

November 1, 2007
Quarterly Provider Mailing

University Family Care (UFC) Provider:

There are several important notices in this Quarterly Provider Mailing which should be shared with all of your staff at all of your locations.

New Case/Disease Management Patient Referral Form

Enclosed is a new Case/Disease Management Patient Referral form. The form was developed to assist you and your staff by clarifying the information required for referring a member into case/disease management. Please discard any previous forms and begin utilizing this new form effective immediately.

The Case/Disease Management Programs at UFC are currently being further developed to assist you with members who may benefit from case/disease management services. The new program combines our case and disease management programs. Additional information regarding the Case/Disease Management Program will be sent to your office in the near future. In the meantime, if you have a member that you feel would benefit from receiving case/disease management services, please refer the member to the Case/Disease Management Program by using the enclosed new Case/Disease Management Referral Form.

Special Needs Program – University Physicians Care Advantage (Applicable providers)

On January 1, 2008, UPH Health Plans will roll out University Physicians Care Advantage – our new Medicare Special Needs Plan (SNP) in Pima County. University Physicians Care Advantage will begin providing services to members who qualify for Medicaid/AHCCCS and Medicare. Providers who have opted to participate with University Physicians Care Advantage will be able to continue to see those dual eligible members who choose to enroll with University Physicians Care Advantage. Please see the enclosed flyer for additional information.

Milliman Care Guidelines to be Implemented

In the near future, UFC will be implementing Milliman Care Guidelines. Milliman Care Guidelines will replace Interqual Guidelines that are currently being used by UFC. Please look for more information to arrive in the near future.

Maternal Child Health Program

Providers who are using the PEDS Tool to assess the developmental needs of NICU graduates must return the PEDS response forms, score forms and interpretation forms to the health plan with the EPSDT forms. Please send your completed forms to:

University Family Care
EPSDT/PEDS Tool
2701 E Elvira Rd
Tucson, AZ 85706

Please remember that PCPs must verbally notify members of the availability of family planning services at least annually. This applies to both male and female members.

Maternity care providers must also provide information regarding family planning extension services to assigned SOBRA members during their post partum visit(s).

Please contact Lucille Ryan, MCH Director at (602)344-8375, if you have any questions or need additional information.

National Provider Identification Number Required by January 1, 2008

Providers are required to bill with their National Provider Identification (NPI) number by **January 1, 2008**. Claims received on and after January 1, 2008 without an NPI number

will be denied. Please see the enclosed flyer for distribution to your billing staff or the organization that provides billing services for your practice.

University Physicians e-Services-Claims and Enrollment Inquiry

UFC has made available an electronic inquiry system for claims and enrollment status. This user-friendly secure eServices site allows providers the ability to obtain the status of submitted claims and the enrollment status of members. Please see the enclosed flyer for additional information. If you have any questions regarding your claims payment please call Claims Customer Service at (520)874-5290 Option 6.

No Show Log

To assist your office, UFC has developed a No Show Log to be used when a member has missed appointments. Please begin filling out the enclosed No Show Log and fax it to Member Services at (520)874-3434. Member Services will contact the member with correspondence to assist and educate him/her.



If you have any questions regarding any of this information, please call your Provider Relations Representative at the number listed below.

Thank you for the care you provide to University Family Care members.

Sincerely,



Steve Sherman
ssherman@uph.org
(520)874-5540



Staci Garcia
sgarcia@uph.org
(520)874-5524

Patricia Llamas
pllamas@uph.org
(520)874-5530



Case/Disease Management Patient Referral Form

University Physicians Healthcare provides Case Management services for members in all UPHP plans, including: University Family Care, Maricopa Health Plan, Health Care Group, University Physicians Care Advantage and Maricopa Care Advantage. Case/Disease Management (CM/DM) services are for members who: 1) have a complex medical or behavioral health condition; 2) Have high risk psychosocial risk factors; and 3) For whom Case/Disease Management services would likely reduce member risk of adverse outcomes.

