

PUP PROVIDER connection

MAY 2010



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IMPORTANT CHANGE

PUP is bringing you RadConsult™, a new prior authorization process for ordering radiology procedures for PUP members. You'll need to be up to speed with this new process to order tests, submit claims and receive timely payments. Read more about this important transition on page 2.

NEW RADIOLOGY ORDERING PROCEDURES

WHAT'S IT ALL ABOUT?

Effective August 1, PUP will implement RadConsult™, an ordering program for outpatient and office-based advanced diagnostic imaging procedures. The program will apply to all PUP members. The program is designed to improve health care, patient safety, utilization, and cost through the application of clinical criteria when ordering advanced imaging procedures.

WHAT IS RADCONSULT™?

RadConsult™ is a consultative, educational program that provides expert peer consultation and the latest evidence-based medical criteria for diagnostic imaging. It gives you access to consultations with subspecialists affiliated with leading academic radiology departments.

WHAT THIS MEANS TO YOU

Effective August 1, to request authorization for a CT, CTA, MRI, MRA, Cardiac Nuclear, or PET procedure, you (the ordering physician) or your office staff must submit an authorization request through the RadConsult™ program. You may access RadConsult™ via web portal, phone, or fax. Authorization requests will be reviewed against guidelines, and a Quality Reference Number will be issued on the spot. The Member may then proceed with their imaging procedure.

IMPORTANT: The Quality Reference Number is not the Authorization Number for claim purposes. Within 24 hours, PUP will issue an Authorization Number to the appropriate imaging facility/provider for claim purposes.

Your Provider Relations Representatives will be sending out additional information and detailed instructions on how to get started with this new ordering procedure within the next 30 to 45 days.

Thank you for helping PUP facilitate access to the right tests at the right times to enhance timely diagnosis and treatment of every member, every time. We appreciate your involvement with this significant new program.



GENERAL GUIDANCE ABOUT PROVIDER PROMOTIONAL ACTIVITIES

The Centers for Medicare and Medicaid Services (CMS) has issued specific guidelines on promotional activities by participating providers. These guidelines were created to ensure that provider assistance results in plan selection that is always in the best interest of the beneficiary. Following is a short overview of the CMS guidelines. A complete version can be found in the PUP Provider Manual.

CMS IS CONCERNED WITH PROVIDER ACTIVITIES FOR THE FOLLOWING REASONS:

- Providers may not be fully aware of all plan benefits and costs
- The beneficiary may be confused if the provider is perceivably acting as an agent of the plan versus acting as the beneficiary's provider
- Providers may face conflicting incentives when acting as a plan sponsor representative
- Some providers may gain financially from a beneficiary's selection of one plan over another
- The potential for financial gain by the provider influencing a beneficiary's selection of a plan could result in recommendations that do not address all of the concerns or needs of the beneficiary

THEREFORE, IT WOULD BE INAPPROPRIATE FOR PROVIDERS TO BE INVOLVED IN ANY OF THE FOLLOWING ACTIONS:

- Offering sales/appointment forms
- Accepting enrollment applications for MA/MA-PD or PDPs
- Directing, urging or attempting to persuade beneficiaries to enroll in a specific plan based on financial or any other interests
- Mailing marketing materials on behalf of plan sponsors
- Offering anything of value to induce plan enrollees to select them as their provider
- Offering inducements to persuade beneficiaries to enroll in a particular plan or organization
- Health screening when distributing information to patients (as health screening is a prohibited marketing activity)
- Accepting compensation directly or indirectly from the plan for beneficiary enrollment activities

PROVIDERS CONTRACTED WITH PLAN SPONSORS (AND THEIR CONTRACTORS) ARE PERMITTED TO DO THE FOLLOWING:

