



A Message from Our Chief Medical Officer — Salil Deshpande, MD

Quality care is doing our best to prevent or deter further decline of physical and behavioral health conditions so our members can live their lives to the fullest. We encourage our members to be in a primary care provider (PCP) medical home model of care where they can receive the guidance they need to be involved in their wellness. In this edition, you can read about wellness and prevention opportunities in the article, Guidelines Make for Easy Wellness Visits, and throughout the newsletter.

We can use our claims data to help you know about your patients' wellness. For example, when a member who may be diagnosed with diabetes has not completed an A1C test, we can let you know so that you can then help close this gap-in-care opportunity.

Let's work together toward reaching this quality initiative for the well-being of our members' care.

A handwritten signature in black ink that reads "Salil Deshpande MD". The signature is written in a cursive, flowing style.

Guidelines Make for Easy Wellness Visits

It helps to have a list of wellness and prevention opportunities for when a patient is in the office. You can share this information with your care team in your practice, including front office staff, billers, physicians, nurse practitioners and physician assistants. This information can also help providers who may accompany our members to their doctor appointments.

Here is a list of 2019 Healthcare Effectiveness Data and Information Set (HEDIS®) measures; some have changed since last year:

- Controlling high blood pressure
- Weight assessment and counseling for nutrition and physical activity for children
- Appropriate treatment for children with upper respiratory infection
- Adolescent well care
- Prenatal and postpartum care
- Well child visits in the first 15 months of life
- Diabetes control
- Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications
- Cervical cancer screening



For more information, including HEDIS-specific how-to documents, go to [UHCprovider.com > Reports and Quality Programs > Path > Learn More About Path > Medicaid Community Plan Resources > 2019 Path Resources](#).

Help Members Stay in Their Homes and Communities

Juanita, 78, is a fictional example of how we can help members stay in their homes and communities. She has lived in her home for almost 25 years, but those around her are worried because she has fallen three times in the past year; once outside during freezing weather when she didn't have her phone. Although she may not need 24/7 nursing care, we can work to help her stay in her home doing the things she loves like making cupcakes for the annual elementary school talent show.

Juanita and members like her may be able to do some things independently, but they may need help bathing, eating and doing minor household chores such as taking out the trash and cleaning the counters and floors. Personal Attendant Services (PAS) may be what is needed to help our members stay in their home, rather than needing to move them to a nursing facility, so their daily basic care needs can be met.

Our PAS providers help with long-term services and supports (LTSS). Our person-centered care planning process addresses:

- What services are medically necessary (for example, bathing, dressing, cleaning and shopping)
- When are these services needed (for example, 40 hours/5 days a week)
- For how long are the services necessary

Members need to get the ordered services for the number of hours specified in their prior authorization approval. Needs are determined on several levels — our service coordinator assessment, member and family input, and PCP's determination of medical necessity.

We want to thank all of the PAS providers and administrators for helping our members continue to live in their homes.



Visit [UHCprovider.com Link > Prior Authorization and Notification](#) for reference material on prior authorizations and additional resources.

Dental Health Made Easier

Dental visits are good for oral health that could otherwise lead to infection, decay and heart conditions. For some, a visit to the dentist can almost be fun with the stickers and free toothbrush baggies. But it's a different story when a more serious visit can result in anxiety and fear of going to the dentist.

Developmental disabilities, such as sensory processing disorder or autism spectrum disorder, can also cause parts of the dental experience, such as bright lights, sounds and close physical contact, to be excruciating. Safely administered dental anesthesia can help these patients get their necessary dental hygiene. This procedure, formerly only available through age 7, is now a Medicaid benefit when necessary for our members through age 20.



For more information, visit TMHP.com > providers > **Medicaid Provider Manual** > Texas Health Steps (THSteps) Dental.

You Can Give Culturally Considerate Care

Culturally and Linguistically Appropriate Services (CLAS) is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

Thinkculturalheath.com is a great place to learn about CLAS with education and tools for you and your staff, such as HealthReach: Health Information in Many Languages. This resource helps with member education, including videos, audio recordings and handouts in many languages created by leaders from the American Cancer Society and the World Health Organization.



If you need an interpreter in working with our members, call **888-887-9003**.



What is Medication Synchronization?

Medication synchronization is when the pharmacist coordinates the refill of patient medications so they can pick them up on a single day each month. Many people miss doses of their regular medications and this can help make it more likely they will take them. Medication synchronization can help:

- Your patient have less times they need to call in for refills
- Mean fewer trips to the pharmacy to pick up medications
- Make it easier for patients to be compliant with their medications
- Improve health outcomes, thereby decreasing health care costs

These frequently asked questions can help you determine if this may benefit your patients who are our members.

Q. Why should I care about synchronizing my medications?

A. Members who are not taking their medication as prescribed can have serious side effects or poor control over their chronic condition. This can be less of a problem when refill medications are at one time in the month.

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Important information for health care professionals and facilities

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Q. Who is best suited for medication synchronization?

A. Medication synchronization is most helpful for patients taking multiple, ongoing monthly medications.

Q. Will all of my patient's medications be included if they decide to have their medication synchronized?

A. Not necessarily. There are some medications that are not appropriate for this program, such as controlled medicines, antibiotics, ointments, eye drops and medicines taken for conditions as-needed, such as nausea.

Q. How can I start synchronizing my patient's medications today?

A. Contact your patient's pharmacy and ask that their medications be synchronized. Often, the pharmacist will dispense a shorter or longer supply of medication for the first pickup.

