

Mission Statement

Delaware Physicians Care, an Aetna Medicaid Plan, strives for value, integrity and compassion in health care management and consulting.

Vision

The vision of Delaware Physicians Care, an Aetna Medicaid Plan, is to be recognized as the nation's foremost managed care resource by providing the highest value management and consulting services throughout the health care continuum.

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Delaware Physicians Care
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Claims Inquiry

Please call 1-866-543-2167.

Select option #2 for provider, then select option #1 for claims department.

Editor - Jeanne Walsh

Billing Delaware Physicians Care for the H1N1 Vaccine

As Delaware Physicians Care participating providers are aware, the H1N1 vaccine is available free of charge to providers that have enrolled to receive supplies of the H1N1 vaccine according to instructions distributed in September by the Delaware Health and Social Services Division of Public Health.

The cost of H1N1 is not reimbursable to providers, since it is supplied free of charge by the federal government. Similar to the existing programs in Delaware that provide vaccinations free of charge to children, Delaware Physicians Care will **reimburse participating providers for the administration of the H1N1 vaccine to all eligible Delaware Physician Care members**, not just children.

The Centers for Medicare and Medicaid Services (CMS) has developed two new codes for the Medicare program:

- G9141 – H1N1 immunization administration (includes the physician counseling the patient/family)
- G9142 – H1N1 vaccine, any route of administration

The CPT Panel has also established an H1N1-specific immunization administration code and revised an existing code for specificity to H1N1 product:

- 90470 – H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
- 90663 – Influenza virus vaccine, pandemic formulation, H1N1

Delaware Physicians Care will accept only the CPT codes affiliated with the H1N1 vaccination (90470 and 90663).

Delaware Physicians Care billing requirements for immunizations/vaccinations require both the biologic and the administrative codes be billed, regardless of payment. Accordingly, providers should bill the biologic CPT code **90663** in conjunction with CPT code **90470** for the administration of the vaccine. The administration reimbursement is \$8.00.

If the H1N1 vaccine is being administered in two doses on different dates of service, please bill both claims using the guidance noted above.

The most up to date H1N1 and seasonal flu information for Delaware providers and residents can be found on the Delaware Division of Public Health web page at <http://dhss.delaware.gov/dhss/dph/index.html> or by calling the H1N1 and seasonal flu hotline at 1-800-282-8672.

Please also visit the home page of our website, www.DelawarePhysiciansCare.com, for flu updates. Click on the **H1N1 (swine) flu and seasonal flu information** link under "What's New".

Important Prior Authorization Process Changes Coming Soon!

Delaware Physicians Care is making important and positive changes to our prior authorization (PA) process. Participating providers will be sent written notification of these changes 30 days in advance of implementation of the changes.

A few highlights of what is coming:

The number of outpatient services that require prior authorization will be reduced, resulting in a significant decrease in prior authorization volume for providers.

Prior authorization requirements will be specified by individual current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, making prior authorization requirements clearer and easier to understand.

A new Prior Authorization Requirement Search Tool will be in place on our secure provider portal to allow providers to:

- Search prior authorization requirements by CPT/HCPCS codes simultaneously
- Receive immediate, detailed Yes/No information regarding PA requirements

Provider Web Access

Very important: The new Prior Authorization Requirement Search Tool will only be able to be accessed on our secure provider web portal.

If you are not already a registered user for secure provider web portal, download an application on the Providers section of www.DelawarePhysiciansCare.com. You can also download secure provider web portal complete user guides, located on the Providers section of www.DelawarePhysiciansCare.com.

We will be scheduling multiple training sessions on the secure provider web portal and the Prior Authorization Requirement Search Tool. If you have questions or want to register for a training session, please contact your Provider Relations representative at 1-800-287-9860.



Dental Services

Dental services are a covered benefit through the Delaware Medical Assistance Program (DMAP) for Medicaid members aged 21 and under, and through the State Children's Health Insurance Program (CHIP). Delaware Physicians Care will reimburse primary care provider (PCPs) for a medical procedure code billed with a dental diagnosis code as part of the office visit for members under 21 only.

