

## Obstetrical Needs Assessment Form

UPMC Health Plan, along with other area health plans, has introduced an updated standard Obstetrical Needs Assessment Form (ONAF). In the past, this form was strictly for Medicaid patients, but it is now used for **Commercial** patients as well.

- The new form is already available online at [www.upmchealthplan.com](http://www.upmchealthplan.com). The form is accessible by selecting "For Providers" and then clicking on the "Medical Management" link.
- Each form requires the office's **Site ID** as well as the patient's **date of service**. For

questions on your Site ID, please contact your Network representative.

- After August 3, 2009, the old ONAF forms will no longer be accepted by UPMC Health Plan.

ONAF forms submitted for Commercial patients will allow UPMC Health Plan to contact the member to tell her about UPMC Health Plan's Commercial Maternity Program. This new program offers your patient a personal health coach to help guide her through the pregnancy, while collaborating with the medical services

you provide. The program will help her with problems she may have beyond the doctor's office — whether it is smoking cessation, fitness and diet, workplace problems, financial difficulties, or behavioral health issues. Your patient's personal health coach will work with her and refer her to appropriate resources within UPMC Health Plan.

If you have any questions about UPMC Health Plan's Commercial Maternity Program, or you would like to refer a patient to the program, please call 1-866-778-6073, option 5.

## COMPLEX CASE MANAGEMENT

Doctors and UPMC Health Plan agree that regular health care is an important part of getting and staying healthy. Unfortunately, there are some patients who have experienced a critical event or diagnosis and it may be more difficult to manage their day-to-day health care needs. UPMC Health Plan has a complex case management program that can guide the patient to Health Plan resources, navigating the health care system and help facilitate the delivery of care and services for the patient. This program encourages collaboration among physicians who are caring for the same member.

Our care managers coordinate health care services, support the physician's treatment plan, and identify gaps in care. They will educate the member and caregivers on condition self-

management. Care managers can also connect your patients with supportive services in the community.

The Health Plan may contact one of your patients if the following activities occur:

1. Greater than three emergency room visits in the past rolling three months.
2. Two or more readmissions for the same DRG in the past rolling six months.
3. Any one drug filled through CuraScript Specialty Pharmacy in the last thirty days for a member who has two or more of the following chronic conditions: asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, and diabetes.

Enrollment into this program is voluntary and members can decide to opt out at any time. If the member agrees to participate, the care manager will assess his or her needs and work with the physician, member, and caregivers to develop a case management plan. The care manager will contact the physician, when needed, to clarify the plan.

If you feel that your patient may benefit from Complex Case Management, you can contact us at 1-866-918-1588. Representatives are available Monday through Friday from 8 a.m. to 4:30 p.m.

## Technology Assessment Committee

The Technology Assessment Committee meets regularly to review medical technology. The following chart details recent committee decisions. Please refer to the designated policy for complete indications and limitations.

Subject	Reason for Review	UPMC Health Plan Summary
<b>Salpingo Oophorectomy</b>	Policy Review	<ul style="list-style-type: none"> <li>• Effective 8/1/09</li> <li>• No longer requires Prior Authorization</li> </ul>
<b>Surgery for PFOs and ASDs</b>	Policy Review	<ul style="list-style-type: none"> <li>• Effective 8/1/09</li> <li>• PFO is experimental and not covered except as part of approved clinical trials</li> <li>• ASD is now covered by Medicare and will be covered for Commercial</li> <li>• Requires Prior Authorization</li> </ul>
<b>Epidural Nerve Fiber Density Test</b>	Policy Review	<ul style="list-style-type: none"> <li>• Effective 7/1/09</li> <li>• Considered Experimental and Investigational</li> </ul>
<b>AmniSure Test®</b>	Policy Review	<ul style="list-style-type: none"> <li>• Effective 7/1/09</li> <li>• Considered Experimental and Investigational</li> </ul>

