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Moshier Urgent Care Center Reopens

Lifetime Health Medical Group has reopened its AfterHours Urgent Care location at the William E. Moshier Health Center, 899 Main St., Buffalo.

The service is open to everyone in the community, not only Lifetime's primary care patients. Patients are offered a specific time at which to receive care, a policy that significantly reduces wait times. Same-day appointments for minor injury and illness are available afternoons, evenings, weekends and holidays from 2 to 10 p.m. on weekdays, 1-8:30 p.m. on Saturdays, and 2-5:30 p.m. on Sundays.

Please share this information with your patients.

Meyers-Alessi Assumes Leadership of Provider Relations, Network Management

Univera Healthcare is pleased to announce the appointment of Lisa Meyers-Alessi as vice president for Provider Relations and Network Management.

In her new role, Meyers-Alessi is responsible for overseeing Provider Relations and Provider Contracting functions in the Western New York division. She comes to Univera Healthcare from HealthNow BlueCross BlueShield where she was employed for more than 20 years in several leadership roles. Most recently, Meyers-Alessi held the position of Vice President of Network Contracting and Pricing at HealthNow. Among her various responsibilities was oversight of the Credentialing, Provider File Maintenance, Provider Relations and Contracting departments.

Meyers-Alessi is a registered nurse and holds a Bachelor of Science degree in nursing from Daemen College. She resides in Hamburg with her husband and serves on the board of directors of Kids Escaping Drugs.



Funds Available to Help Practices Set Up EMRs

There is money available to help Western New York physicians convert their cabinets full of paper files to secure and password-protected electronic medical records (EMRs).

Funds are available through a collaboration between HEALTHeLINK—the clinical information exchange for Western New York – and the region's three major health insurers, Univera Healthcare, BlueCross BlueShield of Western New York and Independent Health.

It is anticipated that a three-physician practice would be eligible for approximately \$27,000 in reimbursement for the

purchase of an EMR system, or approximately \$9,000 per physician.

In addition to providing funding, HEALTHeLINK offers physician practices in-kind services to help in the selection and implementation of EMR systems so that they are more likely to qualify for available federal funds allocated to EMR conversions.

The in-kind services are valued at approximately \$14,000 per medical practice. The federal funds are estimated to be in the range of \$44,000 per physi-

Continued on Page 7

A Message from the Chief Medical Officer



As the new year begins, I would like to take an opportunity to provide you with a status report pertaining to our radiology management program through CareCore National (CCN). In particular, I would like to address the portion of the program that enables eligible physicians to obtain automatic approvals for certain modalities.

Known as “deemed status,” the fast-track approval process was developed in recognition that many physicians are ordering tests that are consistent with clinical appropriateness guidelines. Deemed status is designed to allow these eligible physicians to receive approvals for those test modalities through an accelerated notification process at CCN.

Physician selection criteria for deemed status includes:

- Physician-specific variables
 - minimum of 24 tests for a particular modality, and
 - approval rate of at least 95 percent in 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

Thirty-eight Western New York medical oncologists were granted deemed status at the launch of the program. As promised, we continued to collect and analyze program data at regular intervals. At the end of the first measuring period, which was approximately six months, another 68 physicians achieved deemed status. We recently passed the one-year measuring period and I am pleased to report that another 43 have met the criteria and are now on the deemed status list. We fully expect that the number will continue to grow in 2010.

Overall, I would like to reiterate that the intention of our radiology management program is not to increase your administrative burden or otherwise make your practice of medicine difficult. I point to two new studies published in the *Archives of Internal Medicine* in December and summarized in the *Wall Street Journal* on December 15, 2009. The studies conclude that the risk of cancer associated with CT scans appears to be greater than believed previously.

One of the studies, which examined more than 1,000 adult patients at four hospitals, projected that the dose of

radiation received in a single heart scan at age 40 would later result in cancer in one in 270 women and one in 600 men.

Risks were lower for those who received a head CT scan: one in 8,100 women and one in 11,080 men would likely develop cancer from the radiation, the study said.

Since the vast majority of physician requests for CTs, MRIs, and cardiac nuclear studies are being conducted appropriately, as evidenced by the number of physicians who have achieved deemed status, I would conclude that our program is making headway in sparing patients from unnecessary radiation and associated complications.

As always, I am interested in hearing your thoughts about our radiology program. Please feel free to email me at robert.holzhauer@univerahealthcare.com.

All my best for the new year to you and your families --

-- Robert J. Holzhauer, M.D.

Be aware of Osteoporosis Treatment Criteria

The National Committee of Quality Assurance requires Medicare managed care plans to provide osteoporosis management for “women age 67 or older who suffer a fracture to receive either a BMD test or prescription treatment for osteoporosis within six months of the date of the fracture.” We measure compliance during our annual Health Effectiveness Data and Information Set (HEDIS) data collection.

Please be aware of the following:

- Treatment of osteoporosis reduces the risk of subsequent fractures by 40-60 percent
- Proper management of osteoporotic fractures will reduce disability, hospitalizations and mortality associated with them

Osteoporosis Codes:

- CPT Codes : 76070,76071,76075-76078,76977,77078-77083,78350,78351
- HCPCS Code: G0130
- ICD-9CM Diagnosis Code: V82.82
- ICD-9CM Procedure Code: 88.98

Please visit univerahealthcare.com to obtain a list of medications covered for use in osteoporosis treatment.

