

PracticeMatters

Important information for physicians and other health care professionals and facilities serving Unison Health Plan Medicaid members

Spring 2010



Dual-Eligible Special Needs Plans Important Information for Providers

Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs. Special needs plans (SNPs) were allowed to target enrollment to one or more types of special needs individuals identified by Congress as: 1) institutionalized; 2) dually eligible; and/or 3) individuals with severe or disabling chronic conditions.

The SNP plans maintain and monitor a network of Participating Providers including physicians, hospitals, skilled nursing facilities, ancillary providers and other health care providers through which Members obtain covered services.

Key points about **coordination of care** for SNP Members include:

- SNP Members are encouraged to choose a Primary Care Physician (PCP) to coordinate their care.
- The SNP works with contracted PCP's who manage the health care needs of members and arrange for medically necessary covered medical services, including prior authorizations as necessary.
- Providers may, at any time, advocate on behalf of the member without restriction in order to ensure the best care possible for the member.
- To ensure continuity of care, Members are encouraged to coordinate with their PCP before seeking care from a specialist, except in the case of specified services (such as women's routine preventive health services, routine dental, routine vision, and behavioral health).
- Contracted health care professionals are required to coordinate member care within the SNP provider network. If possible, all member referrals should be directed to the SNP contracted providers.

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- Referrals outside of the network are permitted, but only with prior authorization from the SNP.

Key points related to **billing for services** for SNP Members include:

Full-benefit dual eligible members and Qualified Medicare Beneficiaries (QMBs) are not responsible for Medicare cost-sharing under Title XIX of the Social Security Act. You must not charge these dual eligible members for cost-share or balance bill them for any part of the unpaid charges. Rather, you may bill AmeriChoice/Unison and then submit the secondary claim to the member's Medicaid coverage provider. For these individuals, the payment from AmeriChoice as well as any payment received from the Medicaid coverage provider should be considered payment in full.

For services that are reimbursed by both Medicare and Medicaid for dual-eligible members, such as physician's services for which Medicaid pays the Medicare copayment, you are required to do one of the following:

- Accept both Medicare and Medicaid payment and do not bill patient more than any co-payment required by the state, or
- If only accepting Medicare, do not balance-bill dual-eligible members for copayments paid by Medicaid

As you may know, full-benefit dual eligible members and Qualified Medicare Beneficiaries (QMBs) are not responsible for Medicare cost-sharing under Title XIX of the Social Security Act. You must not charge these dual eligible members for cost-share or balance bill them for any part of the unpaid

charges. Rather, you may bill AmeriChoice and then submit the secondary claim to the member's Medicaid coverage provider. For these individuals, the payment from AmeriChoice as well as any payment received from the Medicaid coverage provider should be considered payment in full.

To learn about the full range of benefits and services for which members are eligible, your responsibility for cost-sharing (if any), and your right to reimbursement by both programs please contact 1-800-600-9007.

Miracles Maternity Program Changes Name: Healthy First Steps

Unison Health Plan of Pennsylvania, Inc. is pleased to announce the implementation of an enhanced national model of care for Maternal and Neonatal Intensive Care Unit (NICU) management. Healthy First Steps™ (HFS) is a Unison program that has proven its efficacy over the years. Now, by leveraging best practices across our organization, we expect to improve prenatal, postpartum and newborn care.

Other than the name change from Miracles to Healthy First Steps, many of you will realize no material changes to the HFS program, processes or technology. However, others will benefit from the availability of enhanced obstetrical care management services that include behavioral health and social work components. Please continue to submit OB referrals in the same manner currently in place for your state. The new referral number for OB referrals is included in this notice.

The Healthy First Steps model of care encompasses two components: Maternal Care and NICU.

HFS-Maternal Care Model

The objective of the HFS-Maternal care model is to create a structure that consistently:

- Increases early identification and enrollment of expectant mothers
- Assesses the risk level of each member and directs them to proper care
- Increases the member's understanding of pregnancy and newborn care
- Encourages pregnancy and lifestyle self-management
- Encourages appropriate pregnancy, postpartum and infant provider visits
- Fosters a physician-member partnership for care in non-emergent settings

HFS-NICU Model

The HFS-NICU care model will bring forward:

- Telephonic and on-site case management of NICU babies
- Utilization management, including quality management and improvement activities such as participating in action planning or quality measurement activities
- Engagement of caregiver/family to promote empowerment and provide educational materials
- Facilitation of discharge planning needs by coordinating with the hospital and families
- Reduction of hospital workload by leveraging resource efficiencies (Nurses will seek to collaborate and support current staff)

OptumHealth Neonatal Resource Services (NRS), a business unit within UnitedHealth Group, is now delivering our NICU onsite and telephonic case management services.

