

# F.A.Q.'S

## NEW KHS REFERRAL FORMS

KHS has created a new referral form. The form was mailed to all PCPs and specialists in the month of July. If you have any of the old referral forms please discard your supply and begin using the new form. If your office needs additional copies, please contact the Provider Relations Department at 661/664-5146.

## WHAT ADDRESS DO CLAIMS DISPUTES GO TO?

Even though the address for claims submission has been changed to Birmingham, Alabama, all claims disputes should be sent to the Kern Health Systems physical address at:

**Claims Department  
Kern Health Systems  
9700 Stockdale Hwy  
Bakersfield, CA 93311**

## IF A PROVIDER IS CREDENTIALLED TO SEE PATIENTS AT THE HOSPITAL, CAN THEY SEE PATIENTS AT THEIR PRIVATE OFFICE AS WELL?

Providers may only see patients at their private office if the provider has been credentialed for the private office. Example: a provider's private office is sending in authorizations for a member to be seen, but is credentialed at KMC only. Therefore, the authorizations will be approved, but only for the member to be seen at KMC, not the private office. If you have questions regarding credentialing, please call Kern Health Systems' Provider Relations Department at 661/664-5146.

## Improve efficiency by submitting claims electronically!

KHS accepts electronic claim submissions through Emdeon (formerly WebMD). Some of the benefits of submitting claims electronically are:

- Electronic record of your submittal (beneficial to prove timely filing)
- Faster turn-around of your claims
- Less paperwork for both parties
- Paperless claims are typically a more cost efficient way to submit claims.

If you are interested in submitting claims electronically, or have any questions, please e-mail us at:

[EDI-Support@khs-net.com](mailto:EDI-Support@khs-net.com)

We will be happy to help and guide you through the enrollment process.



# PROVIDER news

Fall 2007

## New WIC Infant Formulas Effective August 1, 2007



Effective August 1, 2007, the WIC program will implement a new infant formula rebate contract with Mead Johnson Nutritionals.

WIC will provide the following Mead Johnson standard infant formulas in powder or concentrate form to members without a prescription:

### Cow Milk-Based:

Enfamil LIPIL with Iron  
Enfamil LactoFree LIPIL,  
Enfamil Gentlease LIPIL  
(replaces Nestle Good Start Supreme)  
Enfamil AR Lipil

### Soy-Based:

Enfamil ProSobee LIPIL

The WIC program does not provide Therapeutic Infant Formulas to members. Therapeutic Infant Formulas are only covered by Kern Health Systems under specific circumstances, ie: providers must provide documentation of medical necessity including:

- **Thorough history**
- **Physical exam**
- **Nutrition assessment**
- **Laboratory testing**
- **Feeding observation**
- **Evaluation of parenting behavior and home environment**

### Therapeutic Infant Formulas

Kern Health Systems recognizes that there is confusion of where to send members who are in need of Therapeutic Infant

Submission of a Treatment Authorization Request to Kern Health Systems is required. All Treatment Authorization Requests must include documentation verifying the member's intolerance to breast milk, cow's milk-based formula and soy-based formula.

## Synagis Prophylaxis

Kern Health Systems (KHS) covers Synagis for the prevention of serious lower respiratory tract infections due to the respiratory syncytial virus (RSV) in high risk infants. Prior to the upcoming RSV season, which typically is November through April, KHS would like to share with our practitioners the criteria and procedures for the immunoprophylaxis of our high risk members. All KHS contract Pediatricians, Family Practitioners and DOs will be receiving the KHS Synagis Prophylaxis Criteria and a note from our Medical Director, Dr. Lon Graves, in early September, 2007 to assist in the referral and reimbursement of Synagis. For those practitioners who have in the past given the injections in their office or those practitioners who will be planning to provide that service for the high risk infants, KHS will require that you have a contract with KHS for reimbursement purposes. *Please contact KHS Provider Relations Department at 661-664-5149 for contract information.*



## Suggestions for Kern Health Systems Singulair Use

**Reminder:** Kern Health Systems allows the use of Singulair for the treatment of asthma only after step protocols established by the National Heart, Lung, and Blood Institute have been met. Although the recent protocols define the terms of mild, moderate, and severe, the stepwise approach to treatment remains the same. It is still highly recommended that for maintenance treatment, inhaled steroids should be considered before the use of the long acting bronchodilators or antileukotrienes. As such, KHS requires that at least a 30 day trial of inhaled steroids be considered before moving to the next step. Singulair is not approved on the formulary to be used for allergic rhinitis. We ask other formulary medications to be used for this purpose. The NHLBI suggests the best practices involve the use of nasal steroids before looking to the antihistamines, decongestants, and antileukotrienes.



Thank you for your consideration and assistance in this matter.



