



PROVIDER INSIDER



SENIOR WHOLE HEALTH

Simple. Secure. Independent.

CMO Message – Kathleen Bennett, MD

Fall Awareness, Fall Prevention



A SWH nurse care manager approaches the home of Etta, a newly enrolled member. She grabs an ornate hand rail to climb the stairs. The nurse is invited in through a maze of loose carpets and a lifetime collection of knick knacks. She sees a huge risk of falls for the elderly woman, but knows that this is Etta's home; environmental changes must be accepted by her. The knick knacks stay, but Etta agrees to in-home gait training, putting away the scatter rugs, and allowing installation of a sturdy handrail.

Thirty-five to forty percent of generally healthy people over 65 who dwell in the community fall annually. Falls are associated with considerable mortality, morbidity, reduced functioning, and nursing home admission. Fear of falling among the elderly contributes to self-

imposed functional limitation and increased isolation.

In 2001 the American Geriatrics Society with the American Academy of Orthopaedic Surgeons undertook a review of the literature on fall prevention to develop an analysis of risk factors for falls, and assessment guidelines for health care professionals.*

Risk factors include: muscle weakness, history of falls, gait deficit, balance deficit, visual deficit, and cognitive impairment. Use of four or more drugs and/or environmental factors (such as loose carpets) contribute to the risk. The most effective interventions to prevent falls are multifaceted and include: comprehensive clinical assessment, exercise programs to improve balance and strength, medication management, vision correction, and reduction of home hazards.

At SWH we recognize that falls prevention requires intervention on several fronts. All SWH members are assessed in their homes at the time of enrollment and routinely thereafter by an SWH geriatric social worker to develop a full health risk and health needs assessment. High risk members are assessed in their homes by nurse care managers who visually inspect for environmental hazards. Issues of strength and balance are considered.

If a member experiences a fall, a long chain of events unfolds in addition to treatment. Nurse care managers seek detailed information on what happened, a new home assessment is done, and community support services are reevaluated and often increased.

The SWH care model supports addressing the underlying factors contributing to falls. SWH can make repairs and purchase safety items (such as bath mats) that are not covered by traditional insurers. A gym membership benefit is offered to all members. Tai Chi classes are offered jointly with several participating providers.

For a summary of recommendations on prevention of falls in older persons, see: <http://www.americangeriatrics.org>

SWH Compliance Update

Senior Whole Health (SWH) is committed to compliance with regard to member protections as well as regulatory and contractual elements with our partners and affiliates. Below are some regulatory highlights and changes that affect providers:

Regulation for Fraud Waste and Abuse Training

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage – Prescription Drug health plans to ensure their participating

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* "Guideline for the Prevention of Falls in Older Persons" developed and written under the auspices of the American Geriatrics Society Panel on Falls in Older Persons; JAGS 49:664-672, 2001.

Meet Our Director of Clinical Services – Sheila Condon, RN



Sheila Condon is the dynamic force and cornerstone of the SWH clinical team.

She joined SWH in 2004 as

a charter member and leader of the team. Sheila has helped define the unique SWH care management model which ensures that all SWH members receive the medical, health and support services needed to be safe, secure and independent.

In her 30 years as a nurse in the Boston area, Sheila has worked in a multitude of settings and roles. Regardless of the environment, she has always been motivated by the interpersonal aspect

of the profession and most importantly, the ability to positively impact people's lives, particularly lives of those traditionally underserved in healthcare.

Sheila began her career in the hospital setting, primarily in the intensive care unit. She transitioned to home care and ultimately made the career shift to case manager at BCBSMA where she managed their HIV program. Sheila moved on to Neighborhood Health Plan (NHP) where she oversaw the case management team. Her close work with community health centers helped Sheila develop a strong understanding of how the centers deliver critical services to disadvantaged people in the community. Before taking her role at SWH, Sheila worked with BIDPO physicians helping to manage their at-risk patients.

At SWH Sheila has built a vibrant, dynamic, and effective team that includes more than 50 RN case managers (many of whom are bilingual) plus support staff. The team is not only committed to the SWH care model and improving the health and independence of members, but also strives to provide our members with optimal support across the community, acute and long term care settings.

The founders of SWH capitalized on Sheila's experiences when they recruited her to build and oversee the SWH clinical team. Her vast knowledge, caring, and practical experience became the jewel in the SWH crown. SWH members and staff alike are very fortunate to have Sheila at the SWH Clinical helm!

SWH Marketing Department Connects with Provider and Community Partners

The SWH Marketing Department oversees all aspects of market development; promoting membership growth both in the community and in institutional settings.

For most members, the Marketing Department is the first point of personal contact with SWH. Marketing team members are hired and trained to meet the needs of potential members. They are fluent in foreign languages; they have strong ties to the communities they serve; and they are highly trained in plan benefits, eligibility requirements, and enrollment-related regulations.

Providers play a key role in success of the SWH program, and we continue to look for ways to support our provider partners, as well as actively spread the word about SWH to your patients.

With support from our provider community, SWH has grown to about 7,400 members throughout Massachusetts and New York within 5 years.

The Marketing Department also works in partnership with Provider Relations to actively engage providers in outreach activities. These activities, which include health fairs and presentations, are designed to assist and educate current members and providers, and to share program information with prospective members/patients and participating providers.

If you are interested in marketing activities with SWH, please contact:

Debbie Daviau, Director of Marketing, Massachusetts Market
ddaviau@seniorwholehealth.com

Massachusetts Benefit Coverage:



The reduction in adult dental benefits for Commonwealth of Massachusetts' public dental programs (MassHealth and Commonwealth Care) effective July 1, 2010 **does not impact SWH members. Dental benefits for Senior Whole Health members did not change July 1, 2010.**

SWH members continue to have access to the high quality dental services our dental providers provide.

