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Save the Date for Annual Fall Seminar

Univera Healthcare's annual Fall Provider Seminar will be held on October 13, 2010, at the Buffalo Marriott, Amherst, NY.

There will be two sessions from which to choose — 8 to 10:30 a.m. or 1 to 3:30 p.m.

The seminar is a great opportunity to learn the latest information about our transition to an updated claims processing system, changes to products or administrative procedures coming in 2011, information about the Western New York HealthLink initiative, and much more.

Please watch your mail for an invitation that includes details coming later this summer.

Special Insert:

News from

univera
Community Health

Health Plans, Hospitals Launch Patient Consent Drive in WNY



Univera Healthcare President Art Wingerter (far right) joins other health plan and hospital chief executive officers to launch a patient consent drive related to electronic health records. The goal of the drive is to generate 10,000 signed patient consent forms from health plan and hospital employees. The drive is under the auspices of HEALTHeLINK, also known as the Western New York Clinical Information Exchange. *See related article, page 2.*

Examiner Delivery to be Electronic; Paper Copies will Cease in Future

The *Examiner* newsletter will move to an electronic format later this year and will no longer be delivered to your office on paper.

We are excited about this change and hope to expand our electronic delivery capabilities in the future to include other important correspondences that you receive from our organization.

While each edition of *Examiner* is already available on our website, we have developed an opt-in process by which you can ensure that you receive an email alert and link to each new edition. The opt-in feature is now on our website at univerahealthcare.com and will help us to keep our e-distribution list is accurate and complete.

Opting in is easy and only takes a few moments. Go to univerahealthcare.com and select *For Providers>Administration>News and Updates>Follow this link to receive Examiner Newsletter by E-mail*. Enter the

requested information and click on submit. Your e-mail information will be loaded automatically to our e-distribution list. The number of office staff who can opt-in to receive the newsletter is unlimited.

Please remember that we will continue to deliver *Examiner* to your office on paper for now, but eventually mail delivery will cease. We will notify you with the exact cut-off date and send you reminders beforehand. After the cut-off date, if you have not opted in to receive the email alert, you will need to remember to check our website on your own each quarter for the latest newsletter posting. If you do not have web access, you will need to contact Provider Service to obtain a copy.

We hope that you find our electronic format will be more timely and efficient. If you have questions, please contact your Provider Relations representative.

A Message from the Chief Medical Officer



Art Wingerter, Univera Healthcare president, joined other health plan and hospital Chief Executive Officers to launch a patient consent drive related to electronic health records (EHR) on June 2, 2010.

The goal of the drive is generate 10,000 signed patient consent forms from health plan and hospital employees by the end of June. The highlight of the event was the signing of consent forms by the respective CEOs of each organization.

As physicians, we know how critically important it is to have instant access to patient medical history. In many instances, it can be a life or death proposition.

Imagine you have a patient in the emergency room who is unconscious; the electronic health record literally becomes the patient's voice. By being able to electronically share imaging, lab results and other information from physician office to physician office as well as with the hospi-

tal, we use valuable resources for providing the best care we can.

The consent drive is under the auspices of HEALTHeLINK, also known as the Western New York Clinical Information Exchange. Many of you are already familiar with HEALTHeLINK and are working with the organization. If you are, please have your office staff encourage your patients to sign a consent form. It's a very easy process and takes only a couple of minutes to complete.

HEALTHeLINK is an example of the unprecedented level of cooperation among physicians, hospital systems and health plans in Western New York. By sharing health information through a clinical information exchange, we can improve care and save lives.

You also should know that HEALTHeLINK has developed stringent security and privacy measures; in fact, electronic health

records are safer and more secure than paper records. As physicians, we cannot compromise on privacy and security as it pertains to keeping electronic health records safe and secure.

HEALTHeLINK is something that all of Western New York should be extremely proud of and the best news is that we really are just getting started on the promise technology holds for our health system.

If you are not familiar with HEALTHeLINK, you can learn more about the organization by visiting www.wnyhealthelink.com or you can call HEALTHeLINK at (716) 206-0993 ext. 304.