- Provide the names of plan sponsors with which they contract
- Provide information and assistance in applying for the Low Income Subsidy
- Provide objective information on all plan sponsors' specific plan formularies, based on a particular patient's medications and health care needs
- Provide objective information regarding all plan sponsors' specific plans being offered, such as covered benefits, cost sharing and utilization management tools
- Distribute all PDPs' marketing materials with the contracted provider, including enrollment application forms
- Make available and/or distribute marketing materials for all plans with which the provider participates (including PDP enrollment applications, but not MA or MA-PD enrollment applications)
- Refer patients to other sources of information, such as their state Medicaid office, local Social Security Office or the CMS website at <http://www.medicare.gov/>
- Print out and share information with patients from the CMS website
- Distribute the "Medicare and You" Handbook or "Medicare Options Compare" (available at <http://www.medicare.gov/>) without additional approvals
- There may be other documents that provide comparative and descriptive material about plans (of a broad nature) that are written and/or previously approved by CMS. These materials may be distributed by plan sponsors and providers without further CMS approval. This includes CMS Plan Finder information via computer for access by beneficiaries. Plan sponsors should advise contracted providers of the provisions of these rules.

Providers should remain neutral parties in assisting plan sponsors with marketing to beneficiaries or assisting with enrollment decisions.

GLAUCOMA SCREENING: LET'S TAKE A BETTER LOOK

An estimated 2.2 million Americans age 40 and over have glaucoma, a number that may reach 3.3 million by 2020. Half of those affected by glaucoma are unaware of their disease . Despite these numbers, screening rates have declined. The 2008 Medicare mean of 59.6 was down 2.6 percentage points from the previous year's rate.

Screening for glaucoma is an established HEDIS® (Healthcare Effectiveness Data and Information Set) measure and reporting is required for managed care organizations. While the U.S. Preventive Services Task Force (USPSTF) found insufficient evidence to recommend for or against universal screening, they did find evidence that early diagnosis and treatment can reduce known complications . PUP strives for demonstrable improvement in future screening rates for our members.

There is no cure for glaucoma, so we must depend on routine screening. The earlier glaucoma is diagnosed and treated, the better the chance to reduce the adverse outcomes and improve the quality of life for older adults.

PCPs can monitor eye exam compliance by including specific questions on history forms and monitoring preventive health screening forms. This can also relay the importance of health and wellness while promoting self-management and patient compliance.

While educating patients about the importance of routine eye exams, be sure to include glaucoma screenings. Please consider ways to increase emphasis on this important screening activity in your practice.

Refer your patients to their PUP Provider Directory or to Member Services at 866-571-0693 for participating eye care professionals.

Sources:

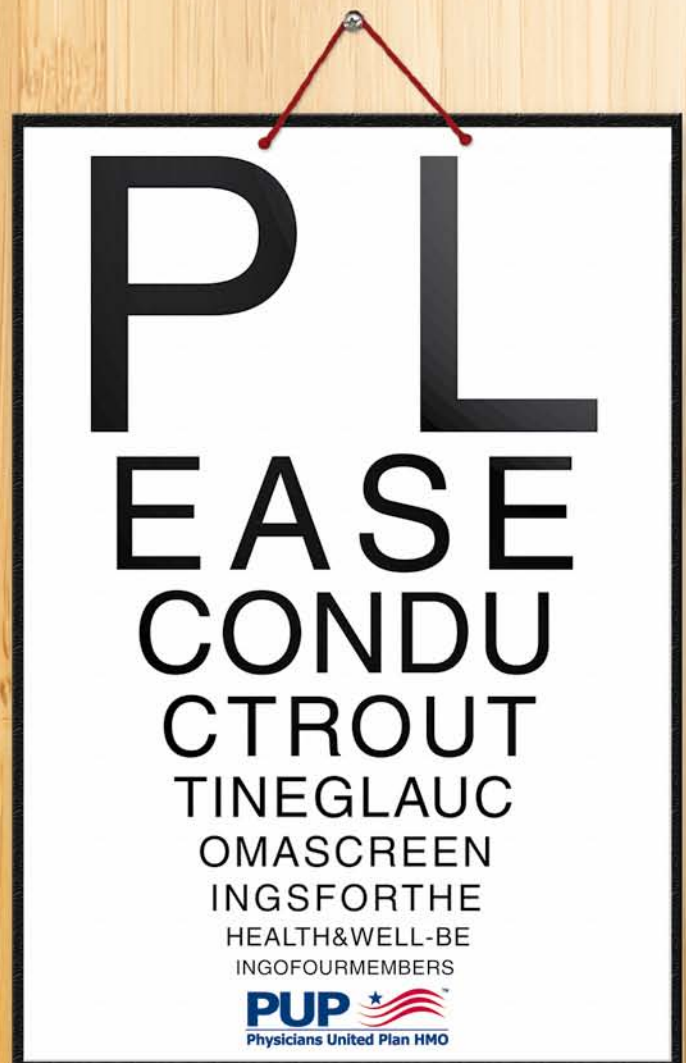
American Health Assistance Foundation, *National Glaucoma Research, Learning & Understanding, About Glaucoma*, www.ahaf.org/glaucoma/about/ (July 27, 2009).

