

GATEWAY HEALTH PLAN

NOVEMBER
2005



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Benefits of Prospective Care Management

Disease Management

Gateway's enhanced health care management model, Prospective Care Management (PCM), is based on a proactive holistic approach to healthcare that identifies the issues a member faces, and then designs an individualized plan of care to ensure that the member receives the needed care.

A highly skilled care management team will work with physicians and their office staff to identify their patients' needs. Gateway's disease and case management staff provide disease-specific education, instruction in self-care and self-management, and locate referrals to community-based services. The goal of PCM is to improve the health status and maintain the well-being of the member.

Why PCM?

"PCM is focused on the behavioral, economic, environmental, medical, social, and spiritual issues facing Gateway

members, which have a direct impact on their health status," said Michael Blackwood, President and CEO of Gateway Health Plan. "Gateway is the first health plan in the country to initiate such a broad-based offering to members as a standard component of their health-care coverage."

PCM is not just about reducing healthcare costs; it is about helping Gateway members receive the care at the level they need. "We are making an investment in people's health and expect to see it pay dividends in terms of controlling health care costs," added Blackwood.

Gateway recognizes the importance and value of partnering with providers to manage medically and socially complex members. We encourage provider participation in developing comprehensive, holistic treatment plans. Gateway's care management team is extremely knowledgeable of and sen-

(Cont. on page 10)



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The Red Flags of Low Health Literacy

by Tina Sokalzuk

Community Development

The Institute of Medicine defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

It is difficult for providers to identify which patients are at-risk for low health literacy.

A common myth is that low health literacy is exclusive to poor readers. The fact is, low health literacy is a problem associated with every walk of life. Even emotion can impair one’s health literacy abilities. As the American Medical Association pointed out, “You can’t tell by looking.”

However, there are numerous red flags that indicate potential problems. For example:

- A patient is handed a HIPAA form, scans it upside down, and queries, “Where do I sign?”
- A patient is asked to complete a medical history form, but states, “I forgot my glasses. Could you read this to me?”



Low health literacy (which is at epidemic proportions in the United States) extends far beyond the ability to read. Be alert for these other red flags:

- Incomplete or inaccurately completed patient registration forms
- Frequently missed appointments
- Non-compliance with medication regimens
- Physiological parameters do not match expected results although the patient states that the prescription is being taken correctly.

It is beneficial for practitioners to have an idea of the individuals who

are most commonly termed “at risk” for low health literacy. They are:

- Senior citizens
- Teens of childbearing years
- Disadvantaged
- Isolated
- Disabled
- Minorities

Remaining cognizant of the issue of health literacy and incorporating effective health communication methodologies will play an imperative role in your relationship with patients-- and with the health status of those you serve.

Safe Asthma Medications During Pregnancy

by Dean Conti, PharmD, RPh

Asthma is one of the most common medical conditions in the United States, affecting over 20 million Americans. It is also the most common serious medical condition that could possibly affect pregnancy. Adequate control of asthma and its symptoms are crucial in preventing perinatal mortality, preeclampsia, preterm birth, and low birth weight in infants.

In an effort to provide practitioners with the latest information regarding asthma treatment during pregnancy, the National Asthma Education and Prevention Program has updated their guidelines in 2004 to reflect new evi-

dence released since their previous update.

For those patients who are defined as having mild intermittent asthma, short-acting beta²-agonists should be utilized for rescue use. Albuterol, in particular, is the preferred agent because of an excellent record of safety and evidence of safe use during pregnancy.

Women with mild persistent asthma during pregnancy are best treated with low-dose inhaled corticosteroids. Budesonide (Pulmicort®) has the most evidence of use in pregnancy versus other inhaled corticosteroids;

therefore, it is the preferred agent if long-acting medication needs to be initiated during pregnancy. However, if a patient is already stabilized on a particular inhaled corticosteroid before pregnancy, there is no data demonstrating potential fetal harm with continued usage. Cromolyn, leukotriene receptor antagonists, and theophylline are alternative treatments at this stage, but they are non-preferred over inhaled corticosteroids.

