Unison Health Plan of Delaware Welcomes New President!

We welcome Donald Langer as the new President of Unison Health Plan of Delaware. Don has served as COO of AmeriChoice for the New York plan, and more recently, President for the Connecticut plan of Unison’s Parent Company UnitedHealth Group. Prior to Don’s tenure as health plan President, he was responsible for overseeing the integration of UnitedHealth Group’s acquisitions, operations, networking and strategic innovations.

In addition to Don’s professional experience, he has been an advocate for children and has demonstrated commitment to serving youth. Don was recently named Co-Chairman of the Board of Directors for the Governor’s Prevention Partnership Program, an esteemed organization that develops programs to address and prevent bullying, violence and drugs among youth in Connecticut. The Unison Health Plan of Delaware is excited to have Don Langer leading our dedicated team.

New Brand

As you are aware, UnitedHealthcare® currently manages the following product(s) in Delaware:

• Unison Health Plan of Delaware
  – Medicaid
  – Delaware Healthy Children

Effective March 1, 2011 these products will be managed under our new brand name, UnitedHealthcare Community Plan®. This new brand name will be used on our member ID cards, member and provider handbooks, clinical materials and any promotional or advertising materials.

Articles of Importance to Read:

Page 1
• Unison Health Plan of Delaware Welcomes New President!
• New Brand

Page 2
• Clinical Practice Guidelines
• Case & Disease Management
• Quality Improvement Program

Page 3
• Utilization Review
• Promoting and Providing Flu Prevention

Page 5
• Note Regarding Reimbursement

Page 6
• Why is Cultural Competency Important?

Page 7
• Getting Started with EDI

Page 9
• New Initiative for Health First Steps™

Page 10
• Attention Behavioral Health Providers
• We’re Online at www.unisonhealthplan.com
• Important Contact Information
Please note that this change will not impact the specific product names, and contracts will not require amendment to reflect this branding change. For example, in Delaware we are changing from Unison Health Plan® to UnitedHealthcare Community Plan®, and we will retain the following product names:

- Medicaid
- Delaware Healthy Children

We appreciate your cooperation during this transition. Please contact us at 800-600-9007 should you have any questions or concerns.

**Clinical Practice Guidelines**

Unison Health Plan of Delaware has adopted a wide array of evidenced-based Clinical Practice Guidelines (CPG) known to be effective in improving health outcomes. These CPGs address preventative as well as non-preventative clinical issues. These guidelines are available at www.unisonhealthplan.com. Just click on your state, and go to the link to see the currently approved CPGs.

**Case & Disease Management**

The Unison Case Management Program is a holistic approach to care for members with complex needs, especially for those with acute and chronic conditions. The goal is to keep our members healthy and independent in the community by decreasing the barriers to accessing care.

Our program also works to ensure that members receive quality services from the right provider at the right time at the right place of service.

**What can the Unison Case Manager provide for your patients?**

- Telephonic Acute and Chronic Case Management
  - Pediatric
  - Adult
  - Special Needs
- Health and Disease Specific Education and Support
- Plan of Care with Established Goals
- Assistance with Accessing Community Resources and Programs
- Assistance with Medical Transportation
- Assistance with Coordination of Benefits

**Specific Case and Disease Management Educational Programs**

- Diabetes
- Heart Disease
- Asthma/COPD
- Healthy First Steps Maternal Child Health Program

**How to Refer Your Member**

Call our referral line at 800-599-3043.

**Quality Improvement Program**

The Unison Quality Improvement Program strives to continuously improve the care and services provided to members.

Each year Unison Health Plan of Delaware utilizes Healthcare Effectiveness Data and Information Set (HEDIS) reporting to measure our health care performance. HEDIS is a set of standardized performance measures that
relate to many significant public health issues. Some of these include well-child visits, immunization rates, lead screening rates, prenatal care visits, cancer screenings and diabetes care.

Based upon HEDIS 2010 scores, Unison has developed the Best in Class initiative. Our goal is to have the highest HEDIS scores among our competitors in the areas of post-partum care and well child visits from birth through 15 months of age.

In addition to HEDIS scores Unison measures performance based upon member input via the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and provider input through our annual Provider Satisfaction Survey. Quality improvement initiatives are developed annually based upon the results of these surveys.

If you would like further information about our Quality Improvement Program, our annual goals or our progress towards meeting our goals, please call 800-600-9007.

**Utilization Review**

Unison staff performs concurrent review on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available in the provider manual. A physician reviews all cases in which the care does not appear to meet guidelines. Decisions regarding coverage are based on the appropriateness of care and service and existence of coverage. Unison does not reward physicians or employees for issuing denials of care. The decisions are in no way influenced by financial incentives of any kind. The treating physician has the right to request a peer-to-peer review with the reviewing physician and to request a copy of the criteria used in the review. The denial letter contains information on how to request materials and how to contact the reviewer. Members and practitioners both have the right to appeal denial decisions. Information on requesting an appeal is included in the denial letter. Appeals are reviewed by a physician who was not involved in the initial denial decision and who is of the same or similar specialty as the requesting physician. The appeal request must be submitted within 90 days of the denial.

