UnitedHealthcare®
Community Plan

Mississippi | Spring 2020

practicematters

⚠ For the latest on COVID-19, visit the Centers for Disease Control at **CDC.gov**.

For UnitedHealthcare benefits information and resources related to COVID-19, visit **UHCprovider.com/covid19**.

The Mississippi Division of Medicaid has COVID-19 news and resources at **medicaid.ms.gov/coronavirus-updates**. We encourage you to view the latest COVID-19 information from **msdh.ms.gov**.

For More Information

Call our Provider Services Center at **800-557-9933**

Visit **UHCCommunityPlan.com**

⚠️ Policy, drug and Protocol changes contained herein are effective and enforceable as of the dates indicated, pending notice from UnitedHealthcare to the contrary. Changes to these effective dates or updates to our business practices and policies as a result of COVID-19 will prevail and be posted on our care provider website as quickly as possible. As with any public health issue, we are working with and following guidance and protocols issued by federal, state, and local health authorities.

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 Mississippi 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 National **UHCprovider.com page** with our actions on updating state-specific guidance at your state-specific **UHCprovider.com** page. 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

In This Issue...

Comprehensive Diabetes Care (CDC)

Healthcare Effectiveness Data and Information Set (HEDIS®) measures can help enhance quality of care by identifying ways to support preventive care. By working with UnitedHealthcare on HEDIS® medical record collection, your efforts can have a direct impact on better patient outcomes – from improved medication adherence and closing clinical care gaps to deeper member engagement with their own well-being.

We realize some of you have questions on specific measures. To help you improve performance for the CDC HgA1c, we're sharing the following tips and recommendations.

CDC Subset HbA1c Control

Percentage of members, ages 18–75 with diabetes (Types 1 and 2), who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (< 9%; good control is < 8%).

Medical record documentation for Hemoglobin A1c Testing: Identify the most recent A1c in the measurement year. Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Check the notation of the following in the medical record:

- A1c
- Glycohemoglobin A1c

- HbA1c
- Glycohemoglobin
- HgbA1c
- Glycated hemoglobin
- Hemoglobin A1c
- Glycosylated hemoglobin

Because this measure is a hybrid measure, it's collected and reported from claims/encounter data (CPT® codes), pharmacy data and medical record documentation.

UHC Claims Corner

In an effort to increase claim consistency and timeliness, UnitedHealthcare applies Electronic Data Interchange (EDI) editing at the point of claim receipt. Since 2018, a number of EDI enhancements have been implemented. As a refresher, we've summarized three of these key EDI updates below (these changes were communicated in prior communications at the time they occurred).

1. **NDC VALIDATION**

   This edit reviews and authenticates all NDCs billed on professional and institutional claims. A valid NDC number, NDC unit of measure and number of NDC units dispensed are required on all HCPCS/CPT drug codes. If NDC information is missing, invalid or incomplete, the claim may be denied.

   Claim-Filing Tips:

   – File claims with complete NDC information as necessary.

   – Sometimes the NDC on the label does not include 11 digits. If this occurs, it will be necessary to add a leading zero to the appropriate section to create a 5-4-2 configuration (i.e., XXXXX-XXXX-XX).

   – Denied claims can be resubmitted with corrected NDC information for reconsideration within the appropriate time frames

Important information for health care professionals and facilities

2. **NPI VALIDATION**

   All Medicaid/MSCAN providers are required to have an active Mississippi Medicaid ID number. NPI numbers submitted on a claim are used to validate that providers are actively enrolled as participating providers with the Mississippi Division of Medicaid. Use NPI numbers that are registered with the state of Mississippi.

   The following NPIs always require validation on the CMS 1500 claim form:

   • Rendering Provider

   • Billing Provider

   The following NPIs always require validation on the CMS 1450 claim (UB) form:

   • Billing Provider

   • Attending Provider

   • Operating Provider (if provided)

   If the NPI number is registered to more than one Medicaid ID number, the taxonomy code must also be submitted to enable a match to the Mississippi Medicaid provider registry. The billing NPI number is typically the NPI with multiple matches (rather than the rendering/attending/operating NPI).

   Claim-Filing Tips:

   – File Medicaid/MSCAN claims using NPI numbers that are registered with the Mississippi Division of Medicaid.

   – Include your provider taxonomy code as routine claim-filing practice.

   – When submitting a taxonomy code, please be sure to include the two-digit qualifier that identifies the number as a taxonomy code. It is a ZZ on the CMS 1500 (HCFA) form and B3 on the CMS 1500 (UB04) form.

   – Claims rejected for missing/invalid NPI or taxonomy information can be corrected and resubmitted for reconsideration within the appropriate time frames.

3. **CLIA VALIDATION**

   Any claim that does not contain the CLIA ID, includes an invalid ID and/or doesn't contain the complete servicing provider demographic information will be considered incomplete and rejected or denied. Claim line edits will also be applied if the laboratory certification level does not support the billed service code.

   Laboratory service providers who don't meet the reporting requirements and/or don't have the appropriate level of CLIA certification for the services reported will not be reimbursed.

