



# Provider Connection

A Provider Newsletter from Unison Administrative Services | Volume 4 • Number 3 • PA Fall 2006

## Unison Gold Star Performance Program



Jennifer Kessler, President

“You mean that you’re going to pay me well, make my life easier and give me a bonus...Why wouldn’t I participate?”

That is a quote from a participating physician after learning of the newly unveiled Unison Gold Star Physician Pay for Performance Program.

Unison is proud to introduce the Gold Star program as a way to recognize our participating Primary Care Physicians for providing quality healthcare services to our members. The goal of the program is to:

- **Recognize** participating physicians who meet the quality and efficiency standards in place for the program
- **Relieve** providers from paper work (by reducing certain prior authorization and referral requirements)
- **Reward** excellence by thanking our physicians for doing what they do best.

Measurement criteria for the program include the maintaining of established membership levels, accessibility to care for Unison members, medical management

percentages, patient satisfaction standards, quality of care measures (based on HEDIS standards) and administrative efficiencies (including the ability to submit claims electronically).

All participating Primary Care Physicians are eligible to participate in the program and should have received an information packet describing the details of the program. A practice profile, which illustrates where each practice stands versus the established goals of the program, was also included in the packet. Your local Provider Relations representative can meet with you and your office staff to discuss Gold Star and answer any questions you may have. We will also mail to your office quarterly updates to the practice profile to help you more effectively manage your participation status with the program.

The first measurement period for Gold Star began July 1, 2006 and will continue through December 31, 2006 with those providers who qualify as Gold Star providers, receiving both the administrative relief described above and the financial bonuses associated with their Unison membership levels in April 2007.

Unison is excited about the launching of Gold Star and we look forward to working together with you to make this program a success.

## 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 your Unison representatives phone number. What else can you find at [www.unisonhealthplan.com](http://www.unisonhealthplan.com)?

- A rapid and accurate claims payment system
- A Provider Services Department that can quickly answer your claims and billing questions
- IVR eligibility capabilities
- Interactive website where you can access member eligibility and claims status information



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# Promoting Wellness through Health Management

Unison's Health Management team and our programs keep members on track with their treatment plans and providers informed about member compliance.

Unison partners with you to manage our members' care and provides you with the support you need, resulting in better health outcomes for our members.

The following is a list of Health Management Programs for our members.

## ***Respiratory Health Management Program***

- Education and outreach program that conforms to the National Heart, Lung and Blood Institute Guidelines for asthma care.
- Designed to increase and maintain the quality of life of our at-risk members.
- All asthmatic members, regardless of the severity of their disease, are eligible for our Respiratory Case Management Program.
- Unison's case managers are registered nurses (RNs) who work closely with our members to educate them about their disease process.

## ***Diabetes Health Management Program***

- Promotes the recommendations of the American Diabetes Association and is available to all diabetic Unison members.
- Educates the member about their disease process, dietary control, blood sugar monitoring and the appropriate use of diabetic medications.
- Stresses the importance of being compliant with their diabetes treatment plan as prescribed.



## ***Pregnancy Health Management Program***

- Developed to help ensure all pregnant Unison members have access to medically-necessary services and to educate members about their pregnancy.
- Focuses on two areas, the Miracles Program and High-Risk Pregnancy Case Management.
- Miracles Program is a buddy system - staffed by non-clinical Unison team members who provide support to pregnant members.
- High-Risk Pregnancy Case Management - pregnancy case managers are obstetrically trained RNs. Case managers review OB Needs Assessments and enroll high-risk members. They closely coordinate care and facilitate referrals.

## ***Congestive Heart Failure (CHF) Health Program***

- Helps manage condition through case management.
- Conforms to the recommendations of American College of Cardiology/American Heart Association Guidelines.
- Trained RN case managers provide education and support.
- Improving health outcomes
- Increase member compliance with taking long-term medications.
- Educate and support.
- Identify community resources.

## ***Unison's Renal Health Management Program***

- Educate and support
- Helps manage condition through case management
- Improve health outcomes

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For more information on the Health Management Programs, please call Unison Provider Services at 800.600.9007.

