

Provider Connection

A Provider Newsletter from Unison Health Plan of Pennsylvania

WINTER 2007/08

Gold Star Expands!



Jennifer Kessler
*President,
Unison Health Plan of Pennsylvania*

Happy 2008 everyone! I hope you had a wonderful holiday along with some time to relax and re-energize for the New Year. At Unison, we have been preparing exciting changes that we are anxious to share with you.

As I mentioned in prior newsletters, our pay for performance program Gold Star is expanding. This expansion of Gold Star will continue to emphasize preventative, high quality care for our members. The expansion focuses on two critical areas of service and care for our members; the emergency room and the NICU.

The rate of emergency room visits for non-emergent care continues to climb nationwide. We at Unison are extremely concerned about our members who access care in the emergency room for non-emergent needs instead of seeking care from their primary care physician (PCP), who knows their health needs and their history the best. And we hear from many participating hospitals that they are often overcrowded with people seeking these types of services.

We have designed this newest phase of Gold Star keeping the requests of many of our hospitals and primary care physicians in mind...to help you outreach, educate and re-direct our members

away from the emergency room and to their PCP. We recognize that it must be a three-pronged approach for success: provider, member and payer. All three must work together to affect such monumental change.

But I truly believe it can be done. I have been privileged to see many of the outreach efforts that our PCPs have put into place to direct their patients to the appropriate place of service. Many have extended office hours, many have advertised their hours of operation and many conduct personal outreach to those who are most in need of this education and awareness. And it's working! Emergency room visits for non-emergent care rates are decreasing for a good number of practices across our state since the inception of Gold Star.

So on to component number two...hospitals. Gold Star now contains a financial bonus for those hospitals who demonstrate a reduction in their non-emergent emergency room visits. We recognize that high quality, preventative care costs money and we hope Gold Star will provide the help that is needed in that arena. Details will be provided via a special mailing and in-person visits from our Provider Relations team.

Our next expansion focuses on the newest members of Unison and their care. The largest demographic groups we serve in our Medicaid line of business are moms and kids. This next component of Gold Star focuses on the care our moms-to-be and their babies receive.

We will be awarding Gold Star status to those OB/GYN and Family Practitioners who perform deliveries that demonstrate the highest level of pre-natal care to our members. Again, details will be provided by both a mailing and in-person visits from our Provider Relations team.

Finally, we have expanded Gold Star to recognize those hospitals with a NICU in their facility that provide the highest level of care management while the Unison newborn is in the NICU. Unison's case management team is excited for this opportunity to work with our hospitals as they have expanded their case management to include those newborns that are in need of the most critical levels of care.

Gold Star was conceived with our participating providers in mind. We wanted to create a program that allowed us many different ways to express our thanks for your dedication and commitment to serving those populations most in need. We have heard many, many positive comments about the program, and it is our desire to take your comments and suggestions to elevate Gold Star to even greater levels of success.

Please give us your thoughts not just about Gold Star but any process or suggestion you have for us. Together we can make a difference in our members' health.

My thanks to you as always for the differences you make each and every day for our members.

10 Hospital Safety Tips for Patients

The Joint Commission of Accreditation of Health Organizations (JCAHO) is the agency that certifies hospitals. Their mission is to make sure that hospitals are well run, clean and safe. Here are ten simple things that JCAHO recommends to your patients can do to make their hospital stay safer.

The patients should:

1. Make sure the hospital staff knows who they are.
2. Make sure that they understand what is said and that they communicate clearly to the care provider. This includes using a translator if they have trouble understanding English.
3. Ask questions! Studies have shown that patients that ask questions about their care have far fewer mistakes made and better outcomes in the hospital.
4. Make sure that they receive the right medicine for their condition.
5. Make sure that they know how often to take a medicine
6. Know what dose to take of their medicine, particularly if it can be split.
7. Have a family member or friend help them get to and from the hospital if possible.
8. Give complete information about every medicine they take, any allergies they have and any prior illnesses or surgeries.
9. Follow the rules. For example, no smoking means no smoking.

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10. Be considerate to other patients and hospital staff.

Please encourage your patients to follow these simple rules if they are placed in a hospital setting.

