

Unitycommunicator

News for Practitioners and Providers

ISSUE 2, 2007

Evidence-based Clinical Practice Guidelines (CPGs) are available for various health conditions, such as diabetes, asthma, depression, and attention-deficit/hyperactivity disorder (ADHD). CPGs are available at unityhealth.com by clicking on "Providers" or paper copies can be requested by calling Unity Customer Service at 1-800-362-3310. ■



800-362-3310 (toll-free)
608-643-2491 (local)
608-643-2564 (fax)

unityhealth.com

Unity's Practitioner Survey Results

Unity conducts an annual practitioner survey to collect information regarding satisfaction with Unity from participating primary care physicians (PCPs), specialty care and behavioral health practitioners. Each year, the results are used for a variety of quality improvement purposes.

The survey is aimed at receiving information about:

- Continuity and coordination of care
- Utilization management (UM) which includes referrals, appeals, and out-of-area referrals
- Health management assistance
- Overall satisfaction with Unity

The last survey was conducted in November 2006 and included questions from each of the subjects list above. After the results were obtained, the findings were presented to an internal committee. The survey and its results will continue to be used as a basis for interventions throughout 2007. Below are some of the most notable results.

Continuity and Coordination of Care

Continuity and coordination of care includes timeliness and completeness of reports. In 2006, 86% of respondents were satisfied (combined 4 and 5 ratings on a five point scale) with timeliness, a slight drop from 89% satisfaction in 2005. In completeness of correspondence, 93% of respondents were satisfied, up very slightly from 92% reported in 2005. Satisfaction with both measures was higher in the regional areas instead of Dane County.

Satisfaction with the Utilization Management Process

Satisfaction with the utilization management process remained high from 2005 to 2006. For both PCPs and specialists combined satisfaction was 88% in 2006, up from 87% in 2005. PCP satisfaction was higher than specialist satisfaction. 92% of PCPs were satisfied in 2006 compared to 87% specialist satisfaction in 2006. Both areas increased in satisfaction from 2005.

Overall satisfaction with the appeals process was the same (86%) in both 2005 and 2006. Dane PCPs and specialists were more satisfied than regional respondents in 2006.

A question on referral assistance addressed concerns about out-of-area referrals. On timeliness of response, 91% of respondents were satisfied in 2006, an increase over 88% reported in 2005. On satisfaction with prior authorization, there was an even greater improvement with 91% satisfied in 2006 compared to 85% in 2005.

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Claim Submission Procedures

Unity is committed to meeting the standard goals of processing claims within 30 days of receipt. To help us process medical claims more efficiently and accurately, we ask you to follow the following procedures:

- Submit within your contractual filing limit
- Use red CMS 1500 or UB forms
- Line up information appropriately on the form
- Do not send photocopies or claims on onion-skin or colored paper
- Use current and appropriate CPT-4 procedure codes, ICD-9 diagnosis codes, HCPCS codes and revenue codes
- Include a description when miscellaneous codes are used
- Indicate the DRG in the appropriate box for all inpatient claims when using the UB form
- Attach the primary insurance's explanation of benefits form, if applicable

Claims should be submitted to:

Unity Health Insurance
P.O. Box 610
Sauk City, WI 53583-0610

If you are interested in sending claims via Electronic Data Interchange (EDI), please contact netwerkes.com LTD at 262-695-3391 or McKesson Corporation at 1-800-527-8133.

Providers should submit completed bills with the appropriate referral/certification number or other written statements within the timely filing limit stated within the provider agreement. Failure to submit claims to Unity within the contracted filing limit may result in non-payment of benefits.

For more information about claims submission procedures, please see Unity's provider manual online at unityhealth.com by clicking on "Providers" or contact Unity Customer Service at 1-800-362-3310.

2007 Preventive Health Care Guideline

Unity's 2007 Preventive Health Care Guideline is now available. It is updated annually based on recommendations from the U.S. Preventive Services Task Force, the American College of Obstetrician and Gynecologists, the American Academy of Pediatrics and guidance from Unity participating practitioners. The guideline is available at unityhealth.com by clicking on "Providers." Hard copies can be requested by calling Unity Customer Service at 1-800-362-3310. ■

After Hours Care: Are You Compliant?