NCQA, *The State of Health Care Quality, National Committee for Quality Assurance, Report Cards*, www.ncqa.org (July 27, 2009).

USPSTF, *Guide to Clinical Preventive Services, Agency for Healthcare Research and Quality (AHRQ), Recommendations*, www.ahrq.gov/clinic/ (July 27, 2009).

HEDIS® MEASURE DEFINITION

The percentage of Medicare members 65 years and older, without a prior diagnosis of glaucoma, or glaucoma suspect, who received a glaucoma eye exam by an eye-care professional for early identification of glaucomatous conditions .



WHAT ARE PUP MEMBERS SAYING?

PUP had great response to the annual satisfaction survey, CAHPS®, conducted by CMS; 72% of PUP Members who were surveyed sent in a response.

Last year, when we shared the results, we asked that you look for ways to improve patients' perception of the quality of doctor-patient communications. We're pleased to announce that your efforts are being noticed. The 2009 survey demonstrated ratings comparable with the national performance. Improvement was noted in following areas:

- More clear explanations and careful listening
- Showing respect for what patients have to say
- Spending enough time with patients
- Patients reporting they are being seen within 15 minutes
- 74% members surveyed rated their PCP a 9 or 10 (with 10 being the "best possible")
- 66% members surveyed rated their specialist a 9 or 10 (with 10 being the "best possible")

While many improvements were noted, PUP results regarding being seen within 15 minutes still fall below the national average. We ask that you keep this in mind when evaluating your scheduling practices.

Thank you for your past and continued efforts in improving doctor-patient communication.

WAY TO GO!



PUP'S QUALITY MANAGEMENT PROGRAM

The overall goal of the Quality Management Program is to achieve quality care and services for our members through the development, implementation and ongoing improvement of organizational systems.

The program promotes objective and systematic measurement, monitoring and evaluation of services while implementing quality improvement activities based upon findings.

The program is designed to comply with regulatory and URAC accreditation guidelines. It is evaluated and updated on an annual basis.

Physicians and other providers play an integral role in the implementation of the program, and are expected to understand and acknowledge its policies and procedures which are available upon request.

PUP requires providers to maintain complete and accurate medical records for all PUP Members that:

- Document the chronology of member care
- Serve as a basis for planning member care and for continuity in the evaluation of Members' conditions and treatments
- Document evidence of the course of a Member's medical evaluation, treatment and change in condition
- Document communication between the responsible provider and other health professionals that contribute to the member's care

Periodic reviews of the medical records maintained by participating providers are conducted to assess compliance with documentation standards and procedures regarding medical records management and privacy/confidentiality of Members' medical information.

QUALITY MANAGEMENT UPDATE

We're half-way through 2010 and think it's important to provide you with a status report on some of PUP's many quality initiatives, especially those that reflect clinical practice and impact health outcomes.

Network providers are essential to the quality and effectiveness of the program. Contributions come in many forms, including Medical Advisory and Credentialing Committees.

There are four open clinical Quality Improvement Projects (QIPs) at PUP and the providers serving on the Medical Advisory Committee will help to select and design a fifth at our next meeting. The current projects include:

- **Improving Colorectal Cancer Screening Rates**
Rates were consistent with the Medicare mean but demonstrated a drop in screening for PUP Members; continued education and encouragement to select one of the acceptable methods of screening is needed.

- **Improving Diabetes Care**

Several indicators are monitored for diabetes care and those showing the greatest improvement since our 2007 baseline are LDL-C and A1c measurements; control measures were added in 2009. Partnership with Advantica helped to improve eye exams rates which, along with screening for nephropathy, need continued special emphasis.