Moderate persistent asthma should be controlled with a combination of low-dose inhaled corticosteroids and

(Cont. on page 10)

Applying TTM to Improve Mammography Screening Rates

by *Khlood Salman, Dr. PH*

Preventive Health

Strategies to help women change their health habits are often difficult to implement. An increasing number of studies have shown that the Trans-theoretical Model (TTM), or Prochaska Model, provides a useful framework for understanding short- and long-term behavior change. TTM has been applied successfully to smoking cessation, chronic diseases, and weight control, as well as the promotion of cancer screening.

In 2004, Gateway's Preventive Health Department used TTM methodology to assess women's readiness to obtain a mammogram. The stages of the TTM as applied to mammography include:

- Stage 1: **Pre-contemplation** - Not considering screening
- Stage 2: **Contemplation** - Considering screening but taking no action
- Stage 3: **Action** - Have had at least one test and planning to do it again
- Stage 4: **Maintenance** - Undergoing screening tests at regular intervals.

Outreach representatives were trained to incorporate specific questions in the mammography telephonic script to assess the stage of member readiness. The member was asked different questions related to her attitude, perception, and future intention to have a mammography screening completed. This targeted approach enabled the outreach representatives to identify member-perceived barriers to breast cancer screening. Interventions were then matched to the identified stage with the goal of providing education and counseling.

Findings

Our findings revealed that the highest percentage of women who refused to receive a mammogram (pre-contemplator) claimed that they were

unaware of the importance of breast cancer screening. Other barriers that were identified were fear of pain, fear of the outcome and subsequent treatment, and lack of trust in the health system. These findings were consistent with previous published studies that looked at the barriers to improving mammogram screening rates.

Interventions & Overcoming the Barriers

New interventions were implemented for those members who refused to have a mammogram due to knowledge deficits related to breast cancer screening. Educational materials were mailed to the member, including a letter that explained the lifesaving benefit of screening and early detection, and a booklet related to the importance of mammography.

For those who expressed fear of the procedure, we advised them to talk with their physicians. Others, who

were afraid of the outcome and subsequent treatment, were provided with counseling and reassurance.

Although it may be difficult to evaluate the impact of TTM as an independent component from other interventions, the comparison of the screening rates from 2003 and 2004 demonstrated a noticeable improvement in 2004. We feel that the TTM model provided our outreach department with a focused approach to changing women's behavior. We were also able to raise member awareness and provide targeted education to improve the utilization of this preventive health service.

If you would like further information on TTM or on this preventive health initiative, please feel free to contact our Preventive Health Department. (See the back page for contact information.)

INFO

Chlamydia Screenings

Chlamydia is a silent disease, often missed if not screened. If left untreated, it can lead to serious medical conditions. Because the cervix of teens and young women is not fully mature, these females are more susceptible to infections. You are the key to early diagnosis and treatment. Avoid missed opportunities! Screen all females ages 16-25.

Chlamydia screening can be done by urine or vaginal swab. Be sure to use the proper codes:

- ICD Codes - V74.5, V73.98, V69.2
- CPT codes - 87270, 87320, 87490, 87491, 87492, or 87810 (with the modifier 91 for any of the noted codes).



If You Ask Them, They Will Go: Patients are Willing to Get Screened for Colon Cancer

By Durado Brooks, MD, MPH; American Cancer Society

Preventive Health

Words are the most powerful medicine when it comes to saving lives from colon cancer. In a recent survey of men and women aged 50 and older, 79 percent indicated that they would get screened for colon cancer if their doctor recommended it. Only 14 percent had taken their own initiative to ask a doctor about screening options.

