A Newsletter for Pennsylvania Blue Shield Providers in Central PA and the Lehigh Valley

Medical Malpractice Insurance Reform: Pennsylvania Blue Shield's Ongoing Support

Earlier this year, the Commonwealth of Pennsylvania began to take steps to address the concerns surrounding cost and availability of medical liability insurance for physicians, and Pennsylvania Blue Shield has been actively involved in supporting these efforts.

"We understand the significance of these issues in the physician community and have been visibly lobbying in support of broad reforms," says Bruce R. Hironimus, vice president of Government Affairs of Highmark Inc., Blue Shield's parent company. "We continue to meet face-to-face with state legislators and have formally gone on record to reinforce our position regarding the need for reform with every member of the state legislature."

Behind the

In 2002, three noteworthy pieces of legislation were enacted by Governor Mark Schweiker, and Pennsylvania Blue Shield joined in the concerted effort to make them happen:

Act 13 of 2002, the Medical Care Availability and Reduction of Error (MCARE) Act, includes a number of tort reforms and a reduction in the mandated coverage limits to bring Pennsylvania in line with other states. "We want physicians to know that we have actively supported and engaged in assisting the medical community to make these reforms possible," says Mr. Hironimus. "And, while we regard these as important victories, there is much unfinished business to further advance the cause of medical malpractice insurance reform in the commonwealth. We continue to look ahead and work closely with the medical community in support of both short-term and long-term solutions."

You can follow news related to Pennsylvania medical liability insurance reform and our involvement by visiting the Government Affairs section of www.highmark.com.

in line with other states. N D Act 127 of 2002 is legislation that limits the choice of court venues in medical **Professional Provider** liability actions to the county in which Relations Staff.... the cause of action arose. Act 57 of 2002 dramatically reformed Blues On Call: Supporting Patients & Physicians...... the state's joint and several liability legal doctrine, stipulating that defendants Online Resource Center: would be responsible for paying only a Check It Out!.... percentage of an award as determined **Board of Directors Elects** by a judge or jury. New President/CEO..... Blue Shield Member Rights & Responsibilities Physician Access Standards8 Guidelines for Appropriate Utilization of Acute Inpatient Rehabilitation......9 PENNSYLVANIA
BLUE SHIELI A HIGHMARK COMPANY An Independent Licensee of the Blue Cross and Blue Shield Association

Professional Provider Relations Staff Serving the Central Pennsylvania and Lehigh Valley Region



Front row, L to R: Tonia Gens, Ed Wargo (director, Physician Recruitment and Relations), Kelly Lieblein (vice president, Physician Recruitment and Relations); back row, L to R: Paul DeSantis, Martha Economedes, Hank Parsons and Martina Uffelman

Medical Management (HMS) Hours of Operation

Our medical management staff in Healthcare Management Services (HMS) will shorten their hours of operation for two upcoming holidays, then operate under new hours beginning in 2003.

- ► The hours of operation for December 24 and December 31, 2002, will be 8:30 a.m. to 12:00 p.m.
- ➤ Then, beginning January 1, 2003, the new standard hours of operation for HMS will be 8:30 a.m. to 7:00 p.m., Monday through Friday, and 8:30 a.m. to 4:30 p.m., on Saturday and Sunday.

As always, authorization for inpatient admission is contingent upon meeting medical necessity criteria. Providers should be aware of admission criteria and are asked to follow them when deciding whether to admit Blue Shield members for inpatient care.

If a member is admitted as an inpatient during the time when HMS is unavailable by telephone, hospital Utilization/Case Management staff are asked to notify HMS as soon as possible on the next business day and provide the appropriate clinical information. Please note that there is no need for staff from the Emergency Department, Critical Care or other nursing units to take time from direct patient care to place the call to HMS. If the hospital does not routinely staff its Utilization/Case Management Department on Saturday or Sunday, hospital staff may notify HMS of admissions on Monday, even if the member has already been discharged.

PremierBlue Network Renamed

Pennsylvania Blue Shield has renamed its PremierBlue preferred provider network. The network's new name is PremierBlue Shield. The name change will not affect you in any way. You will see the new name, PremierBlue Shield, on all product information and related materials. Blue Shield changed the name of the network to better align it with its fully integrated health insurance products. The name change also satisfies standards of the Blue Cross and Blue Shield Association.



