A 65-year-old female patient calls her PCP’s office and asks for a refill on her heart medication.

The telephone call is immediately routed to a nurse, who in seconds retrieves the patient’s medical records on a computer “notebook.” She electronically alerts the woman’s PCP, who minutes later authorizes the refill via laptop while rounding at the hospital. The system electronically faxes the script to the pharmacy — where it’s filled and waiting when the patient arrives an hour later.

Meanwhile, sipping morning coffee at her kitchen table, a concerned mother visits her family physician’s Web portal using her laptop. She accesses the doctor’s schedule and books an urgent-care appointment for her teen-age son — who is in bed with the flu.

Do these scenes illustrate the future of health care?

Practicing medicine this way will become reality sooner rather than later for the physicians and office staff at Annville Family Medicine in Lebanon County.

The practice is roughly 15 months into a two-year project to build and implement an ambitious electronic medical record (EMR) system. Practice partner Robert K. Nielsen, MD, excitedly points out that efforts to automate the office are going extremely well. And all staff — from physicians to nurses to front-office personnel — are playing a part in this success.

“We Were Getting Buried in Paper”

Annville Family Medicine began building its EMR — which includes electronic prescribing capability, digital lab reports and electronic dictation — on March 15, 2005. Why is the practice going paperless?

“We were getting buried in information, and we couldn’t keep up with the paper,” Dr. Nielsen says.

In his 28 years in medicine, Dr. Nielsen has seen the volume of paper circulating through the physician office increase by 600 to 700 percent. “With roughly 20,000 patients in our practice, there was no way to manually get at the information necessary to truly address quality of care properly,” he says.
The physicians and office staff began shopping for an EMR system by pre-interviewing software vendors and researching different systems. “We called other practices that had the software to learn about their experiences,” Dr. Nielsen says.

Four systems were chosen for a closer look. Vendor demonstrations were then held to show how well each system would mesh with Annville Family Medicine’s billing and practice management software.

Adopting a team approach was key to the decision process. “Our office managers worked hard to get buy-in from the entire staff,” Dr. Nielsen says. “They really did a lot of the work; the physicians just stepped back and let them lead.”

Training Staff, Building the EMR

Once a system was chosen, training started with non-physician staff. “We wanted the staff to drive the doctors into using the system,” Dr. Nielsen says.

Then, the plan was to train three physicians at a time for three months, until all eight, plus one physician assistant, were using the EMR confidently. From the outset, the process went so well that training time was cut from three months to six weeks.

“The learning curve was very quick,” Dr. Nielsen says. “We didn’t change our patient schedule to do this.”

Paper charts and dictation into handheld recorders were preserved as temporary safety nets for physicians, who still rely on them in varying degrees. All the while, electronic records were created for patients as they visited or interacted with the office; therefore, office staff spent little time keying in information from paper charts to build records.

“It wasn’t difficult,” says Dr. Nielsen, who uses a wireless notebook and “touch pen” in the exam room. “It was amazing how many patients’ paper charts could be retired to the basement after just two or three visits.”

A Smarter Way to Care for Patients

EMRs offer a laundry list of benefits. Perhaps the most notable advantage is they help revolutionize work flow.

Records can be accessed as fast as a nurse or medical assistant can type a patient’s name or click on a hyperlink. Thousands of records, test results and medical information can be accessed at the point of care or off-site through a secure Internet connection.

Information is captured in the exam room and entered directly into the EMR. “You want to avoid information hand-offs,” says Dr. Nielsen, whose use of paper charts has dropped to roughly 10 percent. “Like in football, there can be fumbles, and that’s how mistakes happen.”

With an EMR, caregivers interrupt each other for information far less often. “I can check upcoming appointments without bothering the front-office staff,” Dr. Nielsen says.

Additionally, patient visits are more productive, meaning fewer may call later with questions. As a result, buswork — pulling paper charts and answering telephones — has decreased significantly at Annville Family Medicine.