Join the growing number of physician and physician practices who are participating in HEALTHeLINK!

-- Robert J. Holzhauer, M.D.

Limestone Primary Care Receives \$25,000 Grant to Set Up Electronic Medical Record System

Limestone Primary Care Physicians in Williamsville is the first physician practice to receive funding for the purchase and implementation of an Electronic Medical Record (EMR) system through a new program administered by HEALTHeLINK.

HEALTHeLINK is Western New York's clinical information exchange,

which is funded by Univera Healthcare, BlueCross BlueShield of Western New York and Independent Health.

Limestone Primary Care Physicians received \$25,000 in direct funding support for the purchase of its EMR system. Additionally, HEALTHeLINK is providing 100 hours of consulting services to help the practice transform

its processes and workflow in order to ensure a smooth transition from paper to electronic medical records. Effective use of an EMR system will help the practice qualify for federal stimulus funds.

To learn more about EMR funding through HEALTHeLINK, please visit wnyhealthelink.com.

Family Health Care Decisions Act Now State Law

If you are a physician practicing in New York State, please remember that a patient's family member – including a domestic partner – is able to make health care decisions when the patient is not able to do so under the newly adopted Family Health Care Decisions Act.

The legislation, which became effective June 1, 2010, allows family members and others who are closest to the patient to act as surrogates and make decisions regarding medical treatment for a loved one in certain limited situations. The law includes numerous safeguards to ensure sound medical treatment and that decisions are made that are consistent with the patient's wishes and best interests.

Nearly nine of 10 upstate New Yorkers surveyed by Univera Healthcare said it is important to have someone close to them making medical care decisions on their behalf if they were to have an irreversible terminal condition and were unable to communicate or make decisions. Yet,

only 42 percent had designated a health care proxy to ensure that their wishes are actually carried out.

It is important to note that the Family Health Care Decisions Act does not eliminate the need for open and honest conversations with loved ones about desires for medical care. Also, it does not eliminate the need for individuals to have advance directives on file with doctors, attorneys and family members.

We encourage you to discuss this information with your patients. Further details about the legislation, as well as the Medical Order for Life Sustaining Treatment (MOLST) form, can be found at CompassionAndSupport.org.

examiner univera
HEALTHCARE

News for the WNY Provider Network

President *Arthur Wingerter*
Univera *Examiner* is published four times a year by Univera Healthcare,
205 Park Club Lane
Williamsville, NY 14221.

For inquires regarding this publication, please contact *Maria N. Valvo*, Editor, at (716) 857-6269.



- Child Health Plus
- PlusMed
- Family Health Plus

NYS Medicaid Prenatal Standards Revised

The New York State Department of Health DOH has revised the NYS Medicaid Prenatal Standards. The standards incorporate new evidence-based procedures and practices appropriate to the needs of pregnant women who qualify for Medicaid coverage, regardless of provider or delivery system. They integrate updated standards and guidance from the American College of Obstetrics (ACOG) and the American Academy of Pediatrics (AAP), and reflect expert consensus regarding appropriate care for low income, high-risk pregnant women.

The standards provide a comprehensive model of care that integrates the psychosocial and medical needs, and reflects the special needs of Medicaid population.

The DOH has provided the following contact information to request further information

- Ambulatory Care Payment Information: General Policy, Rates Weights, Carve Out Payment Rules or Implementation Issues: 1 (518) 473-2160 or apg@health.state.ny.us, APG website: http://nyhealth.gov/health_care/medicaid/rates/apg/index.htm.
- Billing, Remittances and Onsite Training: 1 (800) 343-9000, Grouper Software, Pricer Product Support, 3M HIS Sales: 1 (800) 435-7776 or 1 (800) 367-2447 or <http://www.3mhis.com>.
- Local Departments Of Social Services: http://www.nyhealth.gov/health_care/medicaid/ldss.htm.