The HEDIS measure criteria include:

Osteoporosis management in women who had a fracture

Age 67 and older

Women who received the following within 6 months of suffering a fracture:

- Bone mineral density (BMD) test
- Prescription for a drug to treat or prevent osteoporosis in six months after the fracture

Exclusions:

- Women who received screening and/or treatment in the year prior to the fracture. Fractures of the finger, toe, face and skull are not included in this measure.

examiner 
News for the WNY Provider Network

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Spirometry is the Best Way to Diagnose COPD



About 12 million people are diagnosed with Chronic Obstructive Pulmonary Disease (COPD), which is the fourth leading cause of death in the United States. Additionally, it is suspected that

another 12 million may have COPD and remain undiagnosed.

Accurate diagnosis is key to achieving optimal treatment. One of the best tools for diagnosis is the spirometry, which is helpful for determining COPD severity and for distinguishing the condition from asthma.

Besides a history of smoking, genetic factors and environmental or occupational exposures also may play a role. As many as one out of six Americans with COPD has never smoked. A criterion for diagnosis of COPD is a postbronchodilator $FEV_1/FVC < 0.7$.

We encourage you to incorporate pulmonary function testing in patients who are over age 40 and have:

- Persistent or progressive dyspnea
- Chronic cough or sputum production
- Decline in level of activity

Patients diagnosed with COPD also should receive professional assistance for smoking cessation, if applicable.

Primary care providers have an important role in diagnosing and managing COPD. Please remember that the spirometry is essential to early detection and the best treatment.

Smokers' Quitline Offers Support Tools Free to Practitioners

The New York State Smokers' Quitline provides services and materials free of charge to health-care practitioners.

If you would like materials or information, please call the NYS Smokers' Quitline at 1 (866) 697-8487.

Available tools include:

- Printed materials including cessation guides, posters and Quitline handout cards

- Health Care Provider Quit Kit, which includes office materials, Fax-To-Quit program forms, and materials order form
- Free on-line cessation Continuing Medical Education (CME) program for physicians
- Referrals to the 19 New York State-funded cessation centers offering health provider training and support

Getting your patients to butt out for good can be a challenge. You are encouraged to take advantage of these helpful resources.

Chlamydia Testing Recommended for Young Women

The U.S. Preventive Services Task Force recommends strongly that clinicians conduct routine annual chlamydia screenings for all sexually active women ages 24 and younger and other asymptomatic women at increased risk for infection.

Chlamydia is the most common sexually transmitted bacterial infection in the United States. Symptoms may be mild or absent yet, untreated, serious complications such as pelvic inflammatory disease or infertility may develop before the problem is recognized.

Please remember, however, to consider age along with the following factors that are associated with a higher prevalence of infection:

- New or multiple sexual partners
- Patient is unmarried

- Prior history of sexually transmitted disease
- African-American race
- Inconsistent use of barrier contraceptives

NAAT urine-based testing allows for the routine collection without a pelvic examination. The Centers for Disease Control and Prevention (CDC) has outlined the advantages and disadvantages of available tests. This information is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5115a1.htm>

<http://www2a.cdc.gov/STDTraining/Self-Study/Chlamydia/chlamydia11.asp>

CPT Codes to identify Chlamydia screening include 87110, 87270, 87320, 87490, 87491, 87492, 87810.

Adverse Events Hospital Policy in Effect

We remind our participating hospitals that Univera Healthcare's quality policy for serious adverse events and hospital-acquired conditions became effective on January 1, 2010.

We mailed a copy of the policy to all participating hospitals in a correspondence dated September 28, 2009. To obtain another copy of the policy, or if you have questions regarding this directive, please contact Carrie Witcher, Director, Provider Performance Improvement and Analytics, at (716) 857-4534.

We're Here to Help Physicians with MOC Quality Component

Univera Healthcare has designed a menu-driven coaching program to support physicians who are engaged in their certifying board's Maintenance of Certification (MOC) as they complete the required quality improvement component. The program is called Performance Improvement Coaching (PIC).

Our nurse consultants are available free of charge to advise physicians engaged in this process. In addition to helping physicians undertake the MOC process, the nurse consultants can provide practical advice, valuable tools and resources related to identification and implementation of a quality improvement activity that is relevant to your practice. To date,

about 50 physicians have participated in the program. A physician survey conducted to evaluate the effectiveness of the program concluded that:

- PIC nurse consultants are viewed by physicians/office staff as having in-depth knowledge of the MOC requirements and processes
- Physicians view the Univera Healthcare consulting team as an important resource
- Physicians are receptive to the role of PIC nurse consultants in process improvement activities
- Physicians view the assistance of the PIC nurse consultants as an appropriate health plan activity



If you would like to speak with a nurse consultant as you complete the quality improvement component of MOC, please call 1 (800) 768-8177.

PIM Completion to be Noted in Provider Directory

Univera Healthcare recognizes the value of the primary care specialty board's MOC programs as relevant measures of performance in practice. Physicians with a valid American Board of Internal Medicine (ABIM) certificate, who are enrolled in ABIM's MOC program, may elect to authorize ABIM to submit electronic verification of PIM completion to Univera Healthcare. This authorization

takes place on www.abim.org – on the “Optional Reporting to Third Parties” page in the doctor's “Physician Log-in.” Physicians may authorize ABIM to submit the following information to Univera Healthcare:

- An identification number specified by the health plan
- Physician's full name and location (city and state)
- Physician's certification status (whether the physician has a valid certificate in internal medicine or an internal medicine subspecialty)
- Physician's MOC status (confirmation that the physician is enrolled currently)
- The name of the completed PIM and the date of completion

Provisional Credentialing Available Under State Law

Univera Healthcare can offer provisional credentialing to our physicians and other practitioners who join a group practice that is already participating with our health plan, according to New York state managed care law.

If the provider's complete credentialing application is not approved or declined within 90 days of receipt, the provider can request to be credentialed provisionally. The provider can contact the health plan 60 days after submission of his or her credentialing application to determine the status of his or her application. If the status report shows that the application process will not be completed



within the 90-day timeframe, the provider can request provisional credentialing. If the request is granted, the provider will be credentialed provisionally and

paid as an in-network provider beginning on the 91st day of receipt of the application and until the application is approved or declined.