- **Consumer Safety - Potentially Inappropriate Medications (PIM) and Drugs to be Avoided in the Elderly**

Our 2nd re-measurement year showed significant opportunity to reduce the number of Members who receive prescriptions for medications identified as those to be avoided in older adults. A list of these drugs is posted on www.pupcorp.com.

- **Improving Glaucoma Screening Rates**

Due to the potential complications and declining screening among the at-risk population, this was prioritized for a new project in 2009. Baseline performance was established with a 2010 goal of 71% of those 65 years and older receiving screening.

QUALITY MANAGEMENT UPDATE (CONT.)

Health plans are always busy this time of year with HEDIS®; you know this because of the demand for review and copying of your medical records. The preparation for and collection of data for timely HEDIS® submission requires communication and the spirit of cooperation between providers and plans. PUP appreciates this and makes every effort to collect data with minimal disruption to your staff.

Last year PUP demonstrated improvement with indicators addressing high blood pressure, several of the diabetes measures, monitoring of patients on persistent medications, the use of high-risk medications and access to preventive care. Annual improvements for all measures is a goal but we ask for a special emphasis by you on colorectal cancer and glaucoma screening, use of high-risk medications, diabetes care and overall preventive health care education and screening.

Monitoring the satisfaction of our members and our provider network is an important part of our performance monitoring. PUP's Provider Relations Department administers the provider satisfaction survey, which can be accessed through our website. Please log on and give us your feedback - we're always interested in your opinions and personal experiences with PUP. If you have recommendations or questions concerning our satisfaction survey, please contact your Provider Relations representative.

A recent review of medical records, using the Medical Record Documentation Guidelines found in your Provider Manual, demonstrated excellent documentation of objective findings, diagnosis and treatment plans.

Areas indicating the greatest need for attention or consideration by your own practice include:

- The use of preventive health monitoring tools
- Documentation of patient education and communication needs
- Advance directives
- Documenting review of consultation and diagnostic reports

Specific to preventive health, greater emphasis is needed on the education and documentation of immunization status and patient compliance with individual screening recommendations. PUP's documentation guidelines are updated, reviewed and approved every year by network providers serving on the Medical Advisory Committee.

These are examples of some of the many activities conducted throughout the year. While we will share more with you in future articles, examples of more monitoring include provider access and availability, board certification rates, the timeliness of the credentialing process, claims payment, utilization data and grievances and appeals.

The quality structure established by PUP provides the organization with the framework within which we consult with physicians who provide services. We value this partnership and appreciate your individual contributions and efforts toward performance enhancements and improved healthcare outcomes.





COMMITTEE PARTICIPATION INVITATION

PUP invites participating providers to join our Medical Leadership Team, which serves on various committees that make decisions impacting PUP members. Here is your opportunity to help set direction for the health plan. Committees meet via telephone, generally after normal business hours. Please contact Provider Relations at 866-427-9152 (select option 4) if you are interested in joining or learning more about one of the following committees:

- Medical Advisory Committee (MAC)** – responsible for oversight of clinical quality activities, establishing policies regarding provider performance and peer review, development and approval of clinical programs.
- Credentialing Committee** – responsible for overall direction of the credentialing program, making decisions regarding network participation.

An alternative method of notifying Provider Relations of your interest in participating in one of these committees is to check the box(es) of committee interest, fill out the information below and fax this portion of the newsletter to 863-293-6103.

Provider Name: _____

NPI: _____

PUP PROVIDER MANUAL

The PUP Provider Manual has been posted to the provider page of the PUP website, available for downloading and review by participating providers.

Per URAC standards, it is important that PUP is aware of all providers who access the Provider Manual.

Kindly notify Provider Relations via fax at 863-293-6103 when you access this document.

The PUP Quick Reference Guide is a helpful tool that complements the PUP Provider Manual. Both can be downloaded from the provider page of the PUP website www.pupcorp.com.

ATTENTION! NOTIFY PUP OF PROVIDER ADDITIONS, CHANGES AND UPDATES

It is imperative that you contact Provider Relations to credential new physicians at your practice.

Provider Relations also handles practice location changes, terminating providers, TIN changes, etc.

