

PUP PROVIDER connection

DECEMBER 2010

PUP AND THE PATIENT-CENTERED MEDICAL HOME

At PUP, we believe that our Purpose of improving our Members' health and well-being is best served by embracing the principles of the Patient-Centered Medical Home. Those principles include making patient care accessible, continuous, comprehensive, coordinated, compassionate and culturally effective.

PUP supports the advancement of the Patient-Centered Medical Home and encourages Members to maintain a close relationship with their Primary Care Physician (PCP), sharing changes in their health, lifestyle and general well-being.

All PUP Members must select a PCP, whose practice serves as their Medical Home. The PCP should have a comprehensive knowledge of the Member's medical condition(s) and provide referrals and other information to specialist physicians that need to be involved in the Member's healthcare.

Inside:

IMPORTANT CHANGES

FIVE STAR PUP!

NEW WEBSITE UPDATES

AND MUCH MORE

PUP 
Physicians United Plan™





CHANGE IN PROVIDER PROTOCOL

At the beginning of 2010, PUP required specialist physicians to inform the PCP of any care requiring prior authorization. But after a recent audit focusing on the transfer of medical information from specialists to PCPs, the results have shown that in forty percent (40%) of the cases, the PCP had no knowledge of the intended procedure.

Effective January 1, 2011, PUP will require PCPs to make formal documented requests for specialty care. Referrals can be submitted to PUP online (Availity) or via fax. More details and training opportunities for this program will soon be provided to your team. We hope that this new procedure will strengthen our Patient-Centered Medical Home approach, allowing for more efficiency in improving the health and well-being of our Members in 2011.

You can learn more about these changes on the Provider section of the PUP website, www.UAskPUP.com, by going to "Enter Provider Site." Please feel free to contact your Provider Relations representative with any questions.

The idea of the Medical Home was first developed by the American Academy of Pediatricians more than forty years ago and is endorsed by the American College of Physicians (ACP), the American Osteopathic Association (AOA), the American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP).

RE-CREDENTIALING REQUIREMENT

As a URAC accredited health plan, PUP is required to re-credential participating providers every three years. The Credentialing Department is notifying participating providers initially credentialed in 2007 via fax for required documentation. If you receive this fax, please take a moment to respond, and feel free to contact Provider Relations with any questions at 866-427-9152.



FROM THE CEO

FIVE STAR PUP!

OUR MOST IMPORTANT CORPORATE INITIATIVE FROM INCEPTION

PUP's Purpose from the inception has always been to "improve our Members' health and well-being." We were pleased that quality of care is being rewarded to providers and health plans by CMS as they implement regulatory reform through our industry in enacting the intent of the law as passed by the Patient Protection and Affordable Care Act (PPACA) and the Health Care Education Reconciliation Act of 2010.

On this road to healthcare quality reform, there is deliberate focus on measurement and improvement of healthcare outcomes as the roadmap to achieving success. In this environment, those who can deliver both quality and value will reap the rewards. Ahead of us, we see a future where precisely measured data will be indispensable to better clinical outcomes and to overall economic success through the advent of CMS's achievement-based quality bonuses for providers and health plans.