Pennsylvania Blue Shield Network of Credentialed Health Care Professionals

Blues On Call ::

Supporting Patients & Physicians

Blues On Call is Pennsylvania Blue Shield's consumer health information program that helps our members become more involved in their health care. Members can contact Blues On Call at 1-888-BLUE-428, 24 hours a day, seven days a week, for easy access to a Health Coach (registered nurses licensed in Pennsylvania) who can help answer health care questions.

When communicating with members, Health Coaches utilize the Healthwise Knowledgebase™, a comprehensive, evidence-based resource of physician-approved information for medical consumers. They can educate and encourage your Blue Shield patients, helping them to be better prepared for their visit with you. Health coaches can also provide intense support to those with chronic conditions (e.g., diabetes, asthma, CAD, CHF and COPD), making them more likely to comply with your treatment plan. If you would like to view the Healthwise Knowledgebase, you'll find a link in the Provider Resource Center section of our Web site at www.pablueshield.com. We're promoting this resource to our members and encourage you to tell your Blue Shield patients about it as well. Members can access it on their "My Shield Online" personalized Web page.

Healthwise Knowledgebase is a registered mark of Healthwise, Inc. Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

1-888-BLUE-428 24 hours a day, seven days a week

Concurrent Processing Simplifies Billing for ClassicBlue

Concurrent major medical processing is a feature introduced with our new ClassicBlue Traditional product. ClassicBlue is an indemnity program offered to members in the 21 counties of Central Pennsylvania and the Lehigh Valley. This product offers basic medical-surgical, hospital and major medical coverage as one benefit package. The member's major medical benefit has been incorporated into the traditional benefits.

This should simplify the billing process for you, because now you can report all professional services on one claim form and send it either electronically or on paper to Pennsylvania Blue Shield. (Paper forms should be mailed to Pennsylvania Blue Shield, P.O. Box 890173, Camp Hill, PA 17089-0173.) The services will process under the basic coverage and then automatically roll over to the major medical coverage if there is remaining liability. (No major medical claim form is required.) So, Participating Providers should not bill the member at the time of services. Instead, please wait for the Explanation of Benefits (EOB) sent to your practice, so you will know the amount paid under both types of coverage and if the member owes you any balance.

A Few More General Reminders:

- For services processed through the concurrent arrangement, Participating Providers may not collect more than the UCR allowance for covered services.
- Submit all services to Pennsylvania Blue Shield electronically or on a 1500 claim form.
- UCR program allowances are paid directly to the Participating Provider.
- One EOB is issued that contains medical-surgical basic and major medical information.

Recent Mailings

The following Pennsylvania Blue Shield mailings were issued to providers in Central Pennsylvania and the Lehigh Valley. If you need an additional copy of any of these mailings, please contact your Provider Relations Representative.

► Referral Request Forms
Dated 6/14/02

Sent to Primary Care Physicians in Central PA and the Lehigh Valley

Products and Network Features at a Glance

Dated 6/20/02

Sent to Pennsylvania Blue Shield providers in Central PA and the Lehigh Valley

► Letter to introduce NaviNet's FastTrack referrals
Dated 6/26/02

Sent to all Primary Care Physicians with NaviNet

► Quarterly ancillary fee schedule updates

Dated 7/2/02 and 10/1/02 Sent to all Pennsylvania Blue Shield home infusion providers in Central PA and the Lehigh Valley

► Updates to home infusion procedure codes/allowances

Dated 7/19/02

Sent to all Pennsylvania Blue Shield home infusion providers in Central PA and the Lehigh Valley

 Special Bulletin on procedure for filing a grievance on a SelectBlue member's behalf

Dated 8/19/02

Sent to all PremierBlue Shield providers in Central PA and the Lehigh Valley

➤ Special Bulletin on formulary updates*
3rd Quarter Dated 8/22/02; 4th Quarter Dated 11/7/02
Sent to all Pennsylvania Blue Shield providers
in Central PA and the Lehigh Valley

➤ August 2002 and October 2002 PRN (also available online at www.pablueshield.com)
Sent to most network and non-network providers in Pennsylvania

Postcard reminder on compliance deadline for HIPAA's Transactions and Code Sets standards

Dated 9/02

Sent to all Pennsylvania Blue Shield providers

 Special Bulletin on manipulation and physical therapy reporting changes

Dated 10/16/02

Sent to all Pennsylvania Blue Shield Physical Therapists, Doctors of Chiropractic, Physiatrists and Osteopathic Physicians

