

January 2010

## Provider Relations

### UniCare HMO

As you may already be aware, UniCare HMO has decided to exit the Illinois market by May 2010. Hinsdale Physicians Healthcare ("HPH") has negotiated with UniCare to provide reimbursement for any remaining Unicare HMO members through January 31, 2010. UniCare has informed HPH that there are currently only 51 members left in this plan. Notifications were sent out to the member's Primary Care Physicians. Effective February 1, 2010, all claims for dates of service February 1<sup>st</sup> and forward will be the responsibility of UniCare. Please see the enclosed memo and HMO Quick Reference Guide with complete details related to this change. Should you have any additional questions or concerns, feel free to contact the HPH Customer Service Department at (708) 432-4053 or Provider Relations at (708) 432-0009.

### Orthopaedic Specialty Panel

Good News! Hinsdale Physicians Healthcare ("HPH") and Hinsdale Orthopaedic Associates ("HOASC") have resolved the contracting issues between our respective organizations and have agreed to continue HOASC's participation in the HPH Network. Enclosed is the memo.

### 2010 Physician Fee Schedule Update

The Centers for Medicare and Medicaid Services (CMS) released its ruling regarding the 2010 Physician Fee Schedule. One of the major announcements in the final ruling is the elimination of the use and payment for consultations codes 99241-99255 as of January 1, 2010. While these codes will no longer be considered by CMS as reimbursable for Medicare, they will continue to have a value and are listed in the RVU schedules released annually. HPH is pleased to announce that we will continue to recognize the RVU value and reimburse our HPH physicians per contractual agreement.

### 2010 Immunization Reimbursement

As part of HPH yearly budgeting process, HPH has sent out an Immunization Survey in September 2009 for review to make adjustments if needed to the 2010 Immunization Fee Schedule. This survey was reviewed and the HPH Committees approved to adjust the Immunization Fee Schedule. Enclosed is the Amended 2010 Immunization Fee Schedule.

## Health Services

### UM Availability

As a reminder, your Referral Coordinator and Case Manager are available Monday through Friday from 8:00 a.m. to 5:00 p.m. to discuss UM decisions. Any calls received in voicemail after hours will be responded to within one business day of receipt. Collect calls will be accepted ONLY in regard to UM decisions.

### Affirmation Statement

The Affirmation Statement is an annual requirement by the HMO's for all staff making UM decisions, including Medical Leadership and HSD UM staff. This information is communicated to physicians via the Newsletter, and to new members via the Welcome Letter. Current members receive a mailing from the HMO, as applicable.

The statement is as follows:

- UM decisions are based on medical necessity, which includes appropriateness of care and service, and the existence of available benefits.
- This organization does not specifically reward practitioners, health plan staff, or other individuals for issuing denials of coverage, care or service.
- Incentive programs are not utilized to encourage decisions that result in under-utilization.
- Our Medical Group also affirms that there is no conflict of interest between the Medical Group/IPA and its UM decision makers.

### Milliman Care Guidelines Criteria

NAMM Referral Coordinators and Case Managers use Milliman Care Guidelines, 13<sup>th</sup> edition and internally developed guidelines identified and approved by the Medical Group to make determinations when reviewing referrals and cases. Milliman Care Guidelines are developed in accordance with the principles of evidence-based medicine, employing the current best practice. Guidelines specific to a determination are available to you upon request. If you would like a copy of a particular guideline, please contact your Referral Coordinator.

### Case Management Program

A Complex Case Management Program has been implemented for Members with multiple or complex conditions. Through the case management process, these Members are helped to access care and services; and their care is coordinated with the assistance of the Case Manager working collaboratively with the PCP and member and family. Please contact your Case Manager for more information, or if you would like to refer a patient to this program.