For example, pre-EMR, every test result had to be placed in a paper chart, which meant roughly 250 paper chart pulls and hours of staff time daily. Now, these results come in automatically to the EMR. Often, results from colonoscopies and other tests “are in patients’ charts before their sedative wears off and they leave the hospital,” Dr. Nielsen says.

Ultimately, the EMR system has helped the practice to provide smarter — and better — care.

Chronic care is easier. “I can easily extract reports of our diabetic patients to see if the diabetic care criteria has been met or not,” Dr. Nielsen says. “We can now better track these patients so they don’t slip through the cracks.”

With a few clicks, staff can print out a list of every patient who’s on a certain medication, which came in handy when Vioxx was taken off the market. “How would we have gone through hundreds of charts to see which patients were taking Vioxx?” Dr. Nielsen says.

As the EMR is woven into the work flow, staff are freed up to perform more meaningful tasks. Dr. Nielsen envisions a day when patients spend minimal time in the waiting room and more time in the exam room for in-depth patient education with an “information nurse” prior to seeing the doctor. The EMR provides printable, on-demand patient education materials.

So how have staff reacted to the EMR?

“The staff really enjoy it,” says Kelly Keener, MA. “It makes my job much easier.”

One of her favorite EMR features is the ability to electronically fax prescriptions to pharmacies so they’re usually filled before patients get there. “To me, it’s such a time saver,” she says. “Before, we’d spend 15 minutes faxing and calling each pharmacy.”

Other notable EMR features include interoffice messaging and alerts that highlight tasks by importance, such as addressing an abnormal test result or answering an inquiry from a specialist.

System downtime hasn’t been an issue. “There are going to be little glitches, but they’re not monumental,” Dr. Nielsen says.

The system has firewalls for information security, and usernames and passwords are required for access. Staff can be locked out of certain screens according to their job function. “If anyone goes anywhere in this system, we’ll know it,” Dr. Nielsen says.

Patients have been equally enthusiastic about the EMR, mainly because it’s helped to improve care and service. “About 60 percent of my patients are 65 and older. Most of them aren’t computer savvy,” Dr. Nielsen says. “They love the EMR.”

Looking to the Future

The technology has poised Annville Family Medicine to truly function around its patients’ needs. The practice plans to launch a patient Web portal next year. “With the appropriate firewalls, patients will be able to get their own lab results,” Dr. Nielsen says. “If it’s 10 p.m., and you have a sore throat, you’ll be able to check my schedule and put your name in there.”

Annville Family Medicine, which also uses NaviNet®, expects to have “retired” roughly 90 percent of its paper medical records by the end of the two-year implementation. Within the next five years, the practice hopes to greatly improve performance in terms of disease management, patient interventions, health risk appraisals and overall patient population management.

See “Physicians, Office Staff Seeing the Benefits of EMR” on Page 4
As announced in the December 2005 issue of Behind the Shield, the Highmark eHealth Collaborative, a supporting organization of The Pittsburgh Foundation, was created to encourage the adoption of health information technology used in patient care. Electronic prescribing was chosen as the first project of the Collaborative because of its direct impact on patient safety.

Response to the Collaborative has been unprecedented, as more than 1,200 practices representing more than 4,200 physicians have completed applications for funding for health information technology in the practice setting. The Pittsburgh Foundation used a $26.5 million contribution from Highmark Inc. to create the Collaborative.

The Collaborative is awaiting official recognition of its tax-exempt status by the Internal Revenue Service (IRS), and can then begin to distribute grant notification letters to eligible applicants. In the meantime, applicants are encouraged to proactively prepare for the transition to electronic health technology.

Watch Behind the Shield and the Collaborative’s Web site (www.highmarkehealth.org) for future updates about the timeframes for grant notification letters.