Patients are ready to take action. And we should, too. Due to increased public awareness efforts, including the dramatic broadcast of Katie Couric's first colonoscopy, the public is more aware of colon cancer and more concerned about it. In fact, the majority of those surveyed understand that early detection is the key to survival. In national surveys conducted under the auspices of the Centers for Disease Control and Prevention, 41% of adults in Pennsylvania report having a flexible sigmoidoscopy or colonoscopy in the past 5 years. However, 8 out of 10 people say they believe their doctor is keeping them up to date on the screening tests they need. We should justify this significant confidence by

making sure we recommend screening to every patient over 50. Clinicians are well aware that colon cancer is the third most common cause of cancer in men and women. They also know that when tumors are found early, there is a 90 percent survival rate and that cancer is prevented if precursor polyps are removed.

So what keeps doctors from speaking with their patients and convincing them to get screened? I have traveled around the country speaking with clinicians about making colon cancer screening part of the routine care we provide to patients. It is clear that clinicians face a number of obstacles, such as motivating patients in the limited timeframe of the average visit, addressing concerns about insurance coverage, ensuring that patients follow up with referrals and recommended tests, and dealing with patient fears about discomfort caused by these tests.

Educational materials and checklists can engage and motivate patients when you have limited time with them. Many clinicians believe that educational materials can be effective tools for engaging their patients in discussions

about screening. Materials can also be made available in waiting rooms and exam rooms. Some practitioners have developed a checklist of screening exams that both the patient and doctor must sign and initial. The agreement is placed in the patient's file and reviewed by a doctor or nurse during subsequent checkups.

Work as a team to make sure patients follow up with a gastroenterologist. Clinicians find that it's more effective to work together with office staff to make sure patients follow up with a gastroenterologist. Nurses and medical assistants can play a key role in educating patients about screening tests and scheduling follow-ups to review results.

Engaging in an ongoing dialogue can allay fears about discomfort caused by screening. Clinicians have told me that when they educate patients about the benefits of screening, these obstacles can be overcome. Try to maintain an ongoing dialogue with your patients—it will likely take more than one conversation to allay their fears. Your staff can also play a key role in this effort.

(Cont. on page 5)

Best Practices for Preventive Service Measures

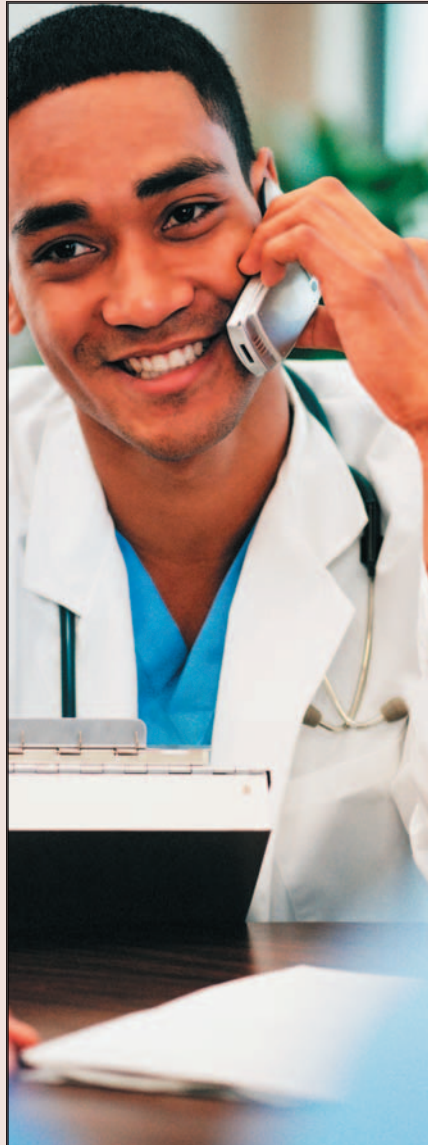
by Marcia Haught, RN, BSN

Provider Portfolio Best

Gateway sends the Primary Care Provider Portfolio report to practices with 50 or more Gateway members in the Health Choices areas twice a year. This report helps Gateway identify offices that are Best Practices for each measure on the portfolio. Several practices were contacted to see how they achieved these superior results.