To request Case/Disease Management services, please complete the information below and fax this form to: (866) 210-0512

Type of Referral (check one):

Physical Health Case/Disease Management Referral_____

Behavioral Health Case/Disease Management Referral_____

Transplant Case Management Referral_____

Patient Information	Health Care Provider Information
Last Name_____	Referral Source_____
First Name_____	Phone No._____
Health Plan ID#_____	PCP_____
Date of Birth_____	Phone No._____
Home Address_____	Is member currently in Hospital, SNF or Rehab?
_____	Yes/No. If yes:
Home Phone No._____	Name of Facility_____
Best time to reach member_____	Phone No._____

1. Diagnosis:_____
2. History of Present Illness/Condition/Recent Hospitalization(s):_____
3. Reason for Referral_____
4. Has the member been informed that a CM/DM referral is being submitted? Yes No
5. Does the member need help in managing his/her treatment plan or coordinating services related to his/her health condition or diagnosis? Yes No If yes, please explain:_____ No _____
6. If Behavioral Health Referral, has the member consented to Mental Health/Substance abuse services? Yes_____ No_____
7. Does the member have help at home? Yes___No___ If no, please explain _____
8. Is the member currently receiving any of the following: Radiation Therapy ___ Infusion ___ SNF ___ Home Care ___ Chemotherapy ___ Inpatient Rehabilitation ___ OP Therapies ___ Other _____
9. Does the member use any of the following equipment at home? Suction ___ Oxygen ___ CPAP/Bipap/apnea monitor ___ Wheelchair ___ Walker _____ Other Special Care Equipment _____
10. PLEASE ATTACH ANY PERTINENT CLINICAL INFORMATION

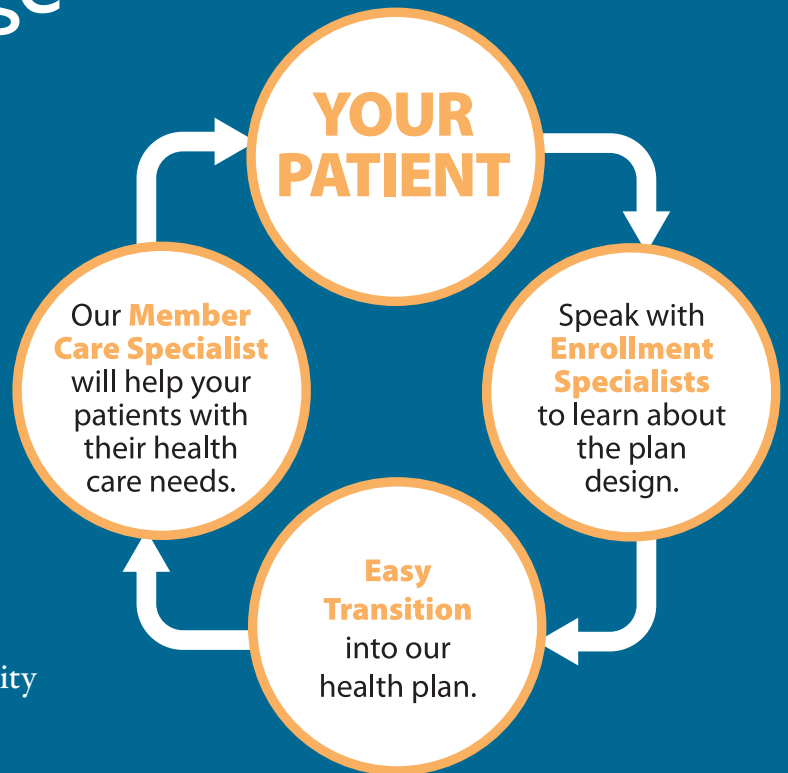


UNIVERSITY PHYSICIANS Care Advantage



Why this works FOR YOU...

