

# Provider Report™



## UTILIZATION MANAGEMENT CRITERIA

University Health Plans (UHP) has adopted utilization review criteria developed by McKesson InterQual Products. InterQual appropriateness criteria are developed by specialists representing a national panel from community-based and academic practice. InterQual criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Criteria are established and periodically evaluated and updated with appropriate involvement from physician members of the Quality Management Committee. InterQual is used as a screening guide and not intended to be a substitute for practitioner judgment. Utilization review decisions are made in accordance with currently accepted medical or health-care practices, taking into account special circumstances of each case that may require deviation from the norm stated in the screening criteria. Criteria are used for the approval of medical necessity but not for the denial of services. The Medical Director reviews all potential denials of medical necessity decision.

Practitioners may obtain the criteria used to make decisions by contacting the Medical Management Department at 1-800-429-4585.

Appeals related to a medical necessity decision made during the authorization, precertification or concurrent review process can be made orally by calling 1-800-429-4585, and written appeals should be sent to:

**University Health Plans, Inc.  
Medical Management Appeals  
499 Thornall Street, 4th Floor  
Edison, NJ 08837**

## What Women Should Know

Why it's important for pregnant patients to get a flu shot.

In the U.S., flu season runs between October and mid-May each year. ACOG and the CDC both recommend flu shots for almost all women who are pregnant during the flu season as the single best way to protect against the flu. According to ACOG, flu vaccination should be a routine part of prenatal care, and the ideal time to vaccinate pregnant women is in October and November.

Here are a few helpful facts for your patients:

- Pregnant women have higher rates of illness and death from the flu than any other group.
- The flu vaccine is safe and effective in pregnancy because it is an inactivated vaccine with killed virus.
- The nasal spray vaccine is not recommended for pregnant women, as it is a live, weakened virus.
- A baby under six months of age will have some immunity if his or her mother had a flu shot.
- Antiviral drugs to treat the flu should not be used in pregnancy.
- This information applies to the seasonal influenza vaccine and not the 2009 H1N1 (swine flu) influenza virus.

University Health Plans (UHP) is sending out educational information to its members, including pregnant women, encouraging them to get the flu vaccine. Unfortunately, vaccination rates in pregnant women continue to be low in the U.S. Please help us spread the word by sharing

this information with your pregnant patients. They can protect their health, as well as the health of their unborn baby, by getting a flu shot at the beginning of the season.



### START SMART FOR YOUR BABY

START SMART for Your Baby™ is a comprehensive program for women who are pregnant or have newly delivered. Our goal is safe delivery and a healthy baby. Once a member agrees to participate, she receives a START SMART book on pregnancy and a digital thermometer. If the member is identified as high-risk, she is contacted at regular intervals, and Case Management will arrange for any necessary services beyond standard prenatal care.

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And News From UHP

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Practice Guidelines

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# Reporting Abuse And Neglect

How the process works.

**A**dult Protective Services (APS) programs exist in each of the 21 counties, all monitored and evaluated by state staff. Complainants may be clients, caregivers, family members, agencies or any interested or involved individuals. Calls may be made to the particular county APS office, or to the Public Awareness, Information, Assistance and Outreach Unit's toll-free number at 1-800-792-8820.

An APS investigation is a thorough assessment of a potentially at-risk adult. Within 72 hours of a referral's receipt, a face-to-face meeting with the adult by a trained APS social worker is required. During this meeting, the potential client is interviewed in private. Every effort is made to determine the competence of the adult. Other individuals or agencies that have knowledge of the situation may also be interviewed. When the investigation is complete, a report is submitted to the APS supervisor, who will then consult with the social worker and determine if the adult is at risk of abuse, neglect or exploitation.

If you suspect that abuse or neglect is ongoing, you should know that health-care professionals in New Jersey are mandated to report suspected elder abuse or neglect to APS. The report should be made to the particular county APS office or to the Public Awareness, Information, Assistance and Outreach Unit toll free at 1-800-792-8820. All information generated by the investigation is confidential.

For additional information, contact:  
**New Jersey Department of Health and Senior Services**  
**Division of Aging and Community Services**  
**P.O. Box 812**  
**Trenton, NJ 08625-0812**  
**Phone: 1-800-792-8820**

## About Our Long-Term Institutionalization Program

UHP has a program designed to identify members at risk for long-term institutionalization (LTI) and to educate members and caregivers regarding prevention of LTI and availability of community programs and resources.

UHP will provide care coordination and/or education for members identified as being at risk for long-term institutionalization. If you have a UHP member who could benefit from this program, please call Provider Services at 1-800-780-2438 and we will be happy to assist in connecting you to a care manager who will provide care coordination and/or education for members as needed.

## Need to Access Utilization Management?

Members and practitioners can access Utilization Management (UM) staff through a toll-free number at least eight (8) hours a day during normal business hours for inbound and outbound calls regarding UM issues or questions about the UM process. Inbound and outbound communications may include directly speaking with practitioners and members, or fax, electronic or telephone communications (e.g. sending e-mail messages or leaving voice-mail messages).

