

PUP PROVIDER

connection

MARCH 2011

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A photograph of a dirt path winding through a forest. The path is lined with numerous bluebells in full bloom. The trees are tall and thin, with green foliage. The image is overlaid with several decorative shapes: a large blue rounded rectangle in the top left containing the title, a white rounded rectangle in the center containing a list of goals, and several smaller, semi-transparent shapes in shades of blue, purple, and brown scattered throughout the scene.

PUP'S GUIDING GOALS FOR PROVIDERS

- Promote health and empower Members to develop and maintain healthy lifestyles.
- Involve Members in treatment and care management decision-making.
- Ensure that the care and treatment provided to Members is based on accepted evidence-based medical/clinical guidelines, standards and practices.
- Be accountable and responsive to plan Member concerns and grievances.
- Utilize technology and other resources efficiently and effectively for Member welfare.
- Ensure that appropriate care and treatment is accessible to Members and provided in a timely manner.



PUPDATES

Provider Manual Update
effective January 1, 2011

5 ways to make PUP's Referral process even easier

It's our goal to have a quick and efficient turn around on all Referrals. Below you'll find some tips that can help.


1. Make sure all forms are legible
2. Ensure all proper information is included
3. Submit appropriate requests directly to third party vendors (see list above)
4. Confirm that service needs Referral (see Referral and Authorization Guide located on PUP's website and in the Provider Quick Reference Guide or the list above)
5. Use the current Referral Form, located on PUP's website in the Provider portal - www.uaskpup.com/providers

No Referrals are needed for:

- Chiropractor
- Podiatrist (medically necessary foot care)
- Dermatologist
- Routine women's health care, including breast exams, mammograms, PAP tests and pelvic exams
- Flu shots and pneumonia vaccinations
- Emergency/urgently needed care
- Dialysis when Member is temporarily outside the plan's service area
- Certain diagnostic tests and procedures that are considered to be routinely part of an office visit may be conducted as part of the initial visit unless an authorization for that test or procedure is required.
- Hospital-based physicians

Other Referral requests:

- For Ophthalmic Referrals, please call PUP's Vision Care program at 888-787-8476
- For Behavioral Service Referrals, please call PUP's Behavioral Program at 888-624-0787
- For Specialty Pharmacy Referrals, please call Axiom Healthcare Pharmacy at 800-546-2172
- For High Tech Imaging Referrals, please fax your Referral form to HealthHelp at 866-787-3310
- For Part D Coverage Determination Request form for prescription overrides or Prior Authorization requests, please contact Member Services at 1-877-853-6983 to request this form