- Prenatal Care Standards Development: Office of Health Insurance Programs 1 (518) 486-6865 or fcg01@health.state.ny.us
- Prenatal Care and Managed Care: Division of Managed Care, Office of Health Insurance Programs, 1 (518) 473-1134 or jjd03@health.state.ny.us
- Presumptive Eligibility: Medicaid Coverage and Enrollment, Office of Health Insurance Programs, 1 (518) 474-8887
- Presumptive Eligibility On-line Training: <http://www.bsc-cdhs.org/qpt/>



Prenatal Care Standards	Standard Content
General Requirements	<ul style="list-style-type: none"> • Comprehensive prenatal care record • Internal quality assurance and improvement • Provider licensing requirements • Culturally sensitive care/interpretation services • Transfer of care • Specialty physician consultation/referral
Access to Care	<ul style="list-style-type: none"> • Provide care as quickly as possible • Assist with Presumptive Eligibility • 24/7 coverage; reminder/call backs/missed appointments
Prenatal risk assessment screening and referral for care	<ul style="list-style-type: none"> • Encourage comprehensive early risk assessment by providers; review risk at each visit • Facilitate communication with plan case managers regarding pregnant, high risk members • Effectively and consistently identify women who may benefit from interventions – NYS Risk Screening Form (In development), coordination of care
Psychosocial Risk Assessment, Screening, Counseling, & referral for care	<ul style="list-style-type: none"> • Conducted at first visit; reviewed at each visit and formally repeated in third trimester • Should include broad range of social, economic, psychological and emotional problems • Highlight tobacco use, substance use, domestic violence and depression
Nutrition – Screening, Counseling and Referral for care	<ul style="list-style-type: none"> • Pre-pregnancy BMI and recommended weight gain – according to 2009 Institute of Medicine (IOM) guidelines • Exercise and lifestyle changes • Breastfeeding recommendations • Special considerations for underweight and/or overweight obese • Gestational diabetes screening for overweight

continued on reverse

Prenatal Care Standards	Standard Content
Health Education	<ul style="list-style-type: none"> • Based on assessment of individual needs • Address issues such as avoiding harmful behaviors (alcohol, drugs, smoking) • Environmental concerns/lead exposure • Risk of HIV infection • Labor and delivery • Preparation for parenting – breastfeeding • Newborn screening • Family planning
Development of a Care Plan and Care Coordination	<ul style="list-style-type: none"> • Addresses problems identified in risk assessment • Relevant exchange of information between providers • Assist in accessing medical, dental, nutritional, psychosocial, substance abuse services • Coordinate labor and delivery site with prenatal care • Pre-booking for delivery
Prenatal Care Services	<ul style="list-style-type: none"> • Clinical standards of care including: <ul style="list-style-type: none"> – HIV services – Dental care – Immunizations – Lead poisoning prevention/testing/mgt. – Medical indications for ultrasound – Screening for genetic disorders – Tests for fetal well-being
Postpartum Services	<ul style="list-style-type: none"> • Visit four to six weeks after delivery; no later than eight weeks (sooner for complicated gestation or delivery) • Services included in a visit • Assess need for postpartum home visitation

Updated Provider Manual Available

The *Univera Community Health Participating Provider Manual* has been updated and is available on our website, univera-communityhealth.org.

To access the manual, go to *For Providers*,

scroll down to *Univera Community Health Manual* and click on the link to univerahealthcare.com. If you require a paper copy, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.



Access Standards on Website

Participating providers comply with access standards designed to ensure that our members can always reach quality medical care. New York State and plan standards address appropriate time frames for appointments related to prenatal, preventive, routine, sick and urgent care. For a complete list of access standards, visit our website, univeracommunityhealth.org.

Member Incentive Campaign Focuses on Preventive Health Compliance

Univera Community Health has implemented a member incentive campaign for members enrolled in PlusMed and Family Health Plus who comply with certain preventive health measures.

Notification was mailed to eligible members in June. The member must complete the preventive health measure by October 31, 2010, to be eligible to receive a \$25 gift card.