► Termination of Hershey HealthStyle network Dated 10/28/02

Sent to all Hershey HealthStyle providers

Addendum to Blue Shield Reference Guide Dated 10/02

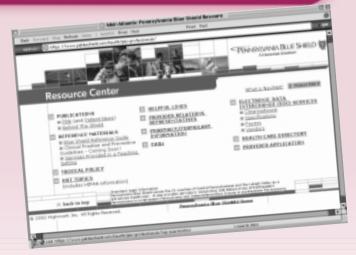
Sent to all Pennsylvania Blue Shield providers in Central PA and the Lehigh Valley

*The 2003 Pennsylvania Blue Shield formularies were mailed recently to our Central Region providers. If you did not receive your copy, you can obtain one from our Shipping Control Department at 717-763-3256. Please request form number 21850.

Online Resource Center: Check It Out!

Our online Provider Resource Center can save you a phone call. If you have access to the Internet or NaviNet, you can view:

- Publications/Reference Materials:
 - -PRN
 - -Behind the Shield
 - -Blue Shield Reference Guide (including the new Addendum specific to our products in Central Pennsylvania and the Lehigh Valley)
 - -Services Provided in a Teaching Setting
 - -Clinical Practice & Prevention Health Guidelines (coming soon)
- Medical Policy search by key word, procedure code or policy number
- ► Hot Topics including HIPAA information
- ► Helpful Links medical/health resources and information, including Blues On Call
- Provider Relations Representatives identify your representative and how to contact him/her
- Pharmacy/Formulary Information drug benefit and formulary information for providers
- FAQs a compilation of questions frequently asked by providers and their answers
- ► EDI Services information on electronic connectivity



- ► Health Care Directory our online provider directory for members
- ► Participating Provider Application an online application to initiate a participation request

Go to **www.pablueshield.com** and click on *Provider Resource Center* in the lower, left corner. (NaviNet users: simply click on *Resource Center* from the Plan Central page.)

Addendum to Blue Shield Reference Guide

In April 2002, Pennsylvania Blue Shield launched its own portfolio of fully integrated health insurance products in the 21 counties that comprise Central Pennsylvania and the Lehigh Valley. Rather than create a separate manual solely for our new products, we developed an Addendum to the *Blue Shield Reference Guide*. In combination, the *Reference Guide* and the Addendum give you a convenient, easy-to-use reference tool — a concise document that contains all the information you need for your interactions with us for all product lines.

In early November, we mailed the Addendum to all providers in Central Pennsylvania and the Lehigh Valley. The *Blue Shield Reference Guide* and the Addendum are also available on our Web site at **www.pablueshield.com**.

New Business

Many of our current procedures and policies still apply to the new products, so you can continue to use the main *Reference Guide* as your information source. For example, claims submission and the automated inquiry systems are applicable to our new products. However, for those processes and procedures that do differ, the Addendum gives you the details you need. So, if you're looking up instructions relating to one of our new products, and you don't find it in the Addendum, that means the information in the main *Reference Guide* is still appropriate and applicable.

Existing Business

You will also still need the main *Reference Guide* as your information source for all existing Pennsylvania Blue Shield business; i.e., the products jointly underwritten with Capital Blue Cross that will remain in existence through March 2003.



How We Protect Members' Right to Confidentiality

At Pennsylvania Blue Shield, we have established policies and procedures to protect the privacy of our members' protected health information from unauthorized or improper use.

As permitted by law, Pennsylvania Blue Shield may use or disclose protected health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- · Claims management
- Routine audits
- Coordination of care
- · Quality assessment and measurement
- Case management

- · Utilization review
- Performance measurement
- Customer service
- Credentialing
- Medical review
- Underwriting

With the use of measurement data, we are able to manage members' health care needs, even targeting certain individuals for quality improvement programs, such as health, wellness and disease management programs.

Our members have a right to access the information their doctor has been keeping in their medical records, and any such request should be directed first to a members' network physician.

Our members benefit from the many safeguards we have in place to protect the use of data we maintain. This includes requiring Pennsylvania Blue Shield employees to sign statements in which they agree to protect members' confidentiality, using computer passwords to limit access to members' protected health information, and including confidentiality language in our contracts with doctors, hospitals, vendors and other health care providers.

Our Privacy Department reviews and approves policies regarding the handling of confidential information. It's all part of assuring that members' protected health information is kept confidential.