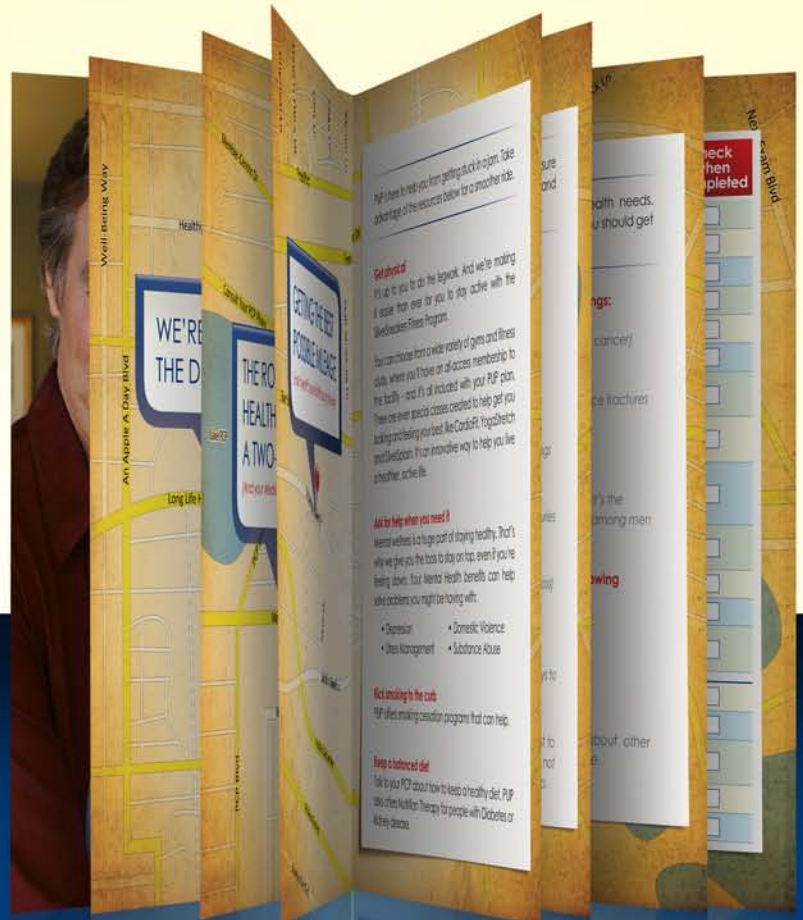
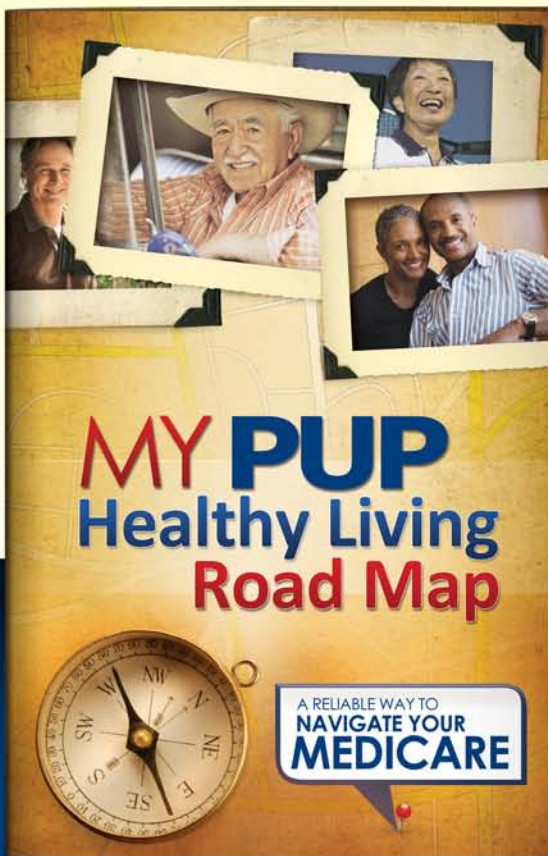
MAKING OSTEOPOROSIS SCREENINGS A PRIORITY FOR WOMEN OVER 65

In January, The U.S. Preventive Services Task Force (USPSTF) released new guidelines for recommended osteoporosis screenings, stating women over 65 should be routinely screened for osteoporosis. Women are four times more likely than men to be at risk for osteoporosis, and white women in particular have shown a higher rate of osteoporosis than any other ethnic group.

Please encourage your patients, especially women over 65, to schedule a routine screening for osteoporosis. Bone mass measurement tests (DXA scans) are covered by Medicare for qualified individuals and can be a valuable preventive strategy in the fight against osteoporosis. Discuss the risk of osteoporosis-related fractures as well as the risk of falling with your patients.

Online Fracture Risk Assessment Tool

The World Health Organization (WHO) has developed an online Fracture Risk Assessment tool to assist clinicians in determining a patient's 10-year probability of hip fracture and major osteoporosis-related fracture. It is available at: www.sheffield.ac.uk/FRAX/.



HEALTHY LIVING ROAD MAP

Earlier this year, PUP hosted over 30 Member appreciation events throughout Central Florida. At the events, Members were given a special Healthy Living Road Map which featured tips on staying healthy in 2011, including the importance of preventive care and a special checklist to help them stay up to date with appropriate screenings. Members were encouraged to bring their booklets to future appointments with PCPs; please expect to see them in your office this year.

WE WANT TO KNOW YOUR THOUGHTS

The Provider Satisfaction Survey is now available on the Provider portal of our website (see link below). Please take a moment to participate, as your feedback matters. We look forward to a continued positive relationship with all Providers.

www.UaskPUP.com/Providers/reference-documentation.aspx

HEDIS 2010

The Healthcare Data and Information Set (HEDIS) measurement system analyzes several aspects of health care and indicates the efficiency of health care Members are receiving from both their PCP and health plan. Analyzing these results and putting new programs into place that will improve the way our Members access and receive care is a top priority for PUP.