If the provider's application is declined, any amount paid by the health plan in excess of any out-of-network benefits payable under the member's coverage must be refunded to the health plan. Neither the provider nor the group practice can pursue reimbursement from the member other than applicable in-network cost-sharing amounts.

Please contact your Provider Relations representative to request provisional credentialing.



- Child Health Plus
- PlusMed
- Family Health Plus

State Launching Patient-Centered Medical Home Project



The New York State Department of Health is implementing an initiative to incentivize the development of patient-centered medical homes. The goal is to improve health outcomes through better coordination and integration of patient care for Medicaid members receiving primary care services. This initiative also includes Medicaid Managed Care, which is Univera Community Health's PlusMed program, and Family Health Plus.

Medical home is defined as a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led

care team, which also may include roles for nurse practitioners or physician assistants, is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians.

It is likely that recently you received a notice from New York State Medicaid about this initiative.

Please be aware that Univera Community Health is working diligently to prepare for the medical home implementation, which we expect to launch on April 1, 2010. Watch your mail and this newsletter for updates and information in coming weeks.

Share the Good News About Univera Community Health

Thank you for supporting Univera Community Health and its programs. Your partnership is invaluable to us as we work to help ensure that quality, affordable health care is accessible to all segments of our community.

If you know of anyone who is eligible for coverage under one of Univera Community Health's products, please let them know that the program is available.

The following is a brief summary of our Univera Community Health products:

Child Health Plus – Children under age 19 may join the Univera Community Health Child Health Plus program if they meet these New York State guidelines:

- Must be a resident of Allegany, Cattaraugus, Chautauqua, or Erie county
- Must have little or no health insurance and cannot be Medicaid eligible
- Must meet specific family income guidelines defined by the state to determine whether the child will be

eligible for free or low-cost coverage. Coverage is available for the full premium if household income exceeds these guidelines

There are no copayments for covered benefits. Depending on the family income and household size, there may be a required contribution toward the premium.

Family Health Plus – New York State's Family Health Plus program is for parents and childless adults ages 19-64 who have no health insurance coverage and are not eligible for Medicaid. Family Health Plus offers coverage in Allegany, Cattaraugus, Chautauqua, and Erie counties.

There are no premiums for Family Health Plus. Copayments may apply to some services.

PlusMed – To be eligible, the individual must have Medicaid and meet additional requirements of his or her local Department of Social Services. Additionally, he or she must be a resident of Allegany, Cattaraugus, Chautauqua, or Erie county.

All services are free to those who qualify. There are no copayments or additional costs.

If you would like more information about Univera Community Health products and programs, please visit univera-communityhealth.org or contact Provider Services at (716) 857-4444 or 1 (800) 617-1114.

Welcome, Cuba Memorial Hospital

We are pleased to let you know that Cuba Memorial Hospital is now a participant in the Univera Community Health Provider Network.

Participation was effective as of January 1, 2010.

Be Sure to Address Special Needs of Prenatal Patients

Thank you to all practitioners who helped us in the past year to improve aspects of prenatal care as recommended by the Department of Health (DOH). Please consider incorporating the following recommendations into your care of prenatal patients:

Risk Assessment and Safety Needs

- Domestic violence/sexual abuse
- Barriers that prevent access to prenatal care (transportation, housing issues, cultural issues, etc.)

Prenatal Screening, Testing, and Care

- Tuberculosis screening
- Varicella
- Depression screening pre-and-postpartum
- Third trimester HIV testing with evidence that the HIV Authorization and Consent Form for pregnant women is used. We highly encourage you to use the new HIV consent form, which can be accessed at <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>

www.health.state.ny.us/diseases/aids/forms/informedconsent.htm

- Influenza vaccine during flu season
- Postpartum exams between 21-54 days after delivery

Prenatal Education

- Childbirth/parenting/newborn classes
- Nutrition and health education
- Identification of a pediatrician

Additionally, we encourage you to use forms such as the ACOG form, which outlines preventive care as it relates to prenatal care.

We would also like you to be aware that the state's PCAP standards will be expanding soon for all provider serving Medicaid patients and are expected to include dental care assessment, Body Mass Index (BMI) assessment and immunization screening. The DOH also is focusing on lead screening during pregnancy.

Please watch future editions of Examiner for further details.

Educate Patients About Smart Use of Antibiotics

Winter is a good time to educate your patients about appropriate use of antibiotics. Vigilance and the continued judicious selection of antibiotics remain the keys to continued success for decreasing antimicrobial resistance.

Our Be Smart About Antibiotics campaign, a 10-year community-wide initiative offers tools and materials that practitioners can use to educate patients about appropriate antibiotic utilization. You likely received a correspondence about this campaign in October, which included educational materials for your office. If you would like additional copies, please contact Provider Service.

Additionally, we would like you to be aware of the Centers for Disease Control recommendations regarding the use antibiotic use for treatment of bronchitis:

- Cough illness/bronchitis in children rarely warrants treatment with antibiotics.
- Antibiotic treatment for prolonged cough (> 10 days) may occasionally be warranted under the following circumstances:
 - Pertussis should be treated according to established recommendations.
 - Mycoplasma pneumoniae infection may cause pneumonia and prolonged cough (usually in children > than 5 years); a macrolide agent (or tetracycline in children ≥ 8 years) may be used for treatment.

Children with underlying chronic pulmonary disease (not including asthma) may occasionally benefit from antibiotic therapy for acute exacerbation.

Alternative medications include: azithromycin, clarithromycin, erythromycin estolate, erythromycin base, sulfamethoxazole/trimethoprim.

