

# PUP PROVIDER connection

SEPTEMBER 2010

## IT'S ALMOST TIME

Medicare beneficiaries will have less time to make important decisions about their Medicare Advantage plan this fall. The Annual Enrollment Period (AEP) for Medicare is only 45 days, lasting between November 15 and December 31. The Open Enrollment Period (OEP), also known as the switch period, has been eliminated from the Medicare program.

The switch period, which in previous years lasted from January 1 to March 31, gave Medicare beneficiaries the chance to reevaluate their options and switch to a different Medicare health plan within a specific period. In its place, Medicare is introducing an Annual Disenrollment Period from January 1 to February 15. During this time, beneficiaries can only switch back to Original Medicare with an option to elect stand-alone Part D prescription drug coverage.



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## 2010 MEDICATION THERAPY MANAGEMENT PROGRAM (MTMP)

PUP provides and manages a Medication Therapy Management Program (MTMP) to help Members improve the way they use their medications. The MTMP program allows PUP Members to get the most out of their medications and reduce the risk of harmful drug events and interactions. This program is managed and conducted by licensed pharmacists and certified pharmacy technicians.

Specific criteria are used to identify Members that would benefit most from the program. These criteria are consistent with Medicare Part D guidelines and include the following:

- The Member fills prescriptions for eight or more Part D chronic medications
- The Member's medications suggest that they have 3 of 4 medical conditions (diabetes, high blood pressure, high cholesterol or heart failure)
- The Member's 3-month total Part D drug cost is equal to or greater than \$750.

Members targeted for the MTMP must meet all of the criteria in order to be enrolled in the program.

## What happens in the MTMP program?

PUP mails eligible Members an MTMP welcome packet outlining the program including contact information for the Member. Opt-out information will also be provided. Eligible Members (or Members' designees) have the ability to participate in comprehensive medication review activities with a pharmacist and receive educational mailings throughout the year.

## Comprehensive medication review

1. An MTMP representative calls the eligible Member (or Member's designee) to set up an appointment with a pharmacist.
2. A clinical pharmacist contacts the Member (or Member's designee) and conducts a comprehensive medication review. The pharmacist talks with the Member about all of his/her medications, including over-the-counter medications. The pharmacist helps the Member understand his/her medications by providing education as needed.
3. Upon concluding the comprehensive medication review, the pharmacist will create a Medication Action Plan (MAP). The MAP will include a summary of the consultation outlining medication-related issues identified and recommendations. The personalized MAP will be mailed to the Member (or Member's designee).
  - The Member's physician or health care provider is informed and provided information on the pharmacist/Member discussions. If appropriate, the pharmacist consults with the physician on specific areas of concern for the Member. Information may be provided via fax or phone.
4. Follow-up calls are scheduled as needed to see how the Member is doing and provide any additional support the Member may need with his/her medications.
5. On a quarterly basis, the Member's medication profile will be reviewed by a clinical pharmacist to identify previous clinical issues that have been resolved and any new medication-related issues that require attention. Pharmacist/Member (or Member designee) calls will be scheduled as needed.

## MTMP member education mailings

MTMP Members (or Member's designees) will receive medication information on multiple health topics based on the Member's medication use and medical conditions throughout the year. Topics include:

- Drug interactions and ways to monitor or resolve them
- High-risk medications and safer alternatives
- Condition-specific drug information (such as use of cholesterol lowering agents and/or blood pressure medications in Members with Diabetes)

## MTMP physician/health care provider education

The prescribing physician of MTMP-eligible Members will be provided with clinical information on medical conditions that affect their Members.

Medication Therapy Management helps establish open lines of communication between Members, physicians and pharmacists so that all parties are well-informed about how medications are working for a specific Member. This dialogue also enables providers to make better informed decisions when considering changes in medication therapy.

## For more information

If you would like additional information about our Medication Therapy Management Program, please call PUP at 1-866-571-0693 or 1-800-955-8771 for TTY users. We are open Monday-Friday, 8 am - 5 pm.



## ELECTRONIC HEALTH RECORD CMS INCENTIVE PROGRAM

The nation's health care system is undergoing a transformation in an effort to improve quality, safety and efficiency of care, from the upgrade to ICD-10 to information exchanges of EHR technology. To help facilitate this vision, the Health Information Technology for Economic and Clinical Health Act, or the "HITECH Act" established programs under Medicare and Medicaid to provide incentive payments for the "meaningful use" of certified EHR technology.

Beginning in 2011, these programs will provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. The programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways.

**NOTE:** This is a new program, and it is separate from other active CMS incentive programs, such as Physicians Quality Reporting Initiative (PQRI), Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) and e-Prescribing.