Availability of Physicians, Behavioral Health or Pharmacist Reviewers for Peer-to-Peer Conversations

All providers have an option to discuss a case with a peer reviewer prior to or following a utilization management (UM) decision. Licensed, board certified physicians, behavioral health care practitioners and licensed pharmacists are available to discuss determinations during normal business hours. The network or ordering provider will typically be connected directly to the reviewer involved in the initial determination. If the original peer reviewer is not available, another clinical peer will be made available to discuss the case. The reviewer will respond to your request within one (1) business day. Providers can request a peer-to-peer conversation by calling:

Practitioner/Ordering Provider	UM Issue	Telephone Number
Practitioners	Med/Surg UM Decisions	1-866-634-6468
Behavioral Health Practitioners	Behavioral Health	Telephone number identified in determination letter
Pharmacists	Pharmacy Services	Telephone number identified in determination letter

Board of Directors

Elects New President/CEO



On September 25, 2002, the Board of Directors of Highmark Inc. announced the election of Kenneth R. Melani, MD, as president and chief executive officer.

Dr. Melani, 48, is currently Highmark's executive vice president, Strategic Business Development, and will succeed John S. Brouse, 62, who has announced his plans to retire by the end of 2002. Dr. Melani's appointment becomes effective Jan. 1, 2003.

He began his career with the company in 1989 as corporate medical director in the Medical Affairs Department. Previously, he served as president and chief executive officer and chairman of the board of West Penn Cares Inc. Prior to his responsibilities with West Penn Cares Inc., Dr. Melani owned a private practice in internal medicine, which he developed into a multi-location, multi-specialty group practice.

In his most recent role as executive vice president of Strategic Business Development, Dr. Melani was responsible for strategic planning, marketing, informatics and e-business development. He also served as president of Keystone Health Plan West, Inc. — Western Pennsylvania's largest HMO and a wholly owned subsidiary of Highmark.

"Ken Melani has demonstrated that he is a leader with vision and a leader who can turn that vision into reality. He will be an excellent

successor and will continue to move the company forward in a highly challenging world," says Mr. Brouse.

Dr. Melani is board certified in internal medicine (ABIM) and is a member of the Allegheny County Medical Society, Pennsylvania Medical Society, American Medical Association, Pennsylvania Society of Internal Medicine, American Society of Internal Medicine and the American College of Physician Executives.

A summa cum laude graduate of Washington and Jefferson College, Dr. Melani enhanced a Bachelor's degree in chemistry and biology with a Doctorate of Medicine from Bowman-Gray School of Medicine, Wake Forest University.

Dr. Melani completed his residency in internal medicine at The Western Pennsylvania Hospital in 1982.



Recredentialing Reminder

We now have a Point-of-Service managed care product (SelectBlue), and state law requires health insurers to provide a credentialed network to their managed care members. To ensure that we have qualified practitioners in our network, we initiated the recredentialing process for PremierBlue Shield PCPs and Specialists.

If you haven't already, we ask that you please complete your recredentialing application and return it to us as soon as possible. Please remember that your name cannot appear in the SelectBlue provider directory for members until you have successfully completed the recredentialing process. If you need assistance, your Pennsylvania Blue Shield Provider Relations Representative is available to answer any questions.

We appreciate your cooperation in this important endeavor. Thank you.



Our Products

Need a brief review of our new products? Reference the first issue of *Behind the Shield* (June 2002), available online at **www.pablueshield.com** in the Provider Resource Center.





MEMBER RIGHTS RESPONSIBILITIES

Our members have certain rights and responsibilities that are a vital part of membership with a managed care plan. These rights and responsibilities are included in the member handbook and are reviewed annually in the member newsletter. Here, we present them to our providers to maintain awareness and support your relationship with your Pennsylvania Blue Shield patients.

Members of SelectBlue have certain rights and responsibilities which they should be aware of in order to maximize their benefits in a managed care environment.

MEMBER RIGHTS

You have the right to:

- Receive information about Pennsylvania Blue Shield, its products and services, its practitioners and providers, and member's rights and responsibilities.
- 2. Be treated with respect and recognition of your dignity and right to privacy.
- Participate with practitioners in decision making regarding your health care.
 This includes the right to be informed of your diagnosis and treatment plan in terms that you understand and participate in decisions about your care.
- Have a candid discussion of appropriate and/or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.
- 5. Voice a complaint or appeal about Pennsylvania Blue Shield, or the care provided and receive a reply within a reasonable period of time.