Appeal requests should be mailed to: Unison Health Plan of Delaware

Attention: Appeals
1001 Brinton Road
Pittsburgh, PA 15221

**Promoting and Providing Flu Prevention**

The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. The 2010-2011 flu vaccine will protect against 2009 H1N1, and two other influenza viruses (an H3N2 virus and an influenza B virus). These viruses change on a yearly basis as international surveillance and scientific estimations determine which types and strains of viruses will circulate in a given year. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.
When to Get Vaccinated?

Since the timing and duration of influenza seasons vary, yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season (January or beyond). The Centers for Disease Control and Prevention acknowledge that influenza outbreaks can happen as early as October, but most influenza activity peaks in January or later.

Who Should Get Vaccinated?

On February 24, 2010 vaccine experts* voted that everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season.

The flu vaccine cannot guarantee complete protection against influenza, but can greatly reduce the likelihood of disease. The ability of a flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or "match" between the viruses in the vaccine and those in circulation.

While everyone should get a flu vaccine each flu season, it’s especially important that the following groups get vaccinated either because they are with or care for people at high risk for developing flu-related complications:

- Pregnant women
- Children < 5 years of age
- People 50+ years of age
- People with certain chronic medical conditions
- Residents of nursing homes/long-term care facilities
- Health care workers
- Household contacts of persons at high risk for complications from the flu
- Household contacts and out of home caregivers of children less than 6 months of age

While prevention with the flu vaccine is the primary goal, Unison recognizes that Tamiflu® and Relenza® are necessary to have as options for prophylaxis or treatment of influenza A and B. Both are preferred products for Unison members.

References:

Note Regarding Reimbursement Policies

Unless otherwise noted below, these reimbursement policies apply to services reported using the 1500 health insurance claim form (CMS-1500) or its electronic equivalent or its successor form. Unison reimbursement policies do not address all issues related to reimbursement for services rendered to Unison members, such as the member's benefit plan documents, Unison medical policies and the Unison physician, health care professional, facility and ancillary provider administrative guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement policies, medical policies and claims edits will continue to apply. Once implemented, the policies may be viewed, in their entirety, on www.unisonhealthplan.com >provider >Reimbursement Policies. In the event of an inconsistency or conflict between the information provided in this provider newsletter and the posted policy, the provisions of the posted reimbursement policy will prevail.

REVISED

Registered Dietitians Billing Evaluation and Management Codes Policy –Effective February 2011

Currently, Unison addresses appropriate coding for registered dietitians billing medical nutrition therapy and nutrition counseling services. There are specific guidelines in CPT that address the coding for these services. Based on these guidelines, registered dieticians will not be reimbursed for evaluation and management codes (E/M; CPT 99201-99499), but should submit the more appropriate codes that reflect the services performed. CPT provides instruction to select the code for the service that accurately identifies the service performed.

The current policy will be revised and expanded to also apply the same coding and reimbursement methodology to home health agencies. Based on guidelines in CPT as well as the CMS National Correct Coding Initiative for HCPCS Level II codes maintained and distributed by CMS, home health agencies will not be reimbursed for E/M codes (99201-99499). Home health agencies should submit the more appropriate codes that reflect the services performed. Examples of codes that are available include, but are not limited to CPT codes 99500-99602 (Home Health Procedures/Services) and HCPCS S5497-S5523 (Home Health/Home Infusion). Home health, hospice and palliative care agencies may employ non-physician providers such as nurse practitioners who are qualified to perform E/M services. However, consistent with CMS guidelines their reimbursement is included in consolidated billing or per diem payment rates. With the adoption of the aforementioned policy revision, the policy name will also be changed to registered dietitians and home health specialties billing E/M codes policy.

The revised policy will be implemented in February 2011.
REVISED

Same Day Same Service Policy –Effective February 2011

In order to advance a standard-based approach to reimbursement policy that is based on nationally recognized and generally accepted bundling edits and logic, Unison will be enhancing the

Same Day Same Service Policy, implementing edits that would not allow duplicate reporting of the exact same E/M code by physicians of the same group and specialty on the same date of service. In keeping with the current E/M code edits administered through this policy, Unison will allow modifier 25 to indicate a significant and separately identifiable E/M service when appropriate. For instance, modifier 25 would not be appropriate to report two E/M services when one is a "per day" code or when a more comprehensive code exists that describes the two codes being reported.

These edits follow correct coding guidelines, as set forth by the American Medical Association and CMS.

This change to the Same Day Same Service Policy will be implemented in February 2011.