- If a member is under 21 and requires dental services as a result of the exam in the PCP's office, the member should be referred to the Delaware Department of Health and Social Services (DHSS) Division of Medical and Medicaid Services (DMMS) at 1-800-372-2022, option 5.
- If a member is over 21 and requires dental services as a result of the exam in the PCP's office, the member should contact one of the following dental clinics and be put on a waiting list for services.

Delaware Dental Clinics - New Castle County

<p>Del Tech Dental Health Center 333 Shipley (Corner of Shipley and 2nd Streets) Wilmington, DE 19801 302-571-5364 http://www.dtcc.edu/wilmington/ah/partnerships.html</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Applications are taken for those who meet certain financial eligibility requirements - All patients must be seen by a hygiene student before referral to dentist - No Age Restrictions
<p>Henrietta Johnson Medical Center 601 New Castle Avenue Wilmington, DE 19801 302-655-6187 http://hjmc.org/dentistry.html</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Medicaid (children only), CHIP, Delta and other dental insurance accepted - Proof of identity and income required - Offers a sliding fee schedule for individuals without insurance - Charges for care based on income level - Minimum Payment of \$50.00 - Ages 3 and Up
<p>Nemours Dental Clinic for Seniors - New Castle, Kent, and Sussex - 1801 Rockland Rd. Wilmington, DE 19803 302-651-4405 or 1-800-292-9538 http://www.nemours.org/clinic/nhc/service/dental.html</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Completed application with proper ID - Age 65 and older - Income under \$17,000 (Single) or \$22, 800 (Married) - Proof of address, age and income needed
<p>Pierre Toussaint Dental Office 830 North Spruce Street Wilmington, DE 19801 302-652-8947 http://ww.ministryofcaring.org</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Low-income and/or homeless - Payment of \$84.00 for initial visit - Call for appointment - Adults 19-65
<p>Wilmington Hospital Dept. of Oral & Maxillofacial Surgery and Hospital Dentistry 501 West 14th Street Wilmington, DE 19801 302-428-4850 http://www.christianacare.org</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Patient must not have dental insurance - Medicaid is accepted up to 21 years of age - \$40 fee per visit – includes routine dental services (oral examinations, blood pressure check, fillings, extractions, X-rays) - Non-routine services priced according to a discounted fee schedule - No Age Restrictions (excludes infants)

Delaware Dental Clinics - Kent and Sussex Counties

<p>Delaware Hope Dental Clinic 1121 Forest Avenue Dover, DE 19904 302-735-7551 http://www.delawarehelpline.org/helpline/controller</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Provides non-emergency dental consultation and treatment to non-Medicaid and non-Medicare uninsured patients, ages 18-65 years old - Services offered free of charge: pain relief, denture adjustments, tooth extraction, restorations, incision and drainage of abscess, cleaning, tooth filling, radiographs, prosthetic repair, and biopsy of suspicious lesions
<p>Kent Community Health Center 1095 South Bradford Street Dover, DE 19904 302-678-2000 http://www.raconline.org/success</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - Medicaid (children only), CHIP, Delta and other dental insurance accepted - Offers a Sliding Fee Schedule for individuals without insurance. - Charges for care are based upon income level. - Completed application required - Proof of age and income required - Ages 3 and Up
<p>Sussex Smiles Dental Clinic, Stockley Center RD 6 Box 1000 Georgetown, DE 19947 302-934-6910 http://www.delawarehelpline.org/helpline/controller</p>	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> - \$20 per visit, prepaid. - Call for appointment. Proper documentation must accompany applicant on first visit. - Client must be living at or below 200% poverty level. - Ages 18 - 64



Ambulatory Medical Record Review

Delaware Physicians Care establishes and maintains medical record standards to promote detailed, organized and confidential patient care among practitioners. The standards, including any updates or revisions, are provided to all practitioners through the Delaware Physicians Care Provider Manual.

Our Quality Management department recently conducted an audit using a random sample of medical records collected for Healthcare Effectiveness Data and Information Set (HEDIS®). DPCI audits medical records at least every two years to assess compliance with established medical record documentation standards.