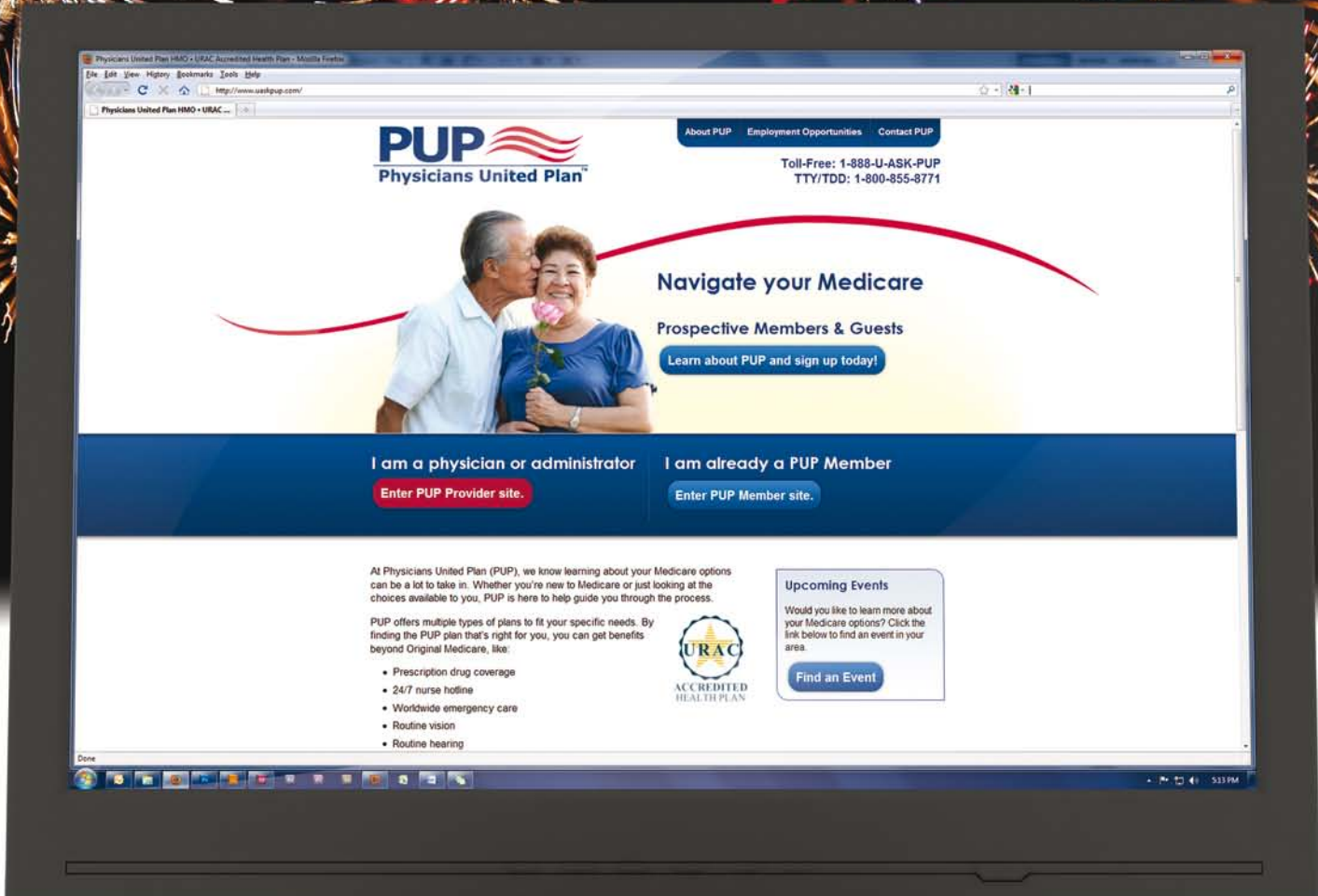
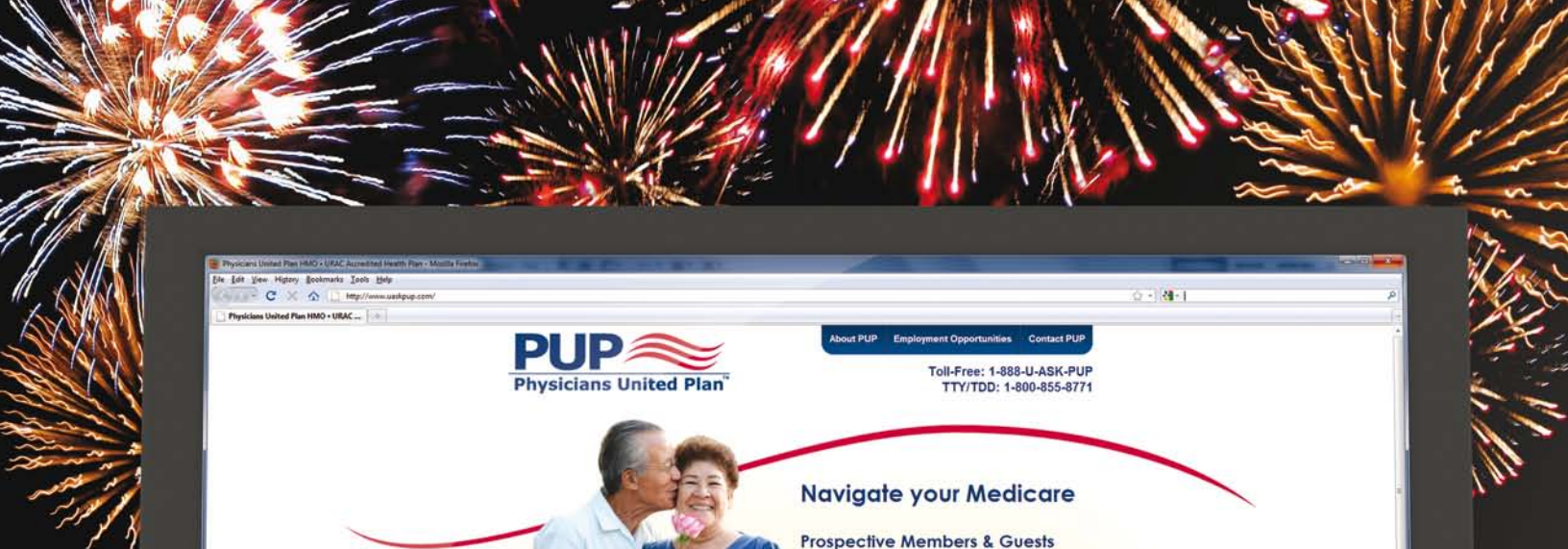
We launched "Five Star PUP!," our business excellence and quality improvement initiative as a formal response to this new environment. It is a perfect complement to our company's Purpose and the Values upon which we operate. We're taking a good look at our internal processes and putting plans in place to deliver Five Star performance in every department of our company. We recognize that getting there will require our investment in infrastructure and programs for the measurement,