Why is Cultural Competency Important?

The United States Department of Health and Human Service's National Institute of Health describes cultural competency as critical to reducing health disparities and improving access to high-quality health care. It consists of health care that is respectful of and responsive to the needs of diverse patients.

Today's healthcare providers are caring for fast growing, diverse populations that bring different attitudes, expectations, beliefs and communication styles to each health encounter. Health professionals must be sensitive to these complex issues by respecting cultural differences and incorporating them into the entire patient care or program planning process.

What exactly is cultural competence? The Office of Minority Health defines cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Cross et al., describe cultural competency as the ability to effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and preserves his/her dignity.

There are many definitions of cultural competence, from various sources, but they all describe the ability to provide equitable health care to all consumers regardless of cultural barriers. Therefore, it is important for healthcare providers to incorporate cultural assessment in the patient visit experience.

The University of Michigan Health System Program for Multicultural Health suggests the following questions may assist clinicians in assessing patients and families from culturally diverse backgrounds.

So that I might be aware of and respectful of your cultural beliefs:

1. Can you tell me what languages are spoken in your home and the languages that you understand and speak?
2. Please describe your usual diet. Also, are there times during the year when you change your diet in celebration of religious and other ethnic holidays?

3. Can you tell me about beliefs and practices including special events such as birth, marriage and death that you feel I should know?

4. Can you tell me about your experiences with health care providers in your native country? How often each year did you see a health care provider before you arrived in the U.S.? Have you noticed any differences between the type of care you received in your native country and the type you receive here? If yes, could you tell me about those differences?

5. Is there anything else you would like me to know? Do you have any questions for me? (Encourage two-way communication)

6. Do you use any traditional health remedies to improve your health?

7. Is there someone, in addition to yourself, with whom you want us to discuss your medical condition?

8. Are there certain health care procedures and tests which your culture prohibits?

9. Are there any other cultural considerations I should know about to serve your health needs?

The following resources are listed for more information and continuing education credits related to cultural competence.

**Resources:**
http://www.med.umich.edu/multicultural/ccp/videos.htm#african

http://www.thinkculturalhealth.org  (US Department of Health and Human Services, Office of Minority Health - Offers CME credits)

http://www.nih.gov/clearcommunication/culturalcompetency.htm

**Getting Started with EDI**

To submit claims electronically: have your office software vendor or clearinghouse make connection to UnitedHealthcare’s clearinghouse ICS - Ingenix Connectivity Solutions.

**Ingenix Connectivity Solutions (ENS)**
www.enshealth.com
1-800-341-6141
optimize@ingenix.com

**UnitedHealthcare Community and State EDI Department Support Services**
1-800-210-8315
ac_edi_ops@uhc.com
www.AmeriChoice.com

**Unison Health Plan of Delaware Payer ID:**
25175

If you do not have office software and would like to submit directly, **at no cost to you**, submission can be done through a number of vendors that we work with such as Office Ally.

Direct Connections for Healthcare Claims via Office Ally is a simple, secure, and HIPAA compliant solution offering you:

- Direct connectivity via the internet
- No cost to Providers...no installation, transaction, or support fees
- Free Setup and training
• Easy to use (Batch and Single Claims)
• 24/7 Customer Support

Office Ally
Enroll now at www.officeally.com, email at: info@officeally.com or call (866)575-4120

COB (Secondary) EDI Claims Submissions
• General COB claims ARE ACCEPTED ELECTRONICALLY, we encourage you to explore this option

• Please refer to the 837 Companion Guide on www.unisonhealthplan.com
  – Select your State and Plan
  – Go to the “For Providers” section and select Provider Forms
  – Go to the “EDI Section” and select the guide you wish to review

• or simply call our EDI Department Support services at: 1-800-210-8315 or email us at ac_edi_ops@uhc.com we would be happy to assist with setup.

• Do not send paper claim backup for claims that have already been submitted Electronically

Electronic Claim Submission Tips
• Include your tax identification number (TIN) along with your NPI number to help promote timely and accurate payments
• Member ID Numbers are required
• The Payer ID number indicates where clearinghouses should direct their claims.
  – Unison Health Plan of Delaware’s Payer ID is: 25175

• For additional assistance with electronic claim submission please contact our EDI Department Support services at: 1-800-210-8315 or email us at ac_edi_ops@uhc.com

Carrier Tables and Payer ID Set-Up
• Set your computer system payer tables to generate electronic claims instead of paper claims
• Make sure that Payer spelling and setup are consistent. Set them as electronic vs. paper
• Confirm that new patient records and additional payer listings created by front desk staff are set to be sent electronically
• Contact your software vendor or clearinghouse with any questions you may have concerning the placement of information on your computer/practice management system

