



Maryland

# Practice Matters

Important information for health care  
professionals and facilities.

Summer 2020

United  
Healthcare®  
Community Plan



**We understand that it's a confusing time. Right now, you need all the resources and information you can get. We're working to keep you updated so you can focus on keeping Maryland residents healthy and safe.**

**First and Foremost, Thank You.**

As the people on the front lines of COVID-19, we appreciate your efforts to fight this virus. To all health care professionals who are caring for sick patients and working around the clock to help find solutions – thank you for all you're doing.

**Find the Up-To-Date Information You Need**

We'll be regularly updating the COVID-19 website with our actions on updating state-specific guidance at your UnitedHealthcare Community Plan site. We also suggest that you check your state's COVID-19 site for the latest news and regulations.

**On our sites, you'll find information:**

**To Help Manage Your Business**

- Acceleration of Claim Payments
- Extension of Timely Filing Limits
- CARES Act Information
- Provisional Credentialing
- Requirements to Practice in a New Location
- Changes to Prior Authorization Requirements
- Updates on Delayed Programs and Policies

**As You Work With Patients**

- Expanded Telehealth Access and Reimbursement
- Telehealth Coding Guide
- Member Cost-Share Waivers
- Assistance with Patient Discharge Planning
- Easier Access to DME and Supplies
- Suspension of HouseCalls and Optum at Home

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## **Questions?**

For more information, call our Provider Services Center at **877-842-3210**. Visit **[UHCprovider.com](https://www.uhcprovider.com)**.

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# Promotion of COVID-19 Testing

Maryland HealthChoice members are eligible to receive free testing for COVID-19 throughout the state. Requests for testing may be initiated by members, and Primary Care Providers (PCPs) should receive notification of positive COVID-19 test results.

Providers should follow Maryland Department of Health guidelines in referring eligible members for testing.

### Revised Testing Eligibility Requirements

Maryland HealthChoice members may request a free, COVID-19 test. Members **DO NOT** have to have any symptoms. Members **MUST** take their Member ID card to the testing facility. Members are encouraged to confirm the following **BEFORE** reporting to a testing site:

- Hours of operation
- Accessibility services
- Age restrictions
- Additional Member Resources

**Phone:** Member Services at **800-318-8821**, TTY **711**

**Online:** Available Testing Sites (Including Drive-Through Centers): [COVID-19 Testing](#)

### Why is this important for our Providers?

We are texting members and encouraging them to reach out to their PCP **BEFORE** visiting a testing facility. We want providers to review all available options with our members first. We want providers to know that in-office PCP testing is an option for our members.

### Ordering Tests Via CRISP

A provider order is required for testing facilities using the Chesapeake Regional Information System portal (CRISP). Providers can access this portal to enter orders and review test results. You may use this link to access the website: [CRISP](#)

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# Community Health Centers: Lighting the Way for Healthier Communities Today and in the Future — Aug. 9–15, 2020

One in every 12 people living in America rely on health center services. That’s why, this summer, UnitedHealthcare Community Plan will support National Health Center Week by celebrating our Federally Qualified Health Center and Rural Health Center partners.

These relationships are imperative to our mission of helping people live healthier lives, as they provide high-quality, cost-effective accessible care to those who need it most. To celebrate the work and services health centers provide within their communities, we’re supporting several resources and encouraging celebration and appreciation events nationwide.

This year, we’re focusing around the theme of *Lighting the Way for Healthier Communities Today and in the Future*. With this theme, we’re recognizing the broader communities that are making a difference in people’s everyday lives for a brighter future ahead. This includes providers, as well as personnel working in food banks, shelters, housing, employment and transportation services.

