



New York | Winter 2018

practice**matters**



For More Information

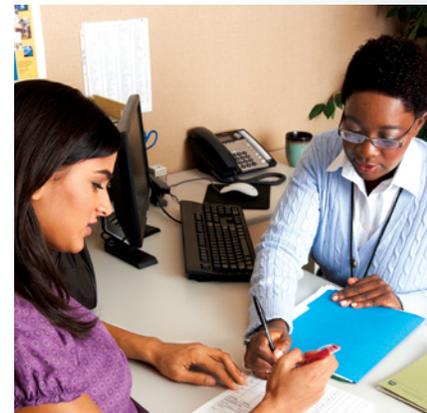
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We hope you enjoy this edition of Practice Matters. In this issue, you can read about the Dual Special Needs Plan expansion, Preferred Drug List updates, managing the care of your patients, and more.



Outpatient Injectable Cancer Therapy Authorization Program Process Change

Starting **May 1, 2019**, Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for the outpatient injectable chemotherapy and related cancer therapies listed below. Previously, eviCore managed these prior authorization requests.

This change applies to all UnitedHealthcare Community Plan members in New York. Any active prior authorizations requested through the former process will remain in place. To submit an online request for prior authorization via the new process, sign in to Link and access the Prior Authorization and Notification tool. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. From the tool, select the “Radiology, Cardiology + Oncology” box. After answering two short questions about the state you are working in, you’ll be directed to a new website for these authorization requests. Prior authorization/notification requests for UnitedHealthcare Oxford and Medicare members will continue to be requested through the existing eviCore process until future notice.

Prior authorization will continue to be required for:

- Chemotherapy and biologic therapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- Colony Stimulating Factors:
 - J2505 (neulasta)
 - J1442(neupogen)

- J2820 Leukine® (sargramostim)
- -Q5101(Filgrastim– biosimilar Zarxio)
- -J1447 Granix (tbofilgrastim)
- -Q5108 (Fulphila)
- -Q5110 (nivestym)
- Denosumab (Brand names Xgeva and Prolia): J0897

Prior authorization will be required when adding a new injectable chemotherapy drug or cancer therapy to an existing regimen.

1st Quarter 2019 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 > Health Plans by State > Choose Your State > Choose Medicaid (Community Plan), CHIP, or Essential 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** for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

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Important information for health care professionals and facilities

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Changes will take effect Jan. 1, 2019

PDL Additions

Brand Name	Generic Name	Comments	Applies to the following plans:
Erleada™	Apalutamide tablet	Indicated for the treatment of non-metastatic castration resistant prostate cancer. Prior authorization required. Available through specialty pharmacy.	Medicaid Essential Plan CHIP
Firvanq™	Vancomycin powder for oral solution	Indicated for the treatment of <i>Clostridium difficile</i> -associated diarrhea and enterocolitis caused by <i>Staphylococcus aureus</i> . Diagnosis required.	Medicaid Essential Plan CHIP
Nocdurna®	Desmopressin acetate sublingual tablet	Indicated for the treatment of nocturnal polyuria. Prior authorization required.	Medicaid Essential Plan CHIP

PDL Modifications

Brand Name	Generic Name	Comments	Applies to the following plans:
Lyrica®	Pregabalin capsule and oral solution	Remove prior authorization for seizure disorder only. Diagnosis required.	Medicaid Essential Plan CHIP
Regranex®	Becaplermin gel	Remove prior authorization. Diagnosis required.	Medicaid Essential Plan CHIP

Removed from PDL

Brand Name	Generic Name	Comments	Applies to the following plans:
Breo Ellipta	Fluticasone furoate/ vilanterol trifenate inhaler	Fluticasone/salmeterol (authorized generic of AirDuo RespiClick®) is an alternate option. Current utilizers will not be grandfathered.	Medicaid CHIP
Linzess®	Linacotide capsule	Trulance® is an alternate option. Current utilizers will not be grandfathered.	Medicaid CHIP
Toujeo®	Insulin glargine pen	Basaglar® is an alternate option. Current utilizers will not be grandfathered.	Medicaid Essential Plan CHIP

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Important information for health care professionals and facilities

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Removed from PDL (continued)

Brand Name	Generic Name	Comments	Applies to the following plans:
Vancocin	Vancomycin capsule	Firvanq is an alternate option. Current utilizers will be grandfathered through the remainder of their current course of therapy.	Medicaid Essential Plan CHIP
Zenpep [®]	Pancrelipase delayed release capsule	Creon [®] is an alternate option. Current utilizers with cystic fibrosis will be grandfathered. Patients using Zenpep for indications other than cystic fibrosis will not be grandfathered.	Medicaid CHIP

PDL Update Training on UHC On Air

On UHC On Air, we have an on-demand video highlighting this quarter's more impactful PDL changes.

- UnitedHealthcare Link users can access **UHC On Air** by selecting the UHC On Air tile on their Link dashboard. From there, go to **New York**, and click on **UHC Community Plan**. You'll find the Preferred Drug List Q1 Update in the videos listings.
- To access Link, go to **UHCprovider.com** and sign in 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**.



For more information, call **800-310-6826**.

Dual Special Needs Plan Expansion

On Jan. 1, 2019, UnitedHealthcare Community Plan of New York will begin serving more eligible members with its Dual Special Needs Plan (DSNP) – UnitedHealthcare Dual Complete, a Medicare Advantage plan. This is a Medicare Advantage plan for members who qualify for both Medicare and Medicaid. DSNPs are a specialized type of Medicare Advantage Prescription Drug Plan

(MAPD) and must follow existing Centers for Medicare & Medicaid Services (CMS) rules. UnitedHealthcare will reimburse claims according to your UnitedHealthcare contractual Medicare Advantage payment appendix.