OptumHealth NRS is an agent working on our behalf and performing the same service as Unison did previously.

Our goal in this transition is to promote continuity of service and care, encourage family involvement, and assist with the neonate's successful transfer home by coordinating discharge planning needs. We expect this increased support to improve NICU member outcomes and to grow your satisfaction with us as your partner in delivering care to our NICU members. NRS will support your hospital's NICU staff and neonatologists in their role as clinical decision-makers and optimize family involvement in the baby's care.

Access to Providers in Key Specialties

Medical support for the Healthy First Steps Model will be provided by physicians who are Board Certified in Maternal and Neonatal Medicine. These physicians will be providing clinical supervision and education to our staff as well as conducting peer to peer discussions with providers. The HFS program will be responsible for ensuring that members receive the services and education they need at the right time, in the right place and according to specific member needs.

We will continue to send you more detailed communications as the HFS National Model implementation occurs in your area. We look forward to the opportunity to partner with you in a continued effort to improve pregnancy and newborn outcomes.

**Please note these NEW
Provider OB Referral Numbers**

Phone: 1-800-599-5985

Fax: 1-877-353-6913

Unison Practice Guidelines

Unison Health Plan's practice guidelines can be found on our website or printed copies can be requested from Provider Services. Current guidelines cover Preventive Health Maintenance for children (including the EPSDT periodicity table), adults and pregnancy; asthma; ADHD; diabetes; cholesterol care; chronic kidney disease; treatment of community-acquired pneumonia; treatment of COPD; care of HIV patients; hypertension care; low back pain; schizophrenia; and premature rupture of the membranes in pregnant women. The guidelines are reviewed and updated annually. Each guideline reflects the guidelines recommended by a recognized national or international medical group. A link to the full text of each guideline is provided from our website.

Member Rights and Responsibilities

We support the rights of all Unison Health Plan members. We want them to receive high quality care and service. Unison Medicaid, adultBasic, CHIP, and Medicare members' rights and responsibilities are published in our member handbooks. They are also available on our web site. Please be aware of their rights and help them whenever possible with their responsibilities.

Help Stop Insurance Fraud

Health insurance fraud, waste and abuse affect everyone. It adds up to billions of dollars misspent healthcare dollars. Providers can assist Unison with identifying member fraud by notifying us if you suspect a Unison member of being involved in a fraudulent activity.

Examples of recipient fraud

- Loaning his/her insurance card to another individual
- Forging or altering a prescription
- Using multiple identification cards
- Intentionally receiving duplicate, excessive or conflicting health care services or supplies
- Re-selling items provided by the insurance program

How can providers assist Unison with identifying member fraud?

- Ask the member for identification if you are unsure if the individual presenting a Unison identification card is the individual named on the card
- Notify Unison if you suspect an individual has tried to use more than one identification card or a card belonging to another individual
- Notify Unison if you are concerned because the individual appears to be trying to obtain unnecessary services or supplies

If you suspect fraud, waste and abuse, please contact our toll free hotline at 1-877-766-3844 or fill out a referral form at www.unisonhealthplan.com/_layouts/unison/fr_audabusubmit.aspx.

Medical Assistance - The Pennsylvania Department of Public Welfare has a MA Provider Compliance Hotline to report suspected fraud and abuse committed by any entity providing services to Medical Assistance recipients. The hotline number is 1.866.DPW.TIPS (1.866.379.8477) and operates between the hours of 8:30 AM and 3:30 PM,

Monday through Friday. Voice mail is available at all other times. Callers may remain anonymous and may call after hours and leave a voice mail if they prefer.

Suspected fraud and abuse may also be reported via the website at: www.dpw.state.pa.us/omap or email to omaptips@state.pa.us. Information reported via the website or email can also be done anonymously.

Medicare - The US Office of Inspector General has several confidential ways to report fraud and abuse committed by any entity providing services to Medicare recipients.