# Autism Update

UPMC Health Plan, in accordance with the State of Pennsylvania's Act 62, will begin to cover services for Autism Spectrum Disorders effective July 1, 2009. Autism or Autism Spectrum Disorders (ASD) is a developmental disorder that can be characterized by difficulty with social interaction, communication, and unusual or repetitive behavior. Children and young adults with autism and their families benefit from early diagnosis and intervention as well as therapies or programs designed to meet the patient's special needs. Any of the pervasive developmental disorders defined in the current edition of the Diagnostic and Statistical Manual (DSM) are covered. These include autistic disorder, Asperger Syndrome, Rett Syndrome, Childhood Disintegration Disorder, and Pervasive Development Disorder (not otherwise specified).

Act 62 is effective July 1, 2009, for new or renewing contracts for most employer groups with at least 51 full-time employees. These employer groups will offer autism services for individuals under age 21 up to a maximum benefit of \$36,000 per benefit year. Please note that UPMC *for Life* Medicare products are not affected by Act 62 and UPMC *for You* Medicaid will continue to cover without limits. UPMC *for Kids* is not affected by Act 62 at this time.

The Act 62 mandate includes coverage for diagnostic assessments and a treatment plan that includes pharmacy care, psychiatric care, psychological care, rehabilitative care, and therapeutic care — including speech/language therapy, occupational therapy, and physical therapy. Determination of coverage will be made following UPMC Health Plan's review of the treatment plan based upon the recommendations of the American Academy of Pediatrics and UPMC Health Plan's assessment of medical necessity as set forth by Health Plan policy and the member's specific benefit plan.

The treatment plan must be developed by a physician or licensed psychologist and will be reviewed every twelve (12) months unless more frequent review is requested by the member's physician or practitioners. Treatment may be prescribed, ordered, or provided by a licensed: physician, physician assistant, psychologist, social worker, Certified Registered Nurse Practitioner, or Autism Service Provider. Again, the coverage limit is \$36,000 per benefit year for services approved in the treatment plan.

Treatment plans should be submitted to:

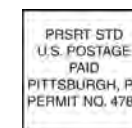
UPMC Health Plan  
Behavioral Health Services  
Attn: Autism, 8th Floor  
112 Washington Place  
One Chatham Center  
Pittsburgh, PA 15219

Autism Treatment Forms can be found online at [www.upmchealthplan.com](http://www.upmchealthplan.com) in the "For Providers" section under "Medical Management".

For more detailed information regarding the management of Autism Spectrum Disorders, visit the policies and procedures manual at [www.upmchealthplan.com](http://www.upmchealthplan.com) by selecting "For Providers." If you have any further questions, please contact the UPMC Health Plan Provider Services Department at 1-866-918-1595.

## UPMC HEALTH PLAN

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Choose Participating Facilities ..... 3	<input type="checkbox"/> Billing Staff
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**Provider Services: 1-866-918-1595**