Unity has a responsibility to members to ensure timely access to care, which includes access to care after normal clinic hours. In order to meet members' needs, Unity must rely on the cooperation of our primary care clinics.

Unity requires all primary care facilities to have an answering system available after regular clinic hours to provide information on how to access care on an immediate basis, if needed. Clinics may choose from a variety of ways to meet this objective, including:

- Message directed to an on-call physician
- Answering service
- Message directing callers to contact the local hospital emergency room or urgent care facility

Unity measures clinic compliance through a monthly member satisfaction survey. Unity works with non-compliant clinics to help them meet the after hours access requirements. Unity also works with our providers to ensure members maintain access to the highest quality of care.

Advocate for Chlamydia Screening

Even though chlamydia is the most frequently reported Sexually Transmitted Infection (STI), screening rates continue to be sub par.

Chlamydia can be passed vaginally, anally, or orally through heterosexual or homosexual contact, or during childbirth. Chlamydia can infect the reproductive organs, urethra, anus, throat, and for babies infected during birth, the eyes and respiratory system.

Symptoms of chlamydia infection can be mild or asymptomatic and therefore unrecognized and untreated. For females, untreated chlamydia infection can cause chronic pelvic pain, Pelvic Inflammatory Disease (PID), ectopic pregnancy, and infertility.

To detect and treat chlamydia early, screening is recommended:

- Annually for all sexually active females age 25 and younger

- Annually for females older than 25 with a new sexual partner or multiple partners
- Annually for any persons (female or male) with multiple sexual partners
- For any sexual partners of infected persons (to prevent re-infection if treated)
- For all pregnant women

For the health of your patients, please suggest screening for all of those at risk for infection. With efforts to increase screening, we cannot only improve rates, but protect those at risk.

To view, print or request a copy of the most current Preventive Health Care Guideline, please go to unityhealth.com and click on "Providers." For paper copies or questions, contact Unity at 1-800-362-3310 and ask for Health Services. ■

Vacation Supply Policy: Four Ways For Your Patients To Get Their Medications

Do you have patients who travel for extended periods of time? If so, help them plan ahead to make sure they have adequate supplies of their medications. Here are four ways for your patients to get what they need:

1 Call Unity Pharmacy Services at 1-800-788-2949 to receive coverage for an extra 30-day supply to take with them (applicable copayments apply). When calling, patients should request a **vacation supply override**.

2 Make arrangements with their local pharmacy to send their medications when needed to wherever they are staying.

3 Go to a Unity participating pharmacy located where they are staying. Unity has a national network of participating pharmacies from which Unity members can receive

medications. These include Cub Pharmacy, Drug Emporium, Kmart, Osco, Phar-Mor, Shopko, Target, The Medicine Shoppe, Walgreen's, Wal-Mart and more.

4 See if their medications qualify for Unity's RX 90 program. If they qualify, they can receive three months of medication at a time by mail for 2.5 copayments. Members can call the University of Wisconsin Hospital and Clinics Pharmacy at 1-866-894-3784 to see if their medications qualify. Please note: not all medications are eligible for dispensing in 90 day supplies. ■

New Additions to the 2007 Childhood Immunization Schedule

New additions have been made to the immunization schedule. The following vaccines are now available and recommended by the Advisory Committee on Immunization Practices (ACIP):

- **Rotavirus:** A three dose series recommended for children at ages two, four, and six months. This vaccine may not be appropriate for all children.
- **Influenza:** The age limit for children has now extended to 59 months.

- **Varicella:** Now a two dose series recommended at 12-15 months and again at four to six years.
- **Human Papillomavirus (HPV):** A three dose series recommended for females 11-12 years old.

