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.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>UPMC Health Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lap Band Adjustments</td>
<td>Policy Review</td>
<td>Effective 10-01-09: Only covered when performed by a surgeon with privileges for bariatric surgery.</td>
</tr>
<tr>
<td>Functional Electrical Stimulators</td>
<td>New Medical Policy</td>
<td>Effective 11-01-08: For Medicare Only: Covered with prior authorization.</td>
</tr>
<tr>
<td>Magnetoencephalography</td>
<td>New Pay Policy</td>
<td>Effective 10-01-09: No longer needs prior authorization.</td>
</tr>
<tr>
<td>Sleep Apnea Monitors</td>
<td>Policy Review</td>
<td>Effective 10-01-09: Need to order monitor with recording capability.</td>
</tr>
<tr>
<td>Elastomeric Devices</td>
<td>Policy Review</td>
<td>Considered experimental and investigational for all products.</td>
</tr>
<tr>
<td>Spinal Nucleoplasty</td>
<td>Policy Review</td>
<td>Considered experimental and investigational for all products except Medicaid.</td>
</tr>
<tr>
<td>Ocular Photoscreening</td>
<td>Policy Review</td>
<td>Considered experimental and investigational for all products.</td>
</tr>
<tr>
<td>Ophthalmic Mucous Membrane Test</td>
<td>Policy Review</td>
<td>Considered experimental and investigational for all products except Medicaid.</td>
</tr>
<tr>
<td>Breast Scintimammography</td>
<td>Policy Review</td>
<td>Considered experimental and investigational for all products.</td>
</tr>
<tr>
<td>Artificial Total Disc Arthroplasty</td>
<td>Policy Review</td>
<td>Considered experimental and investigational for all products.</td>
</tr>
</tbody>
</table>

New Website

Have you seen the new and improved www.upmchealthplan.com? Go online to check out the easier access to billing instructions, provider information change forms, and Provider OnLine! If you have any questions, contact Provider Services at 1-866-918-1595.

UPMC Health Plan

MIPPA Survey

Effective January 1, 2010, the Medicare Improvements for Patients and Providers Act (MIPPA) requires that each UPMC for Life Specialty Plan member have an Individual Care Program. To meet this requirement, UPMC Health Plan has mailed the necessary assessment survey to each UPMC for Life Specialty Plan patient to assist in the implementation of the Individual Care Program. In order to comply with MIPPA, we need help from physicians to remind each UPMC for Life Specialty Plan patient to complete and return the survey. If you have any questions, contact our Clinical Operations Department at 1-866-778-6073, option 2.

Maternity Program Clarification

In May, UPMC Health Plan sent out communications regarding our new commercial maternity program. The purpose of the program is to support your patient during her pregnancy by using the Obstetrical Needs Assessment form (ONAF) to determine whether, in addition to her office visits, there are ways we could assist our member. The ONAF should be filled out and submitted during your patient’s pregnancy so that UPMC Health Plan can provide the resources your patient needs. If you have any questions concerning UPMC Health Plan’s commercial maternity program, or if you would like to recommend patients to participate in this program, please call 1-866-778-6073 and select option 5.

Provider Advocate Program

Effective October 26, 2009, UPMC Health Plan will provide a new tool to help facilitate communication between you and our staff — the Provider Advocate Program. Each physician will be assigned a Provider Advocate who will complement your Network representative in providing information on all the Health Plan’s products and services, as well as assisting with your concerns and keeping you up to date on new programs and initiatives. Your advocate will also help you to implement new initiatives, for example, by assisting you in getting the data you need to make important decisions that affect you and your patients or in obtaining new technology.

The goals of the Provider Advocate program are:
- To provide you with one-source communication for all Health Plan-related information
- To give you an additional contact to address your questions and concerns
- To allow you and your staff more time to devote to patient care

More information on the program will be available to the physicians closer to the October effective date. Please contact Provider Services at 1-866-918-1595 if you have any questions.