Here are some Best Practice suggestions for preventive service measures and for making every visit a preventive visit:

- Use sick visits and sports/driver's license physical visits to address preventive issues (mammograms, hemocult, EPSDT, etc.).
- Remember that most immunizations can be given when the child is ill.
- Place flow sheets for preventive care in a specific area of the patient's chart. Flow sheets are available from Gateway's QI department (see the back page for contact information) or at www.ahrq.gov/ppip/pptools.htm.
- Have your staff update the flow sheet when the patient is taken to the exam room.



- Act on the preventive care prompts provided by your electronic record.
- Utilize Gateway's Outreach department to schedule patients who are due or no-shows.
- Utilize the reminder forms that Gateway sends concerning mammograms, paps, EPSDTs, immunizations, etc.
- Call patients who have missed a preventive visit to reschedule.
- Use a tickler file for those due for a preventive visit. A tickler file can be as simple as index cards filed in the month the patient is due for an exam so that you can call members to schedule an appointment (well child visits, mammograms, etc.).
- Refer to labs and mammogram facilities that are convenient for members.
- Send in encounters for all visits--even if Gateway is the secondary insurer--so Gateway is aware of all the services you have provided.

These are some ideas to help your practice become one of our Best Practices. If you would like other ideas, ask your Provider Relations representative or call 800-392-1145 to request the "Primary Care Practice Portfolio Helpful Hints" document.

If You Ask Them, They Will Go: *(Cont. from page 4)*

We know what needs to be done to save lives. The primary way is through the prevention and early detection accomplished by screening. Currently, only 44 percent of colorectal cancers in Pennsylvania are detected in the earliest and most treatable stage. The alternative is devastating. Once the cancer metastasizes, the five-year survival rate is less than 10 percent.

You can get any and all information you need to inform and motivate your patients from the American Cancer Society. A variety of downloadable materials addressing all of these barriers are available by visiting www.cancer.org/colonmd or calling 1-800-ACS-2345.

Dr. Durado Brooks is a general internist and the director of colon cancer programs at the American Cancer Society National Home Office in Atlanta, Georgia.



Scenarios for Success: Increasing EPSDT Rates

by Kim Hammond

Provider Relations

Note: This column provides hypothetical scenarios that address real issues your practice may be experiencing. All practices mentioned here are fictitious.

Gateway Pediatrics increased their EPSDT (Early and Periodic Screening, Diagnosis and Treatment) revenue by 50% last quarter. Here's how they did it:

Gateway Pediatrics discovered they were missing key opportunities to conduct EPSDTs and increase practice revenue. The staff determined through past experiences that once children reached school age, they weren't able to get them back into the office again until they required a physical for a sports ac-

tivity or driver's license. The staff held a brainstorming session to identify ways of providing this preventive service to more children between kindergarten and sixteen years of age.

The staff was re-educated on how to utilize the EPSDT Due and Overdue Member List that Gateway sends each month to their office, attached to their monthly member list. The staff began to call the members on the list and added this information to their computer system so that completed EPSDT appointments could be tracked. In addition, the practice decided to take advantage of sick visits to conduct an EPSDT if a child was overdue. By implementing these changes, the practice was able

to schedule an additional eight EPSDT appointments monthly in July, August, and September!

The practice receives \$22.50 for every EPSDT screening that is conducted plus a \$10.00 administrative reimbursement for every MA-covered immunization provided. On average, two of the eight members each month (six total over the three-month period) received one immunization per EPSDT. Not only did this new procedure afford eight extra children an EPSDT exam each month, but the office also realized additional revenue for this quarter of \$600.00 (based on 24 additional EPSDT visits each reimbursed at \$22.50 plus 6 additional immunizations each reimbursed at \$10).



Attention PCPs!