This year's overall audit results did not meet the established performance goal of 85%. As a result, DPCI is targeting three areas of improvement that fell below the 85% compliance goal:

- Documentation of advance directives for patients over 18 years of age
- Documentation of age appropriate preventive services and risk screenings
- Problem list

To help improve your medical record-keeping practices, medical record criteria and useful documentation tools are included in the Delaware Physicians Care **Delaware Practitioner Compliance Initiative Manual**. This manual is available in hard copy or CD-ROM. Copies are available upon request via your Provider Relations representative at 1-800-287-9860.

Advance Directive Criteria and Resources

Delaware requires providers to document in a prominent part of the individual's current medical record whether or not the patient has executed an advance directive. Delaware's Advance Health Care Directive Form was developed by the Committee on Law and the Elderly of the Delaware Bar Association and approved for use by the Office of the Attorney General of the State of Delaware. You can download a copy of the form at <http://www.dhss.delaware.gov/dsaapd/advance1.html>.

If you have questions about ways to improve your practice's medical record documentation, please call Artisa Tyson, R.N. at 302-894-6842. We appreciate your help with this important initiative.

Introducing ActiveHealth® Management

We want to share information about an exciting new program that will benefit both our members and providers. Delaware Physicians Care has contracted with ActiveHealth Management to administer a patient health-tracking program, implemented on November 1, 2009.

The ActiveHealth program will expand our opportunities to identify members who are potentially receiving care that is suboptimal and inconsistent with evidence-based clinical guidelines. ActiveHealth will subsequently communicate directly with the providers who are responsible for their care, in a time-critical mode.

ActiveHealth utilizes member claims to identify potential opportunities to meet evidence-based guidelines, such as through the addition of new therapies, avoidance of contraindications or prevention of drug-drug interactions. When an opportunity is identified for one of your patients, a formal patient-specific communication will be sent to you, the provider, to assist you in offering health care to your patient based upon your independent medical judgment. This program is not a utilization review mechanism and does not constitute consultation. Our goal is to offer timely, accurate and patient-specific information to facilitate patient care and improve outcomes.

We look forward to partnering with you, our providers, in proactively engaging our members in their care. We anticipate a very positive response to this program. Please watch for additional information, including a sample patient-specific communication and overview of this program on the Providers page of our website at www.DelawarePhysiciansCare.com.

If you have additional questions, please contact your Provider Relations representative at 1-800-287-9860.

Health Literacy

Health literacy is defined by the American Medical Association as the ability to read, understand and use health information to make appropriate health care decisions and follow instructions for treatment.

Health literacy is broader than general literacy; it includes the ability to process numbers and navigate the health care system.

Poor health literacy does not mean lack of intelligence. Health information such as educational brochures, consent forms and health insurance applications are often complex and scientific, making it difficult for people of all literacy levels to read and understand the content.

How does that affect health care?

Inadequate health literacy may affect a member's ability to understand and access the health care system and health information. Low health literacy negatively impacts compliance, clinical outcomes and health care costs.

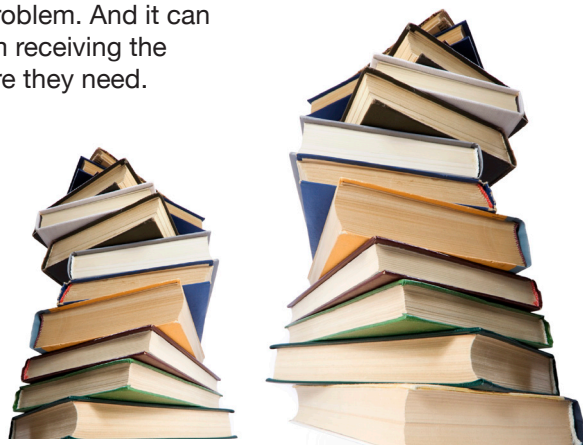
You may not know that patients with poor health literacy skills are in your care:

- They use well-practiced coping mechanisms that effectively mask their problem.
- They are often ashamed to admit they have difficulty understanding information and instructions.

Limited health literacy:

- Goes beyond reading or language skills
- Affects people of all ages, genders, backgrounds and cultures
- Occurs because of listening and understanding abilities, cultural factors, number skills and other reasons

It's a widespread problem. And it can prevent people from receiving the quality of health care they need.