Targeted preventive health measures include breast cancer screening and diabetic eye exam. Eligible members are identified by HEDIS data as being non-compliant in one or both of these measures.

If you require further information, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.



Did you know

Over the past 10 years, our health plan’s annual net profits, including investment income from its reserves, have averaged about 2 percent of premium.*

Net Profit as a Percent of Premium

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Average per year
1.2%	2.0%	2.6%	4.3%	2.6%	4.5%	3.2%	1.6%	-1.1%	0.1%	2.2%

* Includes Univera Healthcare and its parent health plan.

Reality vs. Perception

Univera Healthcare’s modest profit margins stand in contrast to the public’s perception of health insurer profits. A survey of upstate New York adults conducted by Zogby International in March of 2010 found that 45 percent of respondents believe annual health insurer profits average more than 20 percent of premium. Only 8 percent correctly believe annual profits average less than 5 percent.

To review the complete Zogby International survey titled, “Opinions on Corporate Profits,” go to: <https://www.univerahealthcare.com/wps/portal/uv/our/hpr/factsurveyreport> and look under the *Access and Health Care Coverage* heading.

Medicare Part C and Risk Adjustment Update

Univera Healthcare is a Medicare Advantage, Medicare Part C insurer. We are required to validate the data we submit for risk adjustment through audits conducted by the Centers for Medicare Services (CMS) and the Office of Inspector General. If we are audited, we must produce medical record documentation that substantiates the ICD-9 diagnosis codes that we have submitted for our member.

Medical records that we submit must meet certain requirements to support the codes in question. The records must contain documentation pertaining to the recognition, care, and treatment of the conditions referenced by the submitted codes. Additionally, they must also have the patient’s identifying information, including name on each page of the record, date of service, and an acceptable provider signature.

CMS released revised provider signature requirements recently for Medicare Parts A and B services to require that services provided/ordered be authenticated by the author.

Acceptable methods for handwritten signatures are:

- a legible full signature
- a legible first initial and last name
- an illegible signature over typed or printed name
- an illegible signature where letterhead, addressograph, or other information indicate the author’s identity
- an illegible signature accompanied by signature log or attestation statement (see below)
- initials over a printed or typed name, and

- initials accompanied by a signature log or attestation statement (see below).

Acceptable methods for e-signature are an e-mail by the treating physician/practitioner or his office to the testing facility and an unsigned note where other entries on the same page in the same handwriting are signed.

Unacceptable signature methods are:

- Rubber stamp signatures except for certifications of terminal illness for hospice care and orders for clinical diagnostic tests
- illegible signatures with no additional documentation to identify the signature
- initials with no additional documentation identifying them
- an unsigned note, and
- a note with the statement ‘signature on file’¹

In the April 2010 edition of Federal Register, CMS reiterated its requirement that provider signatures and credentials must be present on all medical records submitted for code verification for Medicare Advantage programs. CMS has softened their requirements of a full provider signature and credentials for RADV audit records by allowing plans to submit signature attestations to correct deficient signatures. Such attestations must be CMS generated and submitted at the time records are forwarded to CMS. Further, CMS has specifically stated that such signature attestations cannot be utilized to correct any other documentation deficiencies.²

¹ New CMS Signature Regulations Baffle Providers, Cheryl Servais, MPH, RHIA, For the Record, May 2010

² Federal Register, Vol. 75, No. 72, Thursday, April 15, 2010

Understanding Medicare Basics

Medicare is the largest single medical benefits program in the United States. Eligibility for this federal health insurance program is extended to those individuals, or spouses of individuals, who have reached age 65, are U.S. residents or permanent legal residents for at least five years, and who have paid into the Social Security system for 10 years. Others may become eligible for Medicare prior to age 65 if they meet certain criteria such as disability for 24 months or end-stage renal disease.

Medicare Part A covers portions of inpatient hospital care, hospice care, and skilled nursing care. Eligibility for Part A is automatic at age 65. While there are applicable deductibles and copayments for Part A, enrollees do not pay premiums.