To say thank you, several different types of events may take place — either virtually or in person. These celebrations could take shape in many different forms including:

- Community outreach activities
- Open houses
- Free breakfast or lunch deliveries
- Charity events
- Visits from a political representative
- Onsite demonstrations
- Donations
- And more

Other important insights:

### **Health centers treated over 29 million people in 2019:**

- 1 in 3 patients are in or near poverty
- 1.41 million of people served are homeless
- More than 385K of people served are veterans
- 1 in 5 patients are uninsured

\*National Association of Community Health Centers. Community Health Center Chartbook. January 2020.  
<http://bit.ly/Chartbook2020>

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# Quarterly Demographic Updates Using My Practice Profile

To meet Centers for Medicare & Medicaid Services (CMS) guidelines and help ensure that our members have access to accurate information, you're required to attest to the accuracy of your demographic information each quarter. The fastest way to update information is through **My Practice Profile** on Link.

The My Practice Profile tool lets you review and update your demographic information and complete attestation in one central location. You can complete the process in a few easy steps:

- Sign in to Link using the button in the top right corner of **UHCprovider.com**.
- Select **My Practice Profile**.
- Select **Verify Demographic Info**.
- If the data is correct, click **Attest** and you're finished.
- If the data is incorrect, update the information, then click **Submit Changes** and **Attest**.

If you don't have access to My Practice Profile, you can fill out and submit the **Care Provider Update Form** or **Group/Organization Update Form**.



If you have questions about the My Practice Profile tool or the attestation requirements, call Provider Services at **877-842-3210**.

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# Care Provider Access and Availability Requirements

UnitedHealthcare Community Plan conducts quarterly phone surveys to monitor network care provider compliance with patient access and availability requirements, including after-hour services for urgent care. UnitedHealthcare's standards for appointment scheduling are:

| Practice Type                                                                             | Appointment Type                                                                      | Appointment Standard                                                                                                                                                                                                                                                                     |         |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Primary Care Provider (PCP)<br/>Internal Medicine, Family<br/>Practice, Pediatrics</b> | Emergency Services                                                                    | Immediate                                                                                                                                                                                                                                                                                |         |
|                                                                                           | Adult Urgent Services                                                                 | 48 hours                                                                                                                                                                                                                                                                                 |         |
|                                                                                           | Routine and Preventive Care                                                           | 30 days                                                                                                                                                                                                                                                                                  |         |
|                                                                                           | Child Wellness Assessments                                                            | 30 days                                                                                                                                                                                                                                                                                  |         |
|                                                                                           | After-Hours Phone Service<br>Messaging                                                | Medically necessary<br>emergency telephone service<br>must be provided 24 hours<br>per day, seven days per<br>week. Offices must have a<br>phone message or answering<br>service available that instructs<br>members how to contact<br>a provider for urgent or<br>emergency conditions. |         |
| <b>Specialty</b>                                                                          | Obstetrics New Prenatal<br>Patient                                                    | 10 days                                                                                                                                                                                                                                                                                  |         |
|                                                                                           | <b>Specialty Obstetrics,<br/>Cardiology, Orthopedics,<br/>Ophthalmology, Oncology</b> | New Patient Routine                                                                                                                                                                                                                                                                      | 30 days |
|                                                                                           |                                                                                       | Existing Patient Follow-Up                                                                                                                                                                                                                                                               | 30 days |

For the first quarter of 2020, 338 primary care providers were submitted for audit using UnitedHealthcare standards as the benchmark. A total of 200 providers completed the audit.

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### First Quarter 2020 Primary Care Results

The audit findings were as follows:

| Provider Type     | Provider Audit Sample | Provider Completed Audit | Emergency Care: Standard Not Met | Urgent Care: Standard Not Met | Routine Care: Standard Not Met | After-Hours Care: Standard Not Met |
|-------------------|-----------------------|--------------------------|----------------------------------|-------------------------------|--------------------------------|------------------------------------|
| Internal Medicine | 114                   | 64                       | 2                                | 2                             | 0                              | 0                                  |
| Family Practice   | 108                   | 67                       | 4                                | 0                             | 0                              | 0                                  |
| Pediatrics        | 116                   | 69                       | 0                                | 0                             | 1                              | 5                                  |

### Practices Not Meeting Standards

Practices that didn't meet the required standards received notification of their results and information explaining that a re-audit would be performed 60 business days after the notification date to verify that changes have been made to meet the standards.



