



Louisiana | Spring/Summer 2019

practice**matters**



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We hope you enjoy this edition of Practice Matters. In this issue, you can read about telehealth services for patients to access behavioral health providers, coverage of pap smears for members under age 21 years, recommendations for HPV vaccinations, and much more.

Important information for health care professionals and facilities

Telehealth Services for Patients to Access Behavioral Health Providers

Telehealth visits are now available for our members to connect with one of our Optum behavioral health clinicians through secure online video conferencing.

Members can schedule a virtual visit with a psychiatrist or therapist and meet in real-time through the Internet. Optum behavioral health clinicians can evaluate and treat general mental health conditions such as depression and anxiety, provide therapy and have the ability to prescribe appropriate medications if needed.



To get started, members should visit liveandworkwell.com and then enter their assigned code to get connected to a behavioral clinician.

Encouraging Members to Get the Flu Vaccine

We encourage universal immunizations and want care providers to get eligible members their flu shot. The flu vaccine protects against three or four different influenza viruses, depending on which vaccine you get:

- Flu vaccination can reduce flu illnesses, office visits and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- Vaccination is important for people at high risk for serious flu-related complications and their close contacts. (People at high risk include infants, pregnant women, children and adults with chronic medical conditions like asthma, diabetes or heart disease, and adults ages 65 and older.)



The vaccine is being offered to the public at select locations:

- Pharmacies
- Parish public health units
- School health clinics
- Federally-qualified health centers
- Rural health clinics



For more information, go to [CDC.gov](https://www.cdc.gov).

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Each year, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey gathers feedback from a random sample of health plan members about their experience with their health plan and health care providers. This survey is used to learn more about opportunities to better serve patients and improve their health and quality of life.

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These are a few questions that are part of the survey:

- Annual flu vaccine – Have you had a flu shot?
- Getting Needed Care – How would you rate your ease and timeliness of getting appointments with a specialist, with tests or treatments?
- Getting Appointments and Care Quickly – How often have you gotten urgent care as soon as needed, appointments at your doctor's office? Have you been seen within 15 minutes of your appointment time?
- Care Coordination – Has your personal doctor or doctor's office managed your care among different providers and services to your satisfaction?
- Overall Ratings – On a scale of 0-10, how would you rate your overall health, personal doctor and specialist see most often?

CAHPS survey results are used to work with physicians and health care partners to help drive quality improvements and help enhance the patient's experience. Enhancing the patient's experience will offer new opportunities to improve their health outcomes.

HEDIS Measures

Our 2019 Healthcare Effectiveness Data and Information Set (HEDIS®) performance improvement goals include increasing:

- The number of members who have an annual dental visit
- The number of members with diabetes who receive a retinal eye exam
- The number of women who have a postpartum visit three to eight weeks after delivery
- Appropriate use of corticosteroid therapy for members who have asthma

We also conduct annual member surveys to see how successfully we meet member needs. Our recent CAHPS survey revealed improvements in how our members rate their primary care providers (PCP), particularly in communication and awareness about the care the member received from other care providers.

This feedback helps shape our efforts to improve member service and provide better training for staff to take member calls, along with enhanced provider directory search tools.

Choosing Wisely Campaign for Patient Safety

UnitedHealthcare is committed to advancing patient safety through education of members about safety in their care, collaboration with care providers on safe practices, and by analyzing quality activities related to patient safety and working toward improvements. This information is intended to provide resources for care providers related to patient safety.

One initiative related to patient safety is the *Choosing Wisely* campaign, launched in 2012 by the American Board of Internal Medicine Foundation (ABIM Foundation) and *Consumer Reports*. The campaign was built on the work of Howard Brophy, MD, who called on U.S. medical specialty societies to identify five tests and treatments that were overused in their specialty and did not provide meaningful benefit for patients.

By visiting choosingwisely.org, care providers can review patient safety efforts and learn more about the campaign's efforts to advance a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures. Choosing Wisely recommendations are available online at choosingwisely.org/doctor-patient-lists/. More information on the history of the campaign is available in the article "[Engaging Physicians and Consumers in Conversations About Treatment Overuse and Waste: A Short History of the Choosing Wisely Campaign.](#)"

Member/PCP Assignments – Quarterly Review and Subsequent Member Moves

The Louisiana Department of Health (LDH) has asked managed care organizations to implement a quarterly member/PCP assignment analysis, moving members to PCPs they're actually seeing when appropriate.

Here's the process:

1. On a quarterly basis, we'll run a standard report of members who haven't been to their assigned PCP in the last 12 months.
2. Members who have seen another PCP in the last 12 months will be transitioned to that PCP.
3. Member moves will be visible to PCPs through their panel reports, available via our provider portal.
4. Since this is a new process, LDH has asked that we notify impacted PCPs of these quarterly changes:
 - a. PCPs who are losing members will receive a list of those members with an explanation of why they were moved to a different PCP.
 - b. PCPs who are gaining members will receive a list of those members with an explanation of why they were transitioned to their panel.