Toll-free lines are open for authorization requests and UM-related questions and/or issues from 8 a.m. to 5 p.m., Monday through Friday, excluding holidays. The toll-free number is 1-800-429-4585 (TDD 1-800-852-7897). The member's treating provider or PCP may submit prior authorization requests by telephone, fax, or web, as applicable.

After normal business hours and on holidays, calls to the UM Department are automatically routed to NurseWise®. NurseWise is not a delegated UM entity, and therefore does not make authorization decisions. NurseWise staff will take authorization information for next business day response by University Health Plans (UHP) or notify the UHP on-call nurse in cases requiring immediate response. Outbound communications regarding UM inquiries are conducted during normal business hours and after hours in urgent cases. When initiating or returning calls regarding UM issues, all UM staff will identify themselves by name, title and organization.

If Member Services receives a call regarding a specific UM case or issue, the caller will be transferred to the appropriate UM staff or phone queue for direct access to UM staff about the UM decision or process.

## PREVENTIVE HEALTH AND CLINICAL PRACTICE GUIDELINES

University Health Plans (UHP) has adopted nationally accepted preventive health and clinical practice guidelines to assist providers and members in making decisions about appropriate healthcare for specific clinical circumstances. UHP encourages all providers to utilize evidence-based medicine in providing care to our members; however, we also encourage providers to modify practice guidelines and treatment protocols to meet members' unique needs, specifically members with disabilities and the elderly. You may access the guidelines via the UHP website at [www.uhpnet.com](http://www.uhpnet.com).

## Online Clinical Health Sources

University Health Plans (UHP), in cooperation with UHP's Quality Management, adopted a series of practice guidelines and information on best practices in the management of various medical conditions to support the care you provide to your patients.

The following sets of practice guidelines and information are available online, or in hard copy by contacting UHP's Clinical Service Center at 1-800-429-4585, option 5.

### ADHD

Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder (Published May 2000)

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;105/5/1158.pdf>

Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder (Published October 2001)

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/4/1033.pdf>

Reference: *American Academy of Pediatrics*

### ADULT PREVENTIVE

Topic Index: A–Z. U.S. Preventive Services Task Force (Publication dates vary)

Value of the Periodic Health Evaluation (Published April 2008)

[www.ahrq.gov/clinic/uspstf/uspsttopics.htm](http://www.ahrq.gov/clinic/uspstf/uspsttopics.htm)

U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (2008)

[www.ahrq.gov/clinic/pocketgd08/pocketgd08.pdf](http://www.ahrq.gov/clinic/pocketgd08/pocketgd08.pdf)

Reference: *U.S. Preventive Services Task Force*

### ASTHMA

Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (Published July 2007)

[www.nhlbi.nih.gov/guidelines/asthma/index.htm](http://www.nhlbi.nih.gov/guidelines/asthma/index.htm)

[www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf](http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf)

New Approaches for Monitoring Asthma Control, Expanded Recommendations for Children (Published August 2007)

[www.nih.gov/news/pr/aug2007/nhlbi-29.htm](http://www.nih.gov/news/pr/aug2007/nhlbi-29.htm)

Reference: *U.S. Department of Health and Human Services; National Institute of Health; National Heart, Lung, and Blood Institute; National Asthma Education and Prevention Program*

### CONGESTIVE HEART FAILURE

2009 Focused Update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults

<http://circ.ahajournals.org/cgi/reprint/112/12/e154>

2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults

<http://circ.ahajournals.org/cgi/content/full/119/14/e391>

Reference: *American College of Cardiology Foundation and the American Heart Association Inc, 2009*

### CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease, Updated 2008

[www.goldcopd.com/Guidelineitem.asp?l1=2&l2=1&intId=2003](http://www.goldcopd.com/Guidelineitem.asp?l1=2&l2=1&intId=2003)

Reference: *Global Initiative for Chronic Obstructive Lung Disease*

### DEMENCIA

Practice Guideline for the Treatment of Patients With Alzheimer's Disease and Other Dementias; Second Edition

[www.psychiatryonline.com/pracGuide/loadGuidelinePdf.aspx?file=AlzPG101007](http://www.psychiatryonline.com/pracGuide/loadGuidelinePdf.aspx?file=AlzPG101007)

Reference: *American Psychiatric Association*

### DEPRESSION

Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Second Edition

[www.psychiatryonline.com/pracGuide/pracGuideTopic\\_7.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx)

Reference: *American Psychiatric Association*

### DIABETES

Standards of Medical Care in Diabetes—2009

[http://professional.diabetes.org/CPR\\_search.aspx](http://professional.diabetes.org/CPR_search.aspx)

[http://care.diabetesjournals.org/cgi/content/full/32/Supplement\\_1/S13#SEC5](http://care.diabetesjournals.org/cgi/content/full/32/Supplement_1/S13#SEC5)