New Department at SWH – Risk Adjustment and Coding

SWH is proud to announce the creation of the Risk Adjustment Coding Department headed by manager Linda M. Bohm, CPC. Linda and her staff, Monte D. Whiteside, CPC, and Jan Rogers, CPC, manage the semi-annual chart review process; the goal of which is to obtain accurate information on member condition acuity.

Risk adjustment is the process by which CMS determines reimbursement to Medicare Advantage plans. Risk scores are determined by the health status of a patient. Accurately determining the health status of our members through chart reviews is essential to risk adjustment. This allows SWH to submit required diagnosis information to CMS, which substantiates federal funding for the highest quality of care and services for our members, including reimbursement to providers.

Accurate coding can also play an integral role in assisting SWH nurse care managers in coordinating members' care. Physicians practices also benefit because SWH will note practice patterns and may offer suggestions or provide in-services to improve coding accuracy related to Medicare risk adjustment and compliance.

Please welcome our new department and wish them much success in their endeavors as they work with your practices.



Pharmacy Corner

Benefits of Vitamin D in Seniors

Joseph DaSilva Pharm. D., Clinical Pharmacist

While it is already well understood that vitamin D supplementation increases calcium absorption and prevents fractures, newer evidence shows that it also prevents falls in the elderly.

A large meta-analysis of Randomized Controlled Trials (RTC) was conducted in 2009 that evaluated the efficacy of various doses and dose forms of vitamin D.* It was found that high dose vitamin D (700-1000 IU/day) significantly reduced the risk of falls (by 19%) compared to the placebo. There was no significant difference in patients using low dose vitamin D (200-600 IU/day) compared to the placebo.

There was also no significant difference in falls between the two forms of vitamin D (D2 vs D3).

However, achieving a higher serum D3 level (> 60 nmol/L) reduced the risk of falls by 23%, compared to lower D3 levels (<60 nmol/L). In most patients, vitamin D2 (inactive) is still preferred due to lower cost and equivalent efficacy. However, in patients with chronic renal insufficiency, vitamin D3 (active) may be warranted as the kidneys can no longer convert D2 to D3.

Please note that SWH covers OTC generic vitamins D2 and D3, and generic calcium/vitamin D supplements. We also cover calcitriol and Hectoral without prior authorization.

* Bischoff-Ferrari HA, Dawson-Hughes B, Staehelin HB, Orav JE, Stuck AE, Theiler R, Wong JB, Egli A, Kiel DP, Henschkowski J. Fall prevention with supplemental and active forms of vitamin D: a meta-analysis of controlled trials. *BMJ*. 2009 Oct 1;339:b3692. doi: 10.1136/bmj.b3692.

SWH Compliance Update *continued from page 1*

providers complete Fraud, Waste and Abuse training no later than December 31, 2009 and annually thereafter.

Update:

Effective June 7, 2010, providers who have met the fraud, waste and abuse certification requirements through enrollment into the Medicare program are deemed to have met the SWH training and educational requirements for fraud, waste and abuse.

Providers who need to fulfill the training requirements should go to <http://www.hcasma.org> and click on Medicare Training. HealthCare Administrative Solutions (HCAS) has created this website, which includes an online training program to be

completed by providers.

Senior Whole Health Fraud Waste and Abuse Hotline

SWH has implemented the following Compliance Hotline where our employees and contracted affiliates can anonymously report suspected fraud, waste and abuse.

**SWH Compliance Hotline:
866-260-2456**

Agreement to abide by Medicare Guidelines

Contracted providers agree to comply with all Medicare guidelines as outlined in the provider contract.



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Executive Director

Pamela Gossman

Chief Medical Officer

Kathleen Bennett, MD

Director, Clinical Services

Sheila Condon, RN

**Director, Provider Relations/
Network Development**

Laura Pedone

Director, Client Services

Judy Klein

Director, Marketing

Deborah Daviau

SENIOR WHOLE HEALTH, LLC

58 Charles Street
Cambridge, MA 02141

Key Contacts

24 hour Clinical Support

886-794-7268

Clinical Fax Number

617-494-5554

Pharmacy Fax Number

888-251-7823

Member Services

888-794-7268

EDI Technical Assistance

617-551-4155

Provider Relations

617-494-5353

We are on the web at
www.seniorwholehealth.com

Senior Whole Health Welcomes Nurse Practitioners as PCPs

SWH is pleased to offer the opportunity for nurse practitioners to participate as PCPs. Many nurse practitioners currently act as primary care providers for SWH members, but without the status and recognition of PCP. To be set up as a PCP, a nurse practitioner must be credentialed with SWH, be supervised by a SWH credentialed physician, and have arrangements for admitting patients to the hospital. Once accepted as a PCP, the

nurse practitioner will interact directly with SWH nurse care managers in managing members' care, receive monthly management fees based on panel size, and carry all the same contractual responsibilities as PCPs.

For an application and additional information to help a practice determine whether PCP status for nurse practitioners is right for them, call 617-494-5353 and ask for Provider Relations.

Demographic Updates

SWH strives to keep accurate provider records in order to provide the best possible customer service to its Members and Providers. In early August 2010, SWH sent a brief survey designed to capture current demographic information. Providers were asked to

confirm their current information, such as panel status and address; make necessary changes; and return the updated survey. Your cooperation with this initiative is greatly appreciated. During the course of the year, please notify Provider Relations of any changes by phone 866-211-9009 or fax 518-426-4717.

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