

UPMC HEALTH PLAN PHYSICIAN PARTNER

Update

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UPMC Health Plan Individual *Advantage*

To keep up with the demand for quality health insurance in western Pennsylvania, UPMC Health Plan is adding a new product, UPMC Individual *Advantage*, to our nationally ranked commercial insurance product line. This unique product will help curb the rise in unemployed adults who are uninsured during their transition from school to work or from job to job.

UPMC Individual *Advantage* is a short-term product to fill those gaps when a patient may not be employed or cannot be covered under a parent's insurance. Individual *Advantage* is a short-term Exclusive Provider Organization (EPO) product with a non-renewable six (6) or twelve (12) month term. These members will not be part of an employer group, which will be reflected on their insurance card.

UPMC Individual *Advantage* plans have deductible levels of \$250, \$500, and \$1,000. Preventive and women's care are covered at 80%, with no deductible. Benefit levels for hospital and diagnostic services, as well as physician and specialist office visits, are 80% after deductible is met. With some limits to the number of visits, behavioral health and substance abuse services are covered at 80% after the deductible. Retail prescription drug coverage includes a \$4 copayment for generics, 80% coinsurance for preferred brands, and 50% coinsurance for non-preferred drugs.

To check eligibility and benefits, visit www.upmchealthplan.com or call Provider Services at 1-866-918-1595.

UPMC Health Plan Invites Pediatric Offices to Attend

We Can! Pittsburgh Regional Training Event
Tuesday, April 27, and Wednesday, April 28, 2010
Marriott Pittsburgh City Center

We Can! (Ways to Enhance Children's Activity & Nutrition), developed by the National Institutes of Health (NIH), is a fast-growing national movement of families and communities coming together to promote healthy weight in children ages 8-13 through improved food choices, increased physical activity, and reduced screen time (television and computers).

We Can! recognizes the important relationship that health professionals have with parents and families. Parents often turn to health professionals for accurate information and guidance regarding their child's health. This training will help you learn the basics of **We Can!**, provide various resources and materials, and allow you to network with others in hospitals and health systems, public health departments, youth-serving organizations, and other organizations around the region.

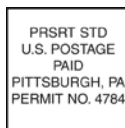
To learn more about **We Can!** communities, partners, and resources, visit <http://wecan.nhlbi.nih.gov>.

To learn more about **We Can!** Pittsburgh, visit www.upmchealthplan.com/about/wecan.html.

To add your name to the invitation list, please send an e-mail to Michelle Tallman at tallmanml@upmc.edu.

UPMC HEALTH PLAN

One Chatham Center • 112 Washington Place • Pittsburgh, PA 15219



IN THIS UPDATE	ROUTE TO:
Cover the Uninsured Week.....2	<input type="checkbox"/> Physicians
Structured Screening for Developmental Delays and Autism Spectrum Disorders (ASD).....2	<input type="checkbox"/> Clinical Staff
Partner's Corner.....3	<input type="checkbox"/> Office Manager
New UPMC Health Plan CareSupport SM Program.....3	<input type="checkbox"/> Office Staff
Product Alert.....3	<input type="checkbox"/> Billing Staff
Important Tips and Reminders for Appeals.....4	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____

**Provider Services:
1-866-918-1595**



Cover the Uninsured Week

Cover the Uninsured Week is the nation's largest effort to highlight the fact that 46 million Americans, including 9 million children, are living without health care coverage. This annual weeklong effort was initiated in 2003 to rally business leaders, educators, students, health care professionals, faith leaders, and active citizens to help raise awareness and make sure that access to health insurance is a top priority for our nation's policy makers.

In recognition of the annual Cover the Uninsured Week, which takes place March 14-20, 2010, UPMC Health Plan would like to remind our providers that health insurance options exist for uninsured children and teens.

CHIP is available to all uninsured children and teens under age 19, regardless of family income. Based on federal and state eligibility requirements, some families will not have to pay for CHIP, while other families with higher incomes will have low monthly premiums and copayments for some services. This program is available to all children who fall within CHIP income guidelines and are not eligible for Medical Assistance or covered by private insurance.

