



# 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 Virginia 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 **844-284-0146**. Visit [UHCprovider.com](https://www.uhcprovider.com).

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# Community Health Centers: Lighting the Way for Healthier Communities Today and in the Future — August 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

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# 2020 Clinical Practice Guidelines

UnitedHealthcare adopts a variety of nationally recognized clinical practice, preventive care, and behavioral healthcare guidelines to guide our quality and health management programs. These guidelines are based on established evidence-based standards of care, publicized by specialty societies and national clinical organizations. The guideline review and update process are implemented for each guideline at least every two years. Reviews are more frequent if national guidelines change within the two-year period. Guidelines are designed to support the decision-making processes in patient care and are meant to serve as general guidelines and are not intended to substitute for clinical judgment in individual cases. Guidelines are available for review on [uhcprovider.com](https://uhcprovider.com) > Policies and Protocols > Community Plan Policies > Clinical Guidelines.

## Asthma Medication Ratio (AMR)

Members with asthma need appropriate medication management for better health outcomes. Improved medication management could potentially prevent the loss of lung function and reduce the need for rescue medication use, as well as asthma-related office visits, emergency department (ED) visits and inpatient admissions. The goal is to control or prevent asthma exacerbations rather than just treating them as they occur.

### Asthma Medication Ratio Definition

Asthma Medication Ratio (AMR) measures the percentage of members, ages 5–64, who were identified as having persistent asthma and a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Eligible members include those who have had:

- An ED visit, inpatient encounter or inpatient discharge with a principle diagnosis of asthma
- Four outpatient visits coupled with two medication-dispensing events
- Four medication-dispensing events within the last two years

Members with no asthma reliever or controller medication-dispensing events during the measurement year are excluded from the measure.

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This HEDIS® measure helps providers identify members who may be at higher risk for poor asthma outcomes. It's important for primary care providers (PCPs) to strive for an AMR ratio of 0.50 or greater to improve health outcomes and reduce health care costs related to acute asthma exacerbations. Data to close this gap is retrieved through pharmacy claims.

For a list of asthma controller and reliever medications that would meet NCQA® requirements for this measure, please contact your Clinical Practice Consultant.

### **How to Improve Your AMR:**

- Review the Patient Care Opportunity Report (PCOR) to identify patients in the AMR population. Contact your Clinical Practice Consultant if you need help accessing your report.
- Educate patients on the difference between long-term control and short-acting medications.
- Identify and address environmental triggers. Recommend ways to control exposure to possible irritants.
- If patients need assistance with supplies, such as allergen-free pillowcases, have them contact their UnitedHealthcare Care Coordinator.
- Avoid coding asthma if the diagnosis is for an asthma-like symptom (e.g., wheezing during a viral URI and acute bronchitis).
- Schedule regular follow-up care to maintain control. See patients every two to six weeks while gaining control (it takes one to six months to monitor control).
- Create an asthma action plan with the patient/family and review the plan regularly.

### **Examples of Downloadable Action Plans:**

**Asthma and Allergy  
Foundation of America**

[aafa.org/asthma-treatment-action-plan/](http://aafa.org/asthma-treatment-action-plan/)

**National Institutes of Health**

[nhlbi.nih.gov/files/docs/public/lung/asthma\\_actplan.pdf](http://nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf)

**Virginia Asthma Coalition**

[virginiaasthmacoalition.org/uploads/7/3/9/2/73921529/\\_vaap\\_final\\_5\\_12\\_15.pdf](http://virginiaasthmacoalition.org/uploads/7/3/9/2/73921529/_vaap_final_5_12_15.pdf)

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# Developmental Screenings for Children

UnitedHealthcare Community Plan of Virginia and the Department of Medical Assistance Services (DMAS) are committed to increasing the number of children who receive well-child visits and developmental screenings in accordance with the American Academy of Pediatrics (AAP)/Bright Futures recommendations for preventive pediatric health care.

Developmental screening programs help identify children who may be at risk for developmental delays and help ensure timely identification and remediation of potential developmental issues. Developmental screenings can easily be built into routine professional services provided to infants and toddlers. They can also give health care professionals the opportunity to regularly monitor children's development against evidence-based developmental milestones.

Developmental screenings must be documented in the medical record using a standardized screening tool. Evaluation results from the screening tool should be used to help ensure children receive timely follow-up care for abnormal results, including referrals for early intervention aimed at improving developmental outcomes.

## Screening Tools

Developmental screening tools are designed to be used easily during routine office visits and have proven statistical validity. The screening tools in the table below can be used by a parent or a physician office staff member and interpreted by the physician during the face-to-face portion of the child's visit. The AAP recommends conducting developmental surveillance at each office visit by using evidence-based tools at ages 9, 18 and 30 months, or whenever a concern is expressed. In addition, autism-specific screening is recommended at ages 18 and 24 months, and a social-emotional screening is recommended at regular intervals.

