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We hope you enjoy this edition of Practice Matters. In this issue, you can read about UHCCommunityPlan.com content moving to UHCprovider.com, an important update for the EPSDT program, prevention of health care fraud and abuse, and much more.
Access and Availability Provider 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:

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Appointment</th>
<th>Appointment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider (PCP) Internal Medicine, Family Practice, Pediatrics</td>
<td>Emergency Services</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>Adult Urgent Services</td>
<td>Same-day</td>
</tr>
<tr>
<td></td>
<td>Routine Care</td>
<td>14 days</td>
</tr>
<tr>
<td></td>
<td>Preventative Care/EPSDT</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td>After Hours Phone Service Messaging</td>
<td>Medically necessary emergency telephone service must be provided 24 hours per day, seven days per week. Offices must have a phone message or answering service available that instructs members how to contact a provider for urgent or emergency conditions.</td>
</tr>
</tbody>
</table>

| Specialty OB, Cardiology, Orthopedics, Ophthalmology, Oncology | New Patient Routine | 30 days |
| Existing Patient Follow-Up | 30 days |

For the first quarter of 2018, 214 primary care practices were submitted for audit using UnitedHealthcare standards as the benchmark. A total of 124 practices completed the audit.

The audit findings are:

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Practices Audit Sample</th>
<th>Practices Completed Audit</th>
<th>Emergency Care: Standards Not Met</th>
<th>Urgent Care: Standards Not Met</th>
<th>Routine Care: Standards Not Met</th>
<th>After-hour Care: Standards Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>61</td>
<td>31</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Family Practice</td>
<td>60</td>
<td>28</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>93</td>
<td>65</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>
Important information for health care professionals and facilities

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**Intervention:**

- Practices not meeting the standard were provided 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 standard.
- One practice did not meet the standard after the re-audit was performed. Network Management provided information to the practice to support meeting the appointment scheduling standards.

For more information on access and availability standards, go to UHCprovider.com > Menu > Administrative Guides and Manual > 2018 UnitedHealthcare Online Administrative Guide > Chapter 2: Provider Responsibilities and Standards.

**UHCCommunityPlan.com Content Has Moved to UHCprovider.com**

Based on your feedback, we brought provider content from multiple websites together in one place for your convenience. UHCprovider.com is now your home for the latest news, policy information and access to Link self-service tools.

The health care professional content that was on UHCCommunityPlan.com/Health-Professionals was moved to UHCprovider.com in June 2018. Content previously provided on UnitedHealthcareOnline.com, UHCWest.com, oxhp.com (Oxford) and UHCrivervalley.com was transitioned to UHCprovider.com in 2017.

**UHCprovider.com includes several features:**

- Access to the Link self-service tool dashboard, including claims and payments, eligibility and benefits, referrals and prior authorizations
- A predictive search function with filtering and sorting capabilities to help you find what you need faster and easier

- An easy-to-read design whether you’re on a desktop computer, tablet or smart phone

We need your help as we prioritize future enhancements. While visiting the site, click the Feedback tab found on the right side of every page so you can let us know your suggestions. You also may be randomly selected to take a short survey.

Watch for more information in the Fall 2018 edition of Practice Matters.

**Important Update for EPSDT Program – Fluoride Varnish Reimbursement**

On March 15, 2018, the Maryland Department of Health clarified its Jan. 1, 2018 update for the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program requirements. Fluoride varnish application should begin at **age 9 months** and continue through age five. The state of Maryland previously reported that the application is a covered service beginning with tooth eruption.

To make sure you’re meeting the screening and testing requirements, go to the most current schedule at mmcp.health.maryland.gov > EPSDT > Maryland Health Kids Preventive Health Schedule.