Gateway will soon be mailing its "Provider Portfolio" to all primary care practitioners located in the South Western and Central areas. If you consistently have 50 or more Gateway members assigned to your practice, you qualify to receive this report.

As a reminder, along with the "Provider Portfolio," you will receive a fax-back questionnaire. Your input is important so that future mailings from Gateway to your practice contain data that is most useful to you.

Protecting Health Information

by Mary D. Craig, BSBA, MLLS

Regulatory

Some people like to “fish” for information that they’re not entitled to receive. In fact, a new buzzword, “phishing,” has been coined to represent this activity. Verifying the identity of the person requesting information and their right to receive the information reduces the risk of falling victim to “phishing” expeditions.

Gateway takes its responsibility to safeguard our member and provider PHI (protected health information) very seriously. We even require our employees to sign a Code of Conduct form to remind them about laws and regulations that safeguard health information. We control access to our business floors through key cards and require our employees to display their identification badges at all times.

We take several other steps to safeguard member and provider information:

- We train all of our employees on HIPAA, PHI, and data security.
- We have a committee that reviews security processes and recommends changes.
- We have a hotline to report suspected violations, make suggestions, or ask questions.
- We monitor calls for quality purposes and to verify the caller’s identity and right to receive the information requested.
- We have a Compliance Officer and Compliance Committee to oversee the entire compliance program.
- We have implemented guidelines and policies to protect PHI and sensitive data.
- We installed “blur” screens on computers, and we moved computer screens so that people walking by desks won’t see what is on the computer screen.
- We relocated employees’ workstations to provide more privacy when discussing benefits or care plans with members and providers.
- We have implemented more password protection guidelines.
- We lock the bins that store records to be shredded.
- We prohibit the use of digital cameras and camera phones in work areas.
- We are starting a new bulletin board reminder program with different signs appearing in many locations.
- We increased the use of file cabinets, folders, and locked areas to better secure PHI after normal business hours.
- We relocated employees’ workstations to provide more privacy when discussing benefits or care plans with members and providers.

Gateway has always had guidelines regarding confidentiality of information, and we always look for new protections and ways to raise our employees’ awareness. For instance:

Gateway is proud to work with our providers and our members to provide a high quality health care program. We want you to know that we manage our members’ health care needs and protected health information (PHI) with utmost care.



A Word About Privacy Practices

Gateway’s “Notice of Privacy Practice” describes how medical and financial information about Gateway’s members may be used and discloses how members can get access to this information. You can view this document by:

- Going to our website, clicking on “Privacy Policy,” and then on “Personal and Health Privacy.”
- Calling Provider Services and asking for a paper copy of the “Notice of Privacy Practices.”

(See the back page for contact information.)



Utilization Incentive Statement

Gateway Utilization Management (UM) decisions are based only on the medical need of care and services. Gateway does not compensate for denials nor does it offer incentives to encourage denials or barriers to care and service.

Gateway monitors for both over- and under-utilization of care to:

- Prevent inappropriate decision-making
- Identify causes and needed corrective action
- Indicate inadequate coordination of care
- Identify inappropriate use of services.

Gateway is particularly concerned about under-utilization and monitors utilization activities to assure members receive all appropriate and necessary care.

Peer Review Information

Gateway Health Plan offers providers the opportunity for peer review whenever a decision is made to deny or reduce a service. The Utilization Management Staff will phone the ordering or attending physician's office to provide information regarding the Gateway member and the details of the request and the review decision. You will also be given the name of the Gateway physician to contact to discuss the reason you determined the service to be medically necessary.

When returning a call to a physician at Gateway, please have the following information on hand to ensure a timely discussion with the appropriate physician:

- the name of the physician you were directed to speak with
- the member information including the Gateway identification number and/or authorization number.