- **AAP Recommendation:** For more information on AAP recommended tools, go to [aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx](http://aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx).
- **Bright Futures:** For more information on Bright Futures, go to the web-based training module at [brightfutures.aap.org/states-and-communities/implementation-models/Pages/Training.aspx](http://brightfutures.aap.org/states-and-communities/implementation-models/Pages/Training.aspx).
- **Bright Futures:** For tools and materials, go to [brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx](http://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx).

DMAS endorses *Bright Futures* and *Bright Futures Virginia Guidelines for Health Supervision of Infants, Children, and Adolescents*.

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### Reimbursement Codes

**CPT® 96110:** This code is for developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument. Code 96110 is reported when performed in the context of preventive medicine services. This code also may be reported when a screening is performed with other evaluation and management (E/M) services, such as acute illness or follow-up office visits.

**CPT 96112:** This code is used for developmental test administration by physician or other qualified health care professional, with interpretation and report. It includes assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed.

### Recommended Developmental Screening Tools

#### Parents' Evaluation of Developmental Status (PEDS)

[pedstest.com/AboutOurTools/](http://pedstest.com/AboutOurTools/)

Parent-report instrument used to identify general developmental delay in the general primary care population

#### Ages and Stages Questionnaire (ASQ)

Parent-report instrument used to identify general developmental delay in the general primary care population and/or broad high-risk population

#### Bayley Infant Neurodevelopmental Screen (BINS)

Practitioner-administered instrument used to identify general developmental delay in the high-risk population

### Recommended Tools for Focused Screening of Suspected Health Conditions

#### Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CAT/CLAMS)

Practitioner-administered instrument used to identify general developmental delay in the high-risk population

#### Language Development Survey (LDS)

Parent-report instrument used to identify language delay in the general primary care population

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### **Recommended Tools for Focused Screening of Suspected Health Conditions**

#### **Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CLAMS)**

Practitioner-administered instrument used to identify language delay in the high-risk population

#### **Modified Checklist for Autism in Toddlers (M-CHAT)**

Parent-administered instrument used to screen for autism and developmental delay in the general primary care population

## **Behavioral Health Care After an Emergency Room Visit or Inpatient Hospitalization: A Guide for Care Providers**

We know how busy you are — and we want to help. This handout gives you at-a-glance information designed to help you address care opportunities for UnitedHealthcare members who were recently discharged from the emergency room (ER) or an inpatient hospital stay with a mental health or substance use diagnosis. The following recommendations are based on multiple Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

Members with mental health or substance use disorders should attend follow-up treatment within seven days of discharge.

### **Helping Patients Get the Care They Need**

You play an important role in helping to ensure your patients, who have been recently discharged from an ER or inpatient hospital stay with a mental health or substance use diagnosis, received appropriate follow-up care. The table below outlines HEDIS® measures that specify when primary care providers (PCPs) can and can't provide the post-discharge follow-up treatment.

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<b>Patient Diagnosis</b>	<b>Discharge from Inpatient Hospital</b>	<b>Discharge from Emergency Room</b>
<b>Mental Health</b>	PCP to <b>refer member to a mental health practitioner</b> to be seen within seven days of discharge.	PCP to see member within seven days and code with a <u>mental health</u> diagnosis.
<b>Substance Use</b>	PCP to see member within seven days and code with a substance use diagnosis.	PCP to see member within seven days and code with a substance use diagnosis.

You can support your patients by referring them to a behavioral health treatment for continued care. Even members receiving medication from their PCP still need post-discharge supportive therapy with a behavioral health clinician.

Regardless of an ER admit or inpatient stay, refer your patients to behavioral health treatment and emphasize the importance of supportive therapy as a supplement to medication. A licensed master's-level clinician, such as a therapist or social worker, can provide supportive therapy. If a situation arises where your patient can't be seen within seven days, they need to have an appointment within 30 days of discharge.

### **How to Make a Referral for Behavioral Health Assessment and Treatment**

- Call the mental health/substance use phone number on the back of the member's health plan ID card.
- Search **liveandworkwell.com** to find behavioral health or substance use care providers in the UnitedHealthcare network.
- For members with substance use disorders, you can call the Optum Substance Use Disorder Helpline **855-780-5955**.

# United Healthcare® Community Plan

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

<sup>1</sup>Asthma Care Quick Reference: Diagnosing and Managing Asthma. Sept. 2012. [nhlbi.nih.gov/files/docs/guidelines/asthma\\_qrg.pdf](http://nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf)

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