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# Mammograms

*According to the United States Cancer Statistics: 1999-2002 Incidence and Mortality Report, 182,215 new invasive cases of breast cancer were diagnosed among women in the United States in 2002 (most recent year for which statistics are available).*

*It is very important that women have regular mammograms because they detect breast cancer early. Mammography can locate cancers too small to be felt during a clinical breast examination. It is the best way to detect cancer in its earliest stage, before a woman can feel a lump.*

Because mammograms are an important component of preventive health care for women and because HEDIS measurements factor into risk pool distributions for primary care physicians, it is important that you encourage women to have mammograms when appropriate.

## Screening Tests for Women of Different Ages<sup>1</sup>

Age	Recommendation
40 to 49	Mammogram every 1 to 2 years, with or without clinical breast exam
50 to 74	Mammogram every 1 to 2 years, with or without clinical breast exam

Mammography screening every 1-2 years for women age 40 and older could reduce mortality by approximately 20-25% over 10 years.

*KFHC automatically authorizes mammograms for women:*

- Age 40-50, once every two years
- Age 50-75, once every year

Please refer to Policy 3.25P for these criteria. Breast Cancer Screening is one of the HEDIS measurements. For the 2005 HEDIS measurements, 47.4% of female KFHC members aged 50-69 years had mammograms in 2004 or the year prior.

<sup>1</sup>Source: U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999-2002 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2005. Available at: [www.cdc.gov/cancer/npcr/uscs](http://www.cdc.gov/cancer/npcr/uscs).

<sup>2</sup>Source: U.S. Preventive Services Task Force.

## IMMUNIZATION REGISTRIES: KEEP IT SIMPLE!

The Central Valley Immunization Registry is a secure, computerized system that helps doctors retrieve their patients' complete immunization histories from a regional database. It is a sophisticated, user-friendly tool to help physicians keep immunization records up to date. [Here is how the registry works:](#)



### ACCESS

- Retrieves immunization records of patients seen at another provider's office.
- Helps eliminate duplicate immunizations with rapid access to current immunization history.
- Highlights critical patient information such as histories and contraindications.

### ACCURATE

- Displays instantly and accurately vaccine doses due at each visit based on current recommendations (AAP, CDC).
- Forecasts each child's next vaccine due date to keep patients on schedule.
- Generates data needed for HEDIS reporting, vaccine usage reports, and immunization rates for your practice.

### EFFICIENT

- Eases the burden on office staff by generating the reminder notices that parents want to receive (typically, reminder systems boost immunization rates by 17%).
- Streamlines charting by automatically recording manufacturer and lot number for each dose in the patient's record.
- Replaces lost California Immunization Records (yellow cards) by printing a new copy with up to date information.
- Prints vaccine information sheets in several languages.
- Automatically updates vaccine information sheets if there is a change generated by the CDC.

The Registry is confidential, secure and easy to use. You will need a computer and Internet access. The software program is provided to you free of charge from the Kern County Public Health Department. A representative will demonstrate the software and teach you and your staff how to use the system. For more information and how to join, contact Lydia Peterson at the Public Health Department, (661) 868-0334 or [lydiap@co.kern.ca.us](mailto:lydiap@co.kern.ca.us).

## PHASE-OUT Generic Albuterol Phase-Out

January 2008 will bring the end to the regular cfc based albuterols as a propellant. In addition to generic albuterol, Ventolin HFA and ProAir HFA are also on the KHS formulary. However, these products are not rated by the FDA as interchangeable, so please aware of this as January 2008 approaches.

Kern Health Systems appreciates your diligent effort to utilize the most clinically appropriate and cost effective treatment plans. Next year when only the HFA versions are available, we ask you to consider the Ventolin HFA due to it having a meter on the inhaler to track the amount (doses) of medication remaining. Please be aware the sensation between the two types of meters (HFA vs. cfc) is different and should be pointed out to members. The weaker blast from the HFA may be confused with the inhaler not working correctly.

Thank you for your attention to this matter.

## 8 Easy Steps To Raise Immunization Rates

- Remind parents to bring the immunization records to each visit.
- Have a one page immunization system for charts.
- Use simultaneous immunizations.
- \*Immunize regardless of...
  - No recent physical exam
  - Low fever
  - Mild diarrhea or mild illness
  - Otitis media
  - On antibiotics
  - Mother pregnant or breast feeding
  - Immunization record missing
    - Proceed by mother's historical account
    - Proceed by logic, i.e. school boosters due
- Use every patient encounter to assess immunization status.
- Use accelerated schedule if behind at 6 months.
- Send reminder cards at 2, 4, 6, 12 and 15 months and for all appointments.
- Have a reminder/recall system in place to bring them back

\* "Valid contraindications to Childhood Immunizations", authored by CDC and endorsed by AAP, ACIP, and the AAFP.