Help us keep the printed and online provider directory updated for our members by using the Provider Change Form. It's the only way to direct members to your practice! Thank you for your continued support of PUP!

JUST A FEW THINGS YOU SHOULD BE AWARE OF

REFERRALS

In order to better serve our members, please remember to refer PUP members to in-network providers.

Referrals to an out of network provider requires authorization by PUP.

For answers to your questions about referrals, please contact PUP's Claims Department at 877-978-7776. You may also reach your Provider Relations Representative for assistance by calling 866-427-9152.

PROVIDER DIRECTORY

PUP strives to keep you informed of participating providers in your area.

Please refer to www.pupcorp.com for a current copy of the Provider Directory, available by county or in its entirety. The Provider Directory can be found under "Provider Info."

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.

If you have questions, please don't hesitate to contact Provider Relations at 866-427-9152.

AVAILABLE TOOLS FOR PROVIDERS

The following information has been posted to the PUP website for participating providers:

- Potentially inappropriate medications for the senior population
- Important 2010 drug information including prior authorization, step therapy, drug management programs, drug quantity limits and medication therapy management programs
- Formulary and Formulary changes

Please add the provider page of the PUP website as a favorite site to visit often, as notifications and newsletters are posted periodically.

UPDATED PARTICIPATING LABORATORY LISTING

PUP is pleased to announce that Quest Diagnostics Clinical Laboratories, Inc. has joined the PUP network effective May 1, 2010. PUP providers now have a larger selection of participating laboratories to direct members to:

Axiom Labs

(see provider directory)

Cognoscenti

800-540-7192

LabCorp

800-877-5227

Premiere Clinical Lab

352-787-4775

Quest Labs

800-779-8857

Ameripath (Pathology)

800-395-7284

COMING SOON!
PUP is pleased to announce that EFT/ERA services will soon be available to participating providers. Currently in the testing stage, PUP is ensuring these services will be fully functional prior to inviting participating providers to sign up. You will be contacted by your clearinghouse vendor once this service is available.

WHAT IS AN MSO?

A Managed Service Organization, known as an MSO, is a legal entity organized to negotiate contracts with insurance

companies on behalf of their physician members and provide services to their physician members and practices. Participating physician members are usually paid on a modified fee-for-service basis and may also continue to care for patients not covered by the insurers with whom the MSO contracts.

Physicians join MSOs to gain the advantage of group purchasing, recruitment, managed care contracting, shared information systems, etc. using the economies of scale of the entire network. Additionally, MSOs are often able to undertake administrative functions that reduce health care costs. They provide a blend of contract management and practice management services to maximize the efficiency and productivity of physician practices.

Physician members who are in private practices are able to see private patients as well as patients who are covered by the managed care plans with which the MSO contracts. This benefits patients and consumers because it helps keep healthcare affordable by allowing health plans to take advantage of resources that are already available in the community.

An MSO handles the administrative tasks necessary to operate a physician practice and allows the physicians to concentrate on clinical issues. While releasing physicians from these duties, the MSO can increase the operational efficiency of the practice by developing administrative and billing procedures and benchmarks.

MSOs are usually capable of assuming greater degrees of financial risks than individual physicians and may offer rewards to their physician members in the event the contract with the Managed Care Plan performs well overall.



PUP MEMBER ID NUMBERS

Please make note of PUP Member ID numbers.

Claims are being submitted with part of the ID numbers missing and as a result, are being rejected. Although the Claims Department has been able to correct these rejections and submit the claim for processing, this will not always be the case.

The following are different variations that may apply to a PUP Member ID:

- PKXXXXX
(member ID number beginning with PK)
- POXXXXX
(member ID number beginning with P followed by the capital letter "O")
- P0XXXXX
(member ID number beginning with P followed by the number zero)
- XXXXXXXPUP
(member ID number beginning with numbers and ending in "PUP")



OUR NETWORK TEAM IS HERE TO SERVE YOU

We provide physician orientations and inservices. This can be arranged by calling our Network Management Department, so feel free to schedule a visit. We look forward to hearing from you.

Michele Boek, *Director, Provider Relations*
mboek@pupcorp.com or 407-595-6550

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