What can you do to help?

Understanding how this issue affects people is a great place to start.

Steps to improving patient understanding:

- Limit the amount of information provided at each visit.
- Slow down.
- Avoid or decrease the use of medical jargon.
- Use pictures or models to explain important concepts.
- Assure understanding with the “show-me” technique.
- Encourage patients to ask questions.
- When making an appointment, provide people with simple options and clear facts.
- In phone recordings:
 - Speak slowly and clearly.
 - Provide an easy way to connect with a live person.
 - Provide options in other languages.

Utilize **Ask Me 3™**, which promotes three simple, but essential, questions and answers for every healthcare interaction:

- What Is My Main Problem? □ Diagnosis
- What Do I Need to Do? □ Treatment
- Why Is It Important for Me to Do This? □ Context

Ask Me 3 creates shared responsibility for clear health communication

- Provides a consistent approach to patient-provider dialogue
- Allows patients to get information they need to manage their health
- Time-efficient for providers to reinforce healthcare instructions

Materials to encourage patients to **Ask Me 3** are available at www.AskMe3.org or by calling 1-877-427-5633. As always, your Provider Relations representative is available at 1-800-287-9860 for any questions you have about the **Ask Me 3** program.

CORRECT CODING: Manifestation Codes

The ICD-9-CM manual says that “Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.” As such, they are appropriately reported with two codes, one for the underlying condition and another for the manifestation of that condition. The latter are termed “manifestation codes”. Additionally, correct coding requires that the code for the underlying condition be reported as the primary diagnosis on the claim and the manifestation code be reported as the secondary diagnosis.

Where these code combinations exist, the ICD-9 manual contains instructional notes both to identify each code and indicate the proper sequencing of such codes. Many manifestation codes will have in their code descriptor, the following phrase, “in diseases classified elsewhere”. Other manifestation codes which do not have this phrase in the code descriptor will invariably contain a note below the descriptor stating the following: “code first....” referring to the fact that an underlying condition code should be coded as the primary diagnosis on the claim. Underlying condition codes may have the instruction “use additional code” below their descriptor. In all instances, manifestation codes should never be reported as the first listed or principal diagnosis on the claim. Depending upon the edition of the ICD-9 manual, manifestation codes may also be identified by color coded highlighting.

In this example, ICD-9 code 331 (or 331.0) is the underlying condition while ICD-9 code 294.1 is the manifestation code. This latter code should not be reported as the principal diagnosis as indicated in the instruction accompanying the listing. As well, note the term “conditions classified elsewhere” in the code descriptor of the manifestation code.

Example #1:

250.5 Diabetes with ophthalmic manifestations

Use additional code to identify manifestation, as diabetic:

366.4 Cataract associated with other disorders

366.41 Diabetic cataract

Code first diabetes (249.5, 250.5)

In this example, ICD-9 code 250.5 is the underlying condition and should be reported as the primary diagnosis on the claim while ICD-9 code 366.41 is the manifestation code. Instructions clearly indicate that an additional code is needed to qualify the diabetic condition with a manifestation and that the diabetes code should be reported as the primary diagnosis.

Example #2

331 Other cerebral degenerations

Use additional code, where applicable, to identify dementia

294.1 Dementia in conditions classified elsewhere

Code first any underlying physical condition as dementia in:
Alzheimer's disease (331.0)

In summary:

- Manifestation codes are reported to identify a process due to an underlying condition
- Both the manifestation code and the underlying condition code must be reported together on the claim
- Manifestation codes should not be reported as the primary diagnosis on the claim
- Manifestation codes can be identified in the ICD-9 manual by their code descriptors and instructions

Timely Filing Resubmissions

In order to provide clarity around reviews of resubmissions/ reconsiderations of timely filing claim denials, Delaware Physicians Care has added a new remittance advice adjudication code and message.

Resubmissions with documentation submitted as proof of timely filing that is found, upon review, to be insufficient are now reflected on the provider remittance advice as: Code 290 "The documentation provided as proof that this claim was submitted in a timely manner is insufficient to warrant payment of this claim. Payment denial upheld".