UPMC Health Plan

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

Provider Services: 1-866-918-1595
UPMC for Life and UPMC for Life Specialty Plan Initiative Reminder

This past spring, UPMC Health Plan began collaboration with network primary care physicians on a mandatory initiative - Hierarchical Condition Category (HCC) Risk Adjustment Assessment Forms. These forms were sent to each primary care physician to identify the health care needs of their patients, with complex health conditions, and we need our assistance in identifying all of the conditions that are prevalent in this high acuity group of patients.

This summer, UPMC Health Plan sent select primary care physicians with UPMC for You patients a pre-filled assessment form for each patient. Each form includes information on the diagnosis and chronic conditions that UPMC Health Plan has on file for that patient. Please complete the pre-filled assessment form for each patient and submit a claim that includes the relevant diagnoses. If you have not had an appointment with the patient since June 2009, or if you have seen the patient but not evaluated one of the chronic conditions, please schedule an appointment to see that patient as soon as possible.

Remember—for each properly completed form that is returned along with a claim documenting the relevant diagnoses for the patient, we will reimburse you $50. In addition, if you complete and return at least 75% of the forms and provide documentation of the relevant diagnoses for these patients, you will receive an additional $25 per form completed. A 90% or greater compliance rate will result in an additional $50 per form, bringing the total payment to $100 per completed form (and submitted claim). In order to receive these payments, all visits must occur between June 1, 2009, and November 30, 2009.

You can submit your forms in 2 ways:
1. Mail to: PO Box 2966
   Pittsburgh, PA 15230
2. Fax to: 412-454-2925

Thank you for your assistance with this initiative. If you have any questions or concerns about the assessment forms or payments, please call Provider Services at 1-866-918-1595.

UPMC for Community Living Description

Effective January 1, 2010, UPMC Health Plan is introducing UPMC for Community Living, a new Specialty Plan available to full-benefit dual-eligible individuals who are 60 years of age or older. A dual-eligible beneficiary is eligible for Medicare Part A, enrolled in Part B, and has full Medical Assistance/Medicaid coverage. What does this mean to you as a provider?

- You will receive the same reimbursement rates as you currently do for UPMC for Life Specialty Plan members.
- You will continue to submit claims to the same address as you currently do for UPMC for Life Specialty Plan.
- You will continue to bill the same Provider Services toll-free phone number with inquiries or issues.

Physicians interested in participating in the product must also participate with UPMC for Life for Your Patients. If you are not participating with UPMC for Life Specialty Plan, you can enroll by going online to www.upmchealthplan.com/providers/change.html and fill out the “Add Product” form.

If you have any questions or concerns regarding UPMC for Community Living, please contact Provider Services at 1-866-918-1595 or your Network Management representative.

H1N1

As a reminder to all Pennsylvania practices, the Pennsylvania Department of Health (DOH) is extending the opportunity for health care providers to administer the H1N1 influenza vaccine to targeted patient groups:
- Pregnant women
- Household contacts of children age 6 months or younger
- Persons age 6 months to 24 years
- Adults under age 60 with medical conditions
- Health care workers and EMS personnel

Pennsylvania practices and physicians interested in administering the H1N1 vaccine to their patients are asked to pre-register online with the Pennsylvania State Immunization System (PSIS) at https://psis.health.state.pa.us/psis/addNewClin.asp. Reports indicate that the vaccine will be available as early as October 1, 2009. Please note that registration does not guarantee program participation. Facilities or providers with multiple sites have the option to pre-register individually or as a group. Facilities with multiple sites pre-registering as one group will be responsible for distributing the vaccines to their sites.