HEDIS Measures

Healthplan Effectiveness Data and Information Set (HEDIS®) is an important set of national quality measures by which our health plans and our providers are measured. The results reflect how Unison, as a health plan, has reached out to our members about their health-care needs, and how you, as a health

professional, have met these needs. We thank you and your staff for your cooperation during this year's HEDIS data collection season. Below are our HEDIS 2007 goals and results achieved. For background, we are also including 2006 results. You will note a decline in some rates. We attribute the decline in

"Controlling High Blood Pressure", "Diabetes Care – Poor Control", and Cholesterol Management" to changes in the specifications. The results were also impacted by the Department of Public Welfares' decision to exclude from Managed Care Organizations membership those members eligible for both Medicaid and Medicare (dual eligible) affecting the population for some of the measures.

Setting Our Goals

We use NCQA rankings to set our aggressive goals. Our aim is to be among the top 10% of health plans when the results are in. So the percentages shown as the target represent the scores of plans who achieved rankings in the 90th percentile (i.e., if there are 100 plans, the 90th percentile would correspond with the score of the 90th ranked plan as defined by NCQA).

This year, we will track two additional measures - "Blood lead screening: age 19 months, and Blood lead screening: age 3 years. In upcoming newsletters, we will share more information with you about HEDIS specifications and measures and the outreach efforts underway with members to improve their awareness and compliance.

With a mutual commitment to the care of our members, we will achieve improved results.

2007 UNISON HEDIS GOALS

	2007 Target	2007 Results	2006 Results
Pre-natal care in the 1st trimester	90.00%	86.13%	90.51%
Freq. of Pre-Natal care >= 81%	79.90%	72.75%	77.37%
Cholesterol Mgt LDL <100	87.00%	75.43%	61.56%
Appropriate use of meds for Asthmatics	93.00%	83.78%	84.76%
*Diabetes Care; Poor HbA1c	31.00%	41.36%	N/A
Diabetes Care; LDL Control <100	81.00%	73.48%	83.70%
Controlling High Blood Pressure	66.00%	56.93%	68.64%
Adolescent well-care visits	54.50%	44.68%	44.06%
ER Utilization	56.90%	67.87	60.39%
Breast Cancer screening	65.00%	47.37%	52.80%
Cervical Cancer screening	79.00%	67.64%	68.86%
Childhood Immunization	73.00%	79.08%	75.67%
Adolescent Immunization	55.00%	69.83%	69.83%

*This is an inverse measure where a lower rate is desirable

Member Rights & Responsibilities

We support the rights of all Unison Health Plan members. We want them to receive high quality care and service. Below are our Unison MedPlus members' rights and responsibilities. Please be aware of their rights and help them whenever possible with their responsibilities.

RIGHTS

1. To pick his/her 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. Members do not need a referral form
2. To ask for and get information about Unison Health Plan, information on how to use Unison Health Plan, and member rights and responsibilities.
3. To get good care and to be treated with respect and due consideration for the member's dignity and privacy
4. To know the names, titles and education backgrounds of all physicians and others helping the member
5. To understand his/her medical and health needs, what should be done for him/her, what choices he/she has, and what risks are involved
6. To be part of any decisions made about the member's health
7. To be told about what the member should do after a hospital or office visit
8. To say that the member does not want to take part in any medical research projects
9. To suggest changes in Unison, including the member rights and responsibilities, and tell Member Services if he/she is unhappy
10. To look at all his/her 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 the member knows

- his/her 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 he/she disagrees. To do this, the member needs to follow the Complaint and Grievance Procedures of Unison Health Plan
 14. To give his/her rights to another person. This would be a person who the law says can make decisions for the member about his/her health care
 15. To be sure the member's Primary Care Physician and the staff of Unison Health Plan know his/her rights
 16. To receive information on treatment options/alternatives regardless of cost or benefit coverage
 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. Member is free to exercise his/her rights. Exercising these rights will not adversely affect the way Unison Health Plan, its providers and state agencies may treat the member
 20. To file a Fair Hearing with the Department of Public Welfare at any-time during the grievance process.
 21. To be able to choose providers, within the limits of the network, including the right to refuse treatment from specific providers.