# HPH

## HINSDALE PHYSICIANS HEALTHCARE ASSOCIATION, INC.

January 15, 2010

TO: All HPH Participating Primary Care and Specialty Care Physicians

FROM: Danielle M. Dillon, Executive Director

SUBJECT: UNICARE HMO CONTRACT AND MEMBERSHIP

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Hinsdale Physicians Healthcare ("HPH") has negotiated a fee for service agreement with Unicare Health Plans to provide reimbursement for any remaining Unicare members through Unicare's transition period. This fee for service arrangement will remain in force until all Unicare HMO Members are moved to another health plan, which should occur by May 2010. Currently, HPH has risk responsibility for 51 Unicare HMO Members for the month of January. By April, it is anticipated that number will be reduced to 4 Unicare HMO Members. Notifications will go to individual PCP's to specify names of members that are assigned to them based on January eligibility. Unicare issued capitation payment to HPH for members assigned to us in January. As a result, you will receive capitation for any Unicare Members assigned to you in January. This will be the last month you receive capitation for Unicare HMO Members.

Effective February 1, 2010, any Unicare HMO Members assigned to you who seek services shall be reimbursed at one hundred thirty percent (130%) of current Medicare for Region 16. All claims for dates of service February 1 and forward should be submitted directly to Unicare. I have attached a Quick Reference Guide for your review and use through this fee for service period. You will need to contact Unicare Health Plans directly to verify eligibility, claims status and obtain any authorizations for services that may be necessary for Unicare HMO Members.

Unicare HMO Members may still be directed to Adventist Hospitals for any ancillary, diagnostic or procedural based services. I encourage you to contact Unicare Health Plans accordingly to determine necessity for referrals and authorizations prior to directing a Unicare HMO Member for services at Adventist.

Should you have any questions regarding this memo, please feel free to contact me at 630-551-0655 or [danielledillon@comcast.net](mailto:danielledillon@comcast.net).

Thank you.

4415 W. Harrison Street, Suite 300  
Hillside, IL 60162

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Executive Director 630-551-0655 & Fax 630-551-0772  
Operational Management 708-432-4000 and Fax 708-432-4077 Fax

## HMO QUICK REFERENCE GUIDE

Please use this "Quick Reference Guide" containing facts, instructions and other useful information about UniCare HMO in Illinois and Northwest Indiana.

### AccessPoint

UniCare member and claim information is available online through AccessPoint. Using AccessPoint, you can view member eligibility and benefits, check claim status, print claim reports and print explanation of benefits forms. To obtain your password and personal identification number, go to <https://provider2.unicare.com/wps/portal/ebpmyunc> and click on Register for Accesspoint.

### IVR

You may use UniCare's Interactive Voice Response (IVR) eligibility information system for claim status and fax-back eligibility information. To access IVR, call (888)-234-8855. Please have member's nine-digit number and your Tax ID Number ready before calling.

### Customer Services

You may also contact Customer Service at the number found on the back of the member's ID card. If you do not have a copy of the ID card, a representative at 1-877-UNICARE can direct you to the correct UniCare location.

### Claim Submissions

Please submit claims electronically to Payor Identification (ID) **80314**. Contact UniCare EDI Services by phone at (877) 210-4083 or email at [ediunicare@wellpoint.com](mailto:ediunicare@wellpoint.com) for additional information about electronic claims submission. Send correspondence or paper claims to the address on the back of the ID card or: UniCare HMO Claims, PO Box 4458, Chicago, IL 60680-4458

### Credentialing

All UniCare providers applying for initial or continuing participation will be required to complete and submit credentialing and recredentialing applications through the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource. Log onto <https://upd.cagh.org/das> or contact the CAQH Help Desk at 888-599-1771.

### Precertification

Precertify benefits by calling (800)-852-6127. Elective inpatient admissions require precertification 5 business days prior to admission. Emergency services require notification within 24 hours. Additional HMO precertification information is available at [www.unicare.com](http://www.unicare.com)

### Mental Health and Substance Abuse Services

Access mental health or substance abuse services by calling Wellpoint Behavioral Health at (800)-746-6294. Members may contact Wellpoint Behavioral Health directly or a PCP may call on behalf of the patient.