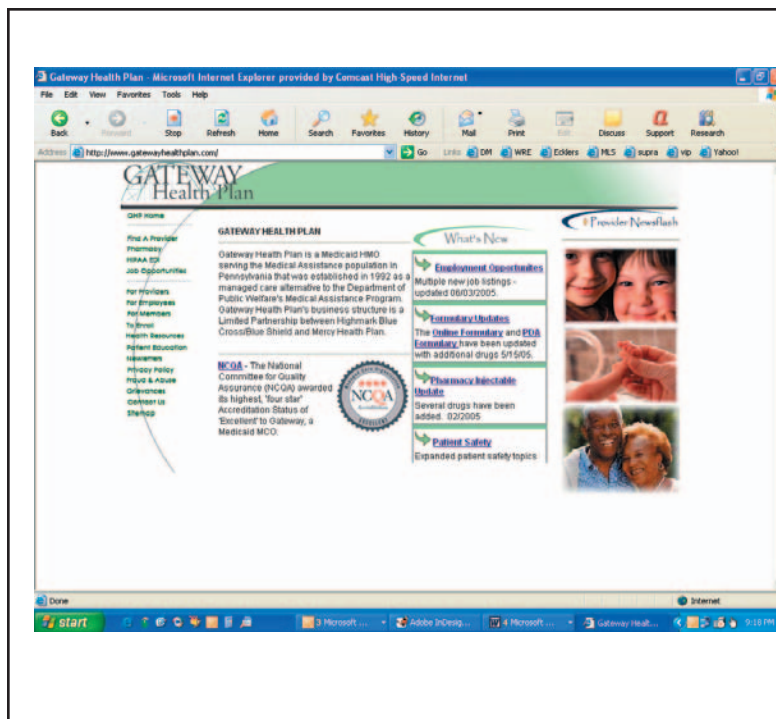
About Our Information Box

Whenever you see this symbol at the end of an article, just turn to the back page of this newsletter where you will find contact information for Gateway's website, departments, or programs.



Complaints & Grievances

Gateway members have the right to file a complaint or grievance, or to request a fair hearing, if they are not pleased with a decision rendered by Gateway. For information on this process, you or your Gateway member can call the Member Services department. The complete process for complaints and grievances can also be viewed by visiting our website and clicking on "Grievances," located towards the bottom of the list on the left. (See the back page for contact information.)



Guidelines & Review Standards on Gateway's Website

Throughout the year, Gateway reviews and revises its clinical guidelines and presents them to our QI/UM Committee for approval. Most recently, the "Adult HIV" and "PCPs Treating Depression" guidelines went through this process.

Our clinical and preventive care guidelines, as well as our "Medical Record Review" and "Medical Record Keeping" standards can be viewed by accessing Gateway's website under "For Providers," or calling the QI department. (See the back page for contact information.)



Improving Care Through Our CAHPS Survey

by Marcia Haught, RN, BSN

Quality Improvement

Each year, Gateway conducts a member satisfaction survey called Consumer Assessment of Health Plans Survey (CAHPS®). This survey asks our members to rate their satisfaction with Gateway's services and with the care they receive from their physicians. Members respond to the survey according to how they perceive their care.

The survey measures how the health plan and physicians are doing in several areas that have been identified as important components of quality care. The primary survey indicators address:

- Getting needed care and getting it quickly
- How well doctors communicate with members
- Courteous and helpful physician office staff
- Rating of PCPs and specialists

- Rating of health care received
- Rating of the health plan
- Discussion of smoking cessation

Our CAHPS scores for this year were lower in eight of nine categories as compared to our scores from last year. Actual CAHPS results can be obtained by calling Provider Services. (See the back page for contact information).

However, our rates were higher for all indicators when compared to NCQA's 2004 Quality Compass Public Report. This report provides the average scores of all Medicaid plans that permitted their scores to be reported publicly. These results help us identify service improvement activities.

The survey results indicated that one area where we can greatly improve the care provided to our members is smoking cessation. Physicians can be very effective in smoking cessation efforts. Intervention is based on the **5 As: Ask, Advise, Assess, Assist, and Arrange.**

Studies have shown that you can influence your patients to stop smoking by:

- **Asking** about and documenting any tobacco use
- **Advising** why it is so important to quit
- **Assessing** if the tobacco user is willing to quit
- **Assisting** those willing to quit with counseling and pharmacotherapy
- **Arranging** for follow up, in person or by phone, preferably within a week of the quit date.