RESPONSIBILITIES

1. To understand how Unison Health Plan works by reading the member handbook
2. To carry his/her Unison Health Plan card and ACCESS card. The member must show both cards when receiving services. He/she also must

3. To make appointments with his/her Primary Care Physician for non-emergency treatment each time he/she needs health care services
4. To get a referral form to make an appointment with a specialist. The member needs to get this paper from his/her Primary Care Physician
5. To be on time for all appointments
6. To tell his/her PCP's office or any medical office if he/she needs to change an appointment
7. To respect the rights and property of your PCP, other healthcare workers, and other patients
8. To do what the member's PCP tells him/her, to ask questions if he/she doesn't understand his/her health problems, and to work with his/her doctor or Unison Health Plan to make goals about his/her health when he/she can
9. To know when to take his/her medicine, how to take his/her medicine and to follow his/her doctor's instructions
10. To give up-to-date medical information about the member
11. To take full responsibility and consequences of his/her decision if he/she refuses (say no) to treatment
12. To be sure that the member's Primary Care Physician has all his/her medical records – This includes all medical records from other doctors
13. To let Unison Health Plan know if he/she is in the hospital or in an emergency room – in 24 hours or as soon as possible
14. To consent to the proper use of his/her health information.

Provider Safety Survey

We want all of our members to receive safe and effective health care. During the year, we monitor safety practices in a number of ways, and we are pleased to announce that both our providers and Unison scored high marks for safety last year.

DOCTORS' OFFICES

We review doctors' offices to see if the appointment area is safe. We also make sure all medicines are kept safely out of reach. Over the past year, we reviewed a number of offices. Of the 318 providers' offices surveyed, more than 95% had oxygen tanks available, had current CPR certification, drug were inaccessible and prescription pads controlled, and they were checking/disposing of expired drugs.

HOSPITALS

We also send an annual safety survey to our hospitals. We look for safe medication use practices. We ask if the hospital

employs a hospitalist, doctors whose job is to care for patients in the hospital or in the intensive care unit (ICU). We want to know if the hospital has a fall prevention program. We also ask them if they have employee safety training.

All responding hospitals have a program to review look-alike and sound-alike drugs, limit floor stock for concentrated medications, have a safety officer, and a policy on record abbreviations. All responding hospitals also offer flu vaccinations to unvaccinated patients. These results show a strong commitment to safe patient practices. The results of the survey as well as a list of activities undertaken by each facility to improve safety is mailed to the responding hospitals

SKILLED NURSING FACILITIES

Unison also has developed a survey to assess patient safety at participating skilled care facilities. Of those facilities responding (49/243), all follow CDC hand hygiene guidelines, have a falls reduction program, have a method to insure patients receive need immunizations, and policy to identify and manage flu outbreaks.

CLAIMS TIPS

Member Eligibility - Remember, confirmation of a member's eligibility is accurate as of the time of your call. It does not guarantee payment of your claim. Eligibility status may change at any time, including retroactive enrollment or termination.

Sterilization Consent Form - Member must sign form prior to surgery. After sterilization surgery is performed and Part IV of the Sterilization Consent Form has been completed in its entirety, the completed form must be submitted with the claim. Failure to fulfill this federal requirement may result in non-payment of your claim.

OTHER AREAS

Behind the scenes, we also work to ensure our member's safety with prescription drugs. Our pharmacies help to find drug-to-drug interactions before you pick up the medicine at the pharmacy.

We also share information with the members and doctors by printing safety articles in the newsletters. This year some of the topics were what to do in an emergency, domestic violence, hospital safety and lead poisoning.

Thank you for your continuing safety efforts. We will continue to do our part in maintaining a safe patient care environment. For more information about our safety survey, please call the QI team 412-856-5178.



When Members Have A Complaint

When members are unhappy with Unison Health Plan or one of our providers, or they do not agree with a decision we have made, the member can file a complaint. Members can file a complaint verbally or in writing. The complaint must be filed within 45 days of the incident they are complaining about. A committee of one or more Unison

Health Plan staff, who has not been involved in the issue, will review the complaint and make a decision. The complaint will be decided no later than 30 days after we receive the member's complaint, and a decision letter will be mailed within five business days after the decision is made.

External review is available if the member is not satisfied with Unison's internal complaint decision. The entire process is detailed in the member handbook. You can view it online at our website www.unisonhealthplan.com or you can call Provider Services to request a copy.

Provider Portal Saves Time

Take advantage of the Unison Provider Portal. It can save you and your staff time and can be used at anytime.

USE THE PORTAL TO CHECK:

- ▶ Claims status -
- ▶ Member eligibility – a single member or multiple members
- ▶ Status of payment disputes
- ▶ **NEW** - Verify status of requests for outpatient services and durable medical equipment.

You can now verify the status of outpatient services and DME requests for that have been assigned a reference ID by accessing the Verify Reference ID Status section of the provider portal. The reference ID number (formally referred to as the authorization number) is issued by Utilization Management or Case Management as confirmation of a service request. Approved, pending, and disallowed service requests will be displayed.

