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## UOP Offers No Cost Electronic Patient Registry and E-prescribing Program

In the next year we expect Health Plans to offer extra incentives for those PCPs using E-prescribing and, or an Electronic Registry – both tools are a necessity for those practices that seek Patient Centered Medical Home designation.

UOP is offering both products to its PCPs that are seeking to:

- meet PCMH capabilities across multiple plan line incentive programs,
- enhance in office process efficiency,
- and improve in-patient outcomes.

If you are interested in exploring this offer please contact Glenda at ext. 25 by calling (313) 240-9867.

## Patient Centered Medical Home Update

This year over 800 practice units were nominated for PCMH designation and more than 400 were visited by BCBSM.

We wish to thank the UOP nominated practices for their hard work and commitment to this program. “Good luck to all of you” as BCBSM makes its final designation selections.

With the 2010 designation year wrapping up we are looking for a few additional offices interested in starting the process for the 2011 designation year. Public recognition, improved patient outcomes, patient to patient referrals for future growth of the practice and a 10% E&M uplift are just some of the benefits these elite practices will receive if designated as Medical Homes.

If you wish to learn more about these program elements or wish to have an assessment of your practice unit done by our staff, please contact or Glenda at ext. 25 or Zeinab at ext. 29 by calling (313) 240-9867.



## Effective Dates For Key Provisions Of Health Reform Legislation

The health reform legislation signed into law by President Obama in March will have a significant impact on the nation and the health insurance industry. It is anticipated that by January of 2014, coverage will be extended to more than 230,000 new enrollees in Wayne County resulting in a significant increase in the covered patient population and a corresponding reduction in uncompensated care.

Below you will find a summary of the key provisions of the legislation along with the effective dates.

### *July 2010*

- States must connect to internet portal created by Health & Human Services to facilitate information for consumers on health insurance.

### *October 2010*

- Requirement for insurers to provide dependent coverage for children up to age 26.
- Prohibition on insurers from imposing lifetime limits on benefits and restrictions on annual limits.
- All health plans must cover recommended preventive services and immunizations

### *January 2014*

- U.S. citizens and legal residents are required to have health coverage – those without pay a penalty of the greater of 2.5% of household income or \$695 per year up to a maximum of three times that amount per family.
- Employers with more than 50 employees that do not offer coverage and have at least one full time employee who receives a premium tax credit will be assessed a fee of \$2,000 per full time employee, excluding the first 30 employees from the assessment.
- Employers with more than 50 employees that offer coverage but have at least one full-time employee receiving a premium tax credit, will pay the lesser of \$3,000 for each employee receiving a premium credit or \$750 for each full-time employee.
- Medicaid coverage is expanded to all individuals under age 65 who earn less than 133% of the federal poverty level.
- The Health Insurance Exchange will be created to allow consumers the ability to comparison shop health insurance.

## 2010 Blue Care Network Noncompliant Member Policy To Remain Unchanged

In connection with the 2010 BCN Physician Recognition Program, Blue Care Network will be paying a flat amount of \$20 per member to physicians for noncompliant members. As was the case in 2009, Physicians will not receive a “noncompliant” credit to the numerator for the 2010 base PRP score.

Blue Cross will accept the following four reasons to qualify noncompliant members :

1. Patient has not responded to three attempts to provide the appropriate care in a 12-month period. At least one of the attempts must be a written communication to the member and one attempt must be a phone call where there is a conversation with the member or parent. The written communication must state the specific noncompliant services needed and the medical need for regular follow-up.
2. Terminal illness.
3. Waiver signed by the patient in the office stating he or she does not want to receive a service for the following measures:
  - Immunizations
  - Breast cancer screening
  - Cervical cancer screening
  - Colorectal cancer screening
4. Inability to reach members who have never been seen in the PCP's office and the member address and phone number are incorrect. This should be well documented in the patient's chart.

Providers or staff must fax all appropriate documentation to BCN Provider Affairs AND enter the service for the member in Health e-Blue in order to earn the \$20 payment.

No documentation or entry into Health e-Blue will be accepted until October 1, 2009 and thereafter, documentation must be faxed to BCN Provider Affairs at 800-431-9358 AND entered into Health e-Blue.

If you have any questions please contact Glenda Jaward at UOP or Lawrence Hayes at BCN at 248-455-3509.

## Malpractice Insurance

High insurance premiums and current economic conditions in Michigan are making it increasingly difficult to maintain a profitable practice. Lowering your malpractice insurance can significantly help reduce your overhead.

For more than 5 years, Dean Schink has been assisting UOP physicians with their insurance needs. Drawing on his 20 years of experience in assisting physicians, Mr. Schink has located a Michigan based, non-profit insurance program that can possibly save you up to 50% on your malpractice insurance premiums. He can meet with you, review your current coverage, describe the new program, suggest options and ensure your transition to premium savings is headache free -- this service is provided at no charge.

Here are sample premiums for \$200,000/600,000, Mature Claims Made Coverage under the new program:

- Cardiovascular Disease, Minor Surgery -- \$12,956
- Family Practice, No Surgery -- \$7,492
- General Surgery -- \$21,299
- Internal Medicine, No Surgery -- \$7,776
- Obstetrics and Gynecology -- \$28,869
- Ophthalmology -- \$6,155
- Pediatrics, No Surgery -- \$6,941

Please contact Mr. Schink if you are interested in a individualized quote. He can be reached by telephone at: 248-889-8578 or e-mail at [dmsatspecialized@msn.com](mailto:dmsatspecialized@msn.com). (Please note that all terms and conditions are subject to underwriting approval.)

## Provider Credentialing

Just a reminder that when you have any changes to your address, tax id, phone number, fax number please notify UOP so we may notify the appropriate Health Plans of the changes.

Also, when you receive a UOP Recredentialing Application, please complete and mail it back ASAP. UOP follows NCQA guidelines and we must recredential you accordingly.

### Contact Us

Credentialing	(313)240-9867 x3
Provider Liaison	(313)240-9867 x25 or x28
Provider Services	(313)240-9867 x2
OHSCare Authorizations	(313)240-9873

### *HAVE ANY QUESTIONS?*

If you have any questions regarding any items discussed in this communication, please contact UOP at (313)240-9867 or visit us online at [WWW.UOPDOCS.COM](http://WWW.UOPDOCS.COM)