The plan will expand to the following New York counties in 2019:

- Allegany
- Cattaraugus
- Cayuga
- Chemung
- Chenango
- Clinton
- Columbia
- Cortland
- Delaware
- Essex
- Genesee
- Greene
- Hamilton
- Herkimer
- Lewis
- Livingston
- Madison

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Important information for health care professionals and facilities

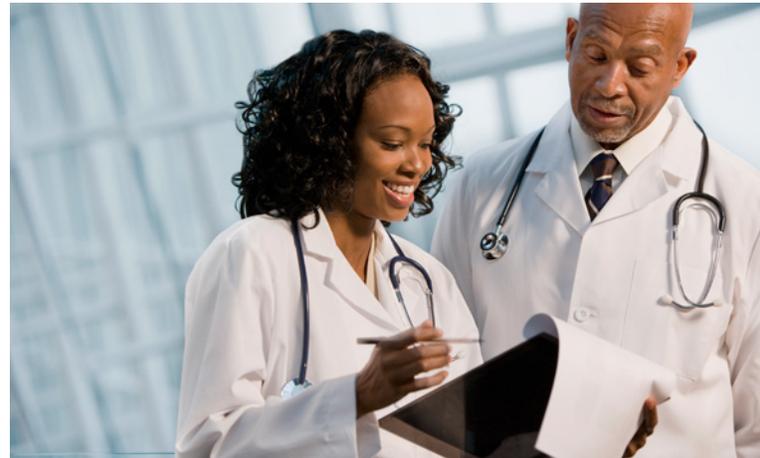
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- Montgomery
- Ontario
- Orleans
- Oswego
- Putnam
- Saratoga
- Schenectady
- Schoharie
- Schuyler
- Seneca
- Steuben
- Sullivan
- Warren
- Washington
- Wayne
- Wyoming
- Yates

In addition to these new counties, the plan will continue to serve members in Albany, Bronx, Broome, Chautauqua, Dutchess, Erie, Jefferson, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Rensselaer, Richmond, Rockland, Tioga, Ulster and Westchester counties.



For more information, go to UHCprovider.com/NYDSNP or check out the 2019 Dual Complete educational series available on the New York channel of UHC On Air in the Link application. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner.



Managing the Care of your Patients

As our industry continues to move toward value-based models of payment and quality-based incentives, we've heard from our care providers that it's difficult to manage the care of their assigned population when you may be unaware of patients seeking primary care services outside your practice. To support your efforts toward quality and appropriate management of your patient population and an improved relationship with your patients, we will begin requiring our members to comply with the Primary Care Provider (PCP) assignment on their ID card.

As of October 2018, our members will need to visit a PCP in the same practice (same TIN) as the PCP on their ID Card.

What does this mean to your practice?

- **Are you a PCP?** Confirm that your practice includes care providers who act in a PCP capacity.
 - **NO:**
 - If your practice provides **specialty care** only and doesn't include a provider who acts in a PCP capacity, no action is required. We continue to require **no referrals** for specialty care.
 - **YES:**
 - Confirm eligibility and PCP assignment prior to treating UnitedHealthcare Community Plan

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Important information for health care professionals and facilities

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members. Your practice is accustomed to checking to see that a patient is eligible prior to scheduling the office visit for the patient. This will not change. Additionally, you will need to help ensure that the member is assigned to a provider in your practice as his or her PCP if the member is visiting a PCP in your office.

- If our member is scheduled for a primary care visit at your site but is not assigned to one of your PCPs, we'll make the change for the member. You may assist the member with this change by faxing a PCP change form with the member's signature indicating they would like to switch their PCP. You can obtain this form from your Provider Advocate or from emailing NewYork_PR_Team@uhc.com.
- If you have both primary care and specialist providers in your practice and the patient is seeking specialty care, the member will not be required to change their PCP. We continue to require **no referrals** for specialty care.
- **After Oct. 1, 2018, if you provide primary care services for a patient who is not assigned to a PCP in your practice (Same Tax ID), you may not receive reimbursement for those services.**

Our members have been notified about this requirement. We're contacting members who have been seeking primary care at multiple practices by automated calls, emails, letters and/or, direct outreach. We'll seek to make this transition as smooth as possible for our care providers and members.

Cultural Competency Training

Cultural competency is a set of skills we're required to disclose about care providers who see Medicaid members. The training for cultural competency covers a broad range of topics.

You may not be aware that you may already have completed cultural competency training as part of

requirements for obtaining privileges at the hospital/facility where you practice. The good news is that training counts toward cultural competency training for UnitedHealthcare Community Plan as well.

We request information from the following areas from our network care providers to have updated cultural competency information, which we include in provider directories:

- Communications Skills: Interpreter Services (CS)
- Communications Skills: Language Availability (CLA)
- Communications Skills: Soft Skills (CSS)
- Financially Challenged Patients (FCP)
- Homeless (HL)
- LGBT communities (LGB)
- People with disabilities (PWD)
- Refugee or Immigrant Patients (RIP)
- Senior Care (SC)
- Unspecified (UNS)

We also ask care providers to attest to cultural competencies that are available to their patients and update this information as it changes. Care providers with access to My Patient Profile can update this information online.

Periodically, you may receive a request from us to update your demographic information. The information we request includes a section for cultural competency skills and services you provide to certain populations.

Resources on cultural competency

For more information — including quick reference guides and videos to help with using My Practice Profile — visit UHCprovider.com/mpp.

If you need information about cultural competency, please visit UHCprovider.com or the Health and Human Services website at cccm.thinkculturalhealth.hhs.gov.



If you have questions, please call Provider Services at **877-842-3210**



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



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