Bariatric Surgery Sites Named

Effective January 1, 2010, in accordance with New York State Department of Health policy, Univera Community Health will reimburse for bariatric surgery performed on PlusMed and Family Health Plus members only when performed at certified centers for bariatric surgery or hospitals designated by the Department as Bariatric Specialty Centers. All existing utilization management for bariatric surgery will continue to apply.

Members enrolled in these products will continue to be able to receive these services, but they will be directed to approved facilities.

To ensure that you have the most current list of approved facilities, please visit the Centers for Medicare and Medicaid Services Web site at: <http://www.cms.hhs.gov/Medicare-ApprovedFacilities>

Specialty Care Requires a Referral

We would like to remind you that patients with Univera Community Health coverage must obtain a referral before receiving specialty services.

Please remember that timely communication between specialists and Primary Care Physicians is important so that members receive continuous and appropriate care. It is important for specialty care physicians to forward documentation to the PCP for incorporation into the patient's medical record. This documentation includes consultation, lab and X-ray, and emergency room reports, as well as hospital, homecare, or skilled nursing facility discharge summaries. Please check the member's identification card to verify the Primary Care Physician's name.

Thank you for your cooperation. If you have questions, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.



HIPAA 5010 is Coming! Will You be Ready?

HIPAA 5010 is a new required format used to submit electronic data for transactions and code sets, and must be implemented by all users supporting health care delivery by January 1, 2012.

Preparation is under way at Univera Healthcare for implementation of the Health Insurance Portability and Accountability Act (HIPAA) X12 Version 5010, which must be used for all electronic claims and inquiry transactions effective January 1, 2012, according to a mandate from the CMS.

Univera Healthcare expects to install X12 Version 5010 by the end of 2010 to ensure that thorough trading partner testing can take place during the 2011 calendar year. We encourage you to contact your billing vendor, practice management software vendor, clearinghouse or

internal Information Technology department early to make sure that they will be compliant with X12 Version 5010.

Q. What HIPAA transactions does 5010 address?

A. 5010 addresses the following transactions:

- 837 - Institutional Claim
- 837 - Professional Claim
- 837 - Dental Claim
- 835 - Electronic Remittance
- 270/271 - Eligibility Benefit Inquiry and Response
- 276/277 - Claims Status and Response
- 278 - Services Request for Review and Response
- 834 - Benefit Enrollment and Maintenance

- 820 - Premium Payments
- 997/TA1 - Transaction Submission Response

Q. Where can I find general information regarding HIPAA 5010?

A. You can find more about HIPAA 5010 on the CMS Web site, www.cms.hhs.gov/ElectronicBillingEDITrans/18_5010D0.asp

Q. How can I contact Univera Healthcare with questions regarding Implementation?

A. Questions regarding implementation can be sent via email to edi.solutions@univerahealthcare.com

New Process for Medical Records Submission

Univera Healthcare has streamlined its process for requesting, obtaining and processing medical records. Effective January 1, 2010, providers must submit medical records upon initial claim submission for those services considered experimental/investigational or that require determinations for medical necessity.

Here are answers to some frequently asked questions about this new initiative:

Q: Which codes require upfront submission of medical records?

A: Practitioners should have received a full listing of these codes with our correspondence sent in November. If you do not have this information, the bulletin and list of codes are posted on univerahealthcare.com. Click *For Providers > Administration > News and Updates*.

Q: I don't see any codes for mental health services on this list, Why not?

A: This new initiative does not affect the request and submission of medical records for behavioral health and substance abuse services.

Q: If I obtained preauthorization for a service that appears on the list, will I still need to submit medical records with the claim?

A: No. Upfront submission of records will not be required if preauthorization was obtained from the Health Plan prior to rendering the service.

Q: I forgot to submit records with a code requiring it, and the claim denied, "Medical Records Submission Guideline Not Followed." How do I appeal this denial?

A: Practitioners may submit a new claim with the records for reimbursement consideration. No appeal process is necessary so long as the new claim and records are submitted within timely filing limits. Please note that providers may not hold the member liable for claims denying for this reason.

Q: I just received a letter from Univera Healthcare requesting medical records related to a claim. Isn't Univera Healthcare requiring up-front submission of records and no longer requesting them?

A: Upfront submission of records is required for services that are experimental/investigational or that require medical necessity review. The Health Plan, however, will continue to request medical records for services rendered to a member whose contract requires review for that service. For contractual reviews, the Health Plan will continue to contact the provider via letter to request any required clinical information. If we do not receive the requested information within 45 days, we will issue a denial and the member will be held harmless.

If you have any additional questions regarding the new medical records initiative, please contact Provider Service.



Remember – Rendering Provider NPI, Taxonomy is Required



Univera Healthcare follows National Provider Identifier (NPI) requirements and the New York State Insurance Department clean claim submission guidelines to determine what constitutes a complete, or “clean,” claim. We require claims to be submitted with rendering- provider information for all lines of business. This information must be included or the claim will deny as: “Rendering Provider Data is Required.”

This requirement also applies to nurse practitioners and physician assistants. Please include rendering provider information with your claim submissions.

For your reference, sample claim form field charts are below.

Note: Providers with more than one specialty, must bill the appropriate taxonomy code.

CMS-1500

– IMPORTANT –

Please make sure that the NPI number indicated on the form is the same number that is filed with Univera Healthcare. If you are billing with a Group NPI, you must bill with that group name and the rendering provider.

NPI Field	TAXONOMY Field
24J - Rendering	33B = TAXONOMY Code field - Enter ZZ qualifier followed by provider taxonomy code with no spaces

UB-04

NPI Field	TAXONOMY Field
76 - Attending – NPI, QUAL, Last, First	5 boxes. Enter NPI of attending provider and last and first names of attending provider

If you have questions regarding this requirement, please contact Provider Service.