Below is the 2007 ACIP schedule. If you would like a copy, visit ACIP's web site at www.cdc.gov/nip/ACIP or call 1-800-362-3310 and ask for Health Services. ■

CHILDHOOD IMMUNIZATION SCHEDULE														
Age	Hepatitis A	Hepatitis B		DTaP	Rota see below ²	HIB	Polio	Pneumo- coccal	MMR	Varicella	Men- ningoccal	Tdap/Td see below ³	HPV see below ⁴	Flu Shot
Birth		Hep B #1												
1 Mos.		Hep B #1	Hep B #2											
2 Mos.		see below ¹		DTaP #1	Rota #1	HIB #1	IPV #1	PCV #1						
4 Mos.				DTaP #2	Rota #2	HIB #2	IPV #2	PCV #2						
6 Mos.				DTaP #3	Rota #3	HIB #3	IPV #3	PCV #3						
12 Mos.	Hep A #1		Hep B #3			HIB #4		PCV #4	MMR #1	Varicella #1				Every fall from 6-59 mos.
15 Mos.				DTaP #4										
18 Mos.	Hep A #2													
23 Mos.														
30 Mos.														
4-6 Yr.				DTaP #5			IPV #4		MMR #2	Varicella #2				
11-12 Yrs.											MCV4	Tdap	HPV	

¹ Hepatitis B immunization #1 is given at 1 to 2 months only if mother is HBsAg(-).

² The Rotavirus vaccine is not necessary for all children. Talk with your child's practitioner to determine if this vaccine is appropriate for your child.

³ Tdap can be given for wound management if not previously immunized with Tdap. All subsequent tetanus boosters will be with Td.

⁴ HPV is a series of three shots given over a 6-month period.

Shading indicates range of recommended ages for immunization.

Source: Recommended Childhood Immunization guidelines adopted from The Advisory Committee on Immunization Practices (ACIP).



WEB SITE CORNER

Pharmacy Information Online

Unity's web site offers you the information you need to know about our pharmacy program. The following information is available at unityhealth.com by clicking on "Pharmacy Information":

- **Up-to-date information on Unity's drug policies**
- **Unity's Prescription Drug Formulary**
The formulary is updated monthly. You can also contact Unity Customer Service at 1-800-362-3310 to have a printed copy of the formulary sent to you. Look for a new format of the formulary which will be more complete, easier to use, and indexed. Remember, Unity's formulary is also available via www.epocrates.com.
- **Unity's Medication Prior Authorization Criteria**
The criteria are updated as changes occur. You can view the specific coverage criteria used to make decisions on medication prior authorization requests.

Recently Updated Guidelines

To keep you informed, here's a list of recently updated guidelines available at unityhealth.com:

- 2007 Preventive Health Care Guideline
- Treating Major Depression in Adults in Primary Care
- Attention-Deficit/Hyperactivity Disorder (ADHD)

Low Cost Allergy Relief Available

As the allergy season approaches, here's a quick reminder of Unity's formulary policies for allergy medications.

Looking for allergy relief at the lowest cost?

Nasal steroids are considered by allergy experts to be the most effective treatment available. They are effective for the treatment of congestion, runny nose, sneezing, nasal itchiness, and postnasal drip. If a patient needs a nasal steroid, generic fluticasone nasal spray is now available at the 1st tier copayment while Rhinocort AQ and Nasocort AQ are still at the 2nd tier copayment.

Coverage of Non-Sedating Antihistamines

Your patients can get allergy relief along with price relief by purchasing non-prescription over-the-counter (OTC) loratadine. To get the best price, patients should shop around and purchase the largest quantity. Non-Claritin brand products will likely cost less and are often on sale. Purchasing most generic non-prescription products out-of-pocket will cost less than your patient's monthly generic copay and will not require an office visit. For example, a recent price check revealed generic loratadine 10 mg tablets can be purchased in a 100 count bottle for \$30. That's only \$9 per month if used daily.