Educational Forums a Success

The Pennsylvania Medical Society and the Collaborative worked together to present free educational forums for MDs and DOs and their office staff. The events were held in February and March in Allentown, Camp Hill, Erie, Johnstown, Monroeville and Warrendale.

A total of 598 physicians, office personnel and administrative staff attended these sessions. Based on evaluations of the sessions, attendees found the information presented on the topics of electronic prescribing and electronic health records was most helpful.

As attendees learned, some of the most important steps you can take are to assess your practice’s readiness for this technology and develop an implementation plan that includes key office personnel.

You can find other tips in the Resource section of the For Clinicians page on the Collaborative’s Web site at www.highmarkehealth.org.

If you could not attend one of the sessions, you will soon be able to view the presentations and hear the speakers (Kate Berry from AllScripts and Sharon Ryan from PMSCO Healthcare Consulting) on the Collaborative’s Web site at www.highmarkehealth.org.

Note: Highmark Inc. is an independent licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. The Collaborative is not a subsidiary or affiliate of Highmark Inc. and uses the name “Highmark” pursuant to a license agreement.

Attendees had the opportunity to speak with representatives of each vendor approved by the Collaborative.
For providers who don’t yet have NaviNet access, this icon means that the material/information is conveniently accessible from Plan Central. Just click on Resource Center.

For More Information

For NaviNet users, this icon following an article means that the material/information is conveniently accessible from Plan Central. Just click on Resource Center.

Using paper records “is no longer an option” for health care professionals, Dr. Nielsen says. “It’s either switch to an EMR or spend an inordinate amount of time doing tasks you shouldn’t be doing.”

EMR systems are expensive, but the physician grants soon to be dispersed from the HeHC will go a long way toward helping physicians adopt the technologies, Dr. Nielsen says.

“Heathmark has said, ‘We’re willing to invest in something to help physicians practice better,’” he says. “It’s a very different perspective for an insurer because it will improve care not only for their members, but also for all patients.”

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All network providers recently received a Special Bulletin that informs them about Highmark’s detailed timetable for accepting National Provider Identifier (NPI) numbers on electronic claims and includes a form that they can use to report their NPIs to Highmark once they receive them.

As announced previously in Behind the Shield and on NaviNet®, health care providers who are considered to be covered entities under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 are required to obtain an NPI and begin using it on all electronic transactions no later than May 23, 2007. On that date, Highmark will require all NPI-eligible providers to begin using NPIs on electronic claims.

To give providers ample time for this transition, Highmark has outlined the following timetable for acceptance of NPIs on electronic claims:

- **Feb. 24, 2006:** Highmark began accepting providers’ NPIs along with their Highmark provider numbers on electronic claims; the NPI is optional, but the Highmark provider number is still required.
- **Oct. 16, 2006:** Highmark will begin accepting an NPI, a Highmark provider number or both an NPI and a Highmark provider number on electronic claim submissions.
- **May 23, 2007:** Highmark will require the use of NPIs on all electronic claims submitted.

For additional information on obtaining an NPI, reporting your NPI to Highmark, including your NPI on your electronic claim submission and registering for EDI, please refer to the Special Bulletin dated March 2006. This Special Bulletin is also available on the Provider Resource Center under the Publications & Mailings link.

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**Issues to Consider**

There are two types of NPIs:

- **Type 1 – Individual NPI:** linked to an individual practitioner
- **Type 2 – Organizational NPI:** used to do business at a Tax ID level (This is required for both entities and incorporated individuals.)

Highmark wants you to understand the impacts that may result from an election to establish your NPI(s) in a manner that is different than your current provider number configuration with Highmark.

Beginning May 23, 2007, the NPI will be used for all correspondence and business conducted with Highmark. Highmark strongly encourages providers to enumerate with NPIs in the same configuration in which they are now enumerated with Highmark. Otherwise, issues may occur with:

- your claim payments
- how your information is displayed in provider directory listings
- your payments via electronic funds transfer (EFT)
- your qualification and incentive payments regarding the QualityBLUE℠ program (if applicable)
- how your data is represented on member ID cards
- your internal business and reporting procedures

For these reasons, Highmark encourages you to take a close look at your current provider number configuration and plan wisely when obtaining your NPI(s).