We are confident that the addition of this remittance advice code and message will result in less confusion about the timely filing review process, and fewer resubmissions of the same claim.

Important note about claim resubmissions:

We are seeing an increasing number of providers billing partial resubmissions so many times that it becomes unclear as to what is being corrected.

For a more effective and timely review the corrected claims or reconsideration requests, it is vital that entire claim be sent with the Delaware Physicians Care Reconsideration/Resubmission Form with a clear explanation, so that we can be confident, accurate, and thorough in reviewing your resubmitted information. When resubmitting claims with attachments (EOB, invoice, proof of timely filing, etc.) please send an attachment with each claim. If you have any questions about our reconsideration process, please contact your provider relations representative a 1-800-287-9860. Thank you for your cooperation.

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CAQH Credentialing Tool

Delaware Physicians Care, an Aetna Medicaid Plan, utilizes the Council for Affordable Quality Healthcare (CAQH) web-based credentialing tool for physicians and other health care professionals. This tool allows registered users to electronically submit a single application to one secure source and update it regularly. The information collected on the application satisfies the credentialing requirements of all health plans and hospitals participating in the CAQH initiative.

The CAQH Universal Provider DataSource is free to health care professionals. Benefits to registered users include:

- Ability to securely enter, maintain and regularly update application information
- Accessible to authorized health plans and hospitals 24 hours a day, 7 days a week
- Accurate, timely and consistent information nationwide

Frequently Asked Questions

Q: What is the objective of the CAQH Universal Provider DataSource?

A: This tool reduces administrative requirements by gathering credentialing data in a single repository accessible to participating health plans and other health care organizations.

Q: Why is the CAQH Universal Provider DataSource (UPD) important to me?

A: One of the most important aspects of the credentialing process is the collection and verification of data from the physician regarding education, training, experience, practice history, location and other background information, as well as disclosure of any issues impacting the ability to provide care. Using the UPD, each physician or health care professional submits a single application to a central database that meets the needs of all health plans and hospitals participating in the effort.

Q: Is there a fee for use of the database?

A: There is no cost for physicians and other health care professionals to use the credentialing application database.

Q: How often are updates required?

A: You will be sent automatic reminders from CAQH to review and attest to the accuracy of your data. Updates must be made three times annually, and this is easily accomplished through a quick online visit or by calling CAQH's automated telephone system. Because many health plans and hospitals with which you do business use this system for recredentialing and ongoing updates to directory records, it is important that the database contains accurate and up-to-date information.

Q: How do I input my data if I don't have Internet access?

A: If you don't have Internet access, just call the CAQH Help Desk at 1-888-599-1771 and request an application be sent by mail. Simply complete the form and fax it back to CAQH.

Q: Can I use this online process to be recredentialed by Aetna?

A: Yes. The process is seamless to providers due for recredentialing whose applications are complete or maintained within the CAQH UPD. We simply gather that information electronically, without the need for written notification.

Please note: Failure to complete or reattest your CAQH application will result in delay of your credentialing acceptance date by Delaware Physicians Care.

For more information on the CAQH credentialing application process, please visit www.CAQH.org or contact the CAQH help desk at 1-888-599-1771.

Delaware Health Alert Network #200, Delaware Division of Public Health

Delaware Health Advisory
Vaccine Adverse Events Reporting System (VAERS)

As a healthcare provider, you can help monitor the safety of vaccines by promptly and accurately reporting any clinically significant adverse event that occurs following vaccination to the Vaccine Adverse Event Reporting System (VAERS). Clinically significant adverse events are those events that are of concern to you or your vaccinated patients or their caregivers. Anyone can report to VAERS but vaccinated patients or their caregivers are encouraged to seek the help of their health care provider in filling out a VAERS form. Please report clinically significant adverse events after vaccination, whether or not the vaccine was administered in your practice, and even if you are not sure if the vaccine caused the adverse event.

VAERS is a U.S. vaccine safety surveillance system, co-managed by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is the front-line monitoring system for collecting and analyzing voluntary reports of adverse events following vaccination. CDC and FDA analyze VAERS reports to identify potential vaccine safety concerns that may need further study or public health action.