For more information on access and availability standards, go to **UHCprovider.com** > Menu > Administrative Guides and Manual > 2020 UnitedHealthcare Online Administrative Guide > **Chapter 2: Provider Responsibilities and Standards.**



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# Improving Access to Care

The UnitedHealthcare Quality Management team works closely with our network care providers and their patients to help ensure access to care and continuity of care. The following are some of the ways we achieve our goal of getting members the right care from the right care provider in the right place at the right time.

### Whole Person Care Program

The Whole Person Care model of care helps empower members, care providers and our community partners to improve care coordination and outcomes for individuals with complex medical conditions. Our team works with program participants to help increase member engagement, offer resources to fill gaps in care and develop personalized health goals using evidence-based clinical guidelines. To refer a UnitedHealthcare Community plan member to a Whole Person Care program, call the special needs coordinator at **800-460-5689**.

### NurseLine

NurseLine is available at no cost to our members 24 hours a day, seven days a week. Members may call NurseLine to ask for advice about a health care concern and whether they should go to an urgent care center, the emergency room or schedule an appointment with their primary care provider (PCP). Our nurses also help educate members about staying healthy. Members may call **877-440-0251**, TTY **711** to reach a nurse.

### New Member Initial Health Appointment

Our outreach to new members includes a welcome call during which we review the importance of scheduling an initial appointment with their PCP within 90 days of enrollment. UnitedHealthcare Community Plan will work with members, their PCP and the local health department to schedule the initial health appointment.

### Appointment Scheduling Assistance

The UnitedHealthcare Outreach Team will call members to help them schedule an appointment or reschedule a missed appointment. This helps ensure the timely completion of all medically necessary examinations, laboratory tests and preventive health screenings. Call Provider Services at **877-842-3210** to request appointment scheduling assistance.

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# Prior Authorization and Concurrent Review Reminder

UnitedHealthcare is required to complete utilization reviews for inpatient admissions, as well as certain elective care and procedures. These regular evaluations are part of our commitment to better quality, improved health outcomes and lower costs for our members. Coverage decisions are based on benefit plans and appropriateness of care and services.

### Utilization Review and Appeals Submission

UnitedHealthcare Community Plan performs concurrent review on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services and pharmaceuticals. A list of services requiring prior authorization can be found at [UHCprovider.com/MDcommunityplan](https://UHCprovider.com/MDcommunityplan) > Prior Authorization and Notification Resources > **Current Prior Authorization Plan Requirements**.

The advance notification/prior authorization list is subject to change. You're informed of changes to this list through the Medical Policy Update Bulletin posted on [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Medical Policy Update Bulletins.

When a prior authorization request is submitted, a care provider of the same or similar specialty as the requesting care provider (or pharmacist) reviews all cases in which the care (or prescription medication) doesn't appear to meet criteria or guidelines adopted by UnitedHealthcare Community Plan Medical Policy Committee. Decisions regarding coverage are based on the appropriateness of care, service and existence of coverage.

The treating care provider has the right to request a peer to-peer discussion with the reviewing care provider, as well as a copy of the criteria used in a review if the it results in a denial. Detailed information on how to request a peer-to-peer review and an appeal of the decision is also included in the denial letter. Peer-to-peer discussions can be arranged by calling **410-540-5965**. Members and care providers also have the right to appeal denial decisions. The denial letter contains directions on how to file an appeal. Appeals are reviewed by a care provider who was not involved in the initial denial decision and who is of the same or similar specialty as the requesting care provider.



#### Learn More

For more information, review chapter 12 of our provider manual at [UHCprovider.com](https://UHCprovider.com) > Menu > Administrative Guides and Manuals > Community Plan Care Provider Manuals > Maryland.

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# Preventing Health Care Fraud and Abuse

UnitedHealthcare Community Plan of Maryland is committed to working with participating network care providers to keep health care free of fraud and abuse. Together, we can help prevent payment of fraudulent claims and help detect, investigate, report and recover false claims.