## Adolescent Patients Can Win a Wii

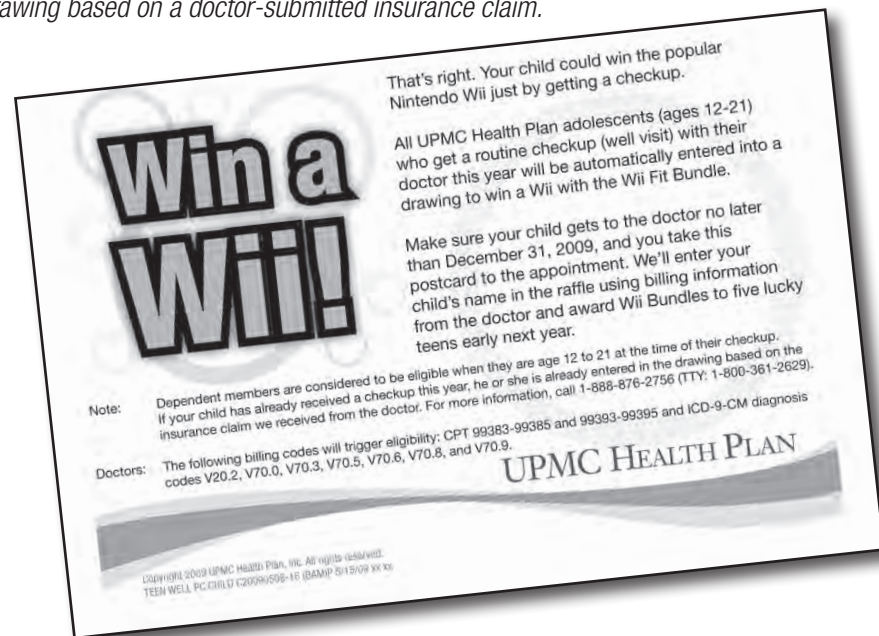
All UPMC Health Plan adolescents ages 12-21 who go to their doctor for a routine well-child visit this year will automatically be entered into a drawing to win a Wii with the Wii Fit Bundle!

To qualify, the adolescent must have a well-child appointment no later than December 31, 2009, and take the postcard with eligibility codes to the appointment. UPMC Health Plan will then enter the adolescent's name in the raffle using the billing information from your office. The Health Plan will award five lucky teens the Wii and Wii Fit Bundles in the beginning of 2010.

The following billing codes will trigger eligibility:

CPT	ICD-9-CM diagnosis codes
99383	V20.2
99384	V70.0
99385	V70.3
99393	V70.5
99394	V70.6
99395	V70.8
	V70.9

*Note: Dependent members are considered to be teens if they are aged 12 to 21 at the time of their checkup. If the adolescent has already received a checkup this year, he or she is already entered in the drawing based on a doctor-submitted insurance claim.*



### SCAM ALERT NOTICE – CMS

CMS wants you to be aware that perpetrators are posing as the Medicare carrier or Medicare Administrative Contractor (MAC) and sending faxes to physician offices. This scam instructs physician staff to respond within 48 hours to a questionnaire that requests updated account information they claim is necessary to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to give the appearance of authenticity.

Medicare FFS providers, including physicians and non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. Medicare providers should only send information to a Medicare contractor using the address found in the download section of the CMS.gov website at <http://www.cms.hhs.gov/MLNGenInfo/> or <http://www.cms.hhs.gov/MedicareProviderSupEnroll>.

## Technology Delivers Messages About Preventive Health Screenings



At UPMC Health Plan, we care about our members. We advocate preventive screenings and regular checkups and are using technology to engage patients in conversations about their health as well as encouraging them to schedule appointments with their providers. "Telephone messaging" systems are an effective way for UPMC Health Plan to reach many patients in a short period of time.

We are currently using two forms of telephone messaging to deliver information to our members. One is an interactive computer-voice-generated telephone messaging system that contains information on a particular preventive screening such as colon cancer. During this automated interactive phone call, your patient receives information

about preventive screening tests. He or she can request additional information concerning the message by answering questions or following the prompts. Your patient can also request to be connected to the Health Plan to speak with a nurse or a Health Care Concierge.

The second telephone messaging system is not interactive. This system sends a prerecorded message about a particular preventive test or service. After your patient listens to the message, he or she can then be connected to the Health Plan to speak with a nurse or Health Care Concierge by following the prompt. One of our current initiatives encourages and assists your patient to schedule a preventive colorectal cancer screening appointment.

### Choose Participating Facilities

Please remember that when your UPMC Health Plan patient needs lab work, you should make the referral to an in-network laboratory. Choosing a non-participating facility could mean that our member may incur financial responsibility if he or she has out-of-network benefits. Claims could process at a lower out-of-network cost.

To find an in-network lab, go to [www.upmchealthplan.com](http://www.upmchealthplan.com) and search the provider directory or call Provider Services at 1-866-918-1595.