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## Unison Advantage Access to Care

Timely access is essential to quality health care delivery. That's why Unison 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. Four of our key standards of access for our Unison Advantage members are:

- Urgent appointments within 24 hours
- Emergency cases are seen immediately or referred to an emergency facility
- Routine symptomatic appointments should be made within 7 business days
- Preventive care/general physical appointments are scheduled within 20 days.

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 given. PCP's 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 urgent and symptomatic appointment practices, to ensure that adequate time is allotted for visits of this nature. We appreciate having you as our PCP's and look forward to our continued collaboration with you as you care for our members.

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## National Provider Identifier

### Unison Wants Your National Provider Identifier

The National Provider Identifier (NPI) is an initiative of the Centers for Medicare and Medicaid Services (CMS) to improve electronic transactions for health care. According to federal regulations, effective May 23, 2007, health care providers will be required to use a NPI in the filing and processing of electronic health care claims and other EDI transactions.

The NPI will be the single provider identifier, replacing the multiple provider identifiers currently used. This identifier is a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This applies to all

individuals and organizations that meet the HIPAA definition of a "health care provider."

In May 2005, CMS began accepting applications from providers for their NPI. Unison is currently accepting NPI's with the legacy number.

Unison will require providers to use both NPI and legacy identifiers (Unison Provider ID, Tax ID, etc) for claims adjudication after May 23, 2007. We'd like our providers to obtain their NPI as soon as possible.

[www.unisonhealthplan.com](http://www.unisonhealthplan.com)

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## Flu Shots, Ready or Not Here They Come

Unison sends newsletters and educational materials promoting wellness and health benefits to members. Recently, we asked our members to contact you to schedule a flu or pneumonia vaccine appointment.

Unison recommends that any member who is high-risk get an annual flu vaccine.

Who is high risk?

- Anyone over the age of 50
- Anyone with heart, lung or kidney disease
- Anyone with diabetes or asthma
- Residents of long-term care facilities



*The 2006 recommendations include the following changes or updates among others:*

■ Advisory Committee on Immunization Practices (ACIP) recommends that healthy children aged 24–59 months and their household contacts and out-of-home caregivers be vaccinated against influenza. This change extends the recommendations for vaccination of children so that all children aged 6–<59 months receive annual vaccination.

■ ACIP emphasizes that all children aged 6 months–<9 years who have not been previously vaccinated at any time

with either live, attenuated influenza vaccine (LAIV) or trivalent inactivated influenza vaccine (TIV) should receive 2 doses of vaccine. Those children aged 6 months–<9 years who receive TIV should have a booster dose of TIV administered >1 month after the initial dose, before the onset of influenza season, if possible. Those children aged 5–<9 years who receive LAIV should have a second dose of LAIV 6–10 weeks after the initial dose, before the influenza season, if possible. If a child aged 6 months–<9 years received influenza vaccine for the first time during a previous season but did not receive a second dose of vaccine within the same season, only 1 dose of vaccine should be administered this season.

■ To ensure optimal use of available doses of influenza vaccine, projected to be approximately 100 million doses, health care providers should 1) develop plans for expanding outreach and infrastructure to vaccinate more persons than during the previous year and 2) develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccine is delayed and/or reduced because of the complexity of the production process.

■ ACIP emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in a community.

■ ACIP recommends that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza in the United States because of recent data indicating widespread resistance of influenza virus to these medications.

You can download and print educational materials about the flu vaccine for your patients by visiting The Center for Disease Control (CDC) website at [www.cdc.gov/nip](http://www.cdc.gov/nip). You can also find the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) at <http://www.cdc.gov/nip/publications/acip-list.htm>.

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## Smoking Cessation Programs

To find smoking cessation programs in your area for all your patients that smoke, log onto <http://webserver.health.state.pa.us/health/custom/tobacco/cessationmap.asp>. Here you will find local counseling programs to help them quit. Your patients can also get help

by calling the Pennsylvania Quit Line toll free at 877.724.1090. If you need more information, call Provider Services at 800.600.9007.