Unity's Coverage Options for Allergy Treatment

Drug Class	Product Name	Formulary Status/Copayment
Nasal Steroids	Fluticasone (generic of Flonase)	Formulary / 1st Tier Copayment
	Rhinocort AQ, Nasocort AQ	Formulary/ 2nd Tier Copayment
Nasal Antihistamine	Astelin nasal spray	Formulary / 2nd Tier Copayment
Antihistamines	loratadine, diphenhydramine, chlorpheniramine	No prescription required <i>Not covered by insurance</i>
Decongestants	phenylephrine, pseudoephedrine (available behind the pharmacy counter)	No prescription required <i>Not covered by insurance</i>
Non-sedating Antihistamines	Fexofenadine, AllegraD, Zyrtec, ZyrtecD, Clarinex	Non-formulary/ 3rd Tier Copayment (prior authorization required for members with 2 tier benefits)

Benefits Assistant: Your Online Administrative Tool

Benefits Assistant is Unity's secure online tool available 24 hours a day, 7 days a week. This tool allows you to perform administrative tasks for your Unity patients via unityhealth.com.

As a Unity contracted practitioner, you can:

- Check benefit information
- Check member eligibility
- Review demographics
- Review PCP history for members
- Access claim information and prior authorizations
- Email Customer Service
- Search for participating practitioners

If you have any questions or would like access to Benefits Assistant, please contact your provider coordinator.



Unity's Policy on Nail Fungus (Onychomycosis) Medications

Onychomycosis refers to nail infections. Toenail onychomycosis is most commonly due to dermatophytes whereas fingernail onychomycosis is more often due to yeast. Onychomycosis is mostly a cosmetic concern to patients; however, in patients with certain medical conditions, onychomycosis may be problematic. These medical conditions include diabetes, peripheral vascular disease, chronic or recurrent cellulitis, and chronic medications, conditions or diseases causing immunosuppression. Only half of abnormally appearing nails are caused by onychomycosis thus it is important to establish the diagnosis with use of KOH examination of nail scrapings or nail cultures rather than basing treatment on physical appearance of the nail. Conditions that may mimic onychomycosis include other nail dystrophies such as psoriasis, eczema, trauma, or lichen planus.

When medically necessary, treatment of onychomycosis usually requires systemic therapy as topical therapy is only minimally

effective. Topical ciclopirax (PenLac®) has not been studied in patients in whom onychomycosis treatment is medically necessary and therapy is of longer duration (48 weeks) as compared to oral therapy with either terbinafine (Lamisil®) or Itraconazole where 12 weeks of therapy is typically sufficient. In spite of therapy, treatment failure or infection recurrence is common. Improvements may be seen after discontinuation of oral therapy and it may take several weeks to months until the nail grows out to allow one to fully assess infection cure. Additionally, antifungal concentrations in the nail bed are therapeutic for weeks after discontinuation of therapy. Therefore, repeat courses of therapy should not be undertaken until after six months or more have elapsed. Topical ciclopirox is not on the Unity formulary and should be reserved for use in patients with contraindications to oral antifungals.

For Unity members, the prior authorization criteria for coverage of

onychomycosis treatment are listed below. Please note that these criteria do not apply for members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity.

Prior Authorization Criteria for Onychomycosis Treatment

Infection caused by *Candida* or other mold confirmed by culture or a positive KOH test and patient has peripheral vascular disease, diabetes, recurrent cellulitis, immunosuppression due to disease or chronic medications or an immunocompromised state. For patients with a decline in their functional status caused by the infection, consideration will be taken with provision of detailed information regarding the change in functional status.

The duration of treatment for onychomycosis is three months. While fluconazole may have some efficacy against onychomycosis, the preferred formulary agents are terbinafine and itraconazole.

Focus on Anxiety: Resources Available to Help Patients Cope

Do your patients complain of lying awake at night worrying about something that happened during the day or thinking about some future event? Have they ever felt like they couldn't stop the worry or had a feeling of panic or fear they couldn't explain? If so they are not alone. Over 20 million people suffer from anxiety. That is one out of every five people.

Anxiety can come in many forms. Some common symptoms include panic attacks, racing pulse, upset stomach, shortness of breath, shakiness, dizziness, feeling disoriented, fear of going crazy or losing control, headaches, muscle tension, scary or depressed thoughts, low energy, and hot or cold flashes. Many people with anxiety go to emergency rooms fearing they are having a heart attack when really it may be a panic attack.

