Vienne Named Regional Medical Director

Richard P. Vienne, D.O., has been named regional medical director for Univera Healthcare and Univera Community Health.

Dr. Vienne received a doctorate’s degree from the University of Health Sciences College of Osteopathic Medicine and a bachelor’s degree from Houghton College. He is board certified by the American Board of Internal Medicine.

Prior to assuming his new full-time role, Dr. Vienne was a Univera Healthcare regional associate medical director and was in private practice with Kaleida Health. He also was president of the Erie County Medical Society for the 2005-2006 term.

Dr. Vienne also has had an integral role in our Fun 2B Fit program, a childhood obesity initiative for grade school children and their parents, which focuses on the importance of healthy eating habits and physical activity.

Care of Limited English Proficiency Patients Requires Key Attention to Translation Matters

If the waiting room of patients you faced tomorrow included an elderly Somali Bantu refugee, a child of newly transplanted Iraqi Russians or a family of Kurdish immigrants, would you be prepared to address the language and cultural barriers certain to occur?

What if your patient was a Mehtekian Turk, Liberian, or Vietnamese? Would you feel confident documenting their medical history or discussing important end-of-life issues?

While you may think that it is highly unlikely that a patient from one of these cultures would find themselves in your office, think again. According to the International Institute of Buffalo, NY, Inc., these are among the most prevalent groups of foreigners settling in Western New York in the past few years and those who pose the biggest challenge for Institute staff working to obtain medical care and services for them because of language and cultural barriers.

May Shogan, the International Institute’s client services coordinator, acknowledges that tools such as Univera Healthcare’s Language Line, which is a real-time service that translates questions and answers about medical care or health coverage into 140 languages, are an excellent starting point for help with simple matters requiring translation. (See accompanying article). She cautions, however, that there are circumstances that require a translator to be present during the office or hospital visit and it is not advisable to rely on a family member to perform that task.

It is the tendency in many cultures to have children in the family learn English first, Ms. Shogan says, and many are too young to understand complex medical situations. Additionally, relying on a family member poses other challenges including privacy issues, tendency of family members to leave out important details during translation or reluctance of some patients to reveal...
A Message from the Regional Medical Director

I am pleased to be serving the Western New York community in my new role as Univera Healthcare’s full-time regional medical director. I look forward to getting to know each of you in my new capacity.

As many of you already know, I was a practicing physician until assuming my new position only a month ago. In treating Univera Healthcare members, I found the many disease management and health promotion programs the organization has made available to physicians to be some of the most valuable tools in my medical bag.

When I think of tools that can help physicians achieve better health outcomes for their patients, Univera Healthcare’s health coaching program comes to mind immediately. The program is available to patients with commercial-HMO, POS or SeniorChoice coverage and offers health coaching, educational materials and decision support for patients. Most importantly, it helps empower them with the knowledge they need to take an active role in their own health care. This is beneficial to you because it supports your relationship with your patients and enhances physician/patient communication.

A key health coaching service helps patients with chronic diseases including diabetes, asthma, congestive heart failure and cardiovascular disease to better manage all aspects of their condition. Patients receive ongoing education and guidance from a health coach who is focused on eliminating gaps in care, such as helping to ensure that a patient with diabetes gets timely HbA1C level, LDL level and microalbumen checks, and retinal exams. Also, these patients learn how to make new lifestyle choices to reduce health risks and develop self-care skills that enable them to follow your treatment plan more effectively. They also gain a better understanding of their condition and will know how to respond to symptoms.

The health coach’s goal is to prepare patients contemplating surgery to ask intelligent, relevant questions of their surgeons and physicians so that they are better equipped to arrive at a decision that is best for their unique circumstances.

The program is available to patients 24 hours per day, seven days per week. Specific treatment advice is never given. Patients are counseled and referred back to their physician for treatment.

Our physicians have let us know that they would like the health-coaching program to contain a component that provides for the physician to be informed automatically when a patient is utilizing the program. We agree that this feature needs to be included and are working on it.

As a practicing physician, I knew the frustration patients feel when trying to meet their healthcare goals. Univera Healthcare is here to help alleviate that frustration as much as possible with tools such as health coaching. I urge you to recommend these programs to your patients.

For more information, contact Provider Services at (716) 857-4444 or 1 (800) 617-1114.

– Richard Vienne, D.O.

