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We hope you enjoy this edition of Practice Matters. In this issue, you can read about new and enhanced Link apps, how to meet EPSDT requirements, benefit coverage changes for long-acting opioids, and much more.
New and Enhanced Link Apps

We’re introducing many enhancements to Link, your gateway to UnitedHealthcare’s online tools. The following chart shows a summary of the upcoming changes:

<table>
<thead>
<tr>
<th>App</th>
<th>Description</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>claimsLink</td>
<td>This new and improved app is replacing Claim Status and Claim Reconsideration on UnitedHealthcareOnline.com and the Claims Management and Claims Reconsideration apps on Link.</td>
<td>Launching in phases; we began to launch the app at the end of March. All users should have access to the new app by the end of May. claimsLink training webinars are offered on Tuesdays at 2 p.m. and Wednesdays at noon Central Time through May 17. After May 17, a new registration link will be available on UnitedHealthcareOnline.com &gt; Quick Links &gt; Training &amp; Education. Sessions will be offered every other week. Video: Introducing claimsLink claimsLink Overview claimsLink QRG.</td>
</tr>
<tr>
<td>Claims Submission</td>
<td>This new app allows you to submit individual institutional claims with attachments to UnitedHealthcare.</td>
<td>Available soon. Batch and professional claim submission will be added later.</td>
</tr>
<tr>
<td>My Practice Profile</td>
<td>This updated app lets you view and update your care provider demographic and practice data online. You can also use My Practice Profile to complete your quarterly attestation to the accuracy of your demographic information.</td>
<td>The phased launch continues and more functionality is being added. Video: My Practice Profile and Data Attestation Refer to our quick reference guide for information about using this app.</td>
</tr>
<tr>
<td>PreCheck MyScript</td>
<td>This new app will make it easy to run a trial claim to get real-time prescription coverage detail.</td>
<td>Launching this summer.</td>
</tr>
<tr>
<td>Prior Authorization and Notification</td>
<td>The new version of the app will have a redesigned user interface that gives you access to your prior authorization/notification functions within a single app that’s easier to use.</td>
<td>Launching in phases; starting this summer. For more information, refer to the article on p. 6.</td>
</tr>
<tr>
<td>referralLink</td>
<td>This new and enhanced app replaces Referral Submission on UnitedHealthcareOnline.com and the referral functionality from the Eligibility &amp; Benefits app.</td>
<td>Launching this summer.</td>
</tr>
</tbody>
</table>

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Important information for health care professionals and facilities

Please watch your email inbox for more information about Link. You can add esolutions@providernews.uhc.com to your contact list to make sure the emails reach you. You also can check and update the email address in your profile by taking these steps:

2. Select the UnitedHealthcare Online app from your Link dashboard.
3. Click My Profile on the upper right corner of the screen.
4. Update your Business Email on the Manage My Account page.
5. Click Save.

Learn More

- New Link training videos are available on demand. Open the UHC On Air app from your Link dashboard and go to UHC News Now > Provider Self-Service.
- Information about Link is also available at UnitedHealthcareOnline.com > Quick Links > Link: Learn More.
- If you have questions, please call the UnitedHealthcare Connectivity Help Desk at 866-842-3278, option 3, 8 a.m. – 10 p.m. Eastern Time, Monday through Friday.

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

Primary care physicians (PCPs) and specialists have shared responsibility for coordinating care and communicating essential patient information to each other. 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.

Well-coordinated care starts with a regular exchange of information between health care providers to give the patient the highest quality care and care management.

Helping You Meet EPSDT Requirements

Certified Early and Periodic Screening Diagnosis 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 schedule visits and within specified age ranges. The components on the schedule can be completed during sick or follow-ups visits as well as during routine visits.

The Maryland Department of Health and Mental Hygiene requires UnitedHealthcare to audit member medical records as evidence that EPSDT requirements are being met. Ten charts will be audited, and the charts will include members from birth to age 20. For a practice to comply with state requirements, five of the 10 charts must score 80 percent or greater. If the practice doesn’t achieve this score, UnitedHealthcare will perform audits every three months until the practice meets requirements.