Medicare Part B assists in covering services not covered by Part A, including medical costs such as physician and outpatient care. Eligibility for Part B is automatic when one becomes eligible for Part A. Enrollment, however, is optional and Part B enrollees incur a premium. If enrolled, premiums will be deducted

from the enrollee's Social Security payments. As with Part A, Part B has applicable deductibles and coinsurances related to covered medical expenses.

Medicare Part C is known as Medicare Advantage. Part C programs, while approved by the federal government, are run by independent insurance companies. An enrollee in one of these programs must be enrolled in Parts A and B. The advantage plan covers costs under both Parts A and B, adding other benefits in most cases, which are plan dependent. Enrollees in Part C programs continue to pay Part B and Part C premiums, as well as applicable copayments, deductibles, and coinsurances. These costs are generally lower than those associated with traditional Medicare. Enrollees in Part C may be involved in an HMO, whereby the primary care provider coordinates care and medical treatment, or a PPO, whereby the member can use providers in-network or out-of network.

Medicare Part D is a stand-alone program offered, at a premium, to assist

in paying prescription costs. Purchase of such coverage is particularly advantageous to those recipients with only Part A or B, since many Part C programs include prescription drug coverage.

Medigap is a Medicare supplemental plan intended to fill in the gaps in original Medicare coverage. This insurance may pay for deductibles, coinsurance, and other costs. Such coverage does require a premium from the enrollee.

We hope that you find this information useful in your daily practice. For questions, please contact one of the following Medicare Risk Adjustment staff members:

- Charlotte Kolbeck – (585) 327-6511
- Denise Hull – (585) 327-6563
- Arlene Ogie – (585) 339-7727
- Karen Taylor – (585) 339-7728
- Melissa Rector – (585) 327-6543

Fee Schedules Viewable only to Registered Users

Univera Healthcare physician reimbursement schedules have moved to the secure section of our website, univerahealthcare.com.

Registration is easy and only takes a few moments. Follow these simple steps:

- Visit univerahealthcare.com/provider.
- Scroll to Register Now!
 - ♦ Select the role that applies from the “I am a...” drop-down menu, then click GO
 - ♦ Enter your physician information on the Provider Registration pages, then click Submit
 - ♦ Log on to the website with your username and password
 - ♦ The password was sent to you with our 2010 fee schedule update in January

If you need assistance registering, please contact the Web Security Help Desk at 1 (800) 278-1247. Your Provider Relations representative also is available for website registration and site functionality training.

Keep These Tips in Mind for HIPAA 5010 Implementation

The Health Insurance Portability and Accountability Act (HIPAA) requires the adoption of specific standards for electronic healthcare transactions e.g., claims, eligibility inquiries, claims status requests and responses. The current version is 4010A1; however, a federal mandate requires that it be replaced with the new 5010 version by January 1, 2012. Effective on that date, all electronic transactions you, or your vendors, send to Univera Healthcare and other payers must use HIPAA 5010.

This deadline may appear to be distant, but significant work must be accomplished to prepare for this mandatory conversion. At a high level, you must meet three objectives:

- Identify the differences between 4010A1 and 5010 and deter-

mine what applications, systems and operating protocols will need to change. (This should be complete or in process.)

- Implement and test changes to systems and protocols. (This should be completed by December 31, 2010.)
- Schedule and complete tests with external partners and transition with them to the 5010 transactions by the compliance deadline. (You are encouraged to start this as early as January 1, 2011.)

Univera Healthcare's 5010 implementation preparations are under way. We are happy to answer any questions you might have. Please contact edi.solutions@univerahealthcare.com.