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**For More Information**

Visit these sites for more detailed information about the NPI:

- [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov)

Or, you may contact your Highmark Provider Relations representative.
Standards for Accessibility

To stay healthy, members must be able to see their physicians when needed. To support this goal, we are sharing with you Highmark's Standards for Accessibility of PCPs, medical specialists and behavioral health specialists. The standards set forth specific timeframes in which practitioners should respond to member needs, based on symptoms.

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<th>PCP and Medical Specialist Standards</th>
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<td>Patient's Need:</td>
<td>Performance Standard:</td>
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<tr>
<td>Emergency/life-threatening care</td>
<td>Immediate response</td>
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<td>Urgent care appointments</td>
<td>Office visit within 1 day</td>
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<tr>
<td>Regular and routine care appointments; non-urgent, but in need of attention appointments</td>
<td>Office visit within 2 to 7 days</td>
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<tr>
<td>Regular and routine care appointments; routine wellness appointments</td>
<td>Office visit within 30 days</td>
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<tr>
<td>After-hours access</td>
<td>24 hours a day, 7 days a week; response by telephone within 30 minutes</td>
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<tr>
<td>In-office waiting time</td>
<td>Within 15 minutes</td>
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<th>Behavioral Health Specialist Standards</th>
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<tr>
<td>Patient's Need:</td>
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<td>Emergency/life-threatening care</td>
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<td>Emergency/non-life-threatening care</td>
<td>Care within 6 hours</td>
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<td>Urgent care</td>
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<td>Routine office visit</td>
<td>Office visit within 10 business days</td>
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<tr>
<td>After-hours care</td>
<td>24 hours a day, 7 days a week; response by telephone within 30 minutes</td>
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Notification for Practitioners Regarding Delegated Entities for Utilization Management

Highmark maintains Utilization Management (UM) policies and procedures to assist our members in receiving appropriate and medically necessary care. Through these processes, determinations regarding your patients’ coverage for health care services may be made by Highmark or with the assistance of outside vendors that contract with Highmark and who specialize in certain areas, such as mental health or durable medical equipment services. Highmark and these vendors make UM decisions based on appropriateness of care and service and the existence of coverage for the services by your patient’s benefit program. All vendors must meet the applicable regulatory and accreditation standards and agree to participate in annual oversight activities. For more information on the UM process, see the Highmark Blue Shield Reference Guide (available in our online Provider Resource Center under Administrative Reference Materials) or contact Highmark Healthcare Management Services at 1-866-731-8080.

*Notifications

Reminder:
Make Routine Behavioral Health Telephone Inquiries During Regular Business Hours

Behavioral Health providers are reminded that normal business hours of the Highmark Behavioral Health Unit are 8:30 a.m. to 4:45 p.m., Monday through Friday. Provider inquiries related to routine matters such as member benefits, number of authorized sessions, etc., should be conducted during normal business hours. Provider use of the 800 number during non-business hours should be limited to calls related to inpatient precertification requests.
CorCell®, Inc. Offers Discounted Umbilical Cord Blood Banking Service to Highmark Members

Highmark has arranged for CorCell, Inc., to offer a value-added cord blood banking service to Highmark members at a discount. CorCell, headquartered in Philadelphia, is a fully licensed and accredited cord blood company that has been dedicated to, and deeply rooted in, stem cell preservation since 1996.

CorCell’s program offers the following:

- $350 discount to participating Highmark members who elect to collect their baby’s cord blood with CorCell. This is not a covered benefit.
- Physician reimbursement by CorCell of up to $100 for services rendered in the collection of cord blood. Note: Claims for umbilical cord blood (UCB) collection should not be billed to Highmark.

