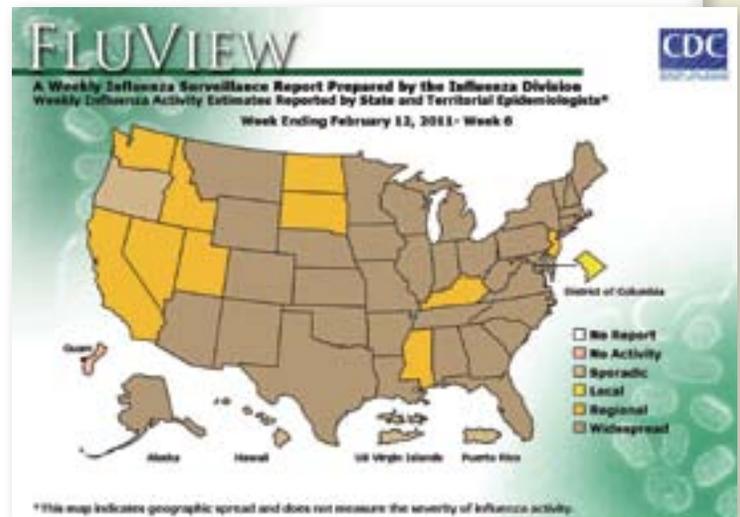
Here are some important facts to keep in mind:

- Flu symptoms can range from a cough, sore throat, runny nose, muscle aches, headaches or fatigue to vomiting and diarrhea.
- Influenza is typically spread by droplets from an infected individual by coughing, sneezing or talking. It can also be spread by coming into contact with a surface recently touched by an infected individual.
- A person with influenza is most contagious from approximately one day before symptoms appear until five to seven days after exhibiting symptoms.

The Centers for Disease Control and Prevention (CDC) recommend a yearly flu vaccine for everyone as the best protection against the virus, especially for individuals who are at high risk for developing critical flu symptoms (i.e., those with chronic health conditions, the elderly, nursing or pregnant mothers, or individuals working in the healthcare field).

The CDC also recommends taking basic action to prevent the spread of the flu virus, including frequent hand-washing and covering your mouth and nose during a sneeze. A person sick with the flu can also help to minimize the spread of the virus by limiting their contact with other individuals.

Here are some common questions regarding the flu season in the United States:



When does the flu season occur in the U.S.?

Though the peak of the season varies from year to year, typically the majority of symptoms and infections occur between November and March.

How soon will I get sick if I am exposed to the flu?

On average, it takes about two days for symptoms to appear in someone who has been exposed to the flu virus. However, symptoms may also appear from one to four days after exposure.

What are the rates of infection and death due to the flu virus?

It is estimated that between 5 and 20% of the U.S. population contracts influenza every flu season and approximately 200,000 people are hospitalized due to flu symptoms. Estimations of flu-associated deaths from 1976 to 2006 range from 3,000 to 49,000 people.

If I contracted influenza last year, do I have immunity this season?

Research shows that someone who contracted a certain strain of influenza has some degree of immunity against similar strains the following year. However, the level of immunity varies with the health of the individual; a younger, healthier individual is more likely to have a boosted immunity the subsequent

See Medical Director, page 7



RESEARCH

How Is Health IT Impacting Case Management?

New research indicates health information technology (HIT) systems are having an impact on a variety of medical management interventions, but less quickly than anticipated. The first HIT study was conducted in 2008 to examine HIT trends in the field of care management.

A core objective of both HIT surveys was to assess general trends related to HIT systems, especially the trends for care management software applications, as well as the specific capabilities within those applications. The research further examines

additional electronic applications used by providers, payers, care managers, and others to support patient care.

Some important survey findings include the fact that few survey respondents reported using only one health IT system, only about one in four IT systems are fully integrated with external applications, and just 35% can share data with other providers. However, slightly

more than half reported that their

IT system allows them to scan documents into their system.

Regarding patient communication strategies, respondents sound a strong positive note about embracing emerging communication options within the next two years, anticipating a three-fold increase in the use of text messaging, smart-phones and wireless remote monitoring and a doubling of the use of online personal health records, patient portals, remote monitoring and social networking is also projected.

Responses to several satisfaction questions indicate challenges remain for mobilizing HIT software platforms that satisfy the desires of case managers and

other users. Dissatisfaction with current platforms offers an important window of opportunity for vendors to develop and sell software applications that are based on designs that will increase user efficiency and satisfaction.

The study was sponsored by TCS Healthcare Technologies (TCS), in conjunction with the Case Management Society of America (CMSA) and the American Board of Quality Assurance Utilization Review Physicians (ABQAURP). For copies of this survey, log on to <http://www.tcshealthcare.com> and click the "Health IT Survey" button. •

CLINICAL INSIGHTS

from page 1

Previously, if a case manager was treating a patient with several disease states, it was difficult to create an effective and comprehensive care plan for that individual. One of the more exciting developments in recent years is the growing reliance on evidence-based risk assessment tools and other data sources to build an individualized care treatment plan that controls the co-morbidities of each patient. Alicare Medical Management's nurses can collect information through health-risk assessments, patient interviews, clinical data or other sources, and identify risk factors for each patient through their medical management system, which automatically creates an action plan for treatment.