**Contraceptive Coverage Change**

The Maryland Contraceptive Equity Act (House Bill 1005) was amended through the passing of **Senate Bill 774 / House Bill 994**. The changes will allow coverage for the single dispensing of a prescription contraceptive for a 12-month period if ordered by qualified care providers. The effective date of this coverage change was July 1, 2018.
Important information for health care professionals and facilities

Preauthorization and Concurrent Review Reminder

UnitedHealthcare is required to complete utilization reviews for inpatient admissions, as well as certain elective care and procedures. These reviews help us know that your patients are receiving proper care. Coverage decisions are based on benefit plans and appropriateness of care and services. Please refer to your Provider Manual or visit UHCprovider.com for telephone numbers and details.

Claim Reconsideration Process

UnitedHealthcare-contracted physicians, hospitals and other health care professionals concerned about claim payment may request a claim reconsideration for members enrolled in UnitedHealthcare Community Plan. When we receive a reconsideration request, we’ll review our claim processing and confirm that the care provider’s information and contract are correct in our system.

Claim reconsideration requests may be submitted electronically or by mail. For more information on how to submit a reconsideration request, visit UHCprovider.com > Menu > Claims, Billing and Payments.

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

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

- UnitedHealth Group Fraud Hotline: 866-242-7727
- Maryland Office of Legislative Audits > Fraud Hotline > List of Hotlines > Medicaid Benefits
- Submit written report to:
  Maryland Department of Health
  Office of the Inspector General
  Program Integrity Division
  201 W. Preston St.
  Baltimore, MD 21201
  Telephone: 410-767-5784
  Fax: 410-333-7194
  Web: MDH.OIG@Maryland.gov

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.
Third Quarter 2018 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/mdcommunityplan.

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 for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admelog® Solostar</td>
<td>Insulin lispro injection</td>
<td>Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus. Step therapy required.</td>
</tr>
<tr>
<td>Admelog® vial</td>
<td>Insulin lispro injection</td>
<td>Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus.</td>
</tr>
<tr>
<td>Calquence®</td>
<td>Acalabrutinib capsule</td>
<td>Indicated for the treatment of mantle cell lymphoma in patients who have received at least one prior therapy. Prior authorization required. Available through specialty pharmacy.</td>
</tr>
<tr>
<td>Hemlibra®</td>
<td>Emicizumab-kxwh injection</td>
<td>Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients with hemophilia A with factor VIII inhibitors. Prior authorization required. Available through specialty pharmacy.</td>
</tr>
<tr>
<td>Natroba™*</td>
<td>Spinosad suspension</td>
<td>Indicated for the treatment of pediculosis capitis (head lice infestation) due to Pediculus capitis.</td>
</tr>
<tr>
<td>Nityr™</td>
<td>Nitisinone tablet</td>
<td>Indicated for the treatment of hereditary tyrosinemia type 1 (HT-1). Diagnosis required. Available through specialty pharmacy.</td>
</tr>
<tr>
<td>Percocet®* 7.5mg/325mg and 10mg/325mg</td>
<td>Oxycodone/acetaminophen tablet</td>
<td>Indicated for moderate to severe pain. Oxycodone/acetaminophen 7.5 mg/325 mg and 10 mg/325 mg tablets will be added to the PDL. Oxycodone 5 mg/325 mg tablet remains preferred on the PDL.</td>
</tr>
<tr>
<td>Roxicodone®* 10mg and 20mg</td>
<td>Oxycodone tablet</td>
<td>Indicated for severe pain. Oxycodone 10 mg and 20 mg tablets will be added to the PDL. Oxycodone 5 mg, 15 mg and 30 mg tablets remain preferred on the PDL.</td>
</tr>
</tbody>
</table>
### PDL Additions

**Changes effective July 1, 2018.**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segluromet™</td>
<td>Ertugliflozin/metformin tablet</td>
<td>Indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Step therapy required.</td>
</tr>
<tr>
<td>Steglatro™</td>
<td>Ertugliflozin tablet</td>
<td>Indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Step therapy required.</td>
</tr>
<tr>
<td>Verzenio™</td>
<td>Abemaciclib tablet</td>
<td>Indicated for the treatment of hormone-receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer. Prior authorization required. Available through specialty pharmacy.</td>
</tr>
</tbody>
</table>