Watch for ClaimCheck Update

Our ClaimCheck editing system will be updated in mid-February to reflect the National Correct Coding Initiative Edits for Physicians (NCCI), which took effect January 1, 2010.

To ensure that you have the most up-to-date list of NCCI edits, visit the CMS Web site, <http://www.com.hhs.gov/NationalCorrectCodingInitEd/>.

Keep Us Informed of Changes to Your Practice

Our ability to serve you in an efficient manner is dependent on the accuracy of the information we have pertaining to your practice.

Be sure to send us all demographic updates using the Provider Information Update Form that is available on our Web site, univerahealthcare.com.

Please note that the form contains a section for listing any nurse practitioner or physician assistant affiliated with the practice. It is very important that you let us know which physician extenders will be affected by any of the changes that you are listing on the form. Additionally, be sure to inform us of the name and effective date of any physician extender leaving your practice. This information can be provided in the comments section of the form.

If you do not have access to the Web, please call Provider Service at (716) 857-4444 or 1 (800) 617-1114 and a paper copy of the form will be sent to you.

You can send the form to our Provider File Maintenance Department by one of the following means:

Email

wny.provfile@univerahealthcare.com

Fax

1 (800) 915-4574

Mail

Univera Healthcare
Attention: Provider File
Maintenance Department
205 Park Club Lane
Buffalo, NY 14221

Thank you for your assistance. If you have questions, please contact Provider Service at the numbers listed above.

Follow this Guide for Billing H1N1 Claims

We would like to remind you that the cost of the H1N1 vaccine is covered by the federal government and not by Univera Healthcare; therefore, codes G9142 or 90663 for the H1N1 serum are not required to be reported on the claim. If your office or facility wishes to include the code for tracking purposes, however, please bill with a \$.01 charge. Our claim processing systems are currently unable accept a \$0.00 charge. Please note, if the H1N1 vaccine code appears on the claim, the line will deny - "Service provided at no cost to member or provider, member not liable."

Univera Healthcare covers the administration cost of the H1N1 vaccine in full for all members at the same allowance as administration of the seasonal flu vaccine — even for plans that do not provide coverage for adult immunizations. Copayments, coinsurance and deductibles will not apply for the administration of the vaccine for members enrolled in our fully insured health plans or in self-funded plans where the employer has not opted out of such coverage.

Please report the administration of the vaccine with the following codes:

Physicians/Flu Clinics/County Health Departments
CPT code 90470 or HCPCS code G9141 -
H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

Facilities

Revenue code 771 - vaccine administration -
with HCPCS code G9141

The New York State Department of Health is responsible for directing the flow of the H1N1 vaccine. For more information, visit the DOH Web site.

Providers interested in obtaining H1N1 vaccine for medical practices in counties outside of New York City must preregister via the following Web site,

<https://hcsteamwork1.health.state.ny.us/pub/top.html>.

Obesity on the Rise in Upstate New York, Report Says

The percentage of upstate New York adults who are overweight or obese increased from 54.8 percent in 2003 to 63 percent in 2007, according to a new report issued by Univera Healthcare. Excess annual medical costs in the upstate region attributable just to obesity are estimated at \$1.5 billion.

Approximately 2.4 million upstate adults are in the overweight and obese weight classifications, which are determined using the generally accepted method for calculating body mass index (BMI), according to the report. Univera Healthcare's review of the data found 35.5 percent of adults in upstate New

York are overweight and 27.5 percent have a BMI that classifies them as obese.

In Western New York, 34.9 percent of adults are overweight and 26.7 percent are obese, with \$458 million in excess annual medical costs due just to obesity.

"Unless there is a significant change in our nation's attitude and behavior toward nutrition and exercise, the costs to the health care system will only increase as the Baby Boomer generation ages and already obese children reach adulthood," according to Robert J. Holzhauer, M.D., Univera Healthcare vice president and chief medical officer.



You are encouraged to discuss the benefits of a healthy diet and lifestyle with your patients.

Funds Available to Help Practices Set Up EMRs *Continued from Page 1*

cian who uses the EMR technology in a "meaningful way" as defined by the federal government.

A physician practice, to be eligible for financial assistance from HEAL-THelINK and the three major health insurers, must be located in one of the eight Western New York counties and

participate with at least one of the three health plans. Priority consideration will be given to physician practices in rural communities.

Please keep in mind that in order to qualify for federal stimulus dollars to reimburse the cost of adopting EMRs, physician practices need to start the pro-

cess now or risk losing this money. Beginning in 2015, the federal government will penalize physician practices with cuts in Medicare and Medicaid reimbursement if they do not adopt EMRs.

For more information, please visit wnyhealthelink.com.

HEDIS and QARR Data Collection Beginning in March

The Quality and Health Informatics Department will soon begin its annual Healthcare Effectiveness Data Information Set (HEDIS) and New York State Department of Health Quality Assurance Reporting Requirements (QARR) data collection.

HEDIS and QARR are sets of standardized performance measures designed to ensure that consumers and purchasers have the information they need to compare health plans reliably. The performance measures in HEDIS and QARR relate to many significant public health issues such as cancer, heart disease, asthma, diabetes, obesity, recommended well care visits, age-appropriate immunizations, and counseling. Health plans are required to report data collection results to the National Committee for Quality Assurance, New York State Department of Health and Centers for Medicare and

Medicaid Services.

HEDIS/QARR are part of health care operations and the Health Insurance Portability and Accountability Act (HIPAA) does not require authorization from individuals for health care operation activities.