There are things your patient can do to cope with anxious feelings and worry. These include relaxation techniques, positive self-talk, regular exercise, a diet low in sugar and caffeine, managing anger, being more assertive, time management, recognizing signs of stress, and, in some cases, medication.

For more information on anxiety and what can help, please visit unityhealth.com and click on "A-Z Health Topics." We hope you find this a useful resource in managing your patients' health. If you have questions about behavioral health benefits or services, please call Unity Customer Service at 1-800-362-3310. ■



DRUG SAFETY NEWS!

There have recently been several drug safety alerts released by the Food and Drug Administration (FDA). This column summarizes these recent safety alerts since the last newsletter.

Pergolide (Permax) and cabergoline (Dostinex) and cardiac valvular complications

A recent publication in the *New England Journal of Medicine* reports the ergot-derived dopamine agonists pergolide and cabergoline are associated with an increased incidence of cardiac valve regurgitation. Ergot-derived agonists have been associated with an increase in valvular disease as documented in case studies. In the clinical trial, it was observed that the severity of valvular regurgitation was significantly associated with the cumulative doses of pergolide and cabergoline. Zanettini et al published their findings in the January 4, 2007 issue of the *New England Journal of Medicine*.

Telithromycin (Ketek) label changes

The FDA announced the removal of two labeled indications (acute bacterial sinusitis and acute exacerbations of chronic bronchitis) for telithromycin. Telithromycin will remain available for the treatment of community acquired pneumonia of mild to moderate severity. The FDA cited the balance of risks and benefits no longer supports the indications. A boxed warning for contraindication in patients with myasthenia gravis was added and the warnings section now has stronger wording regarding visual disturbances and loss of consciousness which were reported with telithromycin. In addition, hepatotoxicity was reported earlier last year. Further details can be found on the FDA web site www.fda.gov/bbs/topics/NEWS/2007/NEW01561.html.

Information on rotavirus vaccine (RotaTeq) and intussusception

Recent information obtained from post-marketing surveillance and reported by the FDA indicated 28 reports of intussusception following the administration of the rotavirus vaccine. Intussusception may occur spontaneously in the absence of rotavirus vaccination and it is unknown how many cases occurred by coincidence in close proximity to the vaccine administration. The package labeling was updated to include these case reports; however, the dosage and administration schedules remain unchanged. More information can be found at www.fda.gov/cber/safety/phnrota021307.htm.

Rosiglitazone (Avandia, Avandamet and Avandaryl) and fractures safety alert

The manufacturer reported to the FDA the results of ongoing clinical trial which was designed to compare the glycemic control with rosiglitazone relative to metformin and to glyburide monotherapy. The data found that significantly more female patients who received rosiglitazone experienced fractures than did female patients who received either metformin or glyburide. The fracture rate for males was similar amongst treatment groups. The majority of fractures were located in the upper arm (humerus), hand or foot, which differs from those associated with post-menopausal osteoporosis fractures (hip or spine). The number of female patients who experienced a hip or spine fracture was low and similar among the treatment groups. The study has been published in the December 20, 2006 issue of the *New England Journal of Medicine*. Additional information is available at www.fda.gov/medwatch/safety/2007/safety07.htm#rosiglitazone.

Omalizumab (Xolair) and risk of anaphylaxis

Patients with asthma and health care professionals have been notified about new reports of serious and life-threatening allergic reactions (anaphylaxis) in patients after treatment with omalizumab. Usually these reactions occur within two hours of receiving an omalizumab subcutaneous injection. However, these new reports include patients who had delayed anaphylaxis—with onset two to 24 hours or even longer after receiving omalizumab treatment. Anaphylaxis may occur after any omalizumab dose, including the first dose, even if the patient had no allergic reaction to the first dose. Health care professionals who administer omalizumab should be prepared to manage life-threatening anaphylaxis and should observe their omalizumab-treated patients for at least two hours after omalizumab is given. A medication guide has been created to educate patients about the risk of anaphylaxis. Further details are located on the FDA web site at www.fda.gov/medwatch/safety/2007/safety07.htm#Xolair. ■

If you have questions about any of these alerts, please contact the Unity Pharmacy Program at 1-888-450-4884. Additional information for each of these alerts is available on the FDA web site at www.fda.gov/medwatch/safety.htm.

