



Ohio | Summer 2019

practice**matters**



For More Information

Call our Provider Services Center at **800-600-9007**

Visit **UHCommunityPlan.com**

In This Issue...

- State Requirement to Register NPIs for Payment
- Hepatitis A Outbreak and Vaccinations
- 90-Day Prescription Supply Available to Members
- Population Health Outreach: Lead Poisoning and Testing in Children





State Requirement to Register NPIs for Payment

The Ohio Department of Medicaid (ODM) is now requiring care providers who bill for Medicaid services to register their National Provider Identifier (NPI) number with the department to comply with the Ohio Administrative Code. Failure to register will result in non-payment of claims.

The agency reviewed claims received and paid by UnitedHealthcare and discovered at least one claim with the NPI number listed on the claim form (either in rendering, servicing or billing NPI fields) that is not registered with the state. Care providers must register their NPI numbers with ODM to get paid for claims for Medicaid services or discontinue putting the numbers on claims submitted to UnitedHealthcare if they're not applicable to the billed service.



Learn More

To register your provider NPI number, contact ODM and add your NPI number to your Ohio Medicaid provider file. For more information, contact ODM at 800-686-1516 or visit portal.ohmits.com/Public/Providers/tabId/43/Default.aspx.

Hepatitis A Outbreak and Vaccinations

Ohio declared a hepatitis A outbreak in June 2018, and the case count continues to rise with more than 1,530 cases, including five deaths. Surrounding states such as West Virginia and Kentucky also have been affected, with more than 2,200 and 3,500 cases, respectively. Hepatitis A is typically a self-limited disease; however, morbidity and mortality in this outbreak have been higher than usual due to co-morbidities among the risk groups, primarily chronic liver disease. Individuals most at risk are a difficult population to reach, so expanding vaccinations is important to controlling the outbreak.

Implementing Hepatitis A Vaccination

Implementing hepatitis A vaccination as a standard practice can be challenging. The Ohio Department of Health recommends educating staff throughout the facility about the outbreak and stressing that vaccination is the key to prevention. Each facility will need to determine how best to integrate universal screening into patient assessment and staff/care provider workflow.

Suggestions Include:

- Standing orders for nurses to screen and vaccinate
- Care provider screening and vaccination during patient assessment
- Risk factor screening cards shown to patients to aid in the determination of outbreak vaccine eligibility
- Notification alert through Electronic Medical Record (EMR) system
- Implementation similar to facility's tetanus (Td) vaccination process

(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

- Vaccination on admittance to a facility for individuals meeting high risk criteria

Individuals most at risk are:

- People with a history of substance use
- People experiencing homelessness or in transient living
- Men who have sex with men
- People with underlying liver disease (including cirrhosis, hepatitis B and hepatitis C)
- People who are or were recently incarcerated

Member Benefits

UnitedHealthcare Community Plan of Ohio covers hepatitis A vaccination by all recognized Medicare and Medicaid care providers. Both the vaccine and administration fee are covered.

90-Day Prescription Supply Available to Members

As of April 1, 2019, UnitedHealthcare Community Plan of Ohio members are able to get a 90-day supply of select prescription medicines at participating retail pharmacies. Members have the option to fill a 90-day supply prescription, but are not required to do so. Claims will not be rejected for being less than a 90-day supply.

As the prescriber, you can decide whether it's medically appropriate to switch a plan member to a 90-day supply of their medication. There's no need to submit a prior authorization request to fill a 90-day supply prescription. We encourage you to talk with any interested members to see if 90-day supply prescriptions may work for them

This helps members save them time on fewer trips to the pharmacy to refill their prescriptions. It also helps them stay on track with their care provider's treatment plan. The program keeps them from running out of maintenance medications by having them on hand. If a member wants to use the 90-day supply, their pharmacist may be able to change an existing prescription.



Prescriptions that Qualify for 90-Day Fills

To review the 2019 90-day supply drug list, go to [UHCprovider.com/content/dam/provider/docs/public/commplan/oh/pharmacy/OH-UHCCP-90-Day-Supply-Drug-List.pdf](https://uhcprovider.com/content/dam/provider/docs/public/commplan/oh/pharmacy/OH-UHCCP-90-Day-Supply-Drug-List.pdf).

Population Health Outreach: Lead Poisoning and Testing in Children

All children on Medicaid must be tested for lead poisoning at ages 1 and 2, according to the Ohio Department of Health. Low lead levels in children can result in lower IQ, delayed growth, poor hearing and attention deficit hyperactivity disorder (ADHD). High levels can cause convulsions and even coma or death.

Lead used to be commonly found in everyday items such as gasoline and paint, but due to its hazardous health effects it has been banned or significantly reduced in these products.

There is no safe level of lead in a child's blood, and levels higher than five micrograms are a cause for concern. The problem with lead poisoning in children is that there are usually no signs or symptoms, which mean may not be diagnosed or treated properly. The effects in children younger than age 6 can be catastrophic.

Lead can be found in the blood and bones of mothers who have been exposed, which may result in miscarriage, stillbirth, early delivery and low birth weight. It can also be passed on to the baby from breastfeeding.



(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

Treating Lead in the Home

The most typical source of lead that can harm children is found in paint manufactured up until 1978. The paint may chip and be ingested or ground to dust and inhaled. Children can be exposed in many ways. Lead can also be found in soil, water and certain items from other countries. If high levels of lead are found in a child's test, the child's home will be checked by the public health department to find the source of the poisoning. The homeowner then has to hire a worker who is qualified to rid homes of lead. Children should be removed from the home during lead removal or families should follow these steps:

- Have the child wash their hands often.
- Keep places where you eat in the house clean.
- Keep floors, window sills and other areas free from dust by using wet cleaning methods.
- Eat foods rich in calcium and iron, such as lean red meats, seafood, beans, whole grain rice, pasta, broccoli, spinach, kale and tofu.



Learn More

For more information on the effects of lead in children, visit odh.ohio.gov. To see the blood testing requirements for Ohio children younger than 6 and Ohio high-risk areas, visit odh.ohio.gov/wps/portal/gov/odh/know-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes.



Ohio practice**matters**

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