If you don't have the reference ID, you can use the member's ID number with a date span. Full directions on how to access this information are available on our website. Go to

www.unisonhealthplan.com. Select "Pennsylvania," and select a plan "MedPlus, Kids, aB or Advantage." Then click on "For Providers." Log in with your user name and password. You'll see **Verify Reference ID Instructions** in the box marked **What's New?**

If you are new to Unison and don't have an on-line account yet, you can create an account on the website. For questions

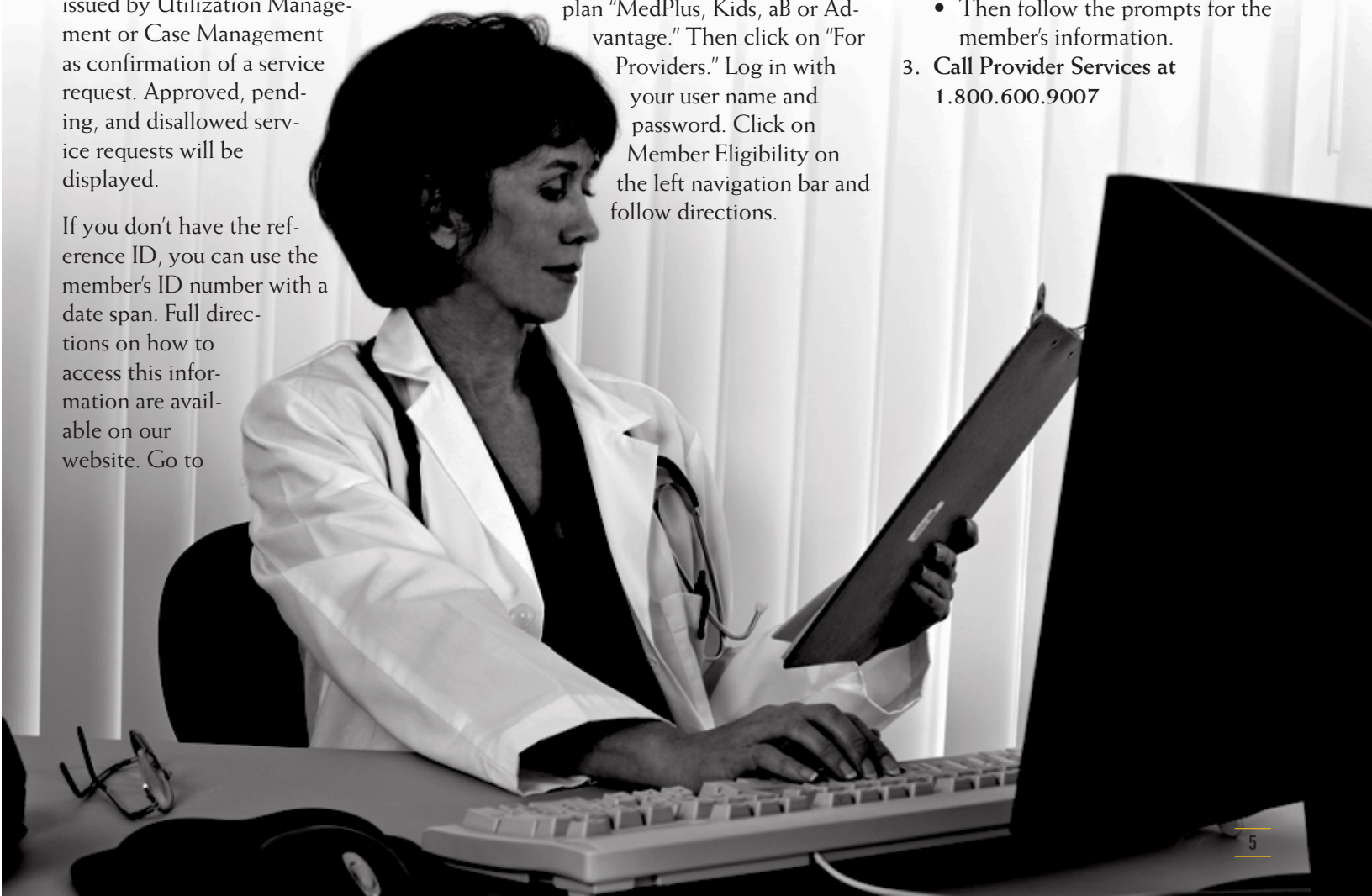
related to the Provider Portal, please contact Unison Web Outreach at 1.866.414.6566.