Maintaining or improving our scores is very important, as Gateway Health Plan wants members to receive the highest quality of care. The results of our CAHPS survey are reported to DPW and to NCQA, along with the results of our HEDIS study. By assuring that our members receive quality care, we can maintain our "Excellent" NCQA accreditation rating.

INFO



GATEWAY
Health Plan

Benefits of PCM (Cont. from page 1)

sitive to the unique psychosocial situations facing our members. We welcome the opportunity to collaborate with providers in the proactive management of our high-risk members to improve their functional status and quality of life.

Potential Referrals for PCM

The following problems and/or diagnoses are examples of appropriate referrals for PCM:

- Adults with complex medical needs
- Children with special healthcare needs (i.e., HIV/AIDS, cerebral palsy)
- Mental health or substance abuse issues
- Social issues (domestic violence, homelessness, social isolation, hunger, etc.)
- High utilizers of ED and IP Services

How PCM Works

Gateway staff will assess the mem-

ber's situation and determine if care management services are indicated. When indicated, we will inform the member about appropriate disease and case management programs and assign a care manager to work with both the member and you in designing a care plan to meet the member's needs.

With PCM, there has never been a better time for physicians to partner with Gateway staff to empower members in taking charge of their health and wellness through this unique, enhanced approach. PCM targets members who are at the highest risk for developing serious health issues.

"With this focus, we see PCM, combined with comprehensive health needs assessments and high-risk health intervention initiatives, as critical components in our effort to foster a healthier member population," stated Blackwood.

To request more information about PCM, contact your **Provider Relations Representative or Provider Servicing at 1-800-392-1145.**

"We see PCM, combined with comprehensive health needs assessments and high-risk health intervention initiatives, as critical components in our effort to foster a healthier member population." - Michael Blackwood, President & CEO, Gateway Health Plan

Safe Asthma Medications

(Cont. from page 2)

long-acting beta²-agonists, or with intermediate-dose inhaled corticosteroids alone. There are no studies to indicate superiority of one therapy over the other.

If a woman requires treatment of severe persistent asthma while pregnant, high doses of an inhaled corticosteroid should be prescribed, with budesonide being the preferred agent. Oral systemic corticosteroids are reasonable if high-dose inhaled corticosteroids have failed and proper inhalation technique has been ensured. Despite the uncertain data of fetal risks of oral corticosteroids in pregnancy, there is distinct risk of uncontrolled asthma to the mother and fetus.



Formulary Updates

The Gateway Health Plan formulary is updated on a regular basis. The listed medication changes reflect the decisions made by the Gateway Health Plan Pharmacy and Therapeutics committee. Please review the changes and update your Gateway Health Plan formulary book as necessary. Please note that the Gateway Formulary can now be accessed online.

Additional copies may be printed directly from our Formulary website or requested through Provider Services. (See the back page for contact information.)

Formulary Additions		
Drug Brand Name	Generic Name	Effective Date
Actonel with Calcium	Risedronate/Calcium carbonate	9/12/05
Lupron Depot *	Leuprolide acetate	10/1/05

*PA required

Please contact the Gateway Pharmacy Department with all formulary questions and other pharmacy benefit concerns:

Phone: 1-800-528-6738

Fax: 412-255-4544 or 888-245-2049

Attn: Pharmacy Department



Gateway Health Plan Members' Rights and Responsibilities Statement

This information is being provided here for your information. This statement is also in your Provider Handbook and on our website under the "For Providers" area. Go to the "Members" section of the Provider Manual. A paper copy can be requested from our Provider Services department. (See the back page for contact information.)

