

PUP PROVIDER

connection

March 2010

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FREE HEARING SCREENING

Screenings Available for PUP Members with Diabetes During March

Hearing loss is reported to be about twice as common in adults with diabetes¹. HearUSA is offering free hearing-loss screenings and a free video "Living with Diabetes" to members with diabetes throughout the month of March. The 80-minute video is produced by the American Diabetes Association (ADA) and can help you with the education of your members.

Your PUP members with diabetes can schedule a free hearing-loss screening and learn more about the video "Living with Diabetes" by calling 1-800-442-8231. Please help us to spread the word.

¹ National Institute on Deafness and Other Communication Disorders, www.nidcd.nih.gov/news (Feb. 21, 2010)

KNOW YOUR REFERRALS

A referral is a request by a PCP for a member to be evaluated and/or treated by a participating specialty physician. In most cases, PUP requires members to obtain a written referral from their PCP in order to visit a specialist. No communication with the plan is necessary. The physician documents the referral and then directly provides it to the member or faxes the referral to the specialist. Specialists must send consult notes to the PCP.

In order to better serve our members, please remember to refer them to in-network providers. Referrals to an out of network provider require authorization by PUP. For answers to your questions about referrals, please contact your Provider Relations representative by calling 866-427-9152.

ATTENTION!

NOTIFY PUP OF PROVIDER ADDITIONS, CHANGES & UPDATES

Help us keep the printed and online Provider Directory updated for our members. It's the only way to direct members to your practice! It is imperative that you contact Provider Relations to credential new physicians at your practice. This department also handles practice location changes, terminating providers, TIN changes, etc. Please use the Provider Change Form. Thank you for your continued support of PUP!

BMI YOU'RE BEING MEASURED

You know that obesity is a major cause of preventable death in the U.S. You know that obesity increases the risk of diabetes and coronary disease and you know that obesity affects all ethnic and socioeconomic groups. But did you know that physicians report they often fail to counsel obese patients to lose weight? And did you know that HEDIS® now evaluates physicians' records for documentation of body mass index (BMI)?

This may be just the push you need to increase your emphasis on patient assessment and education regarding weight loss and weight management. Why not start with the check-in process? The BMI is an estimate of body fat; the ratio of weight in kilograms divided by the square of the height in meters - but BMI calculators make it as easy as entering the patient's height and weight and pushing the calculate button. Placing a BMI calculator in the check-in room makes it easy to record the BMI with the height and weight before your patient reaches the exam room. Calculating the BMI when a patient checks in for an initial appointment and their annual physical is a great idea. Recording the BMI each year is the goal, and recording it on your wellness monitoring form is a good idea.



PRIOR AUTHORIZATION UPDATE

Effective January 1, 2010, the Prior Authorization and Referral Guidelines have been updated and posted on PUP's website for your convenience. Please familiarize yourself with the Prior Authorization and Referral requirements listed. If in doubt, please check if a procedure requires prior authorization by calling the Prior Authorization Department at 866-773-1072.

MENTAL HEALTH NETWORK PROVIDER NOTIFICATION

We encourage you and your patients to visit our mental health network website, www.psychcare.com. The website contains information about current quality of care and service activities, UM, provider relations, and claims processes, as well as educational information to share with your patients. Information collected on the Psychcare website is for quality improvement, utilization management, credentialing and recredentialing, and network practitioner purposes. For more information, please visit the provider page of the PUP website under "Important! Flyers".

PROVIDER DIRECTORY

PUP strives to keep you informed of participating providers in your area. Please check out our website at www.pupcorp.com for a current copy of the Provider Directory, available by county or in its entirety. The Provider Directory can be found on the "Provider Info" link. For a hard copy, please call 866-427-9152, extension 5152.

HELPFUL TIPS FOR PROVIDER CLAIMS

- Our payer number through Availity, our clearinghouse, is 10775.
- If you bill through Emdeon, our payer number is TH131.
- Please ensure that you are providing PUP's provider ID in your claim submission. It is NOT your Tax Identification Number. In most instances, it is your individual provider NPI number not the group's NPI number. If you have any questions, please check with your Provider Relations representative for clarification and assistance.
- Under REF, the Provider Commercial Number under 2310B is where the Provider NPI should be entered.
- The member's ID number can be obtained from the member's ID card. There have been a number of incorrect member ID numbers that have been submitted because the letter 'O' was used instead of the number '0'. The letter 'O' does not appear in PUP's member ID numbers. Please be sure to use the number zero instead. The member ID is not your patient account number.



2010

MEDICAL RECORD DOCUMENTATION GUIDELINES

PUP, in conjunction with network providers who serve on the Medical Advisory Committee, reviews and updates medical record documentation guidelines on an annual basis. The guidelines are evidence-based and comply with regulatory requirements and URAC accreditation standards. Below are the Medical Record Documentation Guidelines approved for 2010. Should you have questions regarding this edition of the guidelines or wish to participate in future updates, please contact the Senior Director of Health Services, Judy Conely, or our Medical Director, Dr. Robert Sutton, at 321-460-1882.

Physicians United Plan Medical Record Documentation Guidelines

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 or 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, 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 an advance directive OR education regarding advance directives.
8	Medical history documented	A health history, to include 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. N/A if documented health history indicates no chronic conditions or significant surgical history.
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, to include prescribed medications is documented at each visit.
15	Member education documented	Member education regarding plan of care and patient risk factors is documented.

Std #	Documentation Standard	Audit Application Guidelines
16	Unresolved problems addressed	Unresolved problems from prior visits are addressed at subsequent visits. N/A if there are no problems or no unresolved problems.
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 N/A if none ordered.
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. N/A for no known ER visits or hospitalizations.
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 N/A Influenza if <51 years; N/A Pneumococcal if < 66 and without chronic illnesses
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 75 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 74 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 with in 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.

COMING SOON

PUP is pleased to announce that you will soon be able to view the Emdeon generated Explanation of Payment (EOP) online. EOPs will also have a descriptor page to help providers read the new form, such as:

- A- Name and address of remitter
- B- Phone number to call for assistance with any part of this EOP
- C- Vendor Payment Detail
- D- Notations for claim, if necessary
- E- Totals of individual claim
- F- Total of claims paid per provider
- G- Total of claims paid per vendor
- H- Descriptions of adjustment codes used

Participating PUP providers are encouraged to check with their clearinghouse.

NOTICE: UPDATED PROVIDER MANUAL AVAILABLE

The 2010 Provider Manual is now available in the Provider section of www.pupcorp.com. You will receive a notification letter with highlights on changes to the provider manual within the next few days. Please note the service protocols have been updated and additional forms are available to assist you with the care of PUP members.

Some highlights include:

- Enhanced information regarding Special Needs Members
- New provider dispute policy, including definitions and forms
- Provider marketing, general guidance about provider promotional activities
- Provider termination process and appeals process
- Updated Referral and Authorization Guide and requirements
- Updated formulary information
- Updated Notice of Privacy Practices
- New PCP to Specialist Referral Form
- New case management guidelines for Diabetes, COPD and CHF; as well as Referral forms for COPD, Diabetes and CHF case management.
- Participating provider contract update per Medicare requirements



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