There are three ways to report to VAERS:

- 1) Submit online via a secure website at <http://vaers.hhs.gov/esub/index#Online>
- 2) Fax a completed VAERS form to 1-877-721-0366, or
- 3) Mail a completed VAERS form to VAERS, P.O. Box 1100, Rockville, MD 20849-1100.

A VAERS form may be downloaded from the VAERS website at VAERS Reporting Form. Alternatively, you may request a VAERS form by sending an email to info@vaers.org, by calling toll-free 1-800-822-7967, or by sending a faxed request to 1-877-721-0366. For additional information on VAERS or vaccine safety, visit the VAERS website or call 1-800-822-7967.

You may also contact the Delaware Immunization Program for VAERS information at 1-800-282-8672, 302-744-1060 or by e-mail at immunizedph@state.de.us.

When submitting a report to VAERS, please include as much information requested on the form as possible to assist VAERS staff with analysis and follow-up of the adverse event. For example, please include information about vaccination location, date, vaccine type, lot number and dose. The form also includes a space to provide contact information for the person reporting the adverse event.

Influenza vaccination record cards will be given to people who receive 2009 influenza A (H1N1) monovalent vaccine. The information on this card may be helpful in completing a VAERS report for an adverse event that occurred after 2009 H1N1. It also can include information on seasonal influenza vaccines.

By reporting vaccine adverse events to VAERS, the public health system will continue to be able to rapidly detect potential risks for serious or new adverse events after vaccination. This knowledge facilitates improvements in the safety of vaccines. Thank you in advance for your participation. Together we can ensure that vaccination continues to be as safe as possible.

For further information, contact the DPH Immunization program at 1-800-282-8672 or 302-744-1060.

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation, unlikely to require immediate action.

Health Information: Provides general health information, which is not considered to be of an emergent nature.

For CMS Providers and Interested Health Care Advocates:

To ensure the quality of heparin and to guard against potential contamination, the (USP), a nonprofits standards-setting organization, adopted new manufacturing controls for heparin effective October 1, 2009. These changes include a modification of the reference standard for the drug's unit dose – a 10% reduction in potency. Embedded below is a copy of the FDA press release, which includes a link to an FDA health alert.

While there are concerns that quantities of the former dosage may linger for some months, it is important to share this update with health care providers, advocacy groups and others. Text of the news release follows.

FDA NEWS RELEASE

For Immediate Release: Oct. 1, 2009

Media Inquiries: Karen Riley, 301-796-4674, karen.riley@fda.hhs.gov

Consumer Inquiries: 888-INFO-FDA

**FDA Alert: New USP Standards for Heparin Products Will Result in Decreased Potency
Adjustments may be needed to achieve desired anticoagulant effect**

The U.S. Food and Drug Administration today alerted health care professionals to a change in heparin manufacturing that is expected to decrease the potency of the common blood-clotting drug.

To ensure the quality of heparin and to guard against potential contamination, the United States Pharmacopeia (USP), a nonprofits standards-setting organization, adopted new manufacturing controls for heparin effective Oct. 1, 2009. These changes include a modification of the reference standard for the drug's unit dose.

Manufacturers in the United States and Canada label the amount of heparin included in their products based on USP standards. The changes adopted by the USP for the heparin unit dose match the World Health Organization's International Standard (IS) unit dose definition that has been in use in Europe for many years. The revised USP reference standard and unit definition for heparin is about 10 percent less potent than the former USP unit.

A unit is the measure of a drug's activity in the body. For heparin, a unit dose is the measure of the drug's ability to block the blood's natural clotting ability (anticoagulation). Heparin's potency is determined by the dose of the drug required to produce a specific level of anticoagulation.

Manufacturers for the U.S. market have begun to make heparin using the new USP standard. The FDA has asked that they not ship this new product to customers until Oct. 8, 2009, or later. The delay will give health care providers and facilities time to learn about the changes and to make adjustments to their pharmacy procedures and dosing practices, according to John Jenkins, M.D. director of the Office of New Drugs in the FDA's Center for Drug Evaluation and Research.

