



# Provider Connection

A Provider Newsletter from Unison Administrative Services | Volume 4 • Number 2 • Summer 2006

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## Chlamydia Screening

### Who should be screened?

Chlamydia is the MOST common bacterial sexually transmitted disease (STD).

The American Academy of Family Practice and American Academy of Pediatrics have endorsed the recommendation of the CDC, US Public Health Service, US Preventive Services Task Force, Agency for Health Care Research and Quality and National Institute of Asthma and Infectious Diseases (NIAID) to screen all sexually active women ages 15-25 for chlamydia.

Testing can now be done on urine samples or cervical swabs by nucleic acid amplification with >90% sensitivity and specificity.

46% of all chlamydia infections occur in women 15-19 years of age, another 33% in women 20-24. Up to 3.5 million infections are undiagnosed and untreated annually. Up to 75% of infections in women and 50% in men are asymptomatic.

Consequences of untreated infection are up to a 40% chance of PID. Of women with PID there is a 9% chance of ectopic pregnancy, 17% chance of chronic pelvic pain and 17% chance of infertility. In addition, women infected with PID

had a 3-5 fold increased risk of acquiring HIV. Chlamydia is one of the most common causes of eye infections and pneumonia in newborn.



Screened women are 60% less likely to develop PID. Regional programs to screen women have reported a 60% decline in positive tests for chlamydia in women under 20 since these programs began in 1994.

A woman should be screened if:

- she suspects she is pregnant;
- she is seeking contraceptive services;
- she is seeking gynecological services;
- she has indicated that she has been sexually abused or assaulted; or
- she indirectly indicated that she might have had sexual relations.

Any youth with a history of incarceration should be screened for STDs.

Upon recognizing risks, clinicians should provide appropriate STD prevention counseling and set up a reminder system in the patient's chart to routinely test for chlamydia as well as other common STDs.

Chlamydia screening is also a HEDIS indicator.

## We're On-Line!

At [www.unisonhealthplan.com](http://www.unisonhealthplan.com), you can review our latest clinical and preventive health guidelines, health management programs, medical record requirements, quality improvement activities and formulary. You can also search for a specialist in your area, locate information in our online provider manual and find the phone number of your Unison representative.



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## Access to Care

Timely access is essential to quality health care delivery. That's why Unison Health Plan has set standards for its network of primary care physicians (PCP's) that encourage timely access to health care in scheduling appointments and patient evaluation. These standards have been developed and approved by our Quality Improvement/Utilization Management Committee.

Patient satisfaction and the provision of appropriate services are directly related to practitioner access.

Our key standards of access are:

- urgent appointments within 24 hours
- routine symptomatic appointments within 48 hours
- routine asymptomatic appointments within 6 weeks
- preventive care appointments within 6 weeks
- emergency appointments immediately (or send to an emergency facility)

It is very important to have access to a physician when a

patient is not well. If a delay in care occurs, significant illness can result. Also, when a patient is unable to make appointments within these time standards, it can result in

distress to the patient and cause them to seek care in a hospital emergency room. The use of this type of medical setting can impact the quality of the care. Primary care physicians give complete care on a continuous basis. If a patient goes to an emergency room for an urgent or routine symptomatic illness, the PCP loses the opportunity to administer the health care. PCP's are better equipped for these types of non-emergency illnesses because of their familiarity with the patient's medical and social history, allergy issues and conformance to prescribed treatments. Also, PCP's can provide follow-up for the illness.



We therefore urge you to review your appointment practices, to ensure that adequate time is allotted for visits of this nature. We appreciate having you as our primary care physicians and look forward to our continued collaboration with you as you care for our members.

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## UM (Utilization Management) Decisions

The Plan's Utilization Management (UM) decisions are made based upon medical necessity.

Please be aware that:

Our UM decision making is based only on appropriateness of care and service;

- we do not offer any incentive to deny coverage; and

- we do not offer any incentive to encourage inappropriate utilization.