- Select your own personal practitioner/practitioner group from the Pennsylvania Blue Shield Primary Care Physician (PCP) network.
- 7. Expect your PCP's team of health care workers to provide or to help you arrange for appropriate care.
- 8. Have reasonable access to appropriate medical services.
- Keep your health records confidential, consent or deny the release of personally identifiable confidential information by Pennsylvania Blue Shield, except when such release is required by law.
- 10. Have the right to review your medical records with your PCP.
- 11. Make recommendations regarding the Pennsylvania Blue Shield managed care product's Member's Rights and Responsibilities.
- 12. Both you and your PCP have the right to request an end to this relationship if one feels the other is not fulfilling his or her responsibilities.

MEMBER RESPONSIBILITIES

You have the responsibility to:

- Carefully read all of your member literature and make sure you understand your benefits and program requirements.
- Follow the coordinated care guidelines for your plan in order to receive the maximum level of benefits. Identify yourself as a SelectBlue member when you schedule an appointment or enter any network provider's office/facility.
- 3. Communicate openly with the physician you choose. Ask questions and make sure you understand the explanations and instructions you are given. Develop a relationship with your doctor based on trust and cooperation.
- 4. Help maintain your health to prevent illness and consider the potential consequences if you decide not to follow your doctor's treatment plans or recommendations.

- 5. Treat all network physicians and personnel respectfully and courteously as your partners in good health care.
- 6. Keep scheduled appointments or give adequate notice of delay or cancellation.
- Help network providers maintain accurate and current medical records by being honest and complete when providing information, including any other medical insurance coverage you have (in addition to your SelectBlue coverage.)
- 8. Express your opinions, concerns or complaints in a constructive manner to the appropriate people.
- 9. Pay any applicable copayments at the time of service.

If you have any questions, please call Member Service at the toll-free number listed on your identification card.

Physician Access Standards

To stay healthy, members must be able to see their physicians when needed. To support this goal, we are sharing with you Pennsylvania Blue Shield's Standards for Accessibility of Primary Care Physicians (PCPs) and Specialists. This policy sets forth specific timeframes in which PCPs and Specialists should respond to member needs, based on symptoms.

In some cases, it may be more appropriate for a member to go directly to an emergency room. The member may make this decision based upon his/her perception of the situation. Or your office may make this decision, based upon the symptoms the member relays over the phone and the availability of an appointment in the office. The chart below shows the current standards for PCPs and Specialists.

You, your patient and Pennsylvania Blue Shield are a team. Our intent is to make available to members the best, most appropriate treatment and to encourage our network physicians to maintain fair accessibility standards. We are confident you will make every effort to meet them. However, we realize there may be occasions when emergencies or unforeseen circumstances result in longer wait times. The ultimate goal is for all members to receive the care and attention they need.

Medical/Surgical Standards

Patient's Need	Example	Performance Goal
Emergency/life-threatening services	Sudden chest pain	Immediate response (Physician may also decide that an emergency room visit is the best option)
Urgent care services	Fever higher than 100.4 degrees rectally in an infant under 3 months old; or Skin infection in a patient with diabetes; or Cough with fever and shortness of breath	Office visit within 24 hours
Routine (with symptoms) services	New onset of back pain; or Flu symptoms that don't appear to be improving	Office visit within 2-4 days
Preventive (no symptoms) services	Routine well-child care; or Routine adult physical; or Gynecological exam	Office visit within 30 days
After-hours access		24 hours a day/7 days a week; Response by telephone within 30 minutes
In-office waiting time		Less than 15 minutes

Behavioral Health Standards

Patient's Need	Example	Performance Goal
Emergency/life-threatening services	About to implement a suicidal plan	Immediate response (Physician may also decide that an emergency room visit is the best option)
Non life-threatening emergency	Suicidal thoughts with the consideration of a plan; threat to harm another person without action to further that threat	Office visit within 6 hours
Urgent care services	Serious symptoms of depression with inability to function at work or school	Office visit within 48 hours
Routine (with symptoms) services	Recurrence of symptoms of depression without serious impairment; school behavior problems that are related to inattention	Office visit within 10 days
After-hours access		24 hours a day/7 days a week; Response by telephone within 30 minutes

Guidelines Updated for Appropriate Utilization of Acute Inpatient Rehabilitation

Pennsylvania Blue Shield has expanded its clinical guidelines for the appropriate utilization of acute inpatient rehabilitation. The updated guidelines are intended to help you determine which patients will derive maximum benefit from admission to an acute rehabilitation facility.