Member Rights

As a Gateway Member, you have the right to:

1. Get information about Gateway, the services Gateway provides, doctors and other health care providers giving you care, and your rights and responsibilities as a Gateway member.
2. Be treated with respect and recognition of dignity and right for privacy when receiving health care.
3. Work with your doctor or other health care provider in making decisions about your health care and to express preferences about future treatment decisions.
4. Openly discuss, without any limitations by Gateway, appropriate or medically necessary treatment choices for your condition with a doctor or other health care provider, including treatment options, risks of treatments, alternative therapies, and consultations or tests that may be self administered, regardless of the cost or if it is a benefit.
5. Receive your medical and nursing care without regard to race, color, religion, sex, age, disability, national origin, or without regard to whether you have an advance directive.
6. Pick your own doctor from Gateway's network of doctors.
7. Refuse care from certain doctors.
8. File a complaint or grievance about Gateway or the care it provides.
9. Make recommendations regarding Gateway's members' rights and responsibilities policies.

10. Request a fair hearing from the Department of Public Welfare.
11. Prepare a Living Will and/or Advance Directive.
12. See your medical record or have it copied, within Federal and State laws, and to request that your medical record be changed or corrected within Federal laws.
13. Have your medical records kept private and confidential.

Member Responsibilities

As a Gateway Member you have a responsibility to:

1. Give information to your doctor, other health care provider, or Gateway so they can provide care to you.
2. Follow the instructions and treatment plans that you agreed on with your doctor or other health care provider.
3. Provide consent to healthcare providers and Gateway to help them manage your care, to improve your health or for research.
4. Understand your health problems. As much as you can, take part in making a plan for treatment goals with your doctor or other health care providers.
5. See the doctor you picked on a regular basis.
6. Treat the people giving you medical care with the same respect and kindness you expect for yourself.

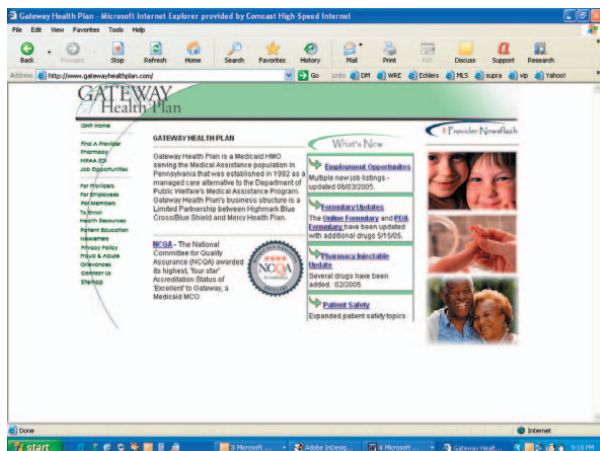




The following information can be accessed on our website, www.gatewayhealthplan.com, under the headings provided. To obtain paper copies, please use the phone numbers provided.

Information Central

Heading	Department	Phone Number
For Providers Provider Manual (includes Environmental Assessment Standards, Confidentiality Policy, Patient Safety, New Technology, Member Rights & Responsibilities)	Provider Services	800-392-1145
Forms & Reference Materials (includes Living Will)	Provider Services	800-392-1145
Medical Record Review/Medical Record Keeping Standards	Quality Improvement	412-255-1144
Clinical Guidelines	Quality Improvement	412-255-1144
Provider Satisfaction Survey	Provider Services	800-392-1145
Patient Safety	Quality Improvement	412-255-1144
Health Resources Disease Management Programs, Preventive Health, Special Needs, Child Health, Patient Education	Case Management & Disease Management	800-642-3550
Newsletters	Quality Improvement	412-255-1144
Patient Education	Disease Management	800-642-3550
Information on Complaints, Grievances, and Appeals	Provider Services	800-392-1145
Privacy Policy	Provider Services	800-392-1145
Pharmacy Information, including Formulary	Pharmacy	800-528-6738



Clinical Times

PHYSICIAN NEWSLETTER

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