UPMC Health Plan is one of the five health plans in western Pennsylvania that offer a CHIP product. UPMC Health Plan's CHIP product is called UPMC *for Kids*™. UPMC Health Plan accepts applications directly from families and provides comprehensive health insurance benefits, including dental, vision, and prescription drug coverage. In addition to comprehensive CHIP benefits, UPMC *for Kids* offers choices for enhanced services, such as orthodontia benefits (if medically necessary), nutritional counseling, and access to a 24-hour nurse advice line.

As a health care professional, you are in a great position to identify uninsured children when they come to your office and to assist them in obtaining UPMC *for Kids* coverage. We would like your help in getting children and teens insured.

Families can enroll by:

1. Calling UPMC *for Kids* at 1-800-978-8762.
2. Completing a paper application.
3. Calling the state's CHIP line at 1-800-986-5437.
4. Completing an application online at www.compass.state.pa.us.
5. Being referred from their local County Assistance Office.

If you have any questions about UPMC *for Kids* or would like to request application materials for your office, please contact UPMC *for Kids* Provider Services at 1-800-650-8762. Staff members are available Monday through Friday from 8 a.m. to 5 p.m. Information about our UPMC *for Kids* product is also available on our website at www.upmchealthplan.com/upmcforkids.

Structured Screening for Developmental Delays and Autism Spectrum Disorders (ASD)

Re: MCOPS Memo # 01/2010-03

Since the Department of Public Welfare's (DPW) issuance of MA Bulletins 99-08-10 ("Screening for Developmental Delays and Autism Spectrum Disorders") and 99-08-13 ("Updates to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule"), MA providers have had questions about what constitutes a structured screening. MA providers have also requested clarification of and differences between the terms: surveillance, screening, and evaluation, as well as examples of validated screening tools and specific resources to assist them in screening for developmental delays and ASDs.

In response, on September 8, 2009, DPW issued MA Bulletin 99-09-97 ("Structured Screening for Developmental Delays and Autism Spectrum Disorders") to clarify developmental surveillance and structured screening. Detailed definitions and examples are illustrated in this bulletin.

This bulletin also discusses validated tools that are useful in screening for particular developmental delays and ASDs. Providers are responsible to use validated tools for related screenings. A copy of the tool used to conduct the screening must also be maintained in the child's medical record. If the structured screening indicates a need for diagnostic evaluation, the provider should then refer the child to early intervention services. Below are a few examples of validated screening tools that providers may use.

1. PEDS (Parents' Evaluation of Developmental Status) is used to screen for developmental delay. This tool can be ordered at www.pedstest.com.
2. M-CHAT (Modified Checklist for Autism in Toddlers) is used to screen for ASD. This tool is available at no cost at www.firstsigns.org/downloads/m-chat.PDF.
3. Ages and Stages Questionnaire is used to screen for developmental delay. This tool can be ordered at www.brookespublishing.com.
4. Denver Developmental Screening Tool is used to screen for developmental delay. This tool can be ordered at www.denverii.com/.

A list of current validated tools (Validated Screening Tools for Developmental Delays and Autism Spectrum Disorders) is included in MA Bulletin 99-09-97.

UPMC Health Plan is currently reviewing the memos, processes, and validated tools required for these screenings. Our suggested list of tools and related process information will soon be available on our website at www.upmchealthplan.com.

If you have any questions, contact Provider Services or your Network representative.

Be sure to check out next month's issue for Partner Program news.

New UPMC Health Plan CareSupportSM Program supports your treatment plan for eligible members with rare diseases

UPMC Health Plan now offers a specialized support program, UPMC Health Plan CareSupportSM, to eligible commercially insured Health Plan members with certain complex and relatively rare chronic medical conditions.

UPMC Health Plan CareSupportSM is for eligible members who are living with any of the following: Seizure disorders, rheumatoid arthritis, multiple sclerosis, Crohn's disease, Parkinson's disease, systemic lupus erythematosus (SLE), myasthenia gravis, sickle cell disease, cystic fibrosis, hemophilia, scleroderma, polymyositis, chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), amyotrophic lateral sclerosis (ALS), dermatomyositis, and Gaucher's disease.

UPMC Health Plan CareSupportSM is designed to support your treatment plan and to provide patients with additional education and suggested self-management skills. The program complements other UPMC Health Plan services and is administered by Accordant Health Services, which is a CVS Caremark company and a pioneer in health management.