Mammograms: Physician Recommendation Makes A Difference

The U.S. screening mammography rate has declined slightly in recent years. While many women in the United States are aware of the lifesaving value of mammograms, some still are not. Univera Healthcare’s 2005 breast-cancer screening rate was 76.5 percent (rate of women aged 52-69 who had a screening mammogram in the previous two years).

Physicians have the ability to clear up misperceptions. Studies show that physician recommendation is powerful. Women whose physicians tell them to get mammograms are three to four times more likely to get them.

There is clear evidence that early detection of breast cancer makes a difference in treatment options and survival. Please convey this to your patients – it can make a difference.
Consider These National Guidelines for Managing CAD Patients

The National Cholesterol Education Program ATP III guidelines focus on aggressive targets for LDL reduction, appropriate testing and reaching goal. There is compelling evidence that risk factor management is cost effective, improves patient survival reduces recurrent events, and improves the quality of life of patients with coronary artery disease. The 2004 ATP III report outlined a new optional therapeutic LDL target of 70. The table above references these guidelines.

Testing Guidelines
Adults age 20 and older should have a complete Lipoprotein Profile every five years. A complete risk assessment also should be completed in order to identify other major risk factors for coronary artery disease. For adult patients receiving drug therapy:
- Test initially with complete Lipoprotein Profile
- Test Fasting Lipid Profile after each dose adjustment
- Test liver function prior to and at 12 weeks following the initiation of any therapy or any increase in dose
- Periodic testing thereafter

Treatment Guidelines
- Lifestyle modification should be encouraged for 12 weeks prior to and during drug therapy
- Treatment initiation and primary goals of therapy are based on LDL values
- Statins are the drug of choice for lowering LDL levels
- Re-evaluate LDL after 6 weeks of monotherapy and consider dose increase or combination therapy if still not at goal

ATP III Classifications

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>LDL Cholesterol</td>
<td>Less than 100</td>
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<tr>
<td></td>
<td>Less than 70</td>
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<tr>
<td></td>
<td>For very high risk patients, including those or with coronary syndromes, diabetes, poorly controlled risk factors</td>
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<tr>
<td>Total Cholesterol</td>
<td>Less than 200</td>
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<tr>
<td>HDL</td>
<td>Less than/equal to 60</td>
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<td>Triglycerides (TG)</td>
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Treatment Options Based on Drug Class

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<tr>
<th>HMG CoA Reductase Inhibitors</th>
<th>Bile Acid Sequestrants</th>
<th>Nicotinic Acid</th>
<th>Fibric Acids</th>
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<tbody>
<tr>
<td>Lipid/Lipoprotein special effects</td>
<td>LDL ▼ 18-55%</td>
<td>LDL ▼ 15-30%</td>
<td>LDL ▼ 5-25%</td>
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<tr>
<td></td>
<td>HDL ▲ 5-15%</td>
<td>HDL ▲ 3-5%</td>
<td>HDL ▲ 15-35%</td>
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<td></td>
<td>TG ▼ 7-30%</td>
<td>TG NC to ?</td>
<td>HDL ▲ 10-20%</td>
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<tr>
<td>Side Effects</td>
<td>Myopathy; increased liver enzymes</td>
<td>Flushing; hyper-glycemia; hyper-uricemia; upper GI distress; hepatotoxicity</td>
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<tr>
<td>Contraindications</td>
<td>Liver Disease</td>
<td>Active PUD</td>
<td>Dyspepsia, Gallstones, myopathy</td>
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<tr>
<td></td>
<td>Pregnancy</td>
<td>Liver Disease</td>
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<td>Diabetes</td>
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Chlamydia Screening Recommendation

The U.S. Preventive Services Task Force recommends strongly that clinicians conduct routine chlamydia screenings for all sexually active women ages 25 and younger and other asymptomatic women at increased risk for infection.

The prevalence of chlamydia infection varies widely among patient populations and, in some instances, screening all patients age 25 and younger without the presence of other risk factors may not be justified. Please remember, however, to consider age along with the following factors that are associated with a higher prevalence of infection:
- Patient is unmarried
- African-American race
- Prior history of sexually transmitted disease
- New or multiple sexual partners
- History of a cervical ectopy
- Inconsistent use of barrier contraceptives

Source: August 2003 FLRx Prescribing Tip Sheet
Western New York behavioral health practitioners scored an average compliance rate of 90.3 percent, well above the goal of 85 percent, on the 2006 Behavioral Health After Hours Survey/Audit improvement regarding telephone access for urgent/emergent care.

