Community Connections

For More Information
Call our Provider Services Center at 877-542-9235
Visit UHCprovider.com
In This Issue…

- Best Practices from Our Chief Medical Officer
- Need an Interpreter?
- New Level of Care Provider Appeal
- HEDIS® Hybrid Season Is Coming Soon — Are You Ready?
Best Practices from Our Chief Medical Officer
— Dr. Teresa Wesley

UnitedHealthcare sincerely appreciates the hard work that each and every credentialed provider gives our members. That direct compassionate, patient-specific care helps our communities live their healthiest, best lives. From coordinating care with specialists and following up on lab and radiology results in a timely manner to documenting the EMR that this was done, we thank you for implementing “best practice medicine” in your day-to-day care for our members.

Some Highlights of “Best Practice Medicine” Include:

- Documentation of patient care coordination
- Appropriate use of referrals/consults, studies and tests
- X-rays, labs and consultation reports are included in the medical record with evidence of practitioner review
- X-rays, labs, tests and consultations reports are all communicated with the patient
- Timeframe for follow-up visit is appropriate
- Follow-up of all abnormal diagnostic tests, procedures, X-rays and consultation reports
- Unresolved issues from previous visit(s) are followed up with on the subsequent visit
- There is evidence of coordination of care with behavioral health
- There is evidence of coordination of care with a physical health specialist
- Evidence that the care provider assists the patient with any referrals and or care coordination
- Evidence of documented communication with the specialist on the results of the referral of care coordination — behavioral and/or medical
- Education, including counseling is documented

Thank you for the best practices that you incorporate into your workflow to take care of our members. UnitedHealthcare sincerely appreciates your thorough dedication to the health and well-being of our members.
Important information for health care professionals and facilities

Need an Interpreter?

UnitedHealthcare offers interpretation assistance for members and care providers through Language Line phone interpretation services. To access the Language Line, call Providers Services at 877-542-9238 and ask for assistance getting an interpreter for an appointment. The Provider Services representative will connect you to the Language Line.

Members can also call Member Services at 877-542-9238 and request interpretation services through the Member Services Advocate.

Because the Language Line requires a nine-digit number to initiate the call, care providers aren’t able to call the Language Line directly to request interpretation services. The Provider Services Advocate or Member Services Advocate uses their employee nine-digit number to connect you to the interpretation services you need.

Appointments for interpretation services can be set up in advance. In cases of less common languages, it’s recommended. Spanish interpretation services generally don’t require a prescheduled appointment and can be set up in real-time.

New Level of Care Provider Appeal

Effective Jan. 1, 2020, care providers have a new level of appeal available to them. External Independent Third-Party Review (EITPR) can be used for denials of authorizations for new services or denials of reimbursement issued on or after Jan. 1, 2020. EITPR is an optional level of review, and care providers must complete the managed care organization (MCO) internal appeal process prior to the submission of a request for EITPR. An EITPR review cannot be initiated by a member.

EITPR will only review the same documentation submitted for the MCO internal appeal. If care providers want to submit additional documentation, the current State Fair Hearing process will need to be used.

Care providers have 63 days from the date of the MCO internal appeal resolution to file a request for EITPR. The request must be submitted in writing to the health plan and will be acknowledged in writing by the health plan. Requests will be accepted in writing by mail, email and in person, starting with denials dated Jan. 1, 2020, and after.

EITPR has 30 days to complete review and provide their decision to the health plan and care provider. If EITPR overturns the health plan decision, the MCO will be responsible for the cost of the review. If EITPR upholds health plan decision, the care provider will be responsible for the cost of the review. If an care provider disagrees with the outcome of the EITPR, they can still file a State Fair Hearing within 33 days of the notice EITPR determination from the MCO.

HEDIS® Hybrid Season Is Coming Soon — Are You Ready?

HEDIS® Hybrid Season kicks off in February and goes through early May. That means you may soon start to receive official medical record requests from UnitedHealthcare.

(continued on next page)
Important information for health care professionals and facilities

What is HEDIS® Hybrid Season?

HEDIS® stands for Healthcare Effectiveness Data and Information Set. It’s the measurement tool used by health plans to evaluate performance of clinical quality and member satisfaction. HEDIS® is administered by the National Committee for Quality Assurance (NCQA).

HEDIS® data is administrative data that’s collected from the UnitedHealthcare claims database, and hybrid data comes from a combination of administrative data and medical record reviews. During HEDIS® Hybrid Season, we send out medical record requests to care providers to access member medical records for data that hasn’t been captured in claims.

What are the best practices for HEDIS® Hybrid Season?

- Respond to record requests in a timely manner.
- Remember to document all care you provide in your patients’ medical records.
- Be sure to accurately code all claims.

How does HEDIS® data benefit care providers?

HEDIS® rates are used to evaluate the effectiveness of preventive health care and are a segment of the UnitedHealthcare.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Community Connections is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.