For questions related to the results that were returned from your query, please contact Provider Services at 1.800.600.9007.

3 Ways to Check Eligibility

You or your staff can check member eligibility in three easy ways.

1. **Online at**
www.unisonhealthplan.com.
Select "Pennsylvania," and choose a plan "MedPlus, Kids, aB or Advantage." Then click on "For Providers." Log in with your user name and password. Click on Member Eligibility on the left navigation bar and follow directions.
2. **Call the IVR line at 1.888.586.4766**
 - Enter your Unison provider ID#
 - Enter the member's Unison ID# or Medicaid # or . . . Social Security # and date of birth
 - Then follow the prompts for the member's information.
3. **Call Provider Services at 1.800.600.9007**



Member Privacy and HIPAA

Unison and its 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



WE'RE ONLINE

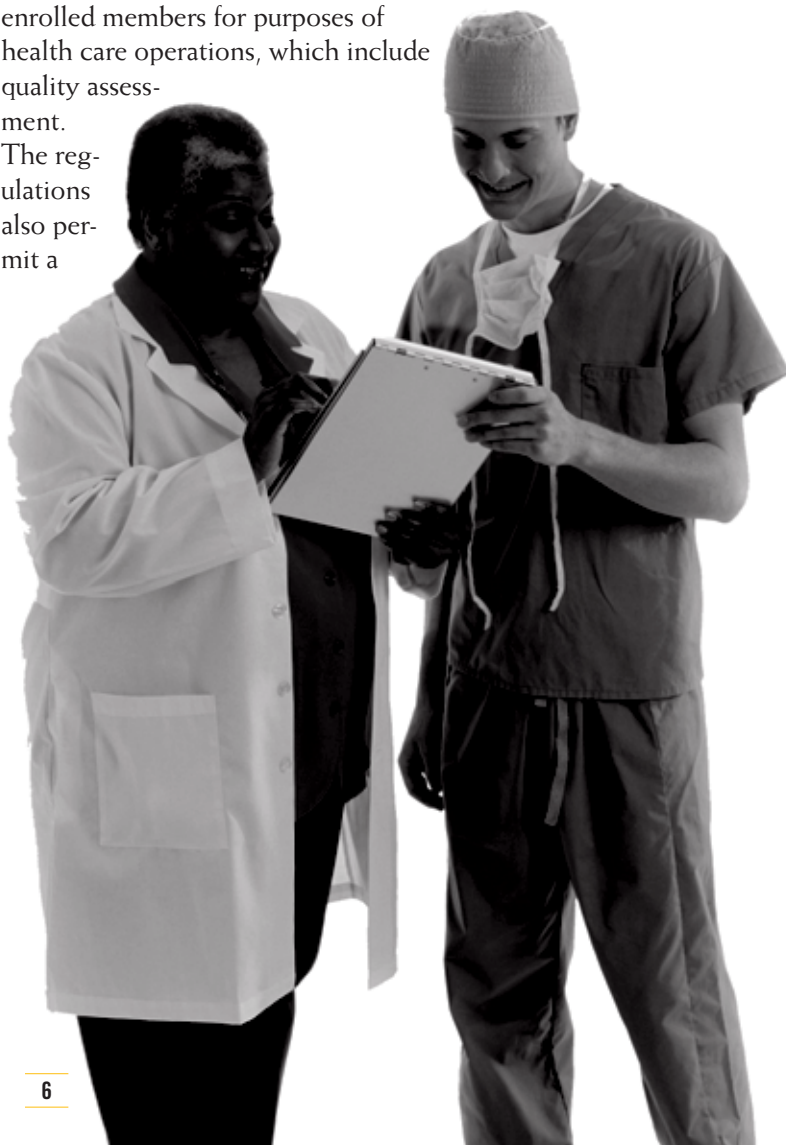
At www.unisonhealthplan.com, you have ready access to information on our Med-PLUS, Kids, aB, and Medicare Advantage health plans.