When patients are sick and have a number of health conditions, more times than not it is the case managers who have the most information at their fingertips to share with other providers offering direct care to each patient. A primary goal of Alicare Medical Management's case managers is to support treating providers by sharing crucial information that is typically beyond the reach of most physicians.

By leveraging Alicare Medical Management's clinical expertise within an interactive care management software system, our case managers can help identify the most appropriate clinical guidelines for the populations they serve. Furthermore, they can customize the treatment plan for each patient in an efficient and clinically appropriate manner. •



PRODUCT CLOSE UP

Meeting the New Federal External Review Requirements

Beginning September 23, 2010, all health plans and insurers issuing new policies and offering “non-grandfathered” coverage were required to provide an expanded claims and appeals process that meets the U.S. Department of Labor (DOL) and Department of Health and Human Services (HHS) regulations including the new external review requirements under the Patient Protection and Affordable Care Act of 2010 (PPACA). The lead article by Alicare Medical Management’s president, Claire Levitt, provides additional insight on the new federal external review rules.

Alicare Medical Management is uniquely qualified to meet the PPACA requirements and support your organization:

- Alicare Medical Management operates on a 24/7 basis with in-house clinical staff, and has since 1995;
- Meets all new and existing federal and state regulatory requirements;
- Is URAC-accredited as an Independent Review Organization since 2001 and has multiple other URAC accreditations;
- Is licensed in all states, where required, as an independent review and utilization management organization;



- Offers an extensive panel of expert reviewers in multiple states;
- Is able to coordinate reviews and appeals nationally;
- Supports specially-matched reviews available in all disciplines;
- Utilizes patient-specific, evidence-based methodology for reviews; and
- Offers a fully integrated care management platform that can be customized to meet your needs.

Alicare Medical Management partners with health plans, insurance companies, third-party administrators, trust funds, utilization management companies, hospitals and physician practices, supporting their programs with clinical expertise. Our physician panel consists of highly qualified and experienced physicians licensed in the states in which it is required to perform a full range of medical review services. Our panel represents over 70 specialties. Additionally, this organization has licensed registered nurses in call centers 24/7 to take calls and manage cases.

Alicare Medical Management is a national industry leader striving to provide the best care for each patient using evidence-based medical guidelines and appropriate costs. •

Let Alicare Medical Management Guide You

Compliance with the new federal external review requirements can be met by contracting with independent review organizations accredited by URAC, such as Alicare Medical Management.

We are your trusted partner for meeting the new PPACA regulatory requirements.

See www.alicaremed.com/products for more details.

Alicare Teams with LifeWIRE® to Increase Connectivity

Alicare Medical Management has integrated LifeWIRE's interactive mobile messaging platform to further enhance Alicare's communication with its patients. Even though we already provide around-the-clock services to our patients, LifeWIRE now offers another medium that expands our reach to patients when they need us. LifeWIRE's interactive messaging service, including two-way texting interactions, will provide our case managers and health coaches with the ability to check-in with their patients on a much more frequent basis, and to provide more consistent care."

"LifeWIRE services allow providers to connect with patients in a more seamless manner, and more importantly, on a level that is increasingly accessible for them. Text messaging is a ubiquitous technology that fits with the lifestyles of today's patients," Claire Levitt, president of Alicare Medical Management, notes.

By using LifeWIRE's text and email messaging, nurses can monitor a patient's status, remind them to take their medications, adhere to their treatment plans and keep their doctor appointments. Not all patients have access to a computer, but today nearly everyone has a cell phone and can use text messaging. LifeWIRE even addresses some of the language barriers associated with the non-English speaking patients.

The interactive messaging platform is designed to be easily integrated and customized into the daily routine of program participants who are enrolled in care management programs. The LifeWIRE platform enables caregivers or their patients to keep the content of the messages timely, fresh and engaging. As a result, patients and providers have more choices on how to stay connected through Alicare Medical Management's expanded 24/7 communication platform.

In addition, many studies have shown higher engagement levels when patients have the option to stay connected through a text-messaging service. •

For additional information, contact Janice Blattenberger, RN, at (603) 328-6602 or info@alicaremed.com.

MEDICAL MANAGEMENT NEWS

Whitepaper Says Patient Communication Reduces Hospital Visits

At least 20% of those admitted to hospitals make a repeat visit within 30 days, according to a whitepaper hosted by www.fiercehealthcare.com, which looks at ways to reduce repeat hospital visits. The report says a lack of understanding about post-visit instructions is the reason for many repeat visits.

Those that do have a clear understanding are 30% less likely to visit emergency rooms or to revisit the hospital than patients who lack clear information. To get more details about how repeat visits can be curtailed, or to download the paper, visit www.fiercehealthcare.com. •

Sleep Deprivation Denies Energy for the Body, According to Study

Going an entire night without sleep is the equivalent of walking about two miles, recent research reveals, and also disrupts the body's energy rhythm. "While the amount of energy saved during sleep may seem small, it was actually more than we expected," study author Professor Kenneth Wright, director of Colorado University's Sleep and Chronobiology Laboratory, said.