Part of our shared responsibility is to report suspected fraud and abuse to law enforcement and regulatory and administrative agencies. If you suspect fraud or abuse, please contact us immediately. All reports are confidential and can be made anonymously.

### Examples of fraud and abuse by care providers:

- Billing for services or medications not actually performed or obtained
- Billing for excessive or unnecessary medical services or supplies

### Examples of health care fraud and abuse by members:

- Providing false information or hiding facts for the purpose of obtaining coverage
- Letting someone else borrow a member ID card
- Selling or giving prescription medications to anyone else

### Reporting Fraud, Waste or Abuse

You can report suspected fraud and abuse by contacting the following:

- UnitedHealth Group Fraud Hotline: **844-359-7736**
- Maryland Office of Legislative Audits > Fraud Hotline > List of Hotlines > **Medicaid Benefits**
- Maryland Office of the Inspector General Fraud Hotline: **866-770-7175**
- Submit written report to:

Maryland Department of Health  
Office of the Inspector General  
Program Integrity Division  
201 W. Preston St.  
Baltimore, MD 21201

Phone: **410-767-5784**

Fax: **410-333-7194**

Online: **[mdh.oig@maryland.gov](mailto:mdh.oig@maryland.gov)**

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# Viral Load-Testing Requirements Before, During and After Hepatitis C Treatment

The Maryland Department of Health requires all managed care organizations to submit hepatitis C virus (HCV) RNA test values for audit purposes completed:

- Within 90 days of starting therapy
- At or between weeks two and six of therapy
- At or between eight and 14 weeks of therapy (applies when the treatment is longer than 12 weeks)
- After the end of treatment (within 12 months of the initial fill date)

Please help ensure the timeliness of blood work collection for all members undergoing hepatitis C treatment, and ask your office staff to provide any required laboratory data on request.

## Third Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the changes and update your references as necessary.

You may also view the changes at [UHCprovider.com](https://www.uhcprovider.com) > Menu > Health Plans by State > Maryland > Medicaid (Community Plan) > **Pharmacy Resources and Physician-Administered Drugs**.

We provided a list of available alternatives to UnitedHealthcare Community Plan members whose current treatment includes a medication removed from the PDL. Please provide affected members a prescription for a preferred alternative in one of the following ways:

- Call or fax the pharmacy.
- Use e-Script.
- Write a new prescription and give it directly to the member.

If a preferred alternative is not appropriate, please call **800-310-6826** to request prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication .

**Changes will be effective July 1, 2020.**

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### PDL Additions

| Brand Name | Generic Name                                                 | Comments                                                                                                                                                                                                                                                                   |
|------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brukinsa™  | Zanubrutinib Capsule                                         | Indicated for the treatment of mantle cell lymphoma (MCL) in patients who have received at least one prior therapy. Prior authorization required. Available through specialty pharmacy.                                                                                    |
| Temixys™   | Lamivudine/tenofovir disoproxil fumarate tablet              | Indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV-1) infection. Diagnosis required.                                                                                                                  |
| Trikafta®  | Elexacaftor/tezacaftor/ivacaftor tablet;<br>Ivacaftor tablet | Indicated for the treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Prior authorization required. Available through specialty pharmacy. |

### PDL Modifications

| Brand Name   | Generic Name                                 | Comments                                                                                                                                                                                                                                                                                                           |
|--------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Novolog® Mix | Insulin aspart protamine/insulin aspart vial | Insulin aspart protamine/insulin aspart vial (authorized generic of Novolog® Mix vial) will remain preferred and the brand Novolog® Mix vial will become non-preferred. Current utilizers will be required to transition to insulin aspart protamine/insulin aspart vial (authorized generic of Novolog® Mix vial) |