THE RESULTS ARE IN

The 2010 HEDIS measurement set reflects the 2009 calendar year, and includes measurements of Effectiveness of Care and Access/Availability of Care and Use of Services.

Recognized Improvements

- Body Mass Index (BMI) documentation
- Breast Cancer screening rates
- Cholesterol testing for Members with cardiovascular conditions
- Retinal eye exams (targeting Members with diabetes without a current exam)
- LDL-C testing
- Medical management (monitoring of ACE inhibitors or ARBS and Digoxin)

Opportunities for Improvement

- Colorectal Cancer screening rates
- Glaucoma screenings
- A1c testing
- Osteoporosis management for women over 65
- Timely follow-up after hospitalization for mental illness

Thank you for your dedication in maintaining high standards for the coordinated care of our Members.



CAHPS

WHEN IT'S ADMINISTERED, AND WHY IT MATTERS TO YOU

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey conducted by CMS between February and June. The 99-question survey covers several aspects of health care, including satisfaction with health plans and PCPs.

The following questions involve Members' experience with their health care provider(s). The results to these questions also count toward PUP's 5-Star rating.

"In the last 6 months, how often did doctors or other health providers listen carefully to you?"

"In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?"

"In the last 6 months, how often did doctors or other health providers show respect for what you had to say?"

"In the last 6 months, how often did doctors or other health providers spend enough time with you?"

2011 CAHPS Data Collection Timeline

- 3/11:** Pre-notification letter mailed
- 3/12:** Customer support toll-free line opened
- 3/18 – 3/19:** First questionnaire mailed
- 4/8 – 4/9:** Second questionnaire mailed
- 4/25 – 6/7:** Telephone follow-up conducted (5 attempts)
- 5/21:** Interim data files to CMS submitted
- 6/7:** Cut-off date for returned mail surveys
- 6/7:** Customer support toll-free line closed
- 6/25:** Final data submitted to CMS

QIP Spotlight

PUP is committed to providing high quality care and service to Members. Each year, the Quality Management Steering Committee focuses on a series of Quality Improvement Programs (QIPs) and a work plan that outlines goals for areas in need of improvement.

Throughout the year, PUP analyzes the progress of each QIP and additional opportunities for improvement are identified and acted upon. Current QIPs for 2011 are:

- Improving Colorectal Cancer Screening Rates
- Improving Glaucoma Screening Rates
- Potentially Inappropriate Medications (PIM): Drugs to be Avoided in the Elderly
- Improving Diabetes Care
- Improving Access to Health Services Programs through Improved Health Risk Assessment Screenings

More information about PUP's Quality Improvement Program and program results are available upon request.

ELDER ABUSE: A SERIOUS PROBLEM

The National Center on Elder Abuse (NCEA) estimates elder abuse to affect thousands of older adults each year. Cases can often go unreported, and at times unnoticed by victims.

Seven types of common elder abuse defined by the NCEA are:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Financial/Material Exploitation
- Neglect
- Abandonment
- Self-Neglect

Neglect is the most common form of elder abuse, which involves the failure of a person's obligations to an elderly person. While the NCEA is unable to identify the exact number of incidents per year, one thing is set in stone – it's a serious problem that needs to be taken seriously.

For Your Consideration: Elder Abuse Routine Screenings

Elder abuse prevention can start in the health care setting. You may already be familiar with indicator-based screenings, but implementing routine screenings presents the opportunity for identification and intervention of elder abuse among Members – especially those who don't show typical signs of abuse. Try using nonjudgmental questions in a culturally competent manner, as recommended by the Family Violence Prevention Fund (FUND). The screening tool can be found at www.endabuse.org.

PUP appreciates your support in our efforts to prevent all forms of elder abuse.

Psychcare's Domestic Violence Prevention Program

Domestic violence can affect anyone. It can happen in every culture, country and age group, and can affect people from all backgrounds. Psychcare has a Domestic Violence Prevention Program that can help, including national and local domestic violence agencies and shelters.