Managing Your Clearinghouse Reports
• Be sure you are working your reports! Reports show if a claim has been received by the clearinghouse and sent to the payer’s system
• You should receive two sets of reports for
  – Clearinghouse acknowledgement - claims accepted and/or rejected by the payer
  – Payer acknowledgement- claims accepted and/or rejected by the payer
• Rejected claims must be corrected and re-transmitted electronically. Do not resubmit these claims via paper. Claims will only be rejected if there is something incorrect on the claim. Resubmitting a claim via paper will not correct the issue and may delay processing time.
How to Avoid Rejections and Denials

- The majority of rejected or denied claims are the result of an eligibility issue such as:
  - Subscriber/Subscriber ID not found
  - Coverage has been cancelled
- Conducting an eligibility check on the patient helps avoid most rejections and denials.
- Rejected or denied claims must be corrected and re-transmitted electronically. Do not resubmit these claims via paper. Claims will only be rejected or denied if there is something incorrect on the claim. Resubmitting a claim via paper will not correct the issue and may delay processing time.

Effectively Manage Re-Bills

- Make sure you set your re-submissions/re-bills to be sent electronically. Most systems have automatic claim re-bill capabilities that resend claims every 30-60 days if payment has not been posted.
- Do not send paper claim backup for claims that have already been sent electronically.

Receive Payment for claims electronically (EFT)

EFT (Electronic Funds transfer) is the method of transferring money from one bank account directly to another without any paper money or checks actually changing hands. One of the most common EFT programs used is Direct Deposit for payroll. EFT is safe, secure, efficient, and more cost effective than paper claim payments.

To Enroll in EFT:

1. Go to www.unisonhealthplan.com
2. Select your State and Plan
3. Go to the “For Providers” section
4. Under the Provider Forms section, select EFT Form, download, Complete and return to us at the address listed on the form.

Receive Remittance Advice Electronically (ERA)

ERA (Electronic Remittance advice) provides information for the payee regarding claims in their final status. The Content on the Electronic Remittance advice meets HIPAA requirements, containing nationally recognized HIPAA-compliant remark codes.

By receiving Remittance Advice and Claims Reimbursement electronically you will be eliminating the paperwork associated with manually posting Remittance Advice, you will also be reducing the cost associated with the time spent by your office staff manually posting Remittance Advice and manual Reimbursement process.

To enroll in ERA you will complete the applicable section of the EFT enrollment form.

New Initiative for Health First Steps™

We are pleased to announce a Healthy First Steps™ initiative for participating providers of obstetrical care services. This initiative will make available member education books, titled “Hi Mom” by KRAMES®. As a participating obstetrical or family practice provider, each month your office can order up to 500 copies of the booklet in packs of 100.

To order your books please email or fax the following information:

- Your provide name or group
• Your provider ID number
• Complete mailing address
• Phone number
• Number of packets (100 booklets each packet)
  – Maximum order is 5 packets (500 booklets) each month
  – Indicate English or Spanish version

Healthy First Steps™ fax number is 877-365-5960
Healthy First Steps™ email address is hfs@uhc.com

We appreciate your efforts to improve pregnancy outcomes and your willingness to partner with HFS. If you would like additional information about Healthy First Steps™ or have questions, please call your provider advocate.

We’re Online at www.unisonhealthplan.com
• Check eligibility, claim, authorization, and appeal status
• Submit an authorization request
• Clinical and preventative health guidelines
View reimbursement policies and billing alerts

Important Contact Information

Provider Services
Phone: 800-600-9007

Interactive Voice Response Line (IVR) (verify member eligibility)
Phone: 888-586-4766

Provider Relations Staff

Wendy Alleyne
Sr. Provider Relations Advocate
Kent/Sussex County
Phone: 302.729.4186
E-mail: wendy.alleyne@uhc.com

Laura Geraci
Sr. Provider Relations Advocate
New Castle County
Phone: 302.729.4185
E-mail: laura.geraci@uhc.com

Judy Gollehon
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Phone: 302.729.4188
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Andrea Potts
Manager, Provider Relations
Phone: 302.729.4184
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Healthy First Steps™ Pregnancy Case Management Program

Attention Behavioral Health Providers

Effective January 1, 2011, Unison Health Plan of Delaware (Unison) will be transitioning the administration of our members’ behavioral health benefits to our affiliate company, United Behavioral Health (UBH). Your contract with UBH would replace your current contract with Unison. If you have any questions please call 866-660-7181 to speak with a UBH Network Associate.
Member Advocate

Erica Kearse
Member Advocate
Phone: 302.729.4181
Email: erica.kearse@uhc.com

Credentialing

National Credentialing Center (NCC)
Phone: 1-877-842-3210.

Claim Forms and Correspondence

Claims
Unison Health Plan of Delaware
PO Box 1147
Monroeville, PA 15146-5138

Correspondence (including appeals)
Unison Health Plan of Delaware
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221