reporting, and improvement of quality across our organization. We started down that road several years ago and have recently received Five Star status by CMS in Telephone Customer Service. However, to achieve Five Star status in the other categories measured by CMS, it will require deep partnerships with our physicians and other providers. Increased coordination of care and more advanced data sharing are essential to influencing positive outcomes to CMS's measures of quality and reaching our Five Star destination together.

The recently passed legislation includes language that will immediately begin rewarding providers and health plans for achieving quality benchmarks. PUP understands that today's investments and collaborations with our providers will reap rewards in the form of better quality health care for Members and economic success for the healthcare delivery system tomorrow and beyond. Throughout our journey, PUP commits to supporting our network of providers with programs to promote and facilitate quality improvement. We look forward to strengthening our partnership with you.

Be on the lookout for PUP Five Star! programs as we collectively work hard to improve our Members' health and well-being.

Sincerely,
MT Sattaur



NEW WEBSITE RELEASED

PUP is proud to announce our new website, www.UAskPUP.com. On the homepage, you'll find the link for the PUP Provider section, featuring:

- Important Announcements and Updates
- Prior Authorization and Referral Forms
- Updated Provider Directory
- Claim Status and Eligibility Checks
- PUP Provider Newsletter Archive



ACCESSING THE QUICK REFERENCE GUIDE ON OUR NEW WEBSITE

The screenshot shows the PUP website navigation menu. At the top left is the PUP logo (Physicians United Plan) with a red wave graphic. To the right are navigation links: "About PUP", "Employment Opportunities", and "Contact PUP". Below these are the toll-free numbers: "Toll-Free: 1-888-U-ASK-PUP" and "TTY/TDD: 1-800-855-8771". A search bar with "[+] [-] Reset" is located in the top right. The main navigation menu is on the left, with "Reference & Documentation" highlighted in yellow and marked with a circled "1". To the right, under "Manuals, Reference & Guidelines", the "Quick Reference Guide" is highlighted in yellow and marked with a circled "2". Other menu items include "Claim Status, Eligibility Check & Referral Requests", "Prior Auths & Referrals", "Prescription Drugs", "Provider Search & Directories", "Join PUP's Provider Network", and "PUP Provider Home". Under "Training Materials", there are links for "Fraud & Abuse Training for First Tier, Downstream & Related Entities" and "Provider Satisfaction Survey".

MAKE YOUR LIFE SIMPLE: ACCESS EZ NET

Why call? Verifying a Member's eligibility and checking the status of a claim and authorization request can be a click away with access to EZ Net. Visit the Provider section at www.UaskPUP.com, click on "Reference and Documentation," then select the link for the Quick Reference Guide. This will allow you to download the EZ Net Access Request form providing you a user name and password that will grant you access PUP's online resource for providers.

KEEP US UPDATED!

Please review your office information reflected in the latest Provider Directory. If you notice the information is incorrect or needs to be updated, you can do so by using the Provider Change Form found in your Provider Manual. Thank you for your continued support of PUP!

MEDICAL RECORD DOCUMENTATION GUIDELINES UPDATE FOR 2011

Each year, PUP works with network providers who serve on the Medical Advisory Committee to review and update medical record documentation guidelines. The guidelines are evidence-based and comply with regulatory requirements and URAC accreditation standards.

Below are the Medical Record Documentation Guidelines approved for 2011. If you have questions about the updated guidelines or wish to participate in future updates, please contact our Medical Director, Dr. Robert Sutton, at rsutton@pupcorp.com.