## Medical Director Availability

Our Medical Directors invite you to call us regarding a denial, utilization issue, etc. within seven working days of the denial notification. We sometimes gain information about the patient and his/her circumstances that justifies a reconsideration of the denial. If the request for reconsideration is made within seven working days, a formal grievance is not required.

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## Flu Shot Reimbursement

We're making it easier for Unison members to get flu shots and immunizations at no cost. Unison understands the importance of regular check-ups, including testing and vaccines.

If you don't have a flu shot available for one of our members, please tell them that Unison will pay for flu shots administered at community sites. If the member is asked to pay for community-based flu shots, Unison will reimburse them up to the usual and customary cost of the shot.

All your patients need to do is:

1. Mark the receipt "Flu Shot"
2. Include Name

3. Include Address
4. Include Member ID #

The above information should be mailed to:

Unison Health Plan  
Attn: Claims Department  
P.O. Box 1018  
Monroeville, PA 15146-5138

Receipts must be received before December 31, 2006 for reimbursement. Then this offer expires.



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## Medical Identity Theft

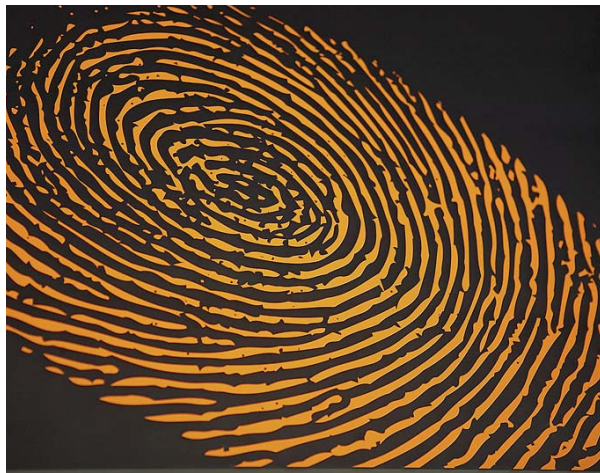
Identity theft occurs when someone uses your personal information without your permission to commit fraud or other crimes and it has become one of America's fastest-growing crimes. Medical identity theft occurs when someone uses a person's name or sometimes other parts of their identity such as insurance information without the person's knowledge or consent in order to obtain medical services or goods. Additionally, medical identity theft occurs when a person uses another person's identity information to make false claims for medical services or goods. Medical identity theft has become more prevalent over the last two years as the health care industry is an easy target for medical identity theft due to the vast amount of confidential patient information that it is able to warehouse.

According to a report released by the World Privacy Forum, there have been 19,428 complaints about medical identity theft to the Federal Trade Commission since that agency started recording such complaints on January 1, 1992 up until April 12, 2006 through its Consumer Sentinel database. The number of people who have fallen victim to medical identity theft has rose from 1.6 percent in 2001 to 1.8 percent in 2005. The World Privacy Forum also reports that medical identity theft is under-researched and under-documented and it is probable that many more cases exist.

Cases of Medical Identity theft are surfacing everywhere. Not only do they effect patients, they also have a significant impact on medical providers. The World Privacy Forum reported that victims in Southern California were given medical tests by people posing as physicians. As a result, false diagnoses were inserted into their medical files. Additionally, the perpetrators, posing as

doctors and health care professionals, obtained the victim's personal information and photocopied the victim's Medicare cards. The operation raked in \$909,000 using the victim's personal and insurance information.

Medical institutions have begun taking precautions in order to prevent medical identity theft. Providers at Kaiser Permanente, which is a health network consisting of 30 medical centers and 431 medical offices, now requests to see a driver's license in addition to the



patient's health insurance card. After a case of medical identity theft that occurred at The University of Connecticut Health Center, they too began asking for patient driver's licenses. A staff member at the health center told researchers that approximately a dozen people each week attempted to impersonate beneficiaries. Incidents such as these concern providers about the health dangers of false entries in medical records.