In March, select providers will receive a letter from Univera Healthcare with a list of those members chosen for these reviews. Providers who participate in a group practice will receive a letter and list addressed to the group whenever PPO members are included in the sample. We will conduct most of the reviews in provider offices; however, if there are only a small number of reviews, we may request that you fax or mail the documentation in place of the on-site review.

We appreciate your ongoing support of these important quality activities. Thank you in advance for your patience and cooperation. If you have questions,

or would like more information, please call the Quality and Health Informatics department at (716) 857-4574.

The following is a list of this year's required reporting measures:

- Childhood Immunizations
- Adult BMI Assessment
- Comprehensive Diabetic Care
- Lead Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Controlling High Blood Pressure
- Cholesterol Management for Patients with Cardiovascular Conditions
- Adolescent Preventive Care Measures

Child Psychiatric Consultation Resources Available to Physicians

It is estimated that more than 10 percent of children and adolescents have a psychiatric illness and only a small portion receive psychiatric services. This is partly due to a shortage of child and adolescent psychiatrists nationally and in upstate New York. These factors result in a demand for pediatricians and family practitioners to treat psychiatric illnesses in their offices, often without adequate training or support.

In an effort to provide support, Univera Healthcare has implemented an initiative to offer e-mail and telephone educational consultation with James Wallace, M.D., a board-certified child and adolescent psychiatrist.

- E-mail consultation requests should be sent to jwallace325@mac.com. Dr. Wallace will respond weekly at the times listed below.
- Educational phone consultations are available each week by calling **1 (585) 249-6220** at the times listed below:
 - **Mondays: 4:30 - 5:30 p.m.**
 - **Fridays: 12:30 - 1:30 p.m.**

If Dr. Wallace is unavailable, Lisa Rosica, D.O. will conduct phone consults at the same phone number and times.

For the most efficient use of the phone consultation, please have questions formulated and the chart in hand, including de-



tailed history of any medication trials and mental health or special education services.

Please do not send or share protected health information, which includes any individually identifiable health information, such as patient name, address, date of birth and/or Social Security number.

Only share essential clinical details; clinical information should be modified as needed to ensure confidentiality. We will require the patient's county of residence as well as the name of the Univera Healthcare insurance product in which he or she is enrolled.

Be Aware of Potential ADHD in Child, Adolescent Patients

If your patients are children or adolescents, please be on the lookout for possible Attention Deficit/Hyperactivity Disorder (ADHD). ADHD affects four to 10 percent of children between ages 4 and 17, according to the Centers for Disease Control and Prevention.

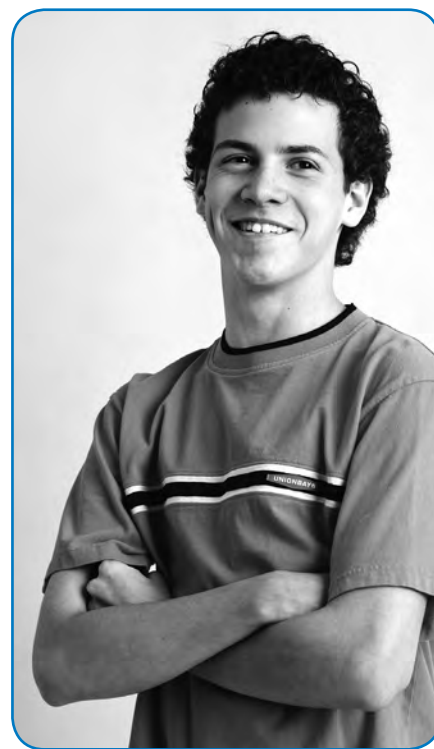
These children may often experience significant functional problems, which can include school difficulties, hyperactivity, impulsivity, inattention, academic underachievement, and/or behavioral problems. It is important to evaluate children for ADHD who present with these symptoms.

Assessment by the primary care clinician should include a physical and in-depth neurological examination, visual and auditory assessment, family assessment, developmental and behavioral assessment, school assessment, and review for emotional, psychiatric conditions, and substance abuse. Use DSM-IV criteria when

diagnosing and develop an individualized treatment program for ADHD patients, which may include medication therapy.

It is important for physicians to provide regular and systematic follow-up to children diagnosed with ADHD, particularly if medications have been prescribed. Monitor to ensure that the medications, most of which are controlled substances, are being taken as prescribed, the child is not experiencing side effects, and symptoms have been controlled to allow for improved functioning.

The New York State Department of Health requires that there be at least one face-to-face visit with a physician within 30 days for children newly started on a medication. Additionally, the NYSDOH requires two follow-up visits within the time period of one to 10 months (31-300) days after medication initiation for children remaining on medication for ADHD for at least seven months.



ADHD clinical guideline recommendations are available on our Web site at <https://www.univerahealthcare.com/wps/portal/uv/prv/pc/cpg>.

Continuity, Coordination of Care Important to Behavioral Health Mission

Univera Healthcare's behavioral health staff monitors our members' continuity and coordination of care in accordance with National Committee for Quality Assurance and New York State Department of Health requirements.

Our goals are to ensure that members receive seamless, continuous and appropriate care and to strengthen system-wide continuity between medical and behavioral health services.

The Behavioral Health department collaborates with behavioral health practitioners to:

- Evaluate and assist as to when exchanges are necessary
- Determine the content of the exchange
- Ensure that after the intake assessment, follow up is timely (no later than the third visit) and appropriate
- Ensure that the patient's written consent has been obtained

The patient's record must contain written release forms that specify each caregiver by name.

It must indicate with whom information may be shared or indicate the patient's refusal to have information released. This includes a written release of information for the patient's primary care physician (required by the DOH, which supersedes the HIPAA requirements).