Blue Shield's previous guidelines for acute rehabilitation primarily focused on patients with acute neurologic or orthopedic impairments. Physicians, however, have been interested in broadening the guidelines to include additional diagnoses, such as general debilitation. The new guidelines apply to a much broader group of patients. They incorporate recommendations from peer-reviewed medical literature.

The guidelines apply to all Pennsylvania Blue Shield products. Blue Shield's Healthcare Management Services (HMS) Department uses these guidelines for coverage authorizations.

Guidelines for appropriate utilization of acute inpatient rehabilitation

Acute inpatient rehabilitation is one part of a continuum of rehabilitation services that are delivered in the hospital, in the skilled nursing facility (SNF), in outpatient facilities and in the home.

For most diagnoses, therapy services will be provided in more than one site in the continuum during a total episode of care. Unfortunately, there are limited studies showing improved outcomes for any therapy based on the site of delivery of services. In general, the goal of inpatient rehabilitation should be to improve the level of function so that the person can be safely discharged to his or her normal residence to complete therapy in the outpatient setting.

Comprehensive rehabilitation services should not be confused with convalescent care. In general, consideration for acute inpatient rehabilitation should be reserved for patients who:

- ► Have an acute loss of a discrete physical and/or cognitive function(s).
- ► Have a reasonably good prognosis for full or partial recovery of that function in a measurable period of time.
- ► Are physically able to fully participate in aggressive rehabilitation activities.
- ► Are mentally and emotionally able to fully participate in a rehabilitation program.
- ► Are likely to be discharged to a setting other than custodial care.

Previously, acute inpatient rehabilitation was primarily reserved for acute musculoskeletal and neurological conditions. However, the spectrum of diagnoses recently has expanded to include general debilitation for patients with chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), cancer, multiple trauma or complications from surgery. (Convalescent care following uncomplicated thoracic or abdominal surgery or an uncomplicated medical illness is rarely an indication for acute inpatient rehabilitation.) For patients who are still recuperating from uncomplicated surgery or an uncomplicated medical illness and cannot safely be discharged to home, SNF care with therapy is an appropriate site for convalescence.

General guidelines for all patients being considered for acute inpatient rehabilitation

- ► There has been a recent and discrete loss of function.
- ▶ The person can no longer function at home.
- ▶ Discrete therapeutic goals have been identified. A complete rehabilitation assessment has been completed.
- ► These goals are attainable within a reasonable and definable timeframe.
- ➤ All medical conditions requiring intensive interventions in the hospital setting have been controlled so that the patient is stable for transfer to a rehabilitation facility.
- ➤ The person can tolerate three hours of intensive therapy on a daily basis. (Documentation shows that they can tolerate sitting in a chair for at least two hours at a time and have the ability to tolerate at least 30 minutes of continuous therapeutic activity.)
- ➤ The person has the ability to function and benefit from the therapeutic interventions. In addition, they should be emotionally stable and willing to participate in all aspects of the therapeutic program. (Patients who cannot follow commands because of severe dementias or who have repeatedly refused to participate in therapy are not suitable candidates for inpatient rehabilitation.)

- ➤ Attainment of the therapeutic goals will improve the functional status and quality of life. (A discharge plan to an extended care facility rarely justifies an acute inpatient rehabilitation admission.)
- ➤ The person has an adequate support structure at home to assist with supervision after discharge from the acute rehabilitation facility. There should be a reasonable likelihood that the progress made in the rehabilitation facility can be maintained.

Guideline I: Inpatient rehabilitation following elective hip or knee arthroplasty, including most hip fractures treated with a total hip arthroplasty (they should meet all of the general guidelines first).

- ➤ A significant number of people can be safely discharged to the home following elective hip or knee arthroplasty. High-risk* patients can generally benefit from a brief inpatient rehabilitation stay (five-10 days).
- ► Frail elderly (generally older than 70) and living alone.
- ► Frail elderly (generally older than 70) and two co-morbid conditions.
- ► Any age plus three co-morbid conditions.