Prior Authorization List Update

Below are additions to Unity's prior authorization list effective January 1, 2007.

- IDET Procedure
- Mole Mapping
- Revision of Prosthetic Vaginal Graft
- X Stop Interspinous Implant

FORMULARY UPDATE

The following drugs have changed formulary status. These changes were made between December 2006 and February 2007. Members affected by these changes received a letter from Unity containing more details. A change in formulary status of drugs may affect out-of-pocket costs, depending on the current drug benefit. The complete formulary is available on Unity's web site at unityhealth.com or by contacting Unity Customer Service at 1-800-362-3310. Members covered under the State of Wisconsin health insurance program should contact Navitus Health Solutions at www.navitus.com to learn more about your prescription drug benefits.

Formulary Additions, Non-Additions and Restriction Removals

FORMULARY ADDITIONS	NOT ADDED TO FORMULARY (NON-FORMULARY)	PA/QL REQUIREMENT REMOVED
Metformin XR	Carvedilol CR (Coreg CR)	Ganciclovir (Cytovene, generics) – PA removed
Glyburide/Metformin	Inhaled Insulin (Exubera)	Clarithromycin XL (Biaxin XL, generics) – QL removed
Metformin/Glipizide		Ivermectin (Stromectol) – PA removed
Rasagaline (Azilect)--QL		Ezetimibe (Zetia) – QL removed
Nepafenac (Nevanac)		Ezetimibe/simvastatin (Vytorin) – QL removed

Products Removed from Formulary or Newly Restricted

PRODUCT	CHANGE AND EFFECTIVE DATE	ALTERNATIVES
Levonorgestrel (Plan B)	1/2/07 Prescription required for under age 18; For age >18, available without a prescription and not covered under pharmacy benefit	Oral contraceptives
Tolcapone (Tasmar)	3/1/07 Removed from formulary due to safety reasons	Pramipexole (Mirapax), ropinirole (Requip), pergolide (Permax), levodopa/carbidopa (Sinemet)

Products Newly Available as Generics (brand becomes non-formulary when equivalent generic available)

PRODUCT	FORMULARY STATUS / NOTES
Metoprolol XL (Toprol XL)	formulary; 1st tier for 25mg strength, still PA and QL. Higher strengths are not yet available as a generic.
Ondansetron (Zofran)	formulary; 1st tier; QL= 6 tablets per prescription
Oxandrolone (Oxandrin)	formulary; 1st tier; PA
Propranolol LA (Inderal LA)	formulary; 1st tier
Trandolapril (Mavik)	formulary; 1st tier; no longer available in the Half-Tab program
Albuterol ER tablets (VoSpire ER)	formulary; 1st tier
Metronidazole vaginal gel (Metro-gel)	formulary; 1st tier

PA = prior authorization required, QL= quantity limit

Important phone numbers to call when you have questions

WHEN TO CONTACT	WHO TO CONTACT	PHONE NUMBER
To check the formulary status or restriction status of a drug	Unity Customer Service	1-800-362-3310
To obtain a copy of Unity's Prescription Drug Formulary	Unity Customer Service or unityhealth.com	1-800-362-3310
To appeal a Prior Authorization denial	Unity Customer Service	1-800-362-3310
To speak to a clinical pharmacist about why a Prior Authorization Request was denied	Unity Clinical Pharmacy Program	1-888-450-4884
For information regarding the Half-Tab Program	Unity Customer Service	1-800-362-3310
For criteria for coverage of a medication	Unity Clinical Pharmacy Program	1-888-450-4884
Early refills, vacation supplies, emergency supplies, new member supply, reimbursement of medications purchased out-of-pocket	Unity Pharmacy Services	1-800-788-2949

Diabetes Resource Guide

The *Diabetes Resource Guide for Consumers and Health Professionals* is a valuable resource on diabetes and has recently been revised. It is produced by the Wisconsin Diabetes Prevention and Control Program and their partners from around the State of Wisconsin. This resource guide includes information and resources for financial assistance, government agencies, language and multicultural information, organizations, programs and initiatives, worksite wellness, internet, pharmaceutical companies, and community health centers from throughout the state.