"Although the FDA-approved labeling for heparin has not changed, including the recommended doses, it is essential that health care professionals be aware of the potential difference in potency between the old and new vials of heparin when administering the drug," said Jenkins.

Four companies market heparin in the United States. APP, the largest manufacturer, markets heparin in vials; Hospira markets heparin in intravenous bags, vials, and syringes; Baxter markets heparin in intravenous bags, and B. Braun markets heparin in intravenous bags. The FDA has asked that all manufacturers identify their new products to help pharmacies and health care professionals differentiate it from the former product.

By federal law, prescription and over-the-counter medicines available in the United States must meet USP's public standards, when such standards exist. The revised standards for heparin are contained in a new USP monograph.

The monograph was revised, in part, in response to a 2007-2008 incident of heparin contamination involving a manufacturing step in China. The contaminated heparin was associated with deaths and other adverse events in the United States. The monograph was changed to include a test for the contaminant.

For more information go to:

FDA Alert to Health Care Professionals

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm184502.htm>

USP Heparin Information

<http://www.usp.org/hottopics/heparin.html>

Childhood Obesity Policy Paper on American Medical Association's Expert Committee Recommendations

A policy paper entitled, "New Expert Recommendations for Prevention and Treatment of Childhood Obesity in Primary Care", published in 2008 by Nemours Health and Prevention Services may be a useful resource to primary care providers serving children.

This brief summarizes recommendations by a national expert committee comprised of 15 professional organizations with expertise in obesity and offers steps for action on the prevention, evaluation, and treatment of childhood overweight. It also features the Nemours formula for a healthy lifestyle, 5-2-1-Almost None, a formula consistent with expert recommendations.

Children's risk for obesity and other preventable diseases can be reduced by:

- 5 - Eating five or more servings of fruits and vegetables per day
- 2 - Spending no more than two hours per day in front of a screen (TV, video games, recreational computer time)
- 1 - Getting at least one hour of physical activity per day
- Almost None - Drinking almost no sugary beverages like soda and sports drinks



This informative brief can be accessed at:

<http://static.nemours.org/www-filebox/nhps/policy-brief/2-primary-care.pdf>.

Thinking Green

We are taking another step toward more environmentally friendly methods of corresponding with our provider community. You can now enjoy reading the Delaware Physicians Care provider newsletter, Provider Connection™, online at your convenience.

As we seek to better conserve resources while at the same time deliver important information to you in more immediate formats, this electronic format makes good sense. Our ultimate goal is to go as paperless with as much meaningful correspondence as possible.

The questions we pose to ourselves we also pose to you....what is your approach to thinking green? Using our secure provider portal, filing claims electronically, receiving electronic remittance advices and electronic funds transfer, use of electronic medical records are a few of many efficient time and money savers.

If you are not able to access Provider Connection™ online via our web site, www.DelawarePhysiciansCare.com, please contact Provider Relations at 1-800-287-9860. Your Provider Relations representative will print and send you a copy.

Provider Orientation Sessions

Delaware Physicians Care offers free monthly provider office orientation sessions, held at various central locations throughout the state, for new providers, offices with new staff and offices that need a DPCI refresher. Feedback from orientation participants has been extremely positive, especially in transitioning new providers and their staff to DPCI processes and policies. Join us for light refreshments and great information about working with DPCI.

THE NEXT FOUR ORIENTATION SESSIONS ARE:

NOVEMBER 20, 2009

**Bayhealth Medical Center
Kent General Hospital in Dover**
9:30 a.m. to 12:00 p.m.

DECEMBER 18, 2009

DPCI Health Plan
9:30 a.m. to 12:00 p.m.

JANUARY 15, 2010

DPCI Health Plan
9:30 a.m. to 12:00 p.m.

FEBRUARY 19, 2010

**Bayhealth Medical Center
Kent General Hospital in Dover**
9:30 a.m. to 12:00 p.m.

Please contact Denise Terranova at (302) 894-6820 or Denise.Terranova@Aetna.com for directions and to register for any date. The entire 2009-2010 schedule can be found on the Providers page on our web site, www.DelawarePhysiciansCare.com.