Members can get more information about Psychcare's Domestic Violence Prevention Program by calling 1-800-221-5487, or by using the TDD/TTY Florida Relay number, 711 for people who are deaf, hard of hearing, deaf/blind, or speech impaired.

Additional Resources

The National Committee for the Prevention of Elder Abuse (NCPEA)
preventelderabuse.org

Florida Department of Elder Affairs
elderaffairs.state.fl.us

Florida Abuse Hotline
1-800-962-2873
1-800-914-0004 (fax)

ENCOURAGE HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY

Now is a great time to encourage your older adult patients to focus on making healthy food choices and engaging in regular physical activity. According to Carol Johnston, PhD, RD, director of the nutrition program at Arizona State University, “Good diet and exercise go hand in hand to help maintain optimal physical and mental functioning. They really cannot be separated.”

The recent release of the 2010 Dietary Guidelines for Americans promoting reduced calorie consumption and increased physical activity falls right in line with the American Dietetic Association’s effort to educate Americans about eating right and exercising regularly.

As a physician, you’re aware that older adults are often plagued by numerous chronic conditions, thus proper nutrition and regular exercise are paramount. For your older adult patients who need a little more convincing about why good nutrition is particularly important for them, Johnston offers some insight. “First, aging is often associated with greater chronic disease frequency, which can create a greater need for nutrients such as protein, vitamins and minerals. Inflammation is a common consequence of obesity, heart disease and diabetes—all conditions which are more common in aging populations.” The need for proper nutrition in older adults, according to Johnston, doesn’t stop here. She adds,

“The ability to assimilate nutrients in foods declines with age, a reflection of an aging stomach and intestinal tract. That is why the recommended intakes for some nutrients increase in the elderly [to compensate for poor absorption].”

This year’s National Nutrition Month theme is “Eat Right with Color.” Your older adult patients can achieve this by choosing brightly colored fruits (reds, greens, purples) and vegetables daily. Johnston also recommends eating “lean sources of protein at each meal (egg substitutes, skim milk, low-fat yogurt, chicken, fish), minimizing grains (unless physically active every day) and choosing mainly whole grains.”

As PUP Members, your patients have access to SilverSneakers, a national social support and exercise program designed to keep older adults healthy. Adopting an active lifestyle with the Healthways SilverSneakers® Fitness Program is a great way to address the need for increased physical activity in your older patients. The program provides an innovative blend of physical activity, healthy lifestyle direction and social opportunities.

SilverSneakers® is available at more than 11,000 participating locations nationwide, giving Members endless opportunities to engage in regular physical activity while having fun and making friends!

Please encourage your patients to get moving with SilverSneakers® and to “Eat Right with Color” every day.



DIABETICS ARE TWICE AS LIKELY TO HAVE HEARING LOSS

A landmark study funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH), found that adults with diabetes are about twice as likely to have hearing loss as those who do not have diabetes. Based on the findings of the study, five million Americans living with diabetes also have hearing loss that, in many cases, remains undetected and untreated.

The study analyzed the results of hearing tests given to a nationally representative sample of U.S. adults and measured participants' ability to hear low, middle and high-frequency sounds in both ears. The study's conclusion?

"Hearing impairment is common in adults with diabetes, and diabetes seems to be an independent risk factor for the condition."

The study linking diabetes and hearing loss was published in the *Annals of Internal Medicine*. In its editorial, the publication said, "In many cases of mild to moderate hearing loss, patients are not aware of what they cannot hear; thus, screening for hearing loss in individuals at risk could lead to interventions that would affect their ability to communicate, their productivity and their safety." NIH investigators recommended that all patients with diabetes be screened for hearing loss.

Studies have linked untreated hearing loss to stress and depression, avoidance of social situations, reduced job performance and earning power, diminished psychological and overall health and increased risk to personal safety.

Researchers suggest diabetes damages the nerves and blood vessels of the inner ear resulting in hearing loss and vestibular disturbances, such as impaired balance and gait. The Better Hearing Institute notes that those who have difficulty hearing can experience such distorted and incomplete communication that it seriously impacts their professional and personal lives, at times leading to isolation and withdrawal.