### Establishing the New Program

CMS is establishing the EHR Incentive program through formal rule making. A proposed rule on the EHR incentive programs (and the definition of meaningful use) was published, and CMS accepted public comments for 60 days, ending on March 15, 2010. More than 2,000 comments were received before CMS published the final rule on July 28, 2010. This rule provides many of the parameters and requirements for the Medicare & Medicaid EHR incentive programs.

### CMS' Role in Other HITECH Areas

CMS also worked with the Office of the National Coordinator for Health Information Technology (ONC) in developing standards, implementation specifications and certification criteria for EHR technology.

Patient privacy and security is an important consideration in implementing the EHR incentive programs. CMS is also working with the Office for Civil Rights (OCR) and ONC to address the privacy and security protections under the HITECH Act.

*More information can be found on the CMS website at <http://www.cms.gov/EHRIncentivePrograms/>*

## PREVENTIVE SERVICES SECTION ON CMS WEBSITE

The Medicare Learning Network (MLN) resources give Medicare fee-for-service health care professionals information on coverage, coding, billing, reimbursement and claim filing procedures for the following Medicare-covered preventive services and screenings (subject to certain eligibility and other limitations):

- Abdominal Aortic Aneurysm Screening
- Adult Immunizations
- Bone Mass Measurements
- Cancer Screenings
- Cardiovascular Screening
- Diabetes Screening
- Diabetes Supplies
- Diabetes Self-Management Training
- Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease)
- Glaucoma Screening
- HIV Screening
- Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam)
- Smoking and Tobacco-Use Cessation Counseling

In addition to the educational resources listed on their web page, CMS has also created a prevention website that provides general information about the preventive benefits listed above. You can find more information by visiting the CMS Medicare page and scrolling down to the Prevention section.

### CMS Prevention Communications

CMS recognizes the crucial role that health care professionals play in promoting, providing and educating Medicare patients about potentially lifesaving preventive services and screenings. Because of this understanding, we are taking significant steps to reach out and educate the provider community as well as Medicare beneficiaries about the array of preventive services and screenings now covered by Medicare. We need your help to get the word out to your Medicare patients and their caregivers about the many preventive services and screenings covered by Medicare.

### Prevention Awareness Communications

Part of CMS' preventive services information program for providers includes monthly prevention awareness messages that correspond with the National Monthly Health Observances. For additional information, please visit the CMS website at [www.cms.gov/PreventionGenInfo/01\\_verview.asp](http://www.cms.gov/PreventionGenInfo/01_verview.asp)



## PLAIN LANGUAGE AND HEALTH LITERACY

According to the National Institutes of Health, nearly half of all American adults (90 million people) have difficulty understanding and using health information. At some point, most individuals will encounter health information they cannot understand. The average reading level in the U.S. is 8th grade. Twenty percent of the U.S. population reads at the 5th grade level, yet most health information materials are written at the 10th grade level. Even well-educated people with strong reading and writing skills may have trouble comprehending a medical form or doctor's instructions regarding a drug or procedure.

Health literacy is a person's ability to obtain, process and understand basic information and services needed to make appropriate decisions regarding his or her health. Areas commonly associated with health literacy include:

- Patient-physician communication
- Drug labeling medical instructions and medical compliance
- Health information publications and other resources
- Informed consent
- Responding to medical and insurance forms
- Giving patient history

## PLAIN LANGUAGE AND HEALTH LITERACY (cont.)

### What this Means for Health Care

Low health literacy reduces a person's ability to navigate the health care system, read prescription and nutrition labels, follow prep instructions for a medical procedure and much more. Published research shows that people who have low literacy rates are more likely to have decreased use of preventive measures (mammograms, flu shots, etc.) and they may even have trouble making and keeping appointments – but they have higher rates of ER visits\*.

Additionally, the Boston-based National Patient Safety Foundation finds that adults with low health literacy average 6% more hospital visits, remain in the hospital nearly two days longer and have annual health care costs four times higher than those with proficient health literacy skills. The health literacy challenge is further increased when dealing with cultural, socio-economic and language barriers.

There is a higher rate of hospitalization and use of emergency services among patients with limited health literacy, says a report from the Institute of Medicine titled Health Literacy: A Prescription to End Confusion. Limited health literacy may lead to billions of dollars in avoidable health care costs.

Plain Language (the use of clear or plain English) is a major cornerstone of health literacy. Both the Federal Government and the State of Florida have adopted Plain Language guidelines. PUP recently implemented its own Plain Language program by doing the following:

- Providing Plain Language training for employees
- "Front Line" team members in Member Services, Medical and Grievance and Appeals took an online Health Literacy course made available by the U.S. Health Resources and Service Administration
- PUP's Member Services representatives received training on Cultural Competence
- PUP's Marketing Department implemented a tool to assess our Member communications to improve the readability of our materials.