### Removed from PDL

| Brand Name | Generic Name                                    | Comments                                                                                                             |
|------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Cimduo     | Lamivudine/tenofovir disoproxil fumarate tablet | Temixys™ is an alternate option. Current utilizers will be grandfathered.                                            |
| Clindagel® | Clindamycin phosphate gel 1%                    | Various other topical products are available for the treatment of acne. Current utilizers will not be grandfathered. |
| N/A        | Cetirizine chewable tablet                      | Cetirizine oral solution and syrup are alternate options. Current utilizers will not be grandfathered.               |

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### **PDL Update Training on UHC On Air**

Learn more about PDL updates by watching a UHC On Air video highlighting this quarter's significant PDL changes. You can access the video by going to **UHCprovider.com** and clicking on the Link button in the top right corner. From there, choose the UHC On Air tile from your Link dashboard. If you don't have access to Link, select the New User button on **UHCprovider.com**.



If you have questions, call UnitedHealthcare Community Plan's Pharmacy Department at **800-310-6826**.

## **EPSDT Compliance Requirements Assistance**

Certified Early and Periodic Screening, Diagnostic and Treatment (EPSDT) care providers are required to complete exams, screenings and labs in accordance with the Maryland Healthy Kids Preventive Health Schedule during specified scheduled visits and within specified age ranges. You can complete the components on the health schedule during sick or follow-up visits as well as during routine visits.

The Maryland Department of Health requires UnitedHealthcare to audit member medical records to confirm compliance with EPSDT requirements. UnitedHealthcare's quality nurse will request 10 charts for patients within different age ranges. For the practice to be considered compliant with the state's requirements, five of the 10 charts must score 80% or higher. If the practice doesn't achieve this score, we'll request a plan outlining any operational changes that will bring the practice into compliance. The practice has 30 business days to make any necessary changes.

### **How We Can Help**

- Our quality nurse can provide EPSDT education and information as a subject matter expert and liaison.
- We can provide your office with a list of UnitedHealthcare members requiring a visit for a specific EPSDT gap in care.
- We can assign outreach staff to call your patients, who are our members, to schedule appointments to address EPSDT gaps in care.



To arrange assistance, call Miosotiz Griffin, outreach supervisor, at **443-896-9147** or email **miosotiz.griffin@uhc.com**.



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# Help Us Help Expectant Mothers

Maternal care is critical throughout an expectant mother's pregnancy. To help ensure we effectively support your care, we're asking for your help identifying pregnant members as early as possible in the pregnancy. Completing the required Maryland Prenatal Risk Assessment (MPRA) at the first prenatal visit, and forwarding the completed form to the local health department, will allow us to work together to help ensure the best possible birth outcomes for our members. The MPRA program provides reimbursement using billing code H1000 for completion of the MPRA form and development of the plan of care. The current reimbursement is \$40.

We aim to improve health outcomes and meet Healthcare Effectiveness Data and Information Set (HEDIS®) quality care standards by working together with you.

We've designed the following programs to encourage behaviors that can help improve the overall health for expectant mothers, new mothers and their newborns. These programs can also support your plans of care and help you address open care opportunities to meet quality care standards.

- **Healthy First Steps™ (HFS)** is a program for expectant mothers that includes access to resources, educational opportunities and support from a multidisciplinary team to help address medical, social and behavioral needs.
- **Baby Blocks™** rewards may be available to members when they go to their scheduled doctor appointments. Baby Blocks rewards are available in most states. Members can check their eligibility and get health tips and other resources at [uhcbabyblocks.com](http://uhcbabyblocks.com).
- **text4baby** offers text message reminders to pregnant and new mothers about upcoming appointments along with quizzes, health and safety tips. Members can visit [text4baby.org](http://text4baby.org).

### How to Get Started

- Go to [UHCprovider.com/maternity](http://UHCprovider.com/maternity) and download the form specific to your state.
- Complete the form and fax to us at **877-353-6913**.
- Direct eligible patients to call **800-599-5985**.



For more information about how our pregnancy programs can help support your patients who are UnitedHealthcare Community Plan members, please call Lystra Thomas, UnitedHealthcare Clinical Practice Consultant, at **443-896-0392**.

# United Healthcare<sup>®</sup> Community Plan

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