   Active CLIA Smart Edits Include: uMCID, uIBC and uISC

   uMCID – Missing CLIA ID

   • This edit indicates that the CLIA ID was not submitted on the claim for a Billing Provider or for the rendering provider. Please resubmit the returned claim with a valid CLIA ID.

   uIBC – Invalid Billing CLIA ID

   • This edit indicates that the Billing Provider CLIA ID submitted on the claim was not located in the QIES and CDC files. Please check your CLIA ID is listed in cdc.gov/clia/resources/labsearch.aspx and resubmit with the valid CLIA ID.

   • If a newly registered provider CLIA ID is valid, but claims have been returned and denied, please follow the established reconsideration process.

   uISC – Invalid Servicing CLIA ID

   • This edit indicates that the Rendering Provider CLIA ID submitted in the claim service line detail was not located in the QIES and CDC files. Please check your CLIA ID is listed in cdc.gov/clia/resources/labsearch.aspx and resubmit with the valid CLIA ID.

   • If a newly registered provider CLIA ID is valid, but claims have been returned and denied, please follow the established reconsideration process.

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Claim-Filing Tips:

– Include CLIA numbers on all claims involving laboratory services.

– Claims rejected for missing/invalid CLIA information can be corrected and resubmitted for reconsideration within the appropriate time frames.

After-Hours Care

Members need to be able to reach a provider by phone after normal business hours. Physicians (primary care providers (PCPs), specialists and behavioral health) are required to provide coverage to members 24 hours a day, seven days a week.

Acceptable after-hours messages or responses are:

- PCP's answering service verifies that it will contact the on-call physician for a patient's emergency.

- PCP's triage nurse verifies that he or she will speak with the patient for an emergency call, evaluate the nature of the emergency and contact the on-call physician or direct the patient to a hospital emergency room.

- PCP can be reached when called directly.

- PCP's office phone message directs the patient to call a specific telephone number to reach the PCP's answering service, who will then contact the on-call physician for an emergency.

- PCP's office answering machine directs the patient to call a specific telephone number to reach a hospital switchboard and/or hospital emergency room that will reach the on-call physician for emergencies.

Unacceptable for after-hours coverage are:

- PCP's answering machine directs the patient to proceed to the nearest hospital emergency room.

- PCP's office telephone number rings without an answer.

A Reminder About Our Satisfaction Survey

This is just a friendly reminder to complete our Physician Satisfaction Survey. Each year, we ask for our providers' participation in the survey, which provides insights about their experiences working with UnitedHealthcare and will help improve coordination of care. Please complete the survey if you receive a request as your voice is important to our continued improvement.

UnitedHealthcare Dual Complete Benefit: Transportation Assistance

Helping Members in Mississippi Get to Their Appointments

The UnitedHealthcare Dual Complete® plan transportation benefit can assist your patients in getting to their health care appointments. For the 2020 plan year, Mississippi members are eligible for 36 one-way rides per year. Members can request rides up to 50 miles, one way, to approved locations and back home again.

Transportation coverage may include rides to:

- Appointments with doctors

- Appointments with dentists

- A pharmacy to pick up prescriptions

It's Easy to Set Up a Ride

Non-emergency transportation services are provided by our service partner, MTM. Rides should be scheduled two business days in advance of the desired pick-up time. Urgent transportation requests are available 24 hours a day, seven days a week. Members or care providers can call MTM at **844-525-2346**, 7 a.m. to 8 p.m. local time, Monday through Friday.

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Visit **UHCprovider.com/MSDSNP** >
2020 Plan > 2020 UnitedHealthcare Dual
Complete® Plan Benefit Flyer to see a full list
of benefits in your area.

New Educational Resources for the 2020 UnitedHealthcare Dual Complete® Plan

New resources for the 2020 UnitedHealthcare Dual
Complete plan are now available on the Mississippi UHC
On Air channel. These courses include valuable program
information and meaningful updates for your office staff.
Courses are pre-recorded and available online 24 hours a
day, seven days a week.

2020 courses include:

- Dual Special Needs Plans: An Introduction
- Dual Special Needs Members: Who Are They?
- The UnitedHealthcare Dual Complete Plan in Mississippi

Simply **sign in to Link** with your Optum ID and begin
watching.

Visit **UHCprovider.com/MSDSNP** to learn
more about the Dual Special Needs plans
offered in your area.

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 multiple ways.

Here's what care providers need to know:

- Although the predominant language spoken by
  Mississippians is English, we have a significant
  Hispanic population.

- We help you communicate with our members by
  providing language assistance tools that include a
  telephone language line, in-person interpreters and
  video services.

- We also have tools to promote cultural awareness
  and assist care providers in recognizing and treating
  health disparities.

  – Resources and tools are available at
    UHCprovider.com/mscommunityplan

  – A Quick Reference Guide – Understanding
    Cultural Competency and the American with
    Disabilities Act

  – Cross Cultural Health Care Program

  – Cultural Orientation Resource Center

In addition to spoken languages, we also offer assistance
for the hearing impaired.

Mississippi

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Practice Matters is a quarterly publication for physicians and other
health care professionals and facilities in the UnitedHealthcare network.

UnitedHealthcare®

Community Plan

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