The study was published in the January issue of *The Journal of Physiology*. Details can be found at www.consumer.healthday.com. •

See Medical Management News, page 6

EMPLOYEE SPOTLIGHT

Meet Janice Blattenberger, RN

Janice Blattenberger's approach to work and her role at Alicare Medical Management symbolizes why this company is one of the premier care management organizations in the United States.

"Alicare Medical Management is an amazing place to work since we are such a dynamic and innovative organization," she says, noting that as a member of the AMM management team her role includes bringing on new accounts, reviewing contracts and making sure clients are satisfied.



Janice Blattenberger

Janice also enjoys working with great people. "It's hard to come to work and not smile," she says. "Everyone here strives to do the best job they can for the patients. Being patient-centric is not lip service for us—we

mean it." Blattenberger says the Alicare Medical Management case management staff looks out for the best interests of patients and works to determine the ideal level of care for each individual case. "At the

end of the day, we all want a positive outcome for the patient," she adds.

Being "patient-centric" starts with building a relationship with each patient and family that reaches beyond a surgery or hospital stay to the patient's needs afterward (i.e., rehabilitation, physical therapy, home), she says. Forging these relationships is a highlight of the job for Blattenberger. "I work to establish camaraderie with our customers so they know they can rely on us to get the job done for them," she says.

Alicare Medical Management recently unveiled a new Readmission Management Program designed to reduce the number of hospital readmissions. "The objective is to obtain the services patients need at home so they don't end up back in the hospital," Blattenberger notes. She is currently selling this program to customers and has received positive feedback so far.



One would think the recent healthcare reform laws would pose huge challenges for Blattenberger and Alicare Medical Management in terms of customer relations. Quite the contrary, she notes. "I think healthcare reform has been a positive for medical management. I liken the reform to case management and how it took some time for the concept to catch on—moving like a slow wave from California across the country," Blattenberger says. This resulted in getting patients home faster from the hospital, but with proper follow-up care. "Healthcare reform also has the potential to change the entire patient experience."

In her spare time, Blattenberger enjoys reading to "unwind and relax," as well as spending time with her three grandchildren ages 16, 12 and 9 whom she describes as "awesome!"

When it comes to employees like Janice, what is the bottom line? Simply put, what Janice brings to Alicare Medical Management's clients and their patients is real and valuable. It's a match made in heaven, as the saying goes. •

MEDICAL MANAGEMENT NEWS

from page 5

Heart Disease Care Costs Expected to Triple

A new report anticipates a tripling—from \$272.5 billion to \$818.1 billion—in the cost of treating heart diseases in America between 2010 and 2030. In addition, the study, helmed by Dr. Paul Heidenreich of the VA Palo Alto Health Care System in California, predicts a 10% increase in incidences of cardiovascular disease. These results coincide with recent data released by the U.S. government, which shows that overall spending on health services rose 4% to \$2.5 trillion in 2009.

For more information, visit www.reuters.com. •

PRESIDENT'S MESSAGE

from page 1

Under new federal requirements, patients and their physicians have expanded rights when appealing a coverage decision. These include:

- Both “pre-service” and “post-service” claims may be appealed, including situations where the health plan pays an individual less than the total amount.
- The definition of “adverse benefit determination” is expanded to include a rescission of coverage that applies when coverage is cancelled or discontinued, except when an individual has failed to pay the required premiums or other contribution toward the cost of coverage.
- The time period for responding to a claim involving urgent care is shortened from 72 hours to 24 hours.
- To ensure that a claimant receives a full and fair review, the health plan must provide additional details on any new or additional evidence considered, relied on or generated by the plan that led to the adverse determination. The rationale must be provided free of charge as soon as possible, and before the appeal process begins.
- Notices to individual claimants throughout the process must be provided in a culturally and linguistically appropriate manner.
- Health plans and insurers may comply with these requirements by contracting with three or more URAC or other accredited organizations to provide independent reviews.

For years, Alicare Medical Management, a URAC-accredited organization, has served as one of the premier independent review organizations in the United States supporting dozens of clients. Alicare Medical Management is perfectly positioned to help health plans comply with the new federal requirements based on its broad experience and expertise. Please contact us if you would like to learn more about federal review requirements or about our organization. •

¹ See Federal Register, vol. 75, no. 141, pgs. 43330-43364 (July 23, 2010) and U.S. DOL Technical Release 2010-01 (August 23, 2010).

MEDICAL DIRECTOR

from page 2

year than an older, less healthy person, or those with weakened immune systems. Also, it is important to remember that strains of the flu virus vary significantly from year to year, so one who has immunity against a certain strain may not necessarily be immune against new or mutated strains. •

For more information and additional tips to prevent the spread of influenza during the current season, check out the CDC's online flu resource center at <http://www.cdc.gov/flu/protect/preventing.htm>.

Newsletter to be published on a quarterly basis. To subscribe to the newsletter, send email to newsletter@alicaremed.com.

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