Helpful Tips Regarding CareCore Program

Univera Healthcare is striving to make it as easy as possible to utilize our CareCore National (CCN) radiology management program. We would like to remind you of these important points pertaining to the program:

- Physicians are required to obtain preauthorization from CCN for all PET Scans and most CT Scans, MRI/MRA and nuclear cardiology studies performed as elective, non-emergent, outpatient procedures
- This radiology program does not apply to imaging services rendered to a member in the inpatient, emergency room or observation unit settings
- Urgent studies require preauthorization through CCN when performed in an outpatient setting. It is strongly recommended that urgent preauthorization requests are requested by calling CCN rather than by fax. If the fax method must be used, physicians must clearly mark URGENT in capital letters on the fax form. Please remember this applies to urgent studies. It does not apply to emergent studies. For information regarding true emergencies, please refer to the Emergent Studies section of this article.
- Preauthorizations are valid for 45 days. CCN may extend the authorization for up to 180 days for medical conditions such as a malignancy and solitary pulmonary nodule where the established standard of care is follow-up imaging at three or six months.

How to Request a Preauthorization

There are three methods for requesting preauthorization through CCN:

- Phone toll-free 1 (888) 333-9036 from 7 a.m. to 7 p.m. Monday through Friday. When calling, note that you are calling to request a preauthorization for a Univera Healthcare or Univera Community Health member
- Web at carecorenational.com. The website allows ordering physicians to request authorizations and determine member eligibility and the status of existing authorizations. Physicians who use WNYHealtheNet can link to the CareCore website directly from wnyhealthenet.com
- Fax toll-free 1 (888) 785-2487. Requests submitted by fax are completed within one to two business days. If you do not have the appropriate fax form, contact CCN or your Provider Relations representative

Emergent Studies

We do not require preauthorization for an emergency condition when a patient presents in a location other than emergency departments, if in the ordering physician's judgment, the patient's condition is emergent and directly ordering the study is the most appropriate course of action. The rendering provider should notify Univera Healthcare directly within 72 hours after the service is rendered at the dedicated phone number 1 (800) 536-2484 or via the dedicated fax



line at 1 (800) 292-5109. Do not contact CCN in emergency situations.

Deemed Status

Deemed status is designed to allow eligible physicians to receive approvals for certain modalities through an accelerated notification process at CCN. We will notify physicians who qualify for deemed status. Our selection criteria includes:

- Physician-specific variables
 - ♦ Minimum of 24 tests for a particular modality, and
 - ♦ Approval rate of at least 95 percent on that modality
- Deemed status will be modality specific (i.e., physicians may be deemed for MRI scans or CT scans, or both)
- Physician does not own the imaging equipment

We hope that you find this information helpful. If you have questions, please contact your Provider Relations representative.

WNYHealtheNet Website Enhanced

Coverage information viewable on wnyhealthenet.com now includes 16 additional benefit categories. This information is available for members with Medicare Advantage, Univera Community Health and Univera Healthcare commercial-HMO coverage.

Univera Healthcare continues to upgrade WNY-HealtheNet functionality for all lines of business.

We hope you find this information helpful. If you have questions, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.

Provider Manual Updated; Available on Our Website

The *Univera Healthcare Participating Provider Manual* has been updated for 2010. The updated version is available on our website, univerahealthcare.com/provider. To access the manual, go to *Administration > Provider Manual*.

You will notice that the manual format now allows for easy navigation within the document. To access a specific section within the manual, click the section title in the table of contents. To return to the table of contents, click on the section title.

If you would like a printed copy of the manual, contact Provider Service or your Provider Relations representative.



Coverage Verification Letters Provided to Some New Enrollees

From time to time, members who are newly enrolled or have changed recently to another Univera Healthcare benefit plan, do not receive their new identification card in time for their next health care service.

In these circumstances, Univera Healthcare is providing these members with a letter informing them of their effective date of coverage. The correspondence advises the member that until his/

her card is received, he/she should present the letter when receiving health care services as proof of pending coverage.

If a patient presents with a letter from our organization regarding pending coverage, it is still necessary to check eligibility as you normally would via telephone or wnyhealthnet.com.

Please pass this information to appropriate staff.

Ordering Physician Responsible for Obtaining Preauthorization

We remind you that in instances where a service requires preauthorization, it is the ordering physician's responsibility to obtain preauthorization. The responsibility does not rest with the facility in which the service is being performed.