To help you meet the requirements, we can:

- Assign a quality nurse to assist with providing EPSDT education and information as a subject matter expert and liaison;
- Assign an outreach staff member to your office to assist your staff with scheduling members with specific EPSDT gaps in care using your EMR system;
- Assign an outreach staff to call members from our office to schedule appointment with EPSDT gaps in care; and

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Important information for health care professionals and facilities

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• Provide your office with a list of members requiring a visit for a specific EPSDT gap in care

To schedule assistance, contact Miosotiz Griffin, outreach supervisor, at 443-896-9147 or send an email to: miosotiz.griffin@uhc.com.

UnitedHealthcare’s OMW Website Supports Transition Planning

Every day, thousands of young adults make the move to independent living. For many, this is a daunting challenge because they lack critical skills needed for the realities of adult life. Through conversations with foster youth, foster parents and experts, UnitedHealthcare developed uhcOMW.com, an interactive website that guides and supports youth through their journey to become independent members of their community.

The website is a pilot program being used by several UnitedHealthcare Community plans. Users engage with peers and are rewarded with virtual points, badges and messages of encouragement as they progress through six life tracks:

• Money: budget and learn about money and taxes
• Housing: understand and compare housing options
• Work: create a resume and learn interview tips
• Education: determine next steps after high school
• Health: learn important health information and common health questions
• Transportation: navigate options to get around

uhcOMW.com is available to everyone. Members will be told of the website through marketing events, local health departments, provider portal/communications and community partners. A kickoff celebration will be on June 24.

For more information, contact Dr. Arethusa Kirk at 410-379-3427 or arethusa_kirk@uhc.com.

Benefit Coverage Changes for Long-Acting Opioids

Due to concerns regarding the potential for opioid abuse, the Centers for Disease Control and Prevention (CDC) released new recommendations in March 2016 on prescribing opioids. To align with the CDC’s recommendations, UnitedHealthcare implemented changes to our Prescription Drug List on the coverage and utilization management of long-acting opioids, effective Jan. 1, 2017, for new starts.

Studies have shown that the risk for adverse events significantly increases at > 50 mg morphine equivalent doses (MED) per day. A second increase in the risk ratio occurs at doses > 90 MED. For this reason, the CDC recommends that clinicians avoid increasing the total daily opioid dosage above 90 MED from all sources of opioids for chronic non-cancer pain.

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As a result, UnitedHealthcare Community Plan implemented a 90 MED supply limit for the long-acting opioid class on Jan. 1, 2017 for new starts. Care providers should consider initiating opioid tapers to align with the new supply limits. To calculate a drug’s MED, please use the following conversion chart:

<table>
<thead>
<tr>
<th>Long-Acting Opioid</th>
<th>Conversion Factor</th>
<th>Daily 90 MED Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine Transdermal (e.g. Butrans®)</td>
<td>12.6</td>
<td>50 mcg/hr</td>
</tr>
<tr>
<td>Buprenorphine Buccal (e.g. Belbuca™)</td>
<td>0.03</td>
<td>3000 mcg</td>
</tr>
<tr>
<td>Hydrocodone (e.g. Zohydro® ER)</td>
<td>1</td>
<td>90 mg</td>
</tr>
<tr>
<td>Hydromorphone (e.g. Exalgo®)</td>
<td>4</td>
<td>22.5 mg</td>
</tr>
<tr>
<td>Fentanyl Transdermal (e.g. Duragesic®)</td>
<td>7.2</td>
<td>37.5 mcg/hr</td>
</tr>
<tr>
<td>Methadone</td>
<td>3</td>
<td>30 mg</td>
</tr>
<tr>
<td>Morphine (e.g. generic MS Contin)</td>
<td>1</td>
<td>90 mg</td>
</tr>
<tr>
<td>Oxycodone (e.g. Oxycontin)</td>
<td>1.5</td>
<td>60 mg</td>
</tr>
<tr>
<td>Oxymorphone (e.g. Opana® ER)</td>
<td>3</td>
<td>30 mg</td>
</tr>
<tr>
<td>Tapentadol (e.g. Nucynta® ER)</td>
<td>0.4</td>
<td>225 mg</td>
</tr>
</tbody>
</table>