Evidence of continuity of care between the behavioral health provider and the primary care physician is a clinical quality of care requirement. Evidence of continuity includes written communications and/or documentation of telephone conversations that includes an assessment, working DSM IV diagnosis and a clinical plan of care. Accuracy and details are extremely critical when the patient has medical and behavioral health comorbidities and/or is taking multiple medications.

As deemed necessary, there is evidence of continuity of care between the behavioral health provider and consultants, ancillary providers and health care institutions. Necessary collaboration includes sharing or obtaining a summary of recent behavioral health clinical inpatient or outpatient care in the last 12 months and/or pertinent treatment information via written or telephonic communication that is included or documented in the treatment record.

Tools for continuity of care are included with the recordkeeping forms available via our Web site, [univerahealthcare.com](http://www.univerahealthcare.com). From the provider page, go to: *Patient Care > Behavioral Health > Behavioral Health Tools and Resources*. Paper copy is available upon request.

If you have questions, please contact the Behavioral Health Quality Management department at 1 (800) 240-6956 or brian.moser@univerahealthcare.com.

Consider these Guidelines in RA Treatment

Please consider the following information, which may be helpful in planning a course of treatment for rheumatoid arthritis (RA) patients.

The aim of RA treatment is to control a patient's signs and symptoms, and to maintain their quality of life and ability to function.ⁱ Drug therapy is the focal point in the management of active RA. The goal of initial treatment is to reduce or even eliminate inflammation. Long-term treatment should focus on balancing effectiveness of drug therapy while minimizing side effects. Consultation with a rheumatologist is recommended for all patients who are suspected of having RA.

Disease-modifying antirheumatic drugs (DMARDs) have the ability to reduce or prevent joint damage and help preserve some existing function. Joint destruction due to active inflammation occurs early in the course of RA; therefore, all patients should be considered for DMARD therapy as soon as possible after diagnosis.

DMARDs can be classified as nonbiologic and biologic. The most common non-biologics are methotrexate, leflunomide, hydroxychloroquine, sulfasalazine and minocycline. Deciding which drug to initiate should be based on a discussion with the patient regarding efficacy, toler-

ability, other comorbidities, and even cost.

Biologic therapy has grown in popularity over the last decade. Some drugs are self-administered, while others have to be administered by a health-care professional. Doses can be as often as twice a week or as infrequent as every eight weeks. Biologics approved for the treatment of RA include abatacept (Orencia[®]), adalimumab (Humira[®]), anakinra (Kineret[®]), certolizumab pegol (Cimzia[®]), etanercept (Enbrel[®]), golimumab (Symponi[®]), infliximab (Remicade[®]), and rituximab (Rituxan[®]).

The 2008 American College of Rheumatology (ACR) recommendations for the use of non-biologic and biologic (DMARDs) in RA focus on five main issuesⁱⁱ:

- Indications for use of non-biologic and biologic DMARDs
- Screening for tuberculosis for biologic DMARD use
- Monitoring for side effects
- Assessing the clinical response
- The roles of cost and patient preferences in decision making for biologic DMARDs

RA patients often need a combination of medications to help manage the disease. This could be treatment with multiple non-biologics, non-biologic and

biologic or various other combinations. In addition, analgesics, NSAIDs and glucocorticoids can be used for more acute need or disease flares.

All patients with rheumatoid arthritis who use medications need regular medical care and blood tests to monitor for complications. If side effects occur, they can often be minimized or eliminated by reducing the dose or switching to a different drug.

Education and counseling is a critical component in the management of RA. Patients should be educated about the natural history of the disease, long-term goals, possible drug side effects, and the risks of non-aggressive treatment. Compliance with drug therapy is essential to help control the progression of RA. The practitioner and patient should work together to determine the optimal drug therapy that balances efficacy with minimal side effects.

ⁱ Guidelines for the management of rheumatoid arthritis: 2002 update. American College of Rheumatology Ad Hoc Committee on Clinical Guidelines. *Arthritis Rheum* 2002; 46:328.

ⁱⁱ Saag KG et al. American College of Rheumatology 2008 recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis. *Arthritis Rheum*. 2008 Jun 15;59(6):762-84.

Monthly Health Summary Replaces Member EOBs

Univera Healthcare is pleased to let you know that we have introduced a Monthly Health Summary for members with claims processed on the new Facets 4.51 system. The summary replaces most Explanation of Benefits (EOB) communications.

The Monthly Health Summary provides a record of the claims processed for each member of the subscribers' family during the month. Our previous procedure was to mail an EOB to members who have PPO, indemnity, or other non-managed care benefit plan each time a medical service claim was processed.

The summary provides a helpful snapshot of the family's claims, as well as information to help the members better managed their own health-care resources.

EOBs will continue to be available upon request and will be sent routinely for certain claims, such as when the member is receiving a check.

The Monthly Health Summary is just one of our many efforts to build a better health plan.

Free Parkinson Caregiver Support Available

The University at Buffalo Comprehensive Movement Disorders Center and the Parkinson Association of Western New York are offering a monthly Parkinson's Disease Caregiver Support Group free of charge. Evelyn Katz, licensed Clinical Social Worker, Allied Team Trained for Parkinson, is the facilitator.

The group meets from 2 to 3:30 p.m. on the fourth Tuesday of each month at the new University at Buffalo, Neurosurgery Building, (behind the Dent Tower), Amherst, New York 14226, first floor, Education Room.

For more information and registration, call (716) 859-3342. Please share this information with patients who may be interested.