- ✓ One Primary Care Provider
- ✓ Single payer source to improve and expedite reimbursement, and reduce the “hassle factor” for you and your staff
 - Single claims submission for University Physicians Care Advantage and University Family Care
- ✓ Dedicated Case Managers to ensure coordination of care
 - An integrated care approach to promote consistency in treatment and best clinical outcome
- ✓ Single point of contact to assist you in managing your patients’ care
 - Local, personalized service



Additional no-cost benefits to Traditional Medicare:

- ✓ Dental care
- ✓ Glasses and Eye exams
- ✓ Hearing aid benefit
- ✓ Prescription drug coverage

1-877-874-3930
or 520-874-3930

2701 E. Elvira Road, Tucson, AZ 85706 • www.upcareaz.com
University Physicians Care Advantage is a Medicare contractor.



University Family Care
University Physicians Healthcare Group
Maricopa Health Plan *managed by University Physicians Health Plans*

BULLETIN

DATE: 11/1/07

SUBJECT: eServices

TO: All Providers

Please ensure that this information is communicated with the Pre-Visit Coordinators, Pre-certification staff, Nurses Managers, Clinic Managers and any other appropriate front office personnel.

Announcing... University Physicians eServices

University Physicians HealthPlans (UPHP) has made available an electronic inquiry system for claims and enrollment status. This user-friendly, secure application allows healthcare providers the web option to view the status of their submitted claims or the UPH enrollment status of a member.

LOCATE the inquiry systems through the member's health plan website or our eServices site:

Maricopa Health Plan <http://www.mhpaz.com>

University Family Care <http://www.ufcaz.com>

University Physicians Healthcare Group <http://www.uphcg.com>

UPH eservices site <https://eservices.uph.org>

ENROLL in the inquiry system by clicking on the *NEW USER REGISTRATION* label, and completing the registration form. The requested information includes your billing tax identification number and an AHCCCS identification number of one provider in your practice. For the Healthcare Group network, if none of the providers in your practice have an AHCCCS ID, enter six nines ("999999") in the AHCCCS ID field. Invalid data entered on the form will generate a *failed* registration message and will prompt a telephone call to you from our Claims Customer Service department. Successful registration will generate a confirmation email.

LOGIN to the inquiry system by entering the Username and initial Password supplied to you in the confirmation email. At the time of your initial login, a system prompt will ask you to change your password.

Claims Inquiry

- **ENTER** the claims inquiry system by clicking on the *CLAIMS LOOKUP* label found on the webpage.
- **SEARCH** the inquiry system for your claim by selecting the TAX ID and HMO, *plus* a Date Range, a Member ID, or a Provider AHCCCS ID.
- **REVIEW** the claim(s) displayed for the status information. You also have the option to download the list to Excel.
- **SELECT** a claim from the displayed data and click on it to see the claim’s detail. Click *Return to Claim List* to view another claim or do a new search.

Enrollment Inquiry

- **ENTER** the enrollment inquiry system by clicking on the *ENROLLMENT INQUIRY* label .
- **SEARCH** the inquiry system for your enrollee by entering his/her DATE OF BIRTH and MEMBER ID *or* by entering his/her DATE OF BIRTH and MEMBER FIRST NAME and MEMBER LAST NAME.
- **REVIEW** the member’s displayed information. This data may include the member’s demographics, enrollment status, primary care physician, Medicare prescription benefit plan, other identified insurance coverage, copays and member’s plan drug formulary.

HELP is available throughout the use of the Inquiry application. Contact methods are outlined on the website. In addition, an on-line help tool is offered.

Telephone 1-800-582-8686 (option 6)
 Email ClaimsInquiry-CustomerService@uph.org (Customer Service)
 ClaimsInquiry-WebAdmin@uph.org (Web Administrator)

If you have any questions regarding this bulletin, please contact your Provider Relations Representative.

Tucson

Steve Sherman	ssherman@uph.org	(520) 874-5540
Staci Garcia	sgarcia@uph.org	(520) 874-5524
Patricia Llamas	pllamas@uph.org	(520) 874-5530

Phoenix

Gail Vanko	West Valley	gvanko@uph.org	(602) 344-8392
Deb Singpradith	Central Valley	dsingpradith@uph.org	(602) 344-8391
Jennifer Claver	East Valley	jclaver@uph.org	(602) 344-8387

University Physicians Health Plans Forms

No Show Log

No Show Log

Practice Name: _____ Week Ending: _____

Patient Name	DOB	AHCCCS ID #	Provider	Appt Date	Did pt. receive reminder call?	Did pt. call to cancel /reschedule?

Please fax to the Member Services Department within 5 days of "No Show Appointment
 Fax: (520) 874-3434