### Pharmacy

Obtain benefit authorizations for non-formulary drugs by phone at 877-727-4117 or fax (877) 809-3201. Members may also have a mail order prescription drug benefit for maintenance drugs. Visit [www.unicare.com](http://www.unicare.com) for formulary information.

### OB/GYN Direct Access

Female members may receive care directly from a designated Women's Principal Health Care Provider (WPHCP) without a referral from her PCP. Prior to receiving services, a female member must contact UniCare Customer Service to designate a WPHCP who has a referral relationship with her PCP.

### Eye Care

Members may call UniCare Customer Service directly to learn about routine eye care benefits that may be available through a designated vision service plan. PCP referrals are required for visits to ophthalmologists or other specialists.

### Laboratory

PCP authorization for laboratory services is required. Network laboratories include Quest Diagnostics, Laboratory Corporation of America, IMPATH Inc, Esoterix and Urocor. Laboratory services may be covered under capitation.

### UniCare Web Site Address

Visit the UniCare website at [www.unicare.com](http://www.unicare.com) to look up a provider, view online provider manuals, medical policy details, pharmacy information, medical record documentation standards, medical policies, access to care standards, provider manuals and many other helpful resource materials.

# HPH

## HINSDALE PHYSICIANS HEALTHCARE ASSOCIATION, INC.

January 20, 2010

TO: All HPH Participating Hinsdale Campus Physicians  
FROM: Danielle M. Dillon, Executive Director  
SUBJECT: **HINSDALE PODS MEETINGS SCHEDULE**

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Hinsdale Physicians Healthcare ("HPH") is changing the meeting schedule for the Hinsdale Campus PODS Meetings. Instead of holding monthly PODS Meetings, HPH will now hold quarterly PODS Meetings at the Hinsdale Campus and they may be longer in duration to cover the important topics. The meeting schedule is as follows and notices will be issued as reminders prior to the scheduled date/time:

- ❖ January 20, 2010 at 7:00 A.M. - conducted today
- ❖ May 19, 2010 at 7:00 A.M. in the Regnery Room
- ❖ August 18, 2010 at 7:00 A.M. in the Regnery Room
- ❖ November 17, 2010 at 7:00 A.M. in the Regnery Room

Since these meetings are moving to a quarterly schedule, the meeting stipend will be increased and they will become more important in terms of content presented. Your attendance at these meetings is imperative to have a full understanding of HPH's operational and financial performance.

Should you have any questions regarding this memo, please feel free to contact me at 630-551-0655 or [danielledillon@comcast.net](mailto:danielledillon@comcast.net).

Thank you.

4415 W. Harrison Street, Suite 300  
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Executive Director 630-551-0655 & Fax 630-551-0772  
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# HPH

## HINSDALE PHYSICIANS HEALTHCARE ASSOCIATION, INC.

January 19, 2010

TO: All HPH Participating Primary Care Physicians  
FROM: Danielle M. Dillon, Executive Director  
SUBJECT: HINSDALE ORTHOPAEDIC ASSOCIATES

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Good News! Hinsdale Physicians Healthcare ("HPH") and Hinsdale Orthopaedic Associates ("HOASC") have resolved the contracting issues between our respective organizations and have agreed to continue HOASC's participation in the HPH Network.

HPH HMO Members may continue to be referred to HOASC and may receive authorizations for upcoming scheduled services. If an HMO Member has an appointment with HOASC, I encourage you to verify with Referral Services that a valid authorization is on file prior to any services.

HPH looks forward to the future of a successful business relationship with HOASC and the opportunity to have HOASC in network to serve as a Specialty Care Provider for HPH Members.

Should you have any questions regarding this memo, please feel free to contact me at 630-551-0655 or [danielledillon@comcast.net](mailto:danielledillon@comcast.net).

Thank you.

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