PUP encourages providers to use Plain Language in patient communications. It's important to deliver information to patients at a level they can understand. You can do this by avoiding jargon-packed sentences, being sensitive to cultural, social and language barriers, identifying patients who are afraid to speak up and admit they cannot read or understand health information and by utilizing family members/interpreters when someone has language barriers or other disabilities.

### Health Literacy resources:

- <http://www.nih.gov/clearcommunication/healthliteracy.htm> - National Institutes of Health Clear Communications Health Literacy Initiative
  - [www.iom.edu](http://www.iom.edu) - Institute of Medicine Roundtable on Health Literacy
  - [www.plainlanguage.gov](http://www.plainlanguage.gov) - Federal government website
  - [www.flgov.com/pl\\_home](http://www.flgov.com/pl_home) - State of Florida website
  - [www.plainlanguage.nih.gov/CBTs/PlainLanguage/](http://www.plainlanguage.nih.gov/CBTs/PlainLanguage/) - free online training from National Institutes of Health
- \*Nielsen-Bohman, L., Panzer, A., Kindig, D. (2004). Health literacy: A prescription to end confusion. National Academy Press, Washington, D.C; Williams, M.V., Parker, R.M., Baker, D.W., Parikh, N.S., Pitkin, K., Coates, W.C., e Joanne R. Nurss, PhD. (1995). Inadequate Functional Health Literacy Among Patients at Two Public Hospitals JAMA. 274(21), 1677-1682.



## HEALTHHELP UPDATE

As of August 1, ordering providers or their office staff must submit authorization requests for high-tech imaging procedures through the RadConsult program. You may contact HealthHelp in one of three ways:

1. Phone: 1-866-773-1072
2. Fax: 1-866-787-3310
3. Web: [www.healthhelp.com/PUP](http://www.healthhelp.com/PUP)



Below is the list  
of applicable codes:

C8909	70491	72131	73700	76380
C8910	70492	72132	73701	77058
C8911	70496	72133	73702	77059
C8918	70498	72141	73706	77084
C8919	70540	72142	73718	78451
C8920	70542	72146	73719	78452
C8912	70543	72147	73720	78453
C8913	70544	72148	73721	78454
C8914	70545	72149	73722	78459
C8900	70546	72156	73723	78466
C8901	70547	72157	73725	78468
C8902	70548	72158	74150	78469
C8903	70549	72159	74160	78472
C8904	70551	72191	74170	78473
C8905	70552	72192	74175	78481
C8906	70553	72193	74181	78483
C8907	70554	72194	74182	78491
C8908	70555	72195	74183	78492
G0219	71250	72196	74185	78494
G0235	71260	72197	74261	78496
G0252	71270	72198	74262	78608
70336	71275	73200	74263	78609
70450	71550	73201	75557	78811
70460	71551	73202	75559	78812
70470	71552	73206	75561	78813
70480	71555	73218	75563	78814
70481	72125	73219	75565	78815
70482	72126	73220	75571	78816
70486	72127	73221	75572	
70487	72128	73222	75573	
70488	72129	73223	75574	
70490	72130	73225	75635	



# JUST A FEW THINGS YOU SHOULD BE AWARE OF

## REMINDER OF PUP MEMBERS' GYM BENEFITS

Health club membership/fitness classes are provided to Members free of charge. Please encourage your PUP Members to sign up with a participating health fitness club.

## ATTENTION! PLEASE KEEP YOUR INFORMATION UP-TO-DATE

Please help us keep the printed and online Provider Directory updated for our Members - it's the only way to direct Members to your practice! Please review your office information reflected in the latest Provider Directory to ensure we have correct information. The Provider Change Form can be located in the Quick Reference Guide, found on the provider page of the PUP website. Thank you for your continued support of PUP!

## RE-CREDENTIALING REQUIREMENT

As a URAC accredited health plan, we are expected 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. As always, don't hesitate to contact Provider Relations at 866-427-9152 with any questions.



## PUP CONTRACTS WITH EMDEON TO DELIVER ELECTRONIC PAYMENT AND REMITTANCE SERVICES

As changing market dynamics continue to increase the pressure to maximize revenue and profit, providers and health care systems are searching for ways to reduce costs while increasing efficiency across the billing cycle. To that end, we are pleased to announce that PUP has arranged for Emdeon to deliver ePayment services, consisting of electronic funds transfer (EFT) and electronic remittance advice (ERA) transactions in the postable 835 format.

### Save time and expedite cash flow

Emdeon ePayment can dramatically reduce expenses, shorten the reimbursement cycle and streamline workflow. With access to remittance data through Emdeon Payment Manager (free with EFT enrollment), ePayment delivers valuable electronic payment and reconciliation processes to help providers eliminate paper checks and simplify secondary claims. This increase in efficiency saves time and allows many providers and staff to focus on reconciling outstanding payment issues to capture otherwise lost revenue.