The Behavioral Health Access and Availability Standard states that telephone access to behavioral health practitioners for urgent/emergent care should be available to established patients 24 hours a day, seven days a week. The goal of the After Hours Survey/Audit is an average compliance rate of 85 percent across all behavioral health specialties.

More than 390 practitioners in the Western New York Region were surveyed last spring.

Acceptable telephone answering options are:
- Reaching the practitioner or a person with the ability to patch the call through to the practitioner (i.e. answering service), or
- Reaching an answering machine or voice mail with instructions for contacting the practitioner or his/her backup (i.e., message with home phone number, cell phone, or beeper).
- Call forwarding placed on the practitioner's office phone to a cell phone. If a call-forwarding message is used, the practitioner must state for the member that the call is being forwarded to the practitioner's contact number.

Please make your contact information primary in your message before listing other information.

Behavioral Health After Hours Survey Scores Above Compliance Goal

Also, do not hesitate to direct the caller to call 911 in a life-threatening emergency. A follow-up letter is being sent to all practitioners who were surveyed. The Behavioral Health Access and Availability Standards policy and other BH policies can be seen on the Univera Healthcare Web site, http://www.univerahealthcare.com/wny/pdf/BehavioralHealth.

For additional information about our Behavioral Health Quality Management Program, please call Quality and Compliance at (716) 504-5556.

BMI: A Valuable Measurement Tool

The incidence of overweight and obesity has reached epidemic proportions and practitioners are well positioned to raise awareness of Body Mass Index (BMI). Most physicians believe it is important to include BMI screening in a patient’s regular checkup. Data from medical record reviews conducted in Western New York, however, indicate that BMI often is not documented as part of a comprehensive physical exam.

Successful management of overweight and obesity begins with assessment. BMI calculated as weight in kilograms divided by height in meters squared is reliable and valid for identifying adults who are at increased risk for morbidity and mortality. Remember to record BMI in the medical record and talk to your patients about it.

For helpful links, clinical tools and patient handouts, including BMI charts, see the Take Steps Web site, takesteps.univerahealthcare.com.

About Our Quality Management Program

Our Quality Management Program supports our corporate mission by contributing to and being recognized for improving the quality of life in the communities we serve.

An integral component of the program is working together with our members, participating physicians and other healthcare practitioners, as well as with community agencies. The goal of this partnership is to improve the quality of care and services delivered to our members. Evaluation of our success is the measurable ability to improve the health and satisfaction of the population we serve.

If you would like a copy of our program description, which includes progress we have achieved, please contact our Quality Management department at 1 (800) 574-2390.
NP/PA Billing Procedure has Changed

Please be advised of a change to the billing procedure for services delivered by nurse practitioners and physician assistants (NP/PA).

Paper Claims—When ordering a claim form, it is no longer necessary to include the sponsoring physician’s name and Provider Identification Number unless you are billing an incident to claim. Please include the sponsoring physician’s information when billing a non-incident to claim.

Incident to Claim— the NP/PA’s name does not need to appear on the claim. Please refer to the following:

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<td></td>
<td>NM104</td>
<td>First Name</td>
<td>Supervising Provider First Name</td>
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<td>REF02</td>
<td>Reference ID</td>
<td>Supervising Provider ID Number</td>
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Rendering Provider Information

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Non-Incident to Claim— the supervising provider’s name does not need to appear on the claim. Please refer to the following:

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<td>Reference ID</td>
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</table>

Thank you for your cooperation. If you have any questions, Please contact Provider Service at (716) 857-4444 OR 1(800) 617-1114.

Remember this Fax Number!

We cannot stress enough the importance of keeping us informed about changes to your practice. This includes changes to your office location, phone or fax numbers, tax identification number, etc. The accuracy of our information determines the accuracy of our provider directories, ability to deliver payments to you, and our ability to keep your patients – our members– informed of changes to your office location, etc.

In order for us to utilize our technology to update our records electronically, it is imperative that all changes be faxed to this number:

1 (800) 915-4574

This number scans your information into an electronic file automatically and feeds it directly into our Provider File Maintenance system enabling us to update your information quickly and efficiently. Please remember that you must use the fax number listed above in order for this to occur.

We are dedicated to achieving accuracy and efficiency in all transactions with your practice. Please help us reach our goal.

NPI Deadline is May 23, 2007

All providers are required to begin billing with their National Provider Identifier (NPI) effective May 23, 2007. This is a federal requirement that is a component of HIPAA legislation.

After May 23, 2007, Univera Healthcare will not accept claims for processing that do not include the NPI, whether billed electronically or on paper.