It is evident that medical identity theft is a serious crime and has substantial consequences for both the patient and provider. The financial losses to insurers and health care providers is enormous and ultimately results in rising health care costs for everyone. The World

Privacy Forum reported that a Tennessee doctor's professional identity was stolen. His Medicare provider number had been obtained. As a result, the perpetrators billed false claims without the knowledge of the doctor and obtained more than \$1,000,000.00 in payments from Cigna Medicare.

A victim of medical identity theft, whether a patient or provider, will meet many obstacles once the medical identity theft has been discovered in order to correct the situation.

Unfortunately, when the HIPPA legislation and privacy rule were written, medical identity theft was not foremost on the minds of policymakers. Health care fraud was definitely a general issue in the minds of the lawmakers, however medical identity theft was not. Statistics indicate that medical identity theft is on the rise and it is crucial to recognize this fast-growing crime. It is also crucial that the government and the private sector focus on the problems that are unique to medical identity theft.

Unison is committed to the prevention, detection and prosecution of anyone committing wrongful acts against our health plan and its members. We need the help of the provider community to help us in our fight against medical identity theft. If you suspect medical identity theft please report it to Unison's Fraud and Abuse Hotline at 877.766.3844.

The World Privacy Forum, Medical Identity Theft: The Information Crime that Can Kill You, (May 3, 2006), <http://www.worldprivacyforum.org/medicalidentitytheft.html>

## Our Commitment to Member Satisfaction

As part of the 2006 Health Plan Employer Data Information Set (HEDIS), we randomly surveyed health plan members using the standardized Consumer Assessment of Health Plan Study/3.0 OH Member Satisfaction Survey instrument (CAHPS).

We were rated highly by members in many areas, according to the NCQA Global Proportion Scores. However, a slight downward trend was noted from the previous year. This will be monitored to determine if any changes should be made to current operating procedures. Most adult members rated us high in getting care quickly, in how well our physicians communicate and in the courtesy and helpfulness of the physician's office staff. Those respondents in the under-age-17 category also rated getting needed care, their physicians and the health care they receive highly.

Most of our members were also satisfied with their personal physician, specialist, health care and Unison. Some members

would like to have additional help when they call customer service and adult members want more physician options and materials that are easier to understand.

In addition to the survey, Unison monitors all member complaints and grievances. This year, Unison worked hard to decrease member complaints. One focus for 2006-2007 is member complaints about having received a "perceived" bill from a provider. This may be an EOB or an error from a provider's billing office.

In accordance with your Unison contract and regulations established by the state, you agree to accept our payment as payment-in-full for covered services; therefore, the member cannot be balanced-billed. Please check your contract language and discuss this issue with your billing staff. Perhaps a little education on the matter is all that is required.

## Medical Exception Process Review

The drugs in the Unison formulary have been selected to provide the most clinically appropriate and cost-effective medications for patients. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, a medical exception (prior authorization) process request is required.

Requests for these exceptions should be made in writing by the physician and faxed or mailed to:

Unison Administrative Services  
Pharmacy Services  
300 Oxford Drive  
Monroeville, PA 15146  
Fax 412.457.1328  
Phone 877.651.2217 or 412.380.6015

A medical exception (prior authorization) request form can be found in the Unison provider manual or at [www.unisonhealthplan.com](http://www.unisonhealthplan.com). Appropriate documentation must be provided to support the medical necessity of the request. All requests will be responded to within twenty-four (24) hours of receipt. Both the requesting physician and member will receive a reply.

Physicians are requested to adhere to this formulary when writing prescriptions for patients covered by Unison's

pharmacy benefit plan. If a pharmacist receives a prescription for a non-formulary drug, s/he should contact the prescribing physician and request that the prescription be changed to a medication included in the formulary. If a formulary alternative is not appropriate the physician should contact Unison for a medical exception (prior authorization).

Please contact the Unison Pharmacy Department at 877.651.2217 or 412.380.6015 with questions concerning the medical exception (prior authorization) process.