- ▶ claims status
- ▶ eligibility status
- ▶ status of outpatient services and DME requests
- ▶ our latest clinical and preventive health guidelines
- ▶ new technology evaluation policy
- ▶ health management programs
- ▶ medical record requirements
- ▶ UM (utilization management) procedure and availability of UM reviewer
- ▶ availability and how to contact the Medical Director
- ▶ availability of QI Programs
- ▶ pharmacy program, formulary and exception process
- ▶ provider manual
- ▶ member rights & responsibilities
- ▶ member complaint procedure

Go to www.unisonhealthplan.com: select Pennsylvania from the pull down bar, select a plan. Click on "For Providers." Printed copies of the information on our website are available by calling Provider Services at 1.800.600.9007.

LEAD SCREENING

Help us help our young members. According to the 2008 American Academy of Pediatrics Recommendations for Preventive Pediatric Healthcare, **ALL** Medicaid eligible children should have blood lead screening tests at 12 months and 24 months. This is a Unison covered benefit. Our claims data shows there is room for improvement among our members.



Quality-Our Driving Force

The goal of Unison's QI program is to continually evaluate, monitor, and improve the quality of care and services we provide. The program identifies and recommends ways to improve health care and related services delivered to Unison members through the use of continuous QI concepts and methods including:

- ▶ Measuring the effectiveness of interventions to improve the quality of care, customer service and the health status for the members we serve. Tools used include HEDIS® measurements and member satisfaction surveys, External Quality Review measures and our own internal performance criteria
- ▶ Recommending corrective plans of action to improve the quality of care and service

▶ Implementing the plans of action

Network providers are required to cooperate with Plan quality improvement activities such as chart audits, site visits and requests for data or medical records. Unison welcomes provider participation in the QI program through membership on the QI/UM, Credentialing and Pharmacy & Therapeutics Committees and by responding to Plan surveys. For a description of our QI program, information on how we meet our goals or information about our practice guidelines, please call the QI team at 412-856-5178 or write:

Quality Improvement
Unison Administrative Services
1001 Brinton Road
Pittsburgh, PA 15221

NPI BRIEF

CMS has extended the deadline for use of NPI numbers to May 23, 2008, on all HIPAA standard transactions. Pennsylvania is following this deadline date. Unison Health Plan is already fully compliant.

Currently, you can submit claims to us using either your NPI number or your Unison ID number. **However after May 23, 2008, your claims will be rejected if they do not include your NPI number.**

If you don't have your NPI, apply now. Go to <https://nppes.cms.hhs.gov/NPPES/welcome.do>.

PROVIDER RELATIONS SPOTLIGHT

Billie Dayton

Title:

Hospital Relations Representative

Service Area:

Armstrong, Beaver, Blair, Cambria, Clarion, Crawford, Erie, Indiana, Jefferson, Somerset, Warren, Parts of Allegheny & Washington Counties, Ohio & W. Va.

What I like most about my job

Traveling to the different facilities in my territory and the people I meet.

How I try to make a difference in my job

By working to provide the World's Best Customer Service to my providers and establishing a good working relationship between my providers and Unison.

Interesting Facts

My husband & I lived in Germany for 3 years.

Someday I'd like to

I would like to travel to all 50 states. I am going to Hawaii in 2008 that will make 36!

Words to live by (favorite quote)

Treat others as you would like to be treated.

Person(s) I'd most like to have dinner with

My Family!



FORMULARY CHANGES

Unison's Formulary is updated on a quarterly basis. These updates are sent to you in a separate bulletin. The Unison Formulary is available on the internet at unisonhealthplan.com. For the most up-to-date Formulary information, please access the Epocrates® Formulary tool at epocrates.com. If you have any questions about coverage on a specific drug or our formulary exception process, you may also call the Pharmacy Department at 1.877.651.2217.

It's Not Too Late For A Flu Shot

Influenza tends to peak in the later part of the winter before waning in the spring. Many persons who did not have influenza shots in the fall are at risk – especially the most vulnerable groups such as children with asthma.

Many children do not complete the initial 2 shot series.

23% of influenza-related hospital admissions in the 6 to 59 month olds are associated with asthma. Similarly, a high percentage of admissions for COPD in adults are also related to flu.

Unlike other years, stocks of flu vaccine are ample, although VFC has run

through its allocation for the year. Fortunately VFC can help redistribute unused stocks from private

providers. A regrettably large amount of flu vaccine ends up unused each year, even in years when the vaccine was in short supply. So, give VFC a call if you are running short or if you have extra vaccine. They may be able to help and make use of what you have on hand.

Please also be sure that our members who are considered high risk have received their pneumonia immunization.



Joseph Sheridan, D.O.
Medical Director,
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Unison Administrative Services

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www.unisonhealthplan.com

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