You may apply for your NPI online at https://nppes.cms.hhs.gov. Between now and the May 23, 2007 deadline, you may bill using your NPI, but you must include the billing provider identification number you currently use when billing us for your services.

An informational mailing, which included tips about the NPI requirement, was sent to you in September. You may also visit our Web site at univerahealthcare.com to access information and forms to help you register your NPI with us.
Note to Participating Hospitals

Please remember that your contractual arrangement with Univera Healthcare requires all inpatient admissions to be preauthorized. Failure to obtain preauthorization will result in denial of payment.

For further information, please refer to the Univera Healthcare Participating Provider Manual.

Thank you for your cooperation.

Tell Us About Your Physician Extenders

It is important for us to be kept abreast of any changes in information regarding physician extenders who are affiliated with your practice.

Our Provider File Maintenance Unit must be informed any time a physician extender joins or departs from your practice, undergoes a name change, etc.

Please remember to include these important employees of your practice when sending updates to us.

Fun 2B Fit Cited in Pediatric Publication

We are proud to report that an article about Univera Healthcare’s Fun 2B Fit program was published in the spring edition of the American Academy of Pediatrics’ CQ newsletter.

The Fun 2B Fit program was developed for second, third, and fourth grade students to provide children and their families with tools to increase their level of physical activity and to encourage healthier food choices.

There is a strong parental component of the program. Parents of participants are provided with a tool kit containing a magnet with tips for keeping their kids healthy, a healthy family pledge to be signed and displayed in the home, a magnetic grocery pad with healthy food choices preprinted on tear-off pages, and other helpful information.

For further information about Fun 2B Fit, please visit our Web site, fun2bfit.univerahealthcare.com.

To access the CQ newsletter article, visit www.aap.org/catch/cq.htm and click on the Spring issue.

Clinical Guideline Update

The following clinical guidelines have been added to our Web site at univerahealthcare.com:

- Obstetrics: Prenatal Care
- Adult Preventive Health

If you do not have access to the Web and would like a hard copy of these guidelines mailed to you, please call our Provider Service department at (716) 857-4444 or 1(800) 617-1114.

Office-Staff Connection (Cont.)

Practitioner’s Notebook

Our goal is to constantly improve the service we provide to you, our valued participating practitioners. If you’ve received exceptional service from a department or employee of Univera Healthcare, we’d like to hear from you. Please email Examiner at maria.valvo@univerahealthcare.com

Judith B. Baumgart, RN, Director of Nursing, Elderwood Health Care at Linwood writes–

“I’d like to tell you about the exemplary, exceptional customer service provided by one of Univera Healthcare’s employees. Her name is Deb Strassel, RN and she works in the medical benefits management department. … Deb has consistently been the kindest, most thoughtful, patient person that I have ever been privileged to work with! In spite of the work that she has to do, she never fails to take the time to be supportive, to educate or to praise. She makes it a pleasure to speak with her each week. …”

No Web Access? Contact Us for Medical Policies In Hard Copy

While the Web is the fastest, most efficient way to obtain important information such as the most up-to-date medical policies, we recognize that some offices do not have Web access.

If you are unable to access medical policies via our Web site, univerahealthcare.com, please contact Provider Services at (716) 857-4444 to request a paper copy.
Pharmacy News

**Synagis® Pre-Authorization Policy for the 2006-2007 RSV Season**

Univera Healthcare will continue to require prior authorization for Synagis. Prior authorization is required when the medication is covered under the patient’s medical benefit and administered in one of the following situations: by a health care provider in the office; as part of home care (requires medical necessity review); at an outpatient clinic.

This applies to all patients requiring this therapy for the 2006-2007 season in all places of service. Please note that prior authorization is still required for patients approved for Synagis treatment last year and seeking their second course of treatment this year.

We encourage you to use our contracted specialty pharmacy, Accredo Health, which will supply and ship Synagis directly to your office – at no cost to you.

Although we are still a few months away from the beginning of the RSV season, we are accepting and reviewing prior authorizations for Synagis now.

Synagis injections can be given starting November 1, 2006. If you have patients who will meet criteria for the Synagis season (i.e., November 1 – April 1), we encourage you to submit the Synagis prior authorizations now.

If you need the Synagis prior authorization form, or have questions about approval criteria, please contact the Medical Specialty Medication Review Unit at 1(800) 306-0151.