The *Diabetes Resource Guide* is updated every six months and is available on the Wisconsin Diabetes Prevention and Control Program's web site at dhfs.wisconsin.gov/health/diabetes/.

Unity's Diabetes Health Management Program focuses on providing members with the skills necessary to control their diabetes. If you have Unity members with a diagnosis of diabetes who could benefit from additional educational support or if you would like a paper copy of the *Diabetes Resource Guide* or the *Wisconsin Essential Diabetes Mellitus Guideline*, please call Unity Customer Service at 1-800-362-3310 or email diabetes@unityhealth.com. The *Wisconsin Essential Diabetes Mellitus Guideline* is also available at unityhealth.com by clicking on "Providers." ■

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Unity's Practitioner Survey Results

Health Management Assistance

Unity's assistance with health management for patients with complex or chronic diseases was also evaluated. For both PCPs and specialists, the satisfaction level was 88% in 2006, a drop from 89% in 2005. Specialists ranked Unity higher here with 91% in both years while PCPs scored their satisfaction at 88% in 2005 and 84% in 2006. Program areas in this measure include diabetes, asthma, depression and wellness.

Overall Satisfaction

Satisfaction with Unity continued to be high among practitioners but with differences between reporting groups. 89% of PCPs were satisfied in 2006 (93% were satisfied in 2005) while 93% of specialists were satisfied in 2006 (89% were satisfied in 2005). For the two groups combined, 92% were satisfied in 2006, an increase over the 90% satisfied in 2005.

Your feedback on practitioner satisfaction enables Unity to act appropriately and follow trends in this area. Thank you for your valued input.

Camp WIKIDAS—Asthma Camp for Kids



Even though we're just transitioning into spring, it's not too early to start thinking about summer! The American Lung Association of Wisconsin has an excellent resource for kids with asthma. It's called Camp WIKIDAS (WIsconsin's Only Camp for KIDs With ASthma).

Camp WIKIDAS is a week long summer camp for children between the ages of 8 and 13 with moderate to severe asthma (children must be on daily asthma medication to attend). Daily activities include swimming, rope climbing, canoeing, hiking, and other great activities. Campers attend instructional sessions where they learn how to manage their asthma in daily life. They also build relationships with children like themselves, realizing other kids struggle with asthma, too.

Camp WIKIDAS is scheduled for June 17-22, 2007 and application forms are now available. Space is limited to 90 children and the current fee for each camper is \$285. A limited number

of children can also attend on a partial or full "campership" (scholarship). Camperships are reserved for those in significant need of financial assistance. More information about Camp WIKIDAS (including camp fees and applications forms) can be found at www.lungwi.org/wi/camp/campwikidas.asp or by emailing amlung@lungwisconsin.org.

If you have Unity members with a diagnosis of asthma that might benefit from this resource, please share this information with them or encourage them to contact Unity's Asthma Health Management Coordinator for more information.

If you would like to enroll patients in Unity's asthma program or receive a paper copy of the asthma clinical practice guideline, please call Unity Customer Service at 1-800-362-3310 or email asthma@unityhealth.com. The asthma guideline is also available online at unityhealth.com by clicking on "Providers." ■

NPI Implementation is Drawing Near

The testing of the dual use strategy is in full swing at Unity. We have been working closely with the clearinghouses to test all providers prior to implementation. If you have not been in contact with your clearinghouse or with Unity directly, please contact Joe Boerboom at 608-643-1531 to begin testing.

In addition, we are currently accepting NPI numbers on all new paper claim forms. If you have any questions regarding NPI, please contact your provider coordinator.

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Director of Marketing: Stew Price
Editor: Lindsay Mayer
Art Director: Dorothy Harms

Comments and suggestions are welcome. Contact:

Marketing
840 Carolina Street
Sauk City, WI 53583
1-800-362-3308

lindsay.mayer@unityhealth.com