A list of services that require preauthorization was sent to you last fall and is available at univerahealthcare.com. Please make a notation of this requirement.

Updated Clinical Practice Guidelines Available on Website

We have updated the clinical practice guideline information for Attention Deficit/Hyperactivity Disorder, Preventive

Health Care for Adults, and Preventive Health Care for Children. To access this information, visit our website at univerahealthcare.com. From the Provider home page, click on *Patient Care* and then select *Clinical Practice Guidelines* from the menu on the left. Scroll down to the guideline you wish to view.

To have a paper copy of the guideline or supporting tools mailed to you, please contact Provider Service.



New Paper Remittance Reflects Provider Suggestions

You likely have noticed that we have a new paper remittance. The change coincides with our multi-year project to optimize and simplify business processes that includes an update to our Facets membership and claims processing system. You should have received a notice from Univera Healthcare in April about the new format.

As of the week of April 19, 2010, claims and membership information pertaining to ActiveUnivera members whose identification numbers begin with 200 are reflected on the new paper remittance. Members enrolled in our other products will appear on the remittance in the future as additional business is moved to the updated Facets system. We'll keep you informed.

Our new remittance was developed incorporating the ideas and suggestions we received from our providers. We hope that you find the new format helpful as you conduct your daily business with our organization. Please feel free to offer additional suggestions so that we can continue to make improvements as warranted.



Post These Important Dates!

September 6th – Univera Healthcare is closed in observance of Labor Day

October 13th Annual Fall Provider Seminar at the Buffalo Marriott, Amherst, NY



Medicare Part D Vaccine, Administration Claims Process Faster When Done via the Internet

Univera Healthcare now offers you an online option for processing Medicare Part D vaccine and administration claims with eDispense™ Part D Vaccine Manager. eDispense, a product of Dispensing Solutions, Inc. (DSI), is a web portal that provides physicians with real-time claims processing for all in-office administered Medicare Part D vaccines. For example, with eDispense, a physician's office can bill Univera Healthcare online when administering the shingles vaccine, Zostavax, to Medicare Part D members.

Enroll in eDispense at no cost for a simple and convenient way to submit Medicare Part D vaccine and administra-

tion claims. This new online option gives you a faster, more efficient way to submit these claims by having the ability to:

- Verify members' eligibility and benefits in real-time
- Advise patients of their appropriate out-of-pocket expense
- Submit vaccine claims electronically
- Receive reimbursement information in real-time

It's easy to get started. Go to <http://enroll.edispense.com> today for a simple one-time online enrollment process to start taking advantage of this easy new way to process Medicare Part D vaccine and administration claims.

Physicians must accept Univera Healthcare's reimbursement amount (including member's copayment) as payment in full when using eDispense to file a Medicare Part D vaccine claim. Physicians still have the option of submitting vaccine and administration claims by paper.

For questions regarding eDispense enrollment and claims processing, please call the eDispense Customer Support Center at 1 (866) 522-3386.

Increase in Generic Fill Rate Saved \$127 million in 2009

Measurable increases in the use of generic drugs as alternatives to higher-priced brand-name drugs produced estimated



Joel Owerbach

savings totaling \$127 million across Upstate New York in 2009 including an estimated \$31.2 million savings in Western New York. The Univera

Healthcare analysis shows that from October 2008 to October 2009, the overall generic fill rate for each of upstate New York's five regions, including Western New York, increased by about 1 percentage point.

Univera Healthcare's findings for 2009, added to previous company analyses, show that since October 2005, commu-

nitywide savings from increasing use of generic drugs has totaled more than \$853 million. In addition to saving upstate New Yorkers money, wider use of generics may boost compliance rates among individuals taking prescription medications, according to national studies.

"An increase in the use of generic drugs helps everyone in today's economy," said Joel Owerbach, Pharm.D., vice president and chief pharmacy officer for Univera Healthcare. "It saves consumers money at the pharmacy through lower copays and out-of-pocket costs, which may be the added incentive patients need to continue taking their medication as prescribed."