Updated Prior Authorization Criteria for All Long-Acting Opioids

We’re also modifying our prior authorization criteria to align with the CDC’s recommendations for the treatment of chronic non-cancer pain. Prior authorization will apply to all long-acting opioids, including those that currently don’t require authorization such as methadone, fentanyl transdermal and generic MS Contin.

To submit a prior authorization request with supporting documentation, fax the completed form to 866-940-7328. Prior authorization forms are available at UHCCommunityPlan.com > For Health Care Professionals > Maryland > Pharmacy Program > Pharmacy Prior Authorization Forms.

Here are some key takeaways from the CDC guidelines:

- Use non-opioid therapies. Instead of opioids, recommend non-pharmacologic therapies such as exercise and cognitive behavioral therapy and non-opioid pharmacologic therapies for chronic pain. Do not use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

- Start low and go slow. Prescribe the lowest possible effective dosage and start with immediate-release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain. For patients who need continued opioid therapy, create a pain management plan and a pain management/opioid contract signed by the patient. Consider naloxone for patients at a higher risk for overdose, which is defined by the CDC as doses > 50 MED, patients using narcotics with benzodiazepines and patients who have a history of substance abuse or overdose. Avoid increasing total daily opioid dosages over 90 MED. Doses of opioids over the 90 MED risk threshold should be prescribed by, or in consultation with, a pain management specialist.
• Follow up. Regularly monitor patients to make sure opioids are improving pain and function without causing harm and utilize the PDMP (CRISP) when prescribing additional opioids to monitor for high-risk combinations. Monitor patients for opioid dependence disorder and comorbid mental health conditions. Patients who continue to have escalating dosing requirements or who receive little to no benefit from continued opioid use should be considered for tapering and discontinuation of the opioid.

For more information on CDC guidelines on long-acting opioids, visit cdc.gov > More CDC Topics > Injury, Violence & Safety > Prescription Drug Overdose > CDC Guideline for Prescribing Opioids for Chronic Pain.

Please use this list of tools and resources to help manage patients with chronic pain:

• Interagency Guideline on Prescribing Opioids for Pain: agencymeddirectors.wa.gov > Interagency Guidelines > AMDG 2015 Interagency Guideline on Prescribing Opioids for Pain
• National Center for Biotechnology Information: ncbi.nlm.nih.gov > enter either “3218789” or “The Role of Psychological Interventions in the Management of Patients with Chronic Pain” in Search engine
• Pain Assessment Scale: painedu.org
• Patient Substance Use Treatment Helpline: A free, confidential service for members. Specialized licensed clinicians provide treatment advocate services 24 hours a day, 7 days a week. Phone: 855-780-5955. Website: liveandworkwell.com

If you have questions, contact us at 888-362-3368.

UnitedHealthcare Community Plan of Maryland Claims Recoupment Policy Update

To align ourselves with Maryland state guidelines, UnitedHealthcare Community Plan of Maryland will began extending our look-back period for some categories of claims overpayment recoupment, effective Jan. 1, 2017. Maryland Insurance Article §15-1008 allows payers and providers to review beyond the standard 180-day time frame in certain instances when reviewing the accuracy of previous claims payments. This change allows us to look back at certain claims data than we have in the past.

The affected claim recoupment categories and their corresponding look-back periods are:

• We now recoup Coordination of Benefit (COB) claim overpayments for up to 18 months from the payment date
• There will be no look-back period limitation for the following overpayment instances:
  – Improper coding where notice of coding requirements was provided at least 30 days in advance of date of service, such as instances that conflict with UnitedHealthcare Community Plan’s reimbursement policy
  – Fraudulent claims
  – Duplicate claims
  – Retracted capitated payments for ineligible members

We will continue to notify you in writing of any retroactive denials within these categories. All other categories of recoupment will remain limited to six months from the payment date.