"At UPMC Health Plan we recognize that integrated health management leads to optimal health outcomes and member satisfaction, and ultimately helps to reduce medical cost trend," notes S. Ramalingam, MD, MBA, UPMC Health Plan senior medical director. "Through UPMC

Health Plan CareSupportSM, we are confident our members living with certain complex chronic conditions will receive the support they need to achieve the best possible health."

Accordant will invite your eligible patients, via mail and telephone, to participate in the program. When one of your patients agrees to participate, Accordant will notify you by mail.

As part of their participation in the program, patients have access to a 24-hour hotline staffed by highly trained Accordant representatives, as well as Accordant's website, www.accordant.com. Participants receive monthly newsletters and regular phone calls from Accordant health management nurses. These nurses work with patients to ensure that they are following their physician's prescribed treatment plan. The nurses notify physicians of any pertinent changes in their patients' health status. They also conduct routine preventive health evaluations over the phone and assist in coordinating care among all members of eligible patients' health care teams.

Eligible individuals are UPMC Health Plan members with certain commercial insurance coverage. At this time the program is not available to members covered under Medicare or Medicaid. If at any time you would like to inquire whether a particular patient of yours is eligible for the program, please call UPMC Health Plan Provider Services at 1-866-918-1595, Monday through Friday from 8 a.m. to 5 p.m.

If you would like additional information, call the UPMC Health Plan Health Management Program at 1-866-778-6073.

PRODUCT/Alert — Caution on Automated External Defibrillators (AEDs)

The FDA is alerting users of several brands of AEDs, such as the Powerheart and CardioVive automated external defibrillators, that these devices may malfunction unexpectedly. An unexpected malfunction may cause the AED to fail to deliver the electric shocks that are needed to treat sudden cardiac arrest or arrhythmias.

One manufacturer, Cardiac Science Corporation, has received multiple complaints that these devices have malfunctioned. In addition, their self-test features may not show there's anything wrong.

Malfunctions could cause these AEDs to interrupt ECG analysis and thus prevent shock delivery or fail to recognize that the pads have been placed. Malfunctions could also cause interference or background noise, which could prevent the device from accurately analyzing heart rhythm and delivering a shock.

The FDA recommends that users contact the manufacturers immediately to arrange for repairs or replacement. You can find more information in FDA Patient Safety News and in a video program on the FDA website, which you can watch or download (www.fda.gov/psn).

If you have any questions, contact Provider Services at 1-866-918-1595 or your Network Management representative.

Important Tips and Reminders for Appeals

If you disagree with a UPMC Health Plan decision by to deny coverage for care or services, you have the right to appeal that decision. Read the information below about when and how you should file an appeal.

If you receive a claim denial for the following reasons:

- Missing modifiers
- Invalid procedure code
- Invalid diagnosis code
- Missing units
- Invalid or no place of service code
- No referring physician
- Missing primary EOP

Do not file an appeal; resubmit the claim with the correct information to the appropriate address below.

UPMC Health Plan

(Choose P.O. Box from list below)
Pittsburgh, PA 15230

- Commercial and CHIP (UPMC *for Kids*): P.O. Box 2999
- Medicaid (UPMC *for You*): P.O. Box 2995
- Medicare (UPMC *for Life/ Select*): P.O. Box 2997

CBO Providers (UPP, CMI, Par Facilities – Central Billing Offices)

UPMC Health Plan
P.O. Box 2966
Pittsburgh, PA 15230

CCBH (Community Care Behavioral Health)

Community Care Behavioral Health
One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

MMO (Medical Mutual of Ohio and SuperMed)

Medical Mutual of Ohio
P.O. Box 94648
Cleveland, OH 44101

If you receive a denial for a claim and disagree with the decision, you should file an appeal within 30 days of the denial. See below for examples:

- No authorization on file
- Untimely filing
- Non-covered service(s)
- Bundling or unbundling of codes
- Pre-determination issues
- Private duty nursing denial

Appeals should be mailed to the following address:

Provider Appeals

UPMC Health Plan
P.O. Box 2906
Pittsburgh, PA 15230-2906

For timely processing of appeals, please remember to include the following in your letter:

- Justification of why you are appealing the decision
- Supporting documentation
- Current mailing address
- Member ID
- Member name
- Date of birth
- Date of service
- Product (Commercial, Medicare, Medicaid, CHIP)

Remember to file an appeal only if you have received a denial from UPMC Health Plan.

If you have additional questions, please contact Provider Services at 1-800-286-4242 or 1-866-918-1595.