Thank you to all of the physicians who partner with us on our mission of keeping quality health care affordable for all.

If you would like more information about the report, please visit univerahealthcare.com/factsheets.

E-Prescribing is Win-Win for All

As part of the e-prescribing community, we provide benefit, formulary and medication history access to authorized physicians. Electronic prescribing is a safe, efficient and cost-effective technology that improves member safety, reduces costs and eliminates wasteful paperwork.

Effective June 1, 2010, prescribers also have the option of writing prescriptions for controlled substances electronically according to the Drug Enforcement Administration's (DEA) new rule, "Electronic Prescriptions for Controlled Substances". The regulations also permit pharmacies to receive, dispense, and archive these electronic prescriptions.

E-prescribing provides real-time, member-specific information, allowing physicians to prescribe the most medically appropriate and cost-effective medications at the point of care before prescriptions are electronically transmitted to the pharmacy.

Let Us Know Your Thoughts

Univera Healthcare is committed to assuring that all participating physicians and providers are satisfied with daily operational plan functions such as network management and provider services relationships, resource management processes, quality improvement activities, and customer service.

To that end, we invite your comments, concerns and questions. Your feedback will help us know how we're doing. Please contact Maria N. Valvo, Provider Communications Manager in writing at 205 Park Club Lane, Williamsville, NY 14221; via fax, (716) 857-4578 or by calling (716) 857-6269 should you wish to share your thoughts.

Univera Healthcare
205 Park Club Lane
Williamsville, NY 14221

Summer 2010

Univera Healthcare Mission: *To improve the health and quality of life of our members and the communities we serve.*

Child, Adolescent Psychiatry Consultation Services Available

Approximately 15 to 20 percent of children and adolescents have a psychiatric illness, yet few receive psychiatric services. This is due partially to a shortage of child and adolescent psychiatrists across upstate New York and the nation. As a result, pediatricians and family practice physicians must treat psychiatric illnesses in their offices, often without adequate training or support.

Univera Healthcare has addressed this issue by offering our practitioners the email and telephone educational consultation services of James Wallace, M.D., a board-certified child and adolescent psychiatrist.

Dr. Wallace is available via telephone at 1(585) 249-6220 and email at jwallace325@mac.com at the following times:

Mondays— 4:30-5:30 p.m.

Fridays—12:30-1:30 p.m.

Lisa Rosica, M.D. will conduct phone consultations at the times and phone number listed above if Dr. Wallace is unavailable.

Please have questions formulated and the patient's chart in hand, including detailed history of any medication trials and mental health or special education services. Additionally, do not send or share protected health information, including individually identifiable health information, such as patient name, address, date of birth and/or Social Security number. Clinical information should be modified as necessary to ensure confidentiality. We require the patient's county of residence and name of the Univera Healthcare insurance product in which he or she is enrolled.

Preferred Viscosupplementation Brand Medications Named

Univera Healthcare has designated Euflexxa®, Synvisc® and Synvisc-One® as the preferred brand medications in the viscosupplementation category for intra-articular knee injection.

Please consider prescribing the preferred medications, as appropriate, for patients initiating viscosupplementation therapy or for those patients not responding to their current medication.

Our medical policy related to the use of viscosupplementation therapies is accessible at univerahealthcare.com.

Orchard Park Family Practice Earns Level 3 Medical Home Recognition

Congratulations to Orchard Park Family Practice for achieving level-3 recognition under the National Committee for Quality Assurance (NCQA) Physician Practice Connections® – Patient Centered Medical Home program™. Level-3 is the highest level that a practice can achieve under the program.

Physician Practice Connections recognizes practices that use systematic processes and information technology to enhance the quality of patient care. The Patient Centered Medical Home program's standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement.

In order to achieve NCQA recognition as a Patient-Centered Medical Home, practices must meet a set of nine standards, including 10 must-pass elements, and complete a web-based data collection tool while providing information that validates their responses.