Our UM Department is available 24 hours a day, seven days a week to assist with referrals, prior authorizations, admissions, discharges and coordination of members' care. For inpatient or outpatient services, call 1.800.366.7304.

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# Immunization Schedule

## What is a Healthcheck Exam?

Children under the age of 21 get regular checkups to help prevent illness. Early Prevention, Screening, Diagnosis, and Treatment (Healthcheck) visits also help identify health problems early. Children need Healthcheck exams to stay healthy.

What is covered under Healthcheck? It includes a physical, hearing, vision, and dental exam, immunizations and lab tests, if needed. Medically necessary medical treatment is covered if problems are found. We want to help you keep your child in good health and up-to-date with screenings. If you need help scheduling a Healthcheck visit for your child and you are a member of Unison Health Plan, please call Unison Health Plan at 1.800.895.2017 (TTY 1.888.616.0021).

## Is Your Patient Due for a Healthcheck Exam?

Newborn, 1 Month, 2 Months, 4 Months, 6 Months, 9 Months, 12 Months, 15 Months, 18 Months, 24 Months, 3 Years, 4 Years, 5 Years, 6 Years, 7 Years, 8 Years, 9 Years, 10 Years, 11 Years, 12 Years, 13 Years, 14 Years, 15 Years, 16 Years, 17 Years, 18 Years, 19 Years, 20 Years.

**The 2006 CDC Recommended Childhood and Adolescent Immunization Schedule has been approved and issued by the ACIP, the AAP, and the AAFP.**

The salient changes follow:

- The importance of the Hepatitis B vaccine (HepB) birth dose has been emphasized. Vaccination of infants born to Hepatitis B surface antigen (HBsAg)-negative mothers can be delayed in rare circumstances, but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. Administering four doses of HepB is permissible (e.g., when combination vaccines are administered after the birth dose); however, if monovalent HepB is used, a dose at age 4 months is not needed. For infants born to HBsAg-positive mothers, testing for HBsAg and antibody to HBsAg after completion of the vaccine series should be conducted at age 9-18 months (generally at the next well-child visit after completion of the vaccine series).

- A new tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine recommended by ACIP for adolescents (Tdap adolescent preparation) was approved by

the Food and Drug Administration (FDA) on May 5, 2005, for use in the United States. Tdap is recommended for adolescents aged 11-12 years who have completed the recommended childhood diphtheria and tetanus toxoids and pertussis/diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP) vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose. Adolescents aged 13-18 years who missed the age 11-12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. Subsequent Td boosters are recommended every 10 years.

- Meningococcal conjugate vaccine (MCV4), approved by FDA on January 14, 2005, should be administered to all children at age 11-12 years as well as to unvaccinated adolescents at high school entry (age 15 years). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated with MCV4 or meningococcal polysaccharide vaccine (MPSV4). For prevention of invasive meningococcal disease, vaccination with MPSV4 for children aged 2-10 years and with MCV4 for older children in certain high-risk groups is recommended.

- Influenza vaccine is now recommended for children aged >6 months with certain risk factors, which now specifically include conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration.

- Hepatitis A vaccine is now universally recommended for all children at age 1 year (12-23 months). The 2 doses in the series should be administered at least 6 months apart.

- The catch-up schedule for persons aged 7-18 years has been changed for Td; Tdap may be substituted for any dose in a primary catch-up series or as a booster if age appropriate for Tdap. A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose.

The 2006 Schedule is contained in this newsletter and can be viewed on-line at <http://www.cdc.gov/nip/recs/child-schedule-color-print.pdf>.

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# UM (Utilization Management) Requests

As provided by Unison Health Plan UM policies, requesting physicians may call 800.366.7304 to discuss UM decisions with the medical director.

Participating practitioners may review the Utilization Management Program or receive copies of our UM criteria upon request, by calling 800.600.9007.



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