



# Provider Connection

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

Si desea recibir una copia de esta informacion en espanol, por favor llame al numero 800-414-9025.

## 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 newborns.



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 women 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 your Unison representatives phone number.



---

## 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 4 business days;
- preventive care appointments within 3 weeks; and
- 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.

---

## UM (Utilization Management) Decisions

The Unison Health 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.

---

## Immunization Schedule

### *What is an EPSDT Exam?*

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

What is covered under EPSDT? 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 EPSDT visit for your child and you are a member of Unison Health Plan, please call Unison Health Plan at 1.800.414.9025 (TTY 1.888.616.0021).

### *Is Your Patient Due for a EPSDT 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>.

# Unison MedPLUS/Unison Kids 2nd Quarter 2006 Formulary Update

Formulary Additions (Effective July 1, 2006)

Brand Name	Generic Name	Comments
Strattera 80mg & 100mg	atomoxetine	New strengths added to lessen pill burden for higher doses. Limit of 1 capsule per day will apply for all strengths. Prior authorization is required for members greater than 21 years of age.
Ribavirin tablets & Ribapaks	ribavirin	Tablets offer an alternative dosing formulation. Prior authorization is required.
Triglide	fenofibrate	Addition of Triglide as an alternative treatment for dyslipidemia, specifically hypertriglycerdemia
Nuvaring	ethinyl estradiol/etonogestrel	Addition of Nuvaring offers a unique delivery system as an alternative form of birth control.
Lotensin* & Lotensin HCT*	benazepril & Benazepril/HCTZ	Addition of benazepril and benazepril/HCTZ as an alternative ACE inhibitor and ACE/Diuretic combination product. EMD 1 tablet daily all strengths applies.
Micardis & Micardis/HCT	telmisartan & telmisartan/hctz	Addition of Micardis and Micardis HCT offer an alternative ARB. Step therapy through an ACE inhibitor is required. EMD 1 tablet daily all strengths applies.
Zebeta*	bisoprolol	Addition of bisoprolol offers an alternative beta blocker. EMD 1 tablet daily all strengths applies.
Accu-chek Aviva	blood glucose monitor	Addition of the latest Accu-chek meter. QL of 1 per 3 years.

*\*Only generic medications are covered.*

## Formulary Status Changes

*\*Only generic medications are covered.*

Brand Name	Generic Name	Comments
Migranal Nasal Spray	dihydroergotamine	QL increase to 1 kit/6 amps per month to accomodate new package size.

## 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 1.877.724.1090. If you need more information, call Provider Services at 1.800.600.9007.



---

# Member Rights & Responsibilities

## *Member Rights*

1. to pick your own: dental, vision, routine OB/GYN and prenatal care, emergency care, family planning services, chemotherapy, dialysis, radiation therapy, mammograms or mental health and substance abuse services. You do not need a referral form
2. to ask for and get information about Unison Health Plan and information on how to use your Unison Health Plan
3. to get good care and to be treated with respect and due consideration for your dignity and privacy
4. to know the names, titles and education backgrounds of all physicians and others helping you
5. to understand your medical and health needs, what should be done for you, what choices you have, and what risks are involved
6. to be part of any decisions made about your health
7. to be told about what you should do after a hospital or office visit
8. to say that you do not want to take part in any medical research projects
9. to suggest changes in Unison and tell the Member Services Department if you are unhappy
10. to look at all your medical records in accordance with applicable federal and state laws, also to have these records kept private
11. to have an Advance Directive
12. to get this list so you know your rights and can share ideas to make Unison Health Plan better
13. to file a complaint or grievance regarding any medical or administrative decisions if you disagree. To do this, you need to follow the Complaint and Grievance Procedures of Unison Health Plan
14. to give your rights to another person. This would be a person who the law says can make decisions for you about your health care
15. to be sure your Primary Care Physician and the staff of Unison Health Plan know your rights
16. to receive information on treatment options/ alternatives
17. to have these rights with no discrimination of gender, culture, economic, educational or religious background
18. Unison Health Plan members are guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
19. you are free to exercise your rights. Exercising these rights will not adversely affect the way Unison Health Plan,

its providers and state agencies may treat you

20. to file a Fair Hearing with the Department of Public Welfare at anytime during the grievance process

## *Member Responsibilities*

1. to understand how Unison Health Plan works by reading this book
2. to carry your Unison Health Plan card. (Unison MedPLUS members must also carry their ACCESS card.) You must show your card(s) when receiving services. You also must inform Unison Health Plan of any other insurance you may have, and to present current insurance information to your Primary Care Physician
3. to make appointments with your Primary Care Physician for non-emergency treatment each time you need health care services
4. to get a referral form to make an appointment with a specialist. You need to get this paper from your Primary Care Physician
5. to be on time for all appointments
6. to tell your PCP's office or any medical office if you need to change an appointment
7. to respect the rights and property of your PCP, other As a medical assistance Member of Unison Health Plan ,YOU HAVE THE RESPONSIBILITY health care workers, and other patients
8. to do what your PCP tells you, to ask questions if you don't understand your health problems, and to work with your doctor or Unison Health Plan to make goals about your health when you can
9. to know when to take your medicine, how to take your medicine and to follow your doctor's instructions
10. to give up-to-date medical information about yourself
11. to take full responsibility and consequences of your decision if you refuse (say no) to treatment
12. to be sure that your Primary Care Physician has all your medical records - This includes all medical records from other doctors
13. to let Unison Health Plan know if you are in the hospital or in an emergency room - do this in 24 hours or as soon as possible
14. to consent to the proper use of your health information

---

## 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.



---

### 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%

---



Unison Administrative Services  
300 Oxford Drive  
Monroeville, Pennsylvania 15146