The vaccine is being provided by the Pennsylvania Department of Health (DOH), along with administration supplies such as needles, syringes, sharp containers, and alcohol swabs, at no cost to the physician. In light of this, UPMC Health Plan will only reimburse for the vaccine’s administration for members who have the flu vaccine as a covered benefit. The H1N1 vaccine codes are as follows:
- G9141: Influenza A (H1N1) immunization administration (includes physician counseling of the patient)
- G9142: Influenza A (H1N1) vaccine, any route of administration

For more information regarding the vaccine and registration, please visit http://www.dhs.health.state.pa.us/health/cwp/view.asp?q=242182. If you have billing questions, contact Provider Services at 1-866-918-1595.

UPMC for You Initiative Reminder

UPMC Health Plan is committed to working with network providers to improve the quality of care for our UPMC for You members. This is a reminder that we started an initiative to address the health care needs of patients with complex health conditions, and we need your assistance in identifying all of the conditions that are prevalent in this high acuity group of patients.

This summer, UPMC Health Plan sent select primary care physicians with UPMC for You patients a pre-filled assessment form for each patient. Each form includes information on the diagnosis and chronic conditions that UPMC Health Plan has on file for that patient. Please complete the pre-filled assessment form for each patient and submit a claim that includes the relevant diagnoses. If you have not had an appointment with the patient since June 2009, or if you have seen the patient but not evaluated one of the chronic conditions, please schedule an appointment to see that patient as soon as possible, but no later than November 30, 2009.

Remember—for each properly completed form that is returned along with a claim documenting the relevant diagnoses for the patient, we will reimburse you $50. In addition, if you complete and return at least 75% of the forms and provide documentation of the relevant diagnoses for these patients, you will receive an additional $25 per form completed. A 90% or greater compliance rate will result in an additional $50 per form, bringing the total payment to $100 per completed form (and submitted claim). In order to receive these payments, all visits must occur between June 1, 2009, and November 30, 2009.

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UFP Practice Wins NCQA Honor

The University of Pittsburgh Physicians (UPP) General Internal Medicine Clinical Practice has been awarded recognition as a Physician Practice Connections–Patient-Centered Medical Home (PPC-PCHM) by the National Committee for Quality Assurance (NCQA). NCQA is a private, nonprofit organization that is dedicated to improving health care quality and is involved in accrediting a wide range of health care organizations.

The General Internal Medicine Oakland Practice achieved the highest level recognition from the NCQA as a PPC-PCHM and is one of 97 practices in the United States recognized at this level. NCQA measures whether physician practices are functioning as medical homes. Its standards emphasize the use of systematic, patient-centered, coordinated care management processes.

To earn the highest level certification from NCQA, patient practices are evaluated against a large set of performance criteria concerning the following: access and communication; patient tracking and registry functions; care management; patient self-management support; electronic prescribing; test tracking; referral tracking; performance reporting and improvement; and advanced electronic communication.

UPMC Health Plan’s Organizational Performance Department assisted the practice in obtaining this recognition by providing an assessment of the practice, gathering data, and identifying gaps in information.

Dr. Wisucha Kapoor, Chief of General Internal Medicine for the Faculty Physician practice, cited three main reasons for the recognition.
1. Advances made in electronic communication. The practice has eliminated paper charts and almost always communicates electronically. This includes the use of an integrated and fully functional electronic medical record, e-prescriptions, and e-visits.
2. An emphasis on monitoring performance and improving quality of care. Physicians advocate for their patients, monitor their quality outcome data, and accept accountability for continuous quality improvement. Evidence-based medicine and clinical decision support tools guide decision-making. Planned and systematic GI initiatives have achieved and exceeded national targets for preventive health care and chronic disease management.
3. Improved access for patients and multidisciplinary care coordination. This includes telephone, online, and in-person access that is available on a 24/7 basis. Doctors’ schedules are kept open so that patients can be seen the same day if needed, or if the patient requests it. A multidisciplinary team provides continuity of care and patient self-management support between visits.

UPMC Health Plan extends its congratulations to Dr. Kapoor and the entire University of Pittsburgh Physicians’ (UPP) General Internal Medicine Clinical Practice in achieving this recognition.