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**Be Aware of Recent Changes in Lipitor®, Vytorin® Coverage**

**LIPITOR – Step Therapy Effective Oct. 3, 2006**

For patients taking a statin for the first time, Lipitor® 10mg, 20mg, and 40mg will require a trial of one generic statin (i.e., lovastatin, pravastatin, and/or simvastatin) before Lipitor is covered. This applies to all patients who have a prior authorization requirement as part of their prescription drug benefit.

Patients currently taking Lipitor or another statin are not affected. This only applies to patients who have never had a statin before.

**VYTORIN – Coverage Requirements Effective Oct. 3, 2006**

For Vytorin® new starts who have not had a trial of a statin, Vytorin will be covered as a tier 3 medication (highest copayment/coinsurance). For all existing users and new starts who have had a trial of a statin, Vytorin will be covered as a tier 2 medication (lower copayment/coinsurance).

Please note that for those patients with a closed formulary benefit (e.g., Child Health Plus and Family Health Plus members), new starts on Vytorin will only be covered if the patient has had a trial of a statin.

If your patient has a proven clinical need for a specific statin, please complete an exception form and fax it to the FLRx Pharmacy Help Desk at 1(800) 956-2397.

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**Ready, Set, Parent! Offers Assistance to New Moms, Dads**

Do you have patients who are recent first-time parents or about to become new moms and dads? If you are a parent yourself, you can certainly relate to the questions and concerns related to the important job of raising a child.

Univera Healthcare is pleased to announce its affiliation with Ready, Set, Parent! a collaborative initiative of EPIC—Every Person Influences Children and Baker Victory Services. The program is available to our members with Univera Healthcare and Univera Community Health coverage. Depending on the member’s benefit plan, the program is either free of charge or may include a small copayment.

Ready, Set, Parent! is a national award-winning, comprehensive program, which starts with a visit by a hospital coordinator to new parents within 48 hours of giving birth. From there, parents are invited to attend a newborn class filled with information about parenting their newborn, and health and wellness. The class emphasizes the importance of reading to children from birth by supplying each family with a new book.

Ready, Set, Parent! also includes an eight-week workshop series for parents of infants and toddlers. WNY pediatricians conduct two of the workshops. Topics are designed to help any parent gain new information and guidance about raising a happy and healthy baby.

A complete schedule of classes is available by calling Ready, Set, Parent! at (716) 332-4153.

For more information, please visit www.epicforchildren.org.
Care of Limited English Proficiency Patients Requires Key Attention to Translation Matters (Continued from Page 1)

such matters as alcohol use, or spousal abuse in front of family members.

Despite the expense, it is advisable to rely on the services of a professional interpreter, especially if you will be seeing the patient on an ongoing basis, according to Ms. Shogan. The interpreter should be of the same gender as the patient whenever possible. Based on the patient’s culture, a professional will know exactly how the patient and physician should be seated in the examining room, how the patient should be addressed, etc. Additionally, professional interpreters have some training in medical issues.

Ms. Shogan also cautions against relying on the Web for translations and urges physicians to resist attempting to practice the few words they might know in the patient’s language. In many languages, the context in which the word is used means everything, she says. Using a word or phrase incorrectly could result in confusion or even the exact opposite of what you mean to convey.

The American Medical Association recommends the following sources for obtaining community-based medical interpreters:
- Hospitals and clinics
- Local community-based language agencies
- Managed care organizations
- Community colleges
- Social service programs such as legal aid services, welfare assistance programs, immigration programs, migrant health clinics and English-as-a-second-language programs

Help for Non-English Speaking Patients

Language needn’t be a barrier to ensuring that your patients who do not speak English have the ability to communicate with you and to take an active role in the coordination of their care. Help is only a phone call away through Univera Healthcare’s Language Line.

Language Line is a real-time service available to all Univera Health-care members that immediately translates questions and answers about medical care or health coverage into more than 140 languages.

To access Language Line, a member can call the Customer Service number listed on the back of their identification card, or you can call Provider Service at (716) 857-4444 or 1 (800) 617-1114.

Univera Healthcare Mission: To improve the health and quality of life of our members and the communities we serve.

Let Us Know Your Thoughts

Univera Healthcare is committed to assuring that all participating physicians and providers are satisfied with daily operational plan functions such as network management and provider services relationships, resource management processes, quality improvement activities, and customer service.

To that end, we invite your comments, concerns and questions. Your feedback will help us know how we’re doing. Please contact Maria N. Valvo, Provider Communications Manager in writing at 205 Park Club Lane, Williamsville, NY 14221; via fax, (716) 857-4578 or by calling (716) 857-6269 should you wish to share your thoughts.