By Phone: 1.800.HHS.TIPS (1.800.447.8477)

By Fax: 1.800.223.2164 (no more than 10 pages please)

By E-Mail: HHSTips@oig.hhs.gov

By Mail: Office of the Inspector General
HHS TIPS Hotline
P.O. Box 23489
Washington, DC 20026

New Technology and Treatments

Unison routinely reviews new medical treatments and services to improve the health and well-being of our members. As new, evidence-based, and clinically important knowledge becomes available, we seek opportunities to support you in incorporating that knowledge into your medical practice. If a physician or equivalently licensed professional requests something new to treat a Unison member, we investigate it and then make a coverage decision. Any treatment, drug, or device that is not experimental is reviewed. We advise both the member and provider what the decision is.

When new services and treatments become covered benefits providers and members will receive communication.

Improving Quality is Key

Unison's Quality Improvement program is designed to continually evaluate, monitor, and improve the quality of care and services Unison provides. The program identifies and recommends ways to improve health care and related services delivered to Unison members through the use of continuous Quality Improvement (QI) concepts and methods, including:

- Evaluating clinical and administrative aspects of care and services provided to members to determine areas for improvement
- Recommending corrective plans of action to improve the quality of care and service
- Implementing the plans of action
- Measuring the effectiveness of interventions to improve the quality of care, customer service and the health status for the members it serves.

Unison has a Quality Improvement/Utilization Management (QI/UM) Committee. The committee is composed of physicians and Unison Management staff. The participating physicians give Unison advice and expert counsel in medical policy, quality management, and QI. The QI/UM Committee reports its recommendations and actions to the Unison Executive Quality Improvement Committee. Joseph Sheridan, D.O., UHPPA Medical Director, chairs the QI/UM Committee, which meets on a regular basis and has oversight responsibility for issues affecting health services delivery.

QI activities that support the goals and objectives of the QI program are coordinated on an annual basis. The program cycle is based on the calendar year, January through December. The QI/UM Program Description and Work Plan identify the yearly activities that support the QI program.

For more information on Unison's QI Program, contact Marie Hawranko, UHPPA QI Director (1.412.457.1810).

Reportable Diseases Reminder

Physicians, hospitals, and clinical laboratories are legally required to report certain diseases and conditions to public health agencies. For example, a child with lead toxicity needs medical treatment, but the case also requires public health intervention to remove lead hazards from the child's environment.

Providers diagnosing a reportable condition must report the case to the county or municipal health department, if present in the provider's practice area. Otherwise, the report should be sent to the Pennsylvania Department of Health. Some of the conditions require immediate reporting by telephone. The current list of reportable diseases and conditions are available on the PA Department of Health website at <http://www.pabulletin.com/secure/data/vol32/32-4/161d.html>.

Blood Lead Screening & Young Children on Medicaid

Childhood exposure to lead continues to be a major health problem in this country, particularly among Medicaid eligible children. Eliminating blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$ in children is one of the national objectives for **Healthy People 2010**. According to the National Health and Nutrition Examination Surveys (NHANES) from the period 1976-1980 to 1991-1994, the percentage of children aged 1-5 years with elevated blood lead levels has declined steeply. However, blood lead levels remain higher for certain populations, especially children in minority populations, children from low-income families, and children who live in older homes.

It is a requirement of CMS that a blood lead test be used when screening Medicaid-eligible children. Federal policy requires that all children enrolled in Medicaid receive screening blood lead tests at ages 12 and 24 months and that blood lead screening be performed for children aged 36-72 months who have not been screened previously. A blood lead test result ≥ 10 $\mu\text{g}/\text{dl}$ obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample. Please help us help our members. Make blood lead screening part of your routine well-child exams for young Unison members.

Member Privacy and HIPAA

Unison is part of UnitedHealth Group's AmeriChoice company. Unison and all UnitedHealth Group affiliates abide by the HIPAA privacy standards. We only use and disclose our members' protected health information (PHI) for purposes of treatment, payment and health care operations. Our Members Privacy Policy is posted on our website www.unisonhealthplan.com. The link can be found at the bottom of our welcome page. Hard copies are available upon request.

The HIPAA regulations, at 45 CFR § 164.102 et seq., permit Unison to use the protected health information of its enrolled members for purposes of health care operations, which include quality assessment. The regulations also permit a provider to disclose that information to the health plan for such purposes and your participation agreement requires such disclosure. Providers are also required to inform Unison in a timely manner about any breach of HIPAA privacy rules and cooperate with reasonable actions designed to remedy any adverse effects of a breach.

If you have questions about our Privacy Policy, please call Provider Services at 1.800.600.9007.



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