Reference: *American Diabetes Association*

### ELDER ABUSE

Elder Abuse Awareness Kit: A Resource Kit for Protecting Older People and People With Disabilities

[www.ncea.aoa.gov/NCEARoot/Main\\_Site/pdf/basics/speakers.pdf](http://www.ncea.aoa.gov/NCEARoot/Main_Site/pdf/basics/speakers.pdf)

Resources for Professionals

[www.ncea.aoa.gov/NCEARoot/Main\\_Site/FAQ/Resources\\_For\\_Professionals/Resources\\_For\\_Professionals.aspx](http://www.ncea.aoa.gov/NCEARoot/Main_Site/FAQ/Resources_For_Professionals/Resources_For_Professionals.aspx)

Reference: *National Center on Elder Abuse*

### HYPERTENSION

Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

[www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf](http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf)

Reference: *National Heart, Lung, and Blood Institute, August 2004*

### IMMUNIZATIONS—ADULT

Recommended Adult Immunization Schedule—

United States, 2009 (Published: January 9, 2009)

[www.cdc.gov/mmwr/PDF/wk/mm5753-Immunization.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5753-Immunization.pdf)

Recommended Adult Immunization Schedule—United States, 2009

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5753a6.htm?s\\_cid=mm5753a6\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5753a6.htm?s_cid=mm5753a6_e)

General Recommendations on Immunization Recommendations of the ACIP

[www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm)

Immunization Schedules

[www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm)

Reference: *Advisory Committee on Immunization Practices (ACIP)*

### IMMUNIZATIONS—PEDIATRIC

2009 Child & Adolescent Immunization Schedules for Persons Aged 0–6 Years—United States, 2009 (Published January 2, 2009)

[www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09\\_0-6yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_0-6yrs_schedule_pr.pdf)

2009 Child & Adolescent Immunization Schedules for Persons Aged 7–18 Years

[www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09\\_7-18yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_7-18yrs_schedule_pr.pdf)

2009 Child & Adolescent Immunization Catch-up Schedule

[www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09\\_catch-up\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_catch-up_schedule_pr.pdf)

Recommended Immunization Schedules for Persons Aged 0 Through 18 Years—United States, 2009

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm)

Reference: *Advisory Committee on Immunization Practices (ACIP)*

### LEAD SCREENING

Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid: Targeting a Group at High Risk. (Published February 2000).

[www.cdc.gov/mmwr/preview/mmwrhtml/rr4914a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4914a1.htm)

[www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02\\_Benefits.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp#TopOfPage)

New Jersey Physician Lead Advisory Committee New Jersey Department of Health and Senior Services

[www.uhpn.net/portal/wcm/resources/file/ebf75e429f6a890/Lead\\_Screening\\_Requirements.pdf](http://www.uhpn.net/portal/wcm/resources/file/ebf75e429f6a890/Lead_Screening_Requirements.pdf)

Reference: *Centers for Disease Control; Centers for Medicare and Medicaid*

### PEDIATRIC PREVENTIVE

Recommendations for Preventive Pediatric Health Care (Published December 2007)

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/6/1376>

<http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1>

Reference: *American Academy of Pediatrics*

# Surveying The Scene

University Health Plans (UHP) conducts an annual assessment of member satisfaction with its services by evaluating the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and member complaints and appeals. Following the annual assessment of this data, UHP will identify opportunities for improvement, set priorities and decide which opportunities to pursue based on quantitative and causal/barrier analysis of member complaint and appeal data and the annual CAHPS survey.

## How the Surveys Work

A few words about the annual assessment of member satisfaction surveys, including the CAHPS survey:

- The CAHPS survey is conducted annually by an external NCQA-certified vendor.

- UHP's results are compared with benchmarks and thresholds published by NCQA.

- Results will also be compared to UHP and/or state-defined goals if different from NCQA. Because survey questions may change between years, it may not be possible to include the same questions in subsequent annual data analysis.

- Other specific surveys that UHP may perform, such as those used to identify barriers to obtaining preventive services, may also be relevant.

- UHP may use disenrollment survey results if the surveys identify opportunities for improvement.

UHP contracted with The Myers Group to conduct the CAHPS survey. Results were submitted to the state, analysis was conducted and an adult and a child QIP were developed for improvement. Although UHP is conducting a CAHPS survey in 2008, success of interventions will be fully assessed based on analysis of the 2009 CAHPS.

## FOR MORE INFORMATION

about the following topics, visit our website at [www.uhpnet.com](http://www.uhpnet.com) or call Provider Relations at 1-800-780-2438 to request a hard copy.

- Member Rights
- Rights of Minors
- Member Responsibilities
- New Technology
- Affirmative Statement for Utilization Management
- Transition Planning
- Asthma Program
- COPD Program
- Health Management Programs
- START SMART for Your Baby Prenatal Program
- Diabetes Management Program
- Care Management Program for Special Needs
- Treatment Alternatives

[www.uhpnet.com](http://www.uhpnet.com)

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