For more information on this new process, contact Customer Service at **866-675-1607**.

Communication between PCPs and Specialists Is Key to Well-Coordinated Care

PCPs and specialists share responsibility for coordinating care and communicating essential patient information on consultations, treatment plans and referrals. Lack of communication can negatively affect quality patient care.

Relevant information from the PCP to the specialist should include the patient's history, diagnostic tests and results and the reason for referring the member to the specialist for a consultation. The specialist is responsible for timely communication of the results of consultations to the PCP and ongoing recommendations and treatment plans.

Information exchange among care providers should be timely, relevant and accurate to facilitate ongoing patient management. The partnership between the PCP and specialist is based on the consistent exchange of clinical information, which is a critical factor in providing quality patient care.

Reviews Help Ensure Members Receive Proper Care

UnitedHealthcare Community Plan performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A list of services requiring prior authorization is available in the Provider Manual at UHCcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/LA-Acute-Care-Provider-Manual.pdf.

A care provider reviews all cases in which the care does not appear to meet guidelines. Decisions regarding coverage are based on the appropriateness of care and service and on existence of coverage. We don't provide financial or other rewards to our care providers for issuing denials of coverage or for underutilizing services.

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If you have questions about the process, contact us at **866-675-1607** during normal business hours.

Get Updated Clinical Practice Guidelines

Clinical practice guidelines are available at UHCprovider.com. UnitedHealthcare Community Plan promotes the use of nationally recognized evidence-based clinical guidelines to support care providers in making decisions about health care. Guidelines are available for diabetes, asthma, perinatal care, preventive services, Attention Deficit Hyperactivity Disorder, depression and many other conditions.



To view a complete list of the most current guidelines, go to UHCprovider.com/lacommunityplan > **Current Policies and Clinical Guidelines**.

UnitedHealthcare Community Plan Quantity Limit Policy

UnitedHealthcare Community Plans may have monthly quantity limitations on certain medications to promote efficient medication dosing and safe dosing administration. Prescriptions for quantities greater than the indicated monthly limits will require prior authorization. Additions to the Quantity Limit (QL) program drug list will be made from time to time and care providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and overrides will be available through the prior authorization process.

Single Pharmacy Drug List

On May 1, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and five managed care organizations implemented a single Preferred Drug List (PDL). This single PDL will eliminate the need for prescribers to use multiple PDLs for Medicaid.

The following specifications apply to the implementation of the single PDL:

- It will align preferred and non-preferred drugs across the five MCOs and FFS Medicaid.
- UnitedHealthcare will update the list of prescription drugs covered. For medications moving to non-preferred status, prescribers may be asked to consider an alternate prescription or submit a prior authorization.
- Additionally, UnitedHealthcare will align prior authorization criteria with FFS Medicaid.
- Non-preferred drugs and certain specialty medications will require a prior authorization.

Uniform Prior Authorization Form

On Jan. 1, 2019, the Louisiana Medicaid fee-for-service (FFS) pharmacy program and Medicaid's five managed care organizations began requiring prescribers to use the Louisiana Uniform Prescription Drug Prior Authorization Form. Use of the form is mandated through Act 423 of the 2018 Louisiana Legislative Regular Session and impacts all insurance payers in the state, including Medicaid.

The following guidance applies to use of the form:

- Using the form is a legal requirement and a prior authorization request could be denied if not submitted on the proper form.
- For faxed prior authorizations, prescribers will use the form.

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human papillomavirus (HPV) vaccination to prevent cervical cancer, be assessed at routine visits for sexual behaviors and be screened for sexually transmitted infections and reproductive goals.

Pap testing may be medically indicated in certain clinical scenarios for members under 21:

- Diagnosed with human immunodeficiency virus
- Diagnosed with immunosuppression due to malignancy
- Already known to have cervical cancer
- With a history of diethylstilbestrol exposure
- Meeting criteria that are subsequently published by ACOG

If pap testing for a member under 21 is clinically indicated, the treating care provider should document indication in the medical record and provide necessary documentation to the laboratory provider on request for billing purposes.



For more information, contact Customer Service at **866-675-1607**.

Screening for Colonoscopy Cancer

The American Cancer Society recommends colonoscopy cancer screening once every year for adults ages 50 - 75. Two recommended screening methods are a Fecal Immunochemical Test (FIT) and a High-sensitivity Guaiac-based Fecal Occult Blood Test (HSgFOBT). It's also recommended that one test be required for every 10-year measurement period if the member has an initial negative result.

The FIT may be an easier option for your patients as it:

- Requires only one stool sample and has no dietary or medication restrictions.