*Only generics are preferred.*

### PDL Modifications

**Changes effective July 1, 2018.**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asmanex® HFA</td>
<td>Mometasone inhalation</td>
<td>Asmanex HFA will be an additional preferred non-DPI corticosteroid inhaler for patients less than age 8. Patients age 8 and older will require prior authorization.</td>
</tr>
<tr>
<td>Humalog® KwikPen</td>
<td>Insulin lispro injection</td>
<td>Humalog KwikPen will remain non-preferred and current users will be required to transition to Admelog Solostar.</td>
</tr>
<tr>
<td>NovoLog® Flexpen</td>
<td>Insulin aspart injection</td>
<td>Novolog Flexpen will remain non-preferred and current users will be required to transition to Admelog Solostar.</td>
</tr>
</tbody>
</table>

### Removed from PDL

**Changes effective July 1, 2018.**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humalog® 100 unit/mL vial</td>
<td>Insulin lispro injection</td>
<td>Admelog vial is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
<tr>
<td>Invokamet®/ Invokamet® XR</td>
<td>Canagliflozin/metformin tablet</td>
<td>Segluromet is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
<tr>
<td>Invokana®</td>
<td>Canagliflozin tablet</td>
<td>Steglatro is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
<tr>
<td>Jardiance®</td>
<td>Empagliflozin tablet</td>
<td>Steglatro is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
</tbody>
</table>

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

Removed from PDL

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NovoLog® 100 unit/mL vial</td>
<td>Insulin aspart injection</td>
<td>Admelog vial is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
<tr>
<td>Orfadin®</td>
<td>Nitisinone capsule and suspension</td>
<td>Nityr is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
<tr>
<td>Synjardy®/ Synjardy® XR</td>
<td>Empagliflozin/ metformin tablet</td>
<td>Segluromet is an alternative agent available. Current users will not be grandfathered.</td>
</tr>
</tbody>
</table>

PDL Update Training on UHC On Air

On UHC On Air, we have an on-demand video highlighting this quarter’s most impactful PDL changes:

- Link users can access UHC On Air by selecting the UHC On Air tile on their Link dashboard. Then go to Maryland and click on UnitedHealthcare Community Plan. You’ll find the Preferred Drug List Q3 Update in the video listings.
- To access Link, sign in to UHCprovider.com by clicking the Link button in the top right corner. If you don’t have access to Link, select the New User button.
- To learn more about Link, please visit UHCprovider.com/Link.

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

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

The Maryland Department of Health requires all managed care organizations to submit HCV RNA test values completed within 90 days prior to therapy, at or between weeks 2 and 6 of therapy, at or between 8 and 14 weeks 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 members undergoing hepatitis C treatment and ask your office staff to provide any required laboratory data on request.
Link Application Highlight: My Practice Profile

To meet Centers for Medicare & Medicaid Services 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 the My Practice Profile App on Link.

The My Practice Profile App 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 the My Practice Profile App.
- Select Verify Demographic Info.
- If the data is correct, click Attest and you’re finished.
- If the data is incorrect, update the information, and then click Submit Changes and Attest.

If you don’t have access to the upgraded My Practice Profile App, you may fill out the Care Provider Update Form or Group/Organization Update Form and email your response to update your information.

If you have any additional questions related to the My Practice Profile App or the attestation requirements, call Provider Services at 877-842-3210.

Tell Us about Your Experience

Each year, we ask for your participation in our Provider Satisfaction Survey. The survey provides insights into your experiences working with us and gives us the information we need to identify opportunities to enhance our services and align with your practice’s needs.

Survey invitations will be faxed in early September to a random sample of care providers. Your feedback is important to us — please complete the survey if you receive a request.
Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.