CorCell®® Offers Discounted Umbilical Cord Blood Banking Service to Highmark Members

Providers who have questions or requests may contact CorCell at 1-888-326-7235. Ask for Chuck Hiltunen at ext. 413, or George Venianakis at ext. 408.

Highmark has arranged a discount for CorCell’s services. The discounted services, available to current members and which add value to the plan of benefits, are provided solely by CorCell and are not a covered benefit of Highmark.

Attention NaviNet Security Officers: Check Admin Messages for Recredentialing Applications

NaviNet Security Officers are reminded to check their Admin Messages (red envelope) to see if any of their practitioners have been sent a recredentialing application. The notices are sent to Security Officers so they can generate a password for the recredentialing username. Once a Security Officer generates a password, the practitioner must log on and click on the Orange Flag, where he/she will find his/her recredentialing application prefilled and ready for updates.

For more information, see Pages 2 and 3 of the 2005 Credentialing Special Edition of Behind the Shield, which is also available on our Provider Resource Center on NaviNet and at www.highmarkblueshield.com, under Publications & Mailings. Select Behind the Shield and look for this issue under the 2005 link.

Use Date of Claim Investigation When Tracking Claim Appeals

When tracking the progress of claim appeals in NaviNet, please remember to use the date of your initial investigation of the claim when searching. This function is programmed to search for appeals by using the initial claim investigation date as opposed to the date of service.
Flu Season 2006-2007
Right Around the Corner

PLAN AHEAD by Pre-booking Vaccine

Flu season is still several months away, but Highmark is encouraging physicians to plan ahead and order supplies of influenza vaccine now if they haven’t already done so.

Despite the nationwide vaccine supply and distribution issues associated with last flu season, the Centers for Disease Control and Prevention (CDC) and vaccine manufacturers have stated that enough vaccine will be available for the 2006-2007 flu season.

Still, the best plan is to be prepared for the unexpected. If issues arise this year regarding vaccine availability or distribution that impact your individual vaccine supply, Highmark encourages you to consider the following:

► If you run out of vaccine or cannot obtain enough, check with neighboring physician practices to see if they have extra.
► Conversely, if you have a surplus of vaccine, consider alerting other nearby practices to see if they need vaccine.
► If you don’t have vaccine on hand, please remind your Highmark patients that they may be able to receive a flu shot from another network physician, such as a specialist.

Contact Information for Vaccine Distributors*
Following is a list of flu vaccine distributors with whom you may wish to place an order; there may be additional distributors as well. This information is being provided solely for informational purposes, and Highmark cannot guarantee vaccine availability. Watch the NaviNet® Plan Central page for influenza vaccine updates.

Henry Schein Inc.
1-800-772-4346
www.henryschein.com

Henry Schein/GIV
1-888-521-7468
www.giv.com

Henry Schein/Caligor
1-888-225-4467
www.caligor.com

ASD Healthcare
1-866-281-4358 (4FLU)
www.asdhealthcare.com

FFF Enterprises
1-800-843-7477
www.FFEnterprises.com

Sea Coast Medical
1-800-732-2115
www.seacoastmedical.com

PSS/World Medical
1-904-332-3000
www.pssworldmedical.com

CuraScript (formerly Priority Healthcare)
1-877-599-7748
Fax: 1-800-862-6208

McKesson
1-800-446-3008
www.mckesson.com

*Highmark has learned that as of Feb. 13, 2006, Sanofi Pasteur has closed vaccine pre-booking and can no longer accept vaccine orders for the 2006-2007 flu season, except for its no-preservation Fluzone vaccine in pediatric doses.
The BlueCard Program allows participating Blue Plan providers in every state to submit claims to their local Blue Plan for indemnity, PPO and managed care patients who are enrolled in an out-of-area Blue Plan.