E-Prescribing Benefits You and Your Patients

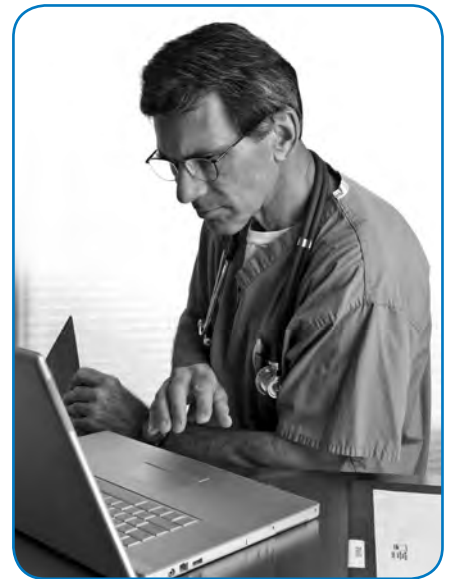
Electronic prescribing is a safe, efficient and cost-effective technology that allows you to order medications for your patients without using a prescription pad. We are pleased to be a part of the e-prescribing community, providing our membership and eligibility data, member prescription drug history and formulary information securely through Surescripts™, the nation's largest e-prescribing network.

Thousands of local physicians already enjoy the benefits of e-prescribing. Visit the Surescripts Web site at surescripts.com and use the ZIP code lookup feature to find physicians and pharmacies in your area that are currently e-prescribing through the Surescripts network.

If your practice is not already using e-prescribing, consider the following benefits:

- Increased patient safety by reducing medical errors and adverse drug events;
- Opportunity to improve patient's adherence to medication;
- Ready access to patient's real-time medication history, prescription drug coverage and eligibility;
- Clinically safe, patient benefit-specific drug choices at your fingertips so that you and your patients can make safe and affordable medication choices.

For more information, visit <http://www.ama-assn.org/ama/pub/eprescribing/home.shtml>



Prescription Drug Medication Guide Changes for 2010

Univera Healthcare is committed to effectively managing prescription drug benefit costs and providing our members with affordable access to prescription drugs.

Our Pharmacy and Therapeutics Committee, which is made up of practicing community physicians and clinical pharmacists, regularly reviews the drugs on our formularies. The committee's most recent evaluation of our 3-Tier Formularies resulted classification changes for a small number of medications effective January 1, 2010. A summary of the changes is provided in the table below.

Medications being reclassified to Tier 3 (highest copayment/coinsurance) beginning January 1, will affect new and existing users.

Drugs Reclassified from Tier 1 to Tier 3

Reclassification Increases Member Co-Payment/Coinsurance Amount

Therapeutic Class	Drug Reclassified to Tier 3
Women's Health: Hormones	Alora®

Drugs Reclassified from Tier 2 to Tier 3

Reclassification Increases member Co-Payment/Coinsurance Amount

Therapeutic Class	Drug Reclassified to Tier 3
Eye: Glaucoma	Lumigan®
Asthma: Inhaled Steroids	Pulmicort Inhaler®
Asthma: Inhaled Beta Agonists/ Inhaled Respiratory Drugs	Xopenex HFA®

A preview of our 2010 Medication Guide is available on our Web site, univerahealthcare.com. If you have any questions, please contact the FLRx Pharmacy Help Desk at 1 (800) 724-5033.

OptionCare Specialty Pharmacy Name Change

Effective February 1, 2010, OptionCare Specialty Pharmacy will be changing its name to Walgreens Specialty Pharmacy. This is strictly a name change — phone numbers, addresses, etc., will not be affected.

Communication regarding the change will be sent to members and providers in January 2010. You can continue to use the Specialty Drug forms found on the For Providers page on the Univera Healthcare Web site, univerahealthcare.com, under Prescription Drugs.

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

Winter 2010

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

Follow these Tips for Medicare Advantage Hospice Claims

The Medicare hospice benefit is covered under Medicare Part A (hospital insurance). When providing hospice care to a Medicare Advantage member, please submit claims directly to Original Medicare.

Since Medicare is primary, hospice patients may choose any Medicare-certified hospice provider without preauthorization from Univera Healthcare. The patient will need a physician's confirmation that he or she is terminally ill and has six months or fewer to live.

Medicare covers all services, medications and equipment related to the illness. If services are unrelated to the hospice patient's terminal illness or are not covered under Medicare, but offered as an additional benefit under the patient's Medicare Advantage plan, please submit the claim to Univera Healthcare.

A patient may choose to revoke his/her hospice benefit. In this case, Univera Healthcare would become the primary payer on the first of the following month. Claims will continue to be paid by Medicare until that date.

A patient also may be discharged from hospice if, for example, his or her health improves. In this case, Univera Healthcare becomes the primary payer on the day of the discharge. If a patient is discharged from hospice care, please submit claims directly to Univera Healthcare.

Additional information regarding Medicare hospice benefit is on the Centers for Medicare & Medicaid Services Web site, www.cms.hhs.gov/center/hospice.asp

If you have questions, please contact Provider Service.



Former Buffalo Sabre Rob Ray talks with second graders at Elma Primary School.

Former Sabre Gives Lesson in Healthy Eating

Former Buffalo Sabre Rob Ray has partnered with Univera Healthcare to promote Fun 2B Fit®, which teaches Western New York schoolchildren about the importance of making healthy food choices. Ray visited Elma Primary School recently to talk with second graders.

Fun 2B Fit is a school-based initiative encouraging children in grades two, three, and four and their families to make healthier food choices by trying new foods, increasing their level of physical activity, grocery shopping and preparing healthy meals together.

The program is based on recommendations from the Centers for Disease Control (CDC), American Academy of Pediatrics and New York State Learning Standards.

Seven out of 10 upstate New York adults eat fewer than five servings of fruits and vegetables daily, according to a report commissioned by Univera Healthcare in 2009. The prevalence of obesity among children aged 6 to 11 more than doubled in the past 20 years to 17 percent in 2006, according to the CDC.