If you have questions, call Provider Services at 877-842-3210 or contact your Network Management representative.
Viral Load Testing Requirements During and After Hepatitis C Treatment

While the viral load (VL) completed during the treatment of Hepatitis C is no longer required to obtain a prior authorization for the continuation of therapy, the Maryland Department of Health and Mental Hygiene mandates all MCO's to submit VL completed at or between weeks 2 and 6 of therapy, at or between weeks 8 and 14 of therapy (applies when the treatment is longer than 12 weeks) and after the end of treatment, within 12 months of the initial fill date, for audit purposes.

Please help ensure the timeliness of blood work collection for all patients undergoing Hepatitis C treatment and educate office staff to cooperate in furnishing necessary laboratory data on request.

Introduction to KidsHealth

Care providers can encourage members to visit UHCCommunityPlan.com/MDkids and learn more about their children’s health.

UnitedHealthcare and KidsHealth have teamed up to provide family-friendly information on the website. Over 200 videos and 10,000 articles, in English or Spanish, are available on a wide range of topics, including:

- Asthma
- Diabetes
- Nutrition and Fitness
- Stress and Coping
- Flu
- Safety
- Pregnancy and Newborns
- Caring for Children with Special Needs

KidsHealth is a website with information about health, behavior and development from before birth through the teen years. It's part of the Nemours Foundation, one of the nation’s largest nonprofit organizations devoted to children’s health. KidsHealth resources receive ongoing medical reviews by pediatricians and other specialists to help ensure accuracy. The award-winning website is available on any computer or mobile device.

Asthma Medication Ratio: Helping Members Understand

Are your asthmatic patients experiencing an increase in asthma exacerbations? Are they visiting the emergency room or urgent care more frequently and being admitted to the hospital as a result?

This may be due to lack of adherence to their asthma care plan, which often includes decreased use of long term controller medications and increased use of short acting inhalers. This pattern is a key indicator that your patient’s asthma may not be well controlled. Discussing why your patient is using their rescuer more often than their controller medication can make a difference in their understanding of how to better manage and improve their asthma status. Exploring your patient’s experience will give you the opportunity to reinforce their understanding of your instructions and treatment plan, and it will help you creatively problem solve together.
UnitedHealthcare can provide you with a list of your patients who are our members who have an asthma medication ratio of greater than 0.50. This list can be used to schedule an office visit to discuss their asthma medication usage.

For health plan assistance, you can also refer these members to our Special Needs Coordinator at 443-896-9081, TTY 711, or Member Services at 800-318-8821, TTY 711.

2016 Annual Consumer Assessment of Health Providers and Systems Survey

Are your asthmatic patients experiencing an increase in asthma exacerbations? Are they visiting the emergency room or urgent care more frequently and being admitted to the hospital as a result?

Annually, our members are asked to take a survey to learn more about their level of satisfaction with services received from care providers and UnitedHealthcare. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) results we obtain from our members are used to identify our strengths and weaknesses. The survey results offer an opportunity to identify the key drivers of success and areas for improvement to increase member satisfaction.

The following survey results show areas where UnitedHealthcare improved or remained the same:

2016 Member Satisfaction Survey - Adult Results

2016 Member Satisfaction Survey – Child Results

Note: Full survey results are available at uhccommunityplan.com/health-professionals/md.html.

UnitedHealthcare will continue to work with our care provider partners to meet the needs of our members.
Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual at UHCCommunityPlan.com > For Health Care Professionals > Maryland > Provider Administrative Manual. Member Rights and Responsibilities are distributed to new members upon enrollment. On an annual basis, members are referred to their handbook to review their Member Rights and Responsibilities.
Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.