STD #	DOCUMENTATION STANDARD	AUDIT APPLICATION GUIDELINES
1	Member name and biographical data	Member name, identification number, gender, date of birth, phone number and address are recorded in the record
2	Member identification present on all pages	All medical record pages include member identification information, name and ID number
3	Communication needs assessed	Assessment for special communication needs documented
4	Entries signed and dated	All clinical entries, triage notes, addendum notes are dated and signed. Authors of entries are identified by profession e.g. MD, DO, RN, MA, etc.
5	Entries legible	Record is legible to the reviewer or PUP or office staff that is available to assist with the review. (Illegible records that cannot be audited should be copied and submitted with the audit report)
6	Allergies documented	Allergies, or the absence of allergies, are prominently noted in the record. With the documentation of allergies, the type of adverse reaction is noted in the record at least once
7	Advance directive documentation	Documentation includes whether or not the Member has executed an advance directive OR education regarding advance directives (should be documented in a prominent part of the current record and easily found)
8	Medical history documented	A health history, including current medications, is documented
9	Significant medical conditions and surgical events are documented on a problem list	A problem list is maintained and includes significant medical and surgical history <i>N/A if documented health history indicates no chronic conditions or significant surgical history</i>

STD #	DOCUMENTATION STANDARD	AUDIT APPLICATION GUIDELINES
10	Tobacco/substance use/abuse noted	Risk assessment includes documentation of tobacco, alcohol and drug use/abuse
11	Subjective complaints documented	Chief complaint or purpose of the visit is documented
12	Objective findings documented	Objective findings appropriate for the chief complaint are documented
13	Diagnosis documented	Diagnosis or clinical impression consistent with findings is documented
14	Treatment plan documented	Plan of care, including prescribed medications is documented at each visit
15	Member education documented	Member education regarding plan of care and patient risk factors is documented
16	Unresolved problems addressed	Unresolved problems from prior visits are addressed at subsequent visits <i>N/A if there are no problems or no unresolved problems</i>
17	Consultant and diagnostic test results initialed and filed	Evidence that ordered consultations and diagnostic testing were accomplished and results reviewed by the PCP. Reports are initialed by provider Filed or verbal reports are acceptable <ul style="list-style-type: none"> • Consult reports: allow 6 weeks; • Lab, routine: allow 2 weeks; • Lab, non-routine: allow 4 weeks; • Radiology studies: allow 2 weeks <i>N/A if none ordered</i>
18	Emergency room and hospital discharge summaries present	Information regarding emergency visits and hospitalizations is documented. Facility discharge summaries or progress note entries meet requirements <i>N/A for no known ER visits or hospitalizations</i>
19	Immunizations current	Age appropriate immunizations are documented <ul style="list-style-type: none"> • Influenza, annually, beginning age > 50 • Pneumococcal at least once, age > 65 (a one-time revaccination after 5 years is recommended for persons vaccinated > 5 years previously and who were < age 65 years at the time of the primary vaccination) • Herpes zoster, one-time dose age > 60 (regardless of report of prior episode of herpes zoster) • Td/Tdap, Td booster every 10 years <i>N/A Influenza if < 51 years;</i> <i>N/A Pneumococcal if < 66 and without chronic illnesses;</i> <i>N/A Herpes zoster if < 61 years</i>

STD #	DOCUMENTATION STANDARD	AUDIT APPLICATION GUIDELINES
20	Cholesterol screening	TC and HDL-C screening, every 5 years: <ul style="list-style-type: none"> • Men > 35 years; N/A men < 36 years
21	Hypertension screening	BP measurement at least every 2 years for all adults Note: This indicator is for BP screening, for adults with BP >130/85 mmHg, evidence of periodic monitoring is scored with item #16
22	Colorectal cancer screening	Colorectal cancer screening beginning at age 50 years and continuing through age 80 and may be accomplished by any of the following: <ul style="list-style-type: none"> • Colonoscopy, every 10 years • Flexible sigmoidoscopy, every 5 years, combined with high-sensitivity fecal occult blood test (FOBT) every 3 years • Annual, high sensitivity, fecal occult blood test (FOBT) N/A prior to 51 years and older than 81 years
23	Breast cancer screening*	Screening mammogram within the current or previous calendar year for women > 40 < 70 years old (breast biopsies, ultrasounds or other diagnostic mammograms do not meet the criteria for a screening mammogram) N/A for women < 41 or > 69 years; N/A for women with documented bilateral mastectomies; N/A males
24	Cervical cancer screening	Cervical cancer screening for women < 65 years via Pap test during the current calendar year or previous two calendar years (screening every 3 years); N/A for women with a history of hysterectomy unless residual cervix is documented (complete, total and radical hysterectomies indicate no residual cervix); N/A for women > 66 years with documented history of negative cervical cancer screening within the previous 10 years; N/A for males

* PUP acknowledges the recent discussion regarding new USPSTF recommendations for mammography and continues with annual screening recommendations as described in these guidelines.