"Hearing loss affects virtually every aspect of a person's life, making it all the harder for people with diabetes to cope with their disease," said Sergei Kochkin, executive director of the Better Hearing Institute. "A hearing check is invaluable in determining whether or not someone with diabetes does have a hearing loss and will help to ensure that they get the treatment they need.

HearUSA Centers Offer Free Hearing Screenings
Annual hearing screenings for diabetic patients could lead to intervention that would improve communication, productivity, safety and quality of life. Please encourage Members to call HearUSA at 1-800-442-8231 to schedule a private appointment.



LET'S TALK RISK ADJUSTMENT

Many thanks to Providers for 2009 Chart Review Participation

PUP recently completed the 2009 Risk Adjustment Process after a revamp of the program led by Mary Hewitt, Senior Director, Health Services. Between October 4th and January 27th, PUP's Risk Adjustment team conducted 233 onsite appointments and reviewed over 20,000 medical records. Thank you for welcoming our team into your office. We look forward to an even more successful review process for the 2010 chart reviews.

2010/2011 Chart Review Reminders: Let's get you scheduled!

What time works best for you?

To make things more convenient for you and your office staff, PUP has created a scheduling desk for chart reviews. Just give us a call and let us know what time works best for you.

How to reach the Risk Adjustment Scheduling Desk

Phone : 1-888-865-8527 or 407-215-2584 (local)
Fax: 1-888-856-8527 or 407-215-2585 (local)

Providers with 10 PUP Members or Less

If you see 10 PUP Members or less, we ask that you please submit the records via fax at 888-856-8527 or by mail to:

Mary Hewitt
Physicians United Plan
9102 Southpark Center Loop, Ste. 200
Orlando, FL 32819

Risk Adjustment 101

PUP offers provider and office staff education for all things Risk Adjustment, including:

- Overview of Risk Adjustment
- The importance specificity of code
- Your responsibilities
- What your documentation should include

Please contact Mary Hewitt at 407-215-2509 to schedule your personalized training today.



Documenting Member Conditions in Detail

Using specific descriptions when documenting Members' health conditions can make a tremendous difference in coding for Risk Adjustment purposes. These are two common mistakes that can affect Risk Adjustment:

1. Coding a past condition as "active"
2. Coding an active condition as "history of"
- "History of" is used frequently, however, if the condition is being treated it is in an active state.

Please note: If medication or treatments are being utilized to control the condition, it's considered "active."



Updated Coding Reference Pamphlet Now Available

If you haven't received the updated 2011 Reference of Common Risk Adjustment Codes for Primary Care, please contact your Provider Relations representative to obtain your copy.

Patient Office Visits (POVs)

Please note that PUP will shortly begin distributing POV forms. The POV forms help track and update Members' current health status during patient office visits, which provide an opportunity to validate health risks and can contribute to more efficient health care coordination for Members.

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*
mboek@pupcorp.com or 407-595-6550

PROVIDER RELATIONS REPRESENTATIVES:

Kim Bonner – *Marion & Sumter Counties*
kbonner@pupcorp.com or 352-278-7433

Emiliano Cuinas – *Orange County*
ecuinas@pupcorp.com or 407-739-0995

Lee Shupsky – *Polk County*
lshupsky@pupcorp.com or 863-207-3468

Alma Laureano – *Internal Provider Relations, All Counties*
alaureano@pupcorp.com or 866-427-9152

Karen Meeks – *Internal Provider Relations, All Counties*
kmeeks@pupcorp.com or 866-427-9152

Karime Franklin, *Contract Specialist*
kfranklin@pupcorp.com or 407-403-5381

Pat Levison, *MSO Account Manager*
plevison@pupcorp.com or 407-209-1010, ext. 2358

Veronica Harrison, *Contract Administrator*
vharrison@pupcorp.com

Corporate Office
483 N. Semoran Blvd.
Winter Park, FL 32792

Orlando Office
9102 Southpark Center Loop
Suite 200
Orlando, FL 32809

Winter Haven Office
1124 1st Street South
Winter Haven, FL 33880