*Adapted from "Early Inpatient Rehabilitation After Elective Hip and Knee Arthroplasty" by Munin et al.; JAMA Vol. 279, No. 11

Acute Inpatient Rehab

- ➤ The person is capable of full or partial weight bearing (patients limited to touch-down non-weight bearing only will be evaluated on a case-by-case basis, based on treatment goals.)
- ► The person requires assistance with transfers.
- ➤ The person is ambulating less than 100 feet with a walker and with minimal to moderate assistance. (Patients requiring maximal assistance with walking due to pain or debility may be more suitable for less aggressive therapy in a SNF.)

Discharge criteria from inpatient rehabilitation include:

- ▶ walking greater than 150 feet with a walker;
- ▶ ability to transfer with supervision or spotting only;
- ▶ ability to perform most self-care; and
- ▶ the ability to return home safely.

Guideline II: Inpatient rehabilitation for general debilitation (includes medical conditions such as COPD, CAD, cancer, MS, Parkinsonism, disabling arthritides, multiple trauma, post-surgical procedure with a significant complication.)

- ➤ In general, these guidelines are meant to distinguish convalescent care from rehabilitation. The person must meet all the conditions under the general guidelines.
- ➤ There was some complication during the hospital admission that altered the course of the primary reason for admission; for example, COPD requiring mechanical ventilation, pneumonia following surgery leading to prolonged immobility.

- ► There is a discrete functional impairment.
 - Mobility Impairment
 - ► Requires assistance with transfer.
 - ➤ Walking limited to 20-50 feet with a walker and minimal to moderate assistance.
 - Requires moderate assistance with bathing, dressing and hygiene and usual self-care.
 - Speech Impairment
 - Aphasia or dysarthria which will likely improve with speech therapy.
 - Dysphagia (may require tube feeds on admission).
- ► In general, the acute hospital stay should have been at least 10 days.

People who are confined for periods greater than a month may be so debilitated that they can't participate fully in rehabilitation activities. SNF admission may be more appropriate.

- ➤ The prior level of function should have been such that the person was relatively independent at home or in the community with the assistance of a caregiver.
- ➤ The discharge plan should maximize the benefit of the inpatient rehabilitation stay. There should be an adequate support system and a willing caregiver if the patient is to go home.

Discharge criteria from inpatient rehabilitation will generally be attaining the stable premorbid status. Patients who plateau and show no signs of improvement are probably more appropriate for a lower level of care.

In general, inpatient rehabilitation is a short-term intervention that should stabilize a patient so that he/she can return home to complete therapy.

References

Milliman and Robertson Optimal Recovery Guidelines, 1999. UPMC Rehabilitation Unit Admission Criteria, 1999.

Munin et al.; "Early Inpatient Rehabilitation After Elective Hip and Knee Arthroplasty;" JAMA 1998 Vol. 279 847-852.

Hoenig et al.; "Geriatric Rehabilitation: State of the Art"; JAGS 1997 Vol. 45 1371-1381.

Munin et al.; "Predicting Discharge Outcome After Elective Hip and Knee Arthroplasty;" Am. J. of Phys. Med. and Rehab. 1995 Vol. 74 294-301.



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Camp Hill, Pennsylvania 17089 www.pablueshield.com

Clinical Practice and Preventive Health Guidelines

On an annual basis, our Quality Management Department, along with participating network physicians, reviews and updates the Clinical Practice and Preventive Health Guidelines. The guidelines for Preventive Health are:

- ► Adult 65 and Over
- ► Adult Ages 18 to 64
- Pediatric Ages 0 to 17
- ► Peri/Prenatal

Clinical Practice Guidelines include:

- ► Asthma
- ► Chest Pain
- ► Management of Patients with Heart Failure (CHF)
- ► Cholesterol
- ▶ Depression
- Diabetes
- Hypertension
- Menopause
- ▶ Smoking

Educational Guidelines are also available on Chronic Obstructive Pulmonary Disease (COPD) and Substance Abuse Disorders. To encourage and assist you in planning your patients' care, all guidelines will be available to the practitioner community as a reference tool via NaviNet and **www.pablueshield.com** by mid-December 2002. Preventive Health Guidelines are also included in the *Pennsylvania Blue Shield Reference Guide* Managed Care Addendum. (See page 5 for details.)

To obtain a paper copy of the guidelines, or to submit comments, please write to:

Quality Management Department, SP-6N Pennsylvania Blue Shield PO Box 890089 Camp Hill, PA 17089-0089