Once connected to EFT, providers will have flexible delivery preferences and quick online access to remittance and payment information.

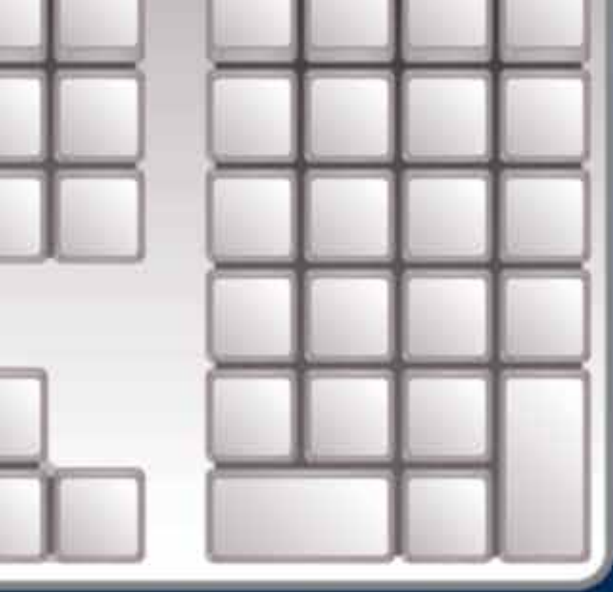
### Harness the power of electronic remittances

Emdeon provides payer remittance data electronically via Emdeon Payment Manager, which is offered as a complimentary service with EFT enrollment. With Payment Manager, staff can quickly search, view or print each remittance as needed. This reduces time spent resolving discrepancies and inaccuracies to allow you to focus more on your patients.

In addition to the complimentary Payment Manager solution, providers can also receive HIPAA-compliant 835 ERA files through our Direct Connect clearinghouse channel, vendor channels or Payment Manager Deluxe. Providers who are able to automatically post 835 remittance data will save posting time and eliminate keying errors by taking advantage of Emdeon's 835 ERA file service.

### Simple enrollment. Incredible benefits.

Enrollment for Emdeon ePayment is a quick and easy process. Simply follow the instructions outlined in the following page to begin receiving electronic payments and remittance advices today.



## EFT Enrollment Instructions

For new EFT customers, you have three options:

1. If you have received a registration letter with your personal registration ID, please proceed to [www.emdeon.com/eftsignup](http://www.emdeon.com/eftsignup) and follow the online instructions for enrollment in Emdeon's EFT service. In addition, if you have received a username and password for Payment Manager, visit [www.emdeon.com/paymentmanager](http://www.emdeon.com/paymentmanager) and proceed to activate Payment Manager by selecting the Login button.
2. Don't have a registration ID?  
Go to [www.emdeon.com/epayment](http://www.emdeon.com/epayment) to download your EFT enrollment form. Simply fax or mail in your completed form to start realizing the benefits of electronic payments and remittance advices.
3. Providers may contact an Emdeon EFT representative to start their enrollment process by dialing 1-866-506-2830 and selecting Option 1.

## Helpful Hints for a Smooth EFT Enrollment

1. Ensure that you are an authorized representative of the designated provider.
2. Have your contact, organization and financial account information available.
3. Review all terms, pricing and authorization forms prior to submitting them to Emdeon.
4. Review the EFT Frequently Asked Questions (FAQ) on [www.emdeonepayment.com](http://www.emdeonepayment.com).
5. Take advantage of the Payment Manager demo by visiting the following site: [www.emdeon.com/PaymentManager/SVP/PaymentManager-SVP-Part-1.html](http://www.emdeon.com/PaymentManager/SVP/PaymentManager-SVP-Part-1.html)

## For Existing EFT Customers:

If you are an existing EFT customer with Emdeon and wish to add PUP to your service, please call 1-866-506-2830 and select Option 2 to speak with an Enrollment Representative.

## 835 ERA Enrollment Instructions

If you are not a current Emdeon customer who receives postable 835 ERA documents, please contact an Emdeon representative depending on your type of organization.

1. For hospitals and physician organizations with at least 16 doctors, please call 800-444-4336.
2. For provider organizations with less than 16 doctors, please call 866-369-8805.

If you are an existing Emdeon customer and are receiving postable 835 ERA documents as a component of your current service, you may visit the online enrollment site to enroll for PUP's new 835 ERA file service.

1. Visit [www.emdeon.com/enrollment](http://www.emdeon.com/enrollment) and follow the listed steps to successfully add PUP's ERA service to your account.
2. Call 1-800-845-6592, Option 1, for enrollment assistance if you have any issues with completing the required ERA enrollment steps.

# OUR NETWORK TEAM IS HERE TO SERVE YOU

We provide physician orientations and inservices. This can be arranged by calling our Provider Relations 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

## PROVIDER RELATIONS REPRESENTATIVES:

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