To assist you with questions you may have about the BlueCard Program, Highmark’s BlueCard Information Center offers valuable tools and information — including a BlueCard Manual, frequently asked questions, a hospital and doctor finder and other resources. To access the BlueCard Information Center, simply visit Highmark’s online Provider Resource Center via NaviNet® or at www.highmarkblueshield.com.

The Highmark Childhood Obesity Summit will be held Saturday, Sept. 16, 2006, in Pittsburgh to help physicians, parents, children, educators and other health and community advocates team up to combat this health epidemic.

The summit is another in a series of forums convened by Highmark since 2002 to support regional activities and strategies to combat childhood obesity. The series included a summit in Harrisburg in fall 2003.

**Earn CME Credits**
Physicians are invited to attend a special continuing medical education (CME) event from 8 a.m. to 1 p.m. that will spotlight practical, best-practice approaches to addressing the overweight child in primary care.

Sessions will focus on enhancing the effectiveness of the office visit, and ideas will be presented for managing office resources, including electronic medical records, and using team approaches to better track patient progress and counsel families. Approaches to school wellness policy creation also will be discussed, along with the role of health care professionals as change agents within the community.

Physicians may earn three to four hours of CME credit by attending.

For physicians traveling from central Pennsylvania and the Lehigh Valley, Pittsburgh hotel and entertainment packages will be available for those who wish to bring along family members.

*Highmark is currently in the process of applying for continuing medical education credits for the physician portion of this event.

**Bounce: Make a Healthy Impact**
The summit will include a public event, titled “Bounce: Make a Healthy Impact,” to be held from 11 a.m. to 5 p.m. This portion of the summit will provide opportunities for children and families to learn about the many resources available in the greater-Pittsburgh region that support a healthy lifestyle. Fun, interactive exhibits and presentations will offer tips for eating better, becoming more physically active and taking action to make sure communities and schools are healthy.

Watch your mail, *Behind the Shield* and the NaviNet® Plan Central page for more information on the Highmark Childhood Obesity Summit, including registration details.

**A CLOSER LOOK**

| **WHAT:** | Highmark Childhood Obesity Summit |
| **WHEN:** | Saturday, Sept. 16, 2006 |
| **WHERE:** | David L. Lawrence Convention Center, Downtown Pittsburgh |
| **WHO SHOULD ATTEND:** | Practicing pediatricians, family practice physicians and pediatric specialists |
| **DETAILS:** | Physician CME session scheduled 8 a.m. to 1 p.m.; cost is $35; continental breakfast and lunch included |

**Check Out the BlueCard® Information Center**

The BlueCard Program allows participating Blue Plan providers in every state to submit claims to their local Blue Plan for indemnity, PPO and managed care patients who are enrolled in an out-of-area Blue Plan.

To assist you with questions you may have about the BlueCard Program, Highmark’s BlueCard Information Center offers valuable tools and information — including a BlueCard Manual, frequently asked questions, a hospital and doctor finder and other resources. To access the BlueCard Information Center, simply visit Highmark’s online Provider Resource Center via NaviNet® or at www.highmarkblueshield.com.
Throughout the region this past April and May, Highmark hosted 12 Blue Connections spring meetings for provider office staff members. The meetings offered a great opportunity for us to inform you about important Highmark initiatives, product requirements, new programs and other news.

We’re pleased that so many provider office staff members were able to attend, and we truly enjoyed seeing you! Below are some photos of this year’s events. We hope to see you next spring!
This newsletter is primarily geared toward medical practitioners and their office staff, with information about:

**Watch Your Mail for an Extra Issue of Behind the Shield**

Beginning this year, Highmark will publish a fifth regular issue of *Behind the Shield* — the July/August 2006 issue. Previously only four regular issues of BTS were published annually, but we've decided to add a fifth regular issue to keep you better informed about Highmark products, programs, services, events and other news and to avoid sending you separate mailings.

All back issues of *Behind the Shield*, including Special Editions, are conveniently available online in our Provider Resource Center under the Publications & Mailings link.