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## Key Components of Unison



D. Mark Mahler, M.D.  
Vice President and  
Senior Medical Director

### ***Pneumococcal and Influenza Immunization***

To make sure that Unison members receive these life-saving immunizations in accordance with the Centers for Disease Control recommendations, Unison medical directors are contacting primary care providers over the next two months. They will provide names of Unison members who are identified to be at risk for serious infections. Please identify a contact person at your office who can work with us to be sure your patients get these vaccines.

### ***Vaccines for Children Program***

When the Vaccines for Children Program certifies that it is unable to provide you with adequate supplies, Unison will reimburse you for vaccines covered for Unison members. Please contact your provider relations representative with questions.

### ***Health Management Programs***

Unison supports your treatment plan for patients through active case management to achieve optimal outcomes for members with high-risk pregnancy, diabetes mellitus, asthma, chronic obstructive pulmonary disease, congestive heart failure and chronic kidney disease. For questions or to refer a patient for health management, please call 877.844.8844.

### ***Unison Gold Star Program for PCPs***

Unison's Gold Star Program provides recognition, relief from authorization requirements and financial rewards for primary care providers who provide high-quality care economically. Please contact your provider relations representative for details.

### ***Benefit Limits for Adult Medicaid Members***

The PA Department of Public Welfare has established benefit limits for adult Medicaid recipients, including limitation to coverage of 18 office visits between 7/1 and 6/30 of the fiscal year. Unison does not include visits to primary care providers in this limit, but all other office visits including visits to the emergency room for non-emergency conditions are included. The Department has established exceptions to benefit limits when a visit is necessary:

- to prevent endangerment to the member's life;
- to prevent the member's health from getting worse;
- to obviate more costly medical services; and
- to avoid institutionalization of the member.

A referral to a subspecialist for medically appropriate services beyond 18 visits may not be covered. To stretch available benefits:

- in many cases the primary care physician can follow the patient in accordance with the subspecialist's treatment plan, with phone consultations as needed;
- the patient may follow-up with the subspecialist by phone, particularly for medication management;
- the primary care provider can emphasize the availability of his/her services as an alternative to non-emergency use of the emergency department; and
- in many cases the member may defer to a later month.

Please contact our Utilization Management Department if you need a form documenting need for exception to benefit limits. We need all fields on the form to be completed to process your request.

Unison Health Plan Medical Directors are available to discuss your clinical concerns.

Brenna DeLaine, MD	Medical Director, Unison Health Plan of South Carolina	803.798.5405
John Lang, MD	Medical Director, Unison Health Plan of Tennessee	901.737.7095
Sheila Ward, MD	Medical Director, Unison Health Plan of Ohio	614.890.6850
Joseph Sheridan, DO	Medical Director, Unison Health Plan of Pennsylvania	412.858.4000

Thank you for caring for our members.

Sincerely,

D. Mark Mahler, M.D.

Vice President and Senior Medical Director

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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 1.800.600.9007.

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### Profile Winners!

Rosters and profiles for the asthmatic and diabetic members assigned to your panel are provided to you quarterly. We urge you to place the profiles in the members' charts to help track their recent medication, lab and office/hospital visits.

We take great pleasure in recognizing the following physicians who care for our members with asthma and diabetes. These physicians have received outstanding scores based on a calculation of profile points given for various aspects of care.

#### *4th Quarter 2005*

May Flores MD of Uniontown, PA with an asthma score of 98.98%

Sanjay Bharti MD of Blacksville, WV with a diabetes score of 75.71%

#### *1st Quarter 2006*

Milka Velasquez MD of Shillington, PA with an asthma score of 98.81%

Asceline Go MD of York, PA with a diabetes score of 80.68%

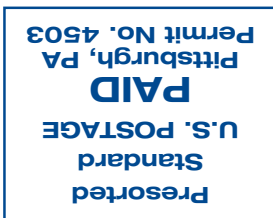
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### QI Programs

For a description of the Quality Improvement Program for Unison, information on how we are meeting our goals or information on our practice guidelines, please write to: Unison Health Plan, Department of Quality Improvement, 300 Oxford Drive, Monroeville, PA 15146.

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Unison Administrative Services  
300 Oxford Drive  
Monroeville, Pennsylvania 15146