The HSgFOBT may be less likely to be done as it:

- Requires multiple stool samples, avoidance of nonsteroidal anti-inflammatory drugs for seven days avoidance of Vitamin C and has food restrictions for 72 hours prior to testing. The recommended foods to refrain from eating prior to the test include beets, broccoli, cantaloupe, carrots, cauliflower, cucumbers, grapefruit, horseradish, mushrooms, radishes, red meat and turnips.



For more information and resources on colonoscopy cancer, visit **cancer.org**.

CDC Recommendations for HPV Vaccinations

The CDC recommends that children ages 11 and 12 receive two doses of human papillomavirus (HPV) vaccine at least six months apart. Previously, three doses were recommended to protect against cancers caused by HPV infections. For information on the CDC's recommendations, visit **cdc.gov/media/releases/2016/p1020-hpv-shots.html**.

UHCprovider.com – Your Source for Information

Check out **UHCprovider.com**, our care provider website, to find everything from UnitedHealthcare Community Plan reports, administrative guides, policies and Link self-service tools. Your Link dashboard has your capitation, eligibility and patient management reports and online transactions such as verifying eligibility, checking the status of a claim and submitting or checking the status of prior authorization.

There's no change to accessing UnitedHealthcare Community Plan member information. UnitedHealthcare Community Plan members will still access their plan and benefit information on **UHCommunityPlan.com** and **myuhc.com**.

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We need your feedback to help determine future website enhancements. Click the Feedback tab found on the right side of every page to send us your thoughts and suggestions. You also may be randomly selected to take a short survey.

My Practice Profile Tool for Healthy Louisiana Plan Providers

The My Practice Profile tool on Link lets you view, update and attest to the care provider demographic information UnitedHealthcare members see for your practice, including: office addresses, hours and locations; languages spoken; phone, fax and website information; and age and genders served. You can also complete your required quarterly demographic data attestation using the upgraded My Practice Profile tool.

Learn more about using the My Practice Profile tool at UHCprovider.com/mpp. The functionality allows Louisiana physicians to make changes to their availability to provide services to new and existing Healthy Louisiana members and to indicate whether your practice accepts Medicaid as primary or secondary.



If you have questions, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, from 7 a.m. - 9 p.m. Central Time, Monday through Friday.

Support for Language Services

UnitedHealthcare Community Plan serves a diverse group of members who have a variety of cultural and language needs. UnitedHealthcare supports care providers in providing competent cultural and language services to its members in a variety of ways.

Did you know:

- We have a significant amount of members who speak Spanish, Vietnamese and Arabic in Louisiana.

- We provide language assistance to help you communicate with our members, including a telephone language line, in-person interpreters and video services.
- We have tools to promote cultural awareness and help care providers recognize and treat health disparities.
- Resources and tools are available at UHCprovider.com/en/resource-library/patient-health-safety/cultural-competency.html

- o Understanding Cultural Competency and the Americans with Disabilities Act

- o Language Identification Cards

- o Cultural Competency Resources



For more information on how to get language assistance and interpreter services, call **877-261-6608**.

Promoting a Healthier Smile

In recent years, emergency rooms have seen an increase in patients with dental problems, despite not being set up to treat those problems or offer routine dental care.

UnitedHealthcare Community Plan benefits include pediatric and adult dental services. We appreciate your support encouraging our members to have regular dental check-ups so they can enjoy a healthier smile and better oral health.



Members older than age 21 can call Member Services at **866-675-1607**.

Dental Benefits for Members under 21



To find a dental provider for our members who are younger than age 21, please visit Managed Care of North America (MCNA) at mcnala.net or call **855-702-6262**.



Vision Benefits



UnitedHealthcare Community Plan offers vision benefits through our vendor, March Vision Care. For routine vision correct and refraction error services, eyewear and corrective contact lenses, members can contact March Vision Care at **844-52-MARCH** or **844-526-2724**, or go to marchvisioncare.com/providerreferenceguides.aspx.



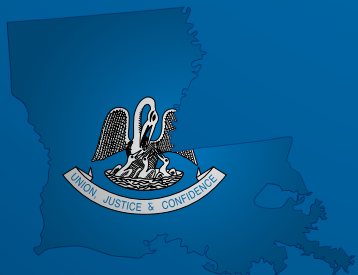
For all other vision services, contact our Customer Service Center at **866-675-1607**.

Reporting Fraud, Waste and Abuse

To facilitate the reporting process of questionable incidents involving members or care providers, please call our customer service line at 866-675-1607 to speak with a UnitedHealthcare Special Investigations Representative.



You can also call the Louisiana Medicaid Fraud Hotline at **800-455-4521**. In addition, write to **UnitedHealthcare Community Plan, Attention: Compliance/Fraud and Abuse Officer**, 3838 N Causeway Blvd., Suite 2600, Metairie, LA 70002.



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