U.S. Preventive Services Task Force (USPSTF), www.ahrq.gov (Oct. 4, 2010); HEDIS Effectiveness of Care Measures, 2009; URAC Standards, Health Plan v. 6.0, FL-1, FL-9; Medicare Managed Care Manual, Ch. 4, s. 70.4. 110.2; MA Monitoring Guide v. 6.1, CC03, CC04

Medical Record Documentation Guidelines - 2011
Approved by the Medical Advisory Committee, Oct. 13, 2010

PUP MEMBERS' GYM BENEFITS

In 2011, PUP will offer a SilverSneakers full-access gym membership to all Members. SilverSneakers is the nation's leading social support and exercise program for older adults.

Participation in the SilverSneakers Program has been associated with a lower risk of depression among patients, as well as fewer hospital admissions. Please encourage your PUP Members to stay active and take advantage of this great resource!

For more information about the SilverSneakers program, visit www.silversneakers.com



MEDICAL CHART REVIEWS

HOW WE'RE IMPROVING THE PROCESS TO MAKE THINGS EASIER FOR YOU

A few months ago, you should have received a letter from Mary Hewitt, Director of Network Management, informing you and your staff of the new year-round process for medical chart reviews. The accuracy of information we collect regarding acute and chronic conditions is vital to getting a true picture of our Members' health status. The more we know about our Members' health, the more efficiently we can identify those who qualify for special Case Management and Disease Management programs, which for some, can be life changing.

We hope to collect and code these medical records without interrupting you or your staff. To make the collection process more convenient, PUP has launched a scheduling desk that you can call to set up the best time possible for PUP's chart review visit. Upon arrival, our team will scan the medical records or electronically transmit them onto secure flash drives. This allows our clinical and coding team to do a much more focused review in-house, and take a new clinical approach to our risk assessment.

In an effort to collect the most accurate medical history for risk adjustment, PUP has opened up the medical chart reviews to specialty physicians. We understand these chart reviews can, at times, seem intrusive – **but please keep in mind the reviews do not serve as audits.**

If any problems arise, from the time your appointment is scheduled to the time our team leaves your office, please give Mary Hewitt a call at 407-209-1010 x 2380. It's all a part of the big picture – improving the health and well-being of our Members. Thank you for your cooperation.

WE KNOW YOU'RE BUSY

Call today to schedule a visit at a convenient time for you.

Medicare Risk Scheduling Desk

Toll-Free: 888-865-8527
Local: 407-215-2584

Monday – Friday
8am - 5pm



MEET MARY HEWITT, RN

Mary joins PUP with 20 years of nursing experience and an extensive background in risk adjustment, including provider claim appeals, clinical claims and pre-authorization.



LET'S WORK TOGETHER TO IMPROVE YOUR PATIENTS' HEALTH AND WELL-BEING.

PUP offers specialized Case Management programs to Members who qualify at no extra cost. Do your PUP patients have any of the following conditions?

- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- End-Stage Renal Disease (ESRD)
- Diabetes
- Depression
- Osteoarthritis
- Osteoporosis
- Obesity
- Oncology
- Decubitus Ulcers

PUP has Case Management Programs that can help. These programs are optional for PUP Members and they can choose to disenroll at any time. Please encourage your patients to participate in our case management and disease management programs.



ARE YOUR REFERRALS EXPIRING?

On January 1, 2011, PUP's Referral Process will change. Before seeking care from a specialty physician, a PUP Member must obtain a Referral from his or her PCP. Some of your patients may have obtained a Referral during 2010 for care that is expected to be sought in 2011. If that Referral was not issued through PUP's new Referral Process (i.e. using the 2011 Referral Form), it will expire at the end of 2010.

In order to ensure continuity of care and avoid inconvenience for your patient, please obtain a new Referral by following PUP's new 2011 Referral Process. **All Referrals obtained under the 2010 process will expire on December 31, 2010.** The 2011 Referral Process and the corresponding forms can be found on the Provider section of the PUP website, www.UAskPUP.com or simply contact your Provider Relations representative for assistance.

OUR NETWORK TEAM IS HERE TO SERVE YOU

We provide physician orientations and inservices. Please feel free to contact our Network Management Department to schedule a visit. We look forward to hearing from you.

Michele Boek, *Director, Provider Relations*
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PROVIDER RELATIONS REPRESENTATIVES:

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