How You Know When a Member Needs Home Care

The best person to help determine medical necessity for home care is the member's PCP. The Practitioner's Statement of Medical Need helps determine Personal Assistance Services and Home and Community Support Services. It's also used by the Consumer Directed Services (CDS) employer of record to request a statement of medical need from the member's care provider.



For more information, go to HHSC.Texas.gov > Laws & Regulations > Forms > 3000-3999 > **Form 3052 Practitioner's Statement of Medical Need.**

Telehealth for Physical Health Measures

Telehealth can be an efficient way of delivering health care, and it's becoming more widely reimbursed by payers. As a care provider of these services, you need to know that the National Committee for Quality Assurance (NCQA) introduced telehealth into 14 existing physical health measures for HEDIS 2019, following on previous work to add telehealth services to behavioral health measures last year.



For more information, visit NCQA.org > News > **NCQA Updates Quality Measures for HEDI 2019.**

Now It's Easier to Find Claims Online

We want to help you save time finding claims information. That's why our claimsLink search is now easier to use and allows you to see up to 24 months of claims history. You can search by provider, using only tax identification number and see claims: all; paid; denied; payable; and pending. You also can search by date of service and individual claims number.

Need More Help?

- **Press the Help Button** — Located at the right side of the screen to connect you with reference guides and training about UHCprovider.com/claimslink.
- **Give us a call** — Our UnitedHealthcare Connectivity Help Desk is available at **866-842-3278**, option 1, from 7 a.m. – 9 p.m. Central Time, Monday – Friday.
- **Attend a Live Training** — Schedule to attend an in-person web training twice a month, where you can ask questions. Go to UHCprovider.com > Menu > Resource Library > **Link Core Tools: ClaimsLink and EligibilityLink Training.**

Important information for health care professionals and facilities

Get Answers to Your Nursing Facility Claims Questions

You're invited to view our two UHC on Air online podcasts recorded from live provider training:

- **Back to the Basics: Billing and Business Office Best Practices**, presented by Shasta McClary-Brocious, a health care billing associate from Mueller Prost, lets you know when to use the Centers for Medicare & Medicaid Services (CMS) 1450 (UH-04) form or its electronic equivalent 837. You'll also learn about:
 - **Form 3618** — Resident Transaction Notice
 - **Form 3619** — Medicare/Skilled Nursing Facility Patient Transaction Notice, Medicaid Eligibility Service Authorization Verification (MESAV)
- **Texas Medicaid: Advanced Training Billing** tackles topics such as respite, goal-directed therapy, aging reports and remittance advices.

Why Not Access Free Online Information?

Care providers may access free online live and recorded podcasts designed to give them what they need to help serve our members. You can watch anywhere, anytime, from any device. Some are eligible for continuing education credits for certified professionals.



To learn more, sign in to Link by going to **UHCprovider.com** and clicking on the Link button in the top right corner. You can select the UHC On Air tile on your Link dashboard.

Substance Use Disorders: Stopping Can Be Harder Than You Think

Alcohol and drugs, such as opioids, can destroy families and risk the lives of the person using them. When the person is a pregnant mother, it can cause the baby life-long complications or even death. Once these substances take hold, will power alone typically is not enough to stop the downward spiral of use and abuse.

You can help our pregnant members and mothers to newborns by directing them to our free Optum Substance Use Disorder Hotline: **855-780-5955**. From the first call, our representatives work to create a person-centered care path of treatment that will help lead to recovery and resilience to future drug use.



For more information, visit liveandworkwell.com > Topics > **Substance Use and Alcohol**. This site is designed for patient education and can be viewed in Spanish.

Don't Wait for Your Patient to Ask about HIV Prevention

Care providers can now be proactive in using pre-exposure prophylaxis (PrEP) to help prevent human immunodeficiency virus (HIV) infection, especially with gay and bisexual men, heterosexual men and women, and injection drug users.

Truvada, which is on the Texas Medicaid formulary, can be taken daily by people who don't have HIV. It can help prevent permanent HIV infection by up to 92 percent. When used with condoms and other prevention methods, it can provide more protection than when used alone. Checkups every three months are necessary for HIV testing and other follow-up.



To see research, clinical guidelines and member education, go to DSHS.Texas.gov > **HIVSDD/PrEP**.

Important information for health care professionals and facilities

Look to the Stars for Medicare Quality

When patients give feedback, it can help others to make decisions about who they will see for their health care. The star ratings help in decision-making for members in Medicare Advantage Plans, including Dual Special Needs Plans (DSNP). Some quality areas include:

- Staying healthy screening tests and vaccines
- Managing chronic conditions
- Member ratings



To see a break out of Star rating categories, go to [Medicare.gov](https://www.medicare.gov) > Quality plan and compare tools > find a plan > statistics > ratings > **Plan ratings**.

How We're Helping

- **In the Home** — With HouseCalls, health care professionals visit members in their home for some screenings. Then we work with the member's PCP for wellness and prevention.
- **Quality Measures** — Throughout 2019, we'll continue to share quality measures with you. Member claims reports help ensure that quality wellness and screenings are happening.
- **Member Navigators** — We go the extra mile to find members who may be otherwise unreachable to help get them into the health care system and make sure their needs are addressed holistically.



CMS made changes to the 2019 Medicare Advantage and Part D Star Ratings. For more information, including a technical fact sheet, visit [GoCMS.gov](https://www.gocms.gov) > **Part C and D Star Ratings**.

How to Collect Payment When Members Live with You

Our STAR+PLUS members need to pay for their assisted living programs. Jim, as an example,* could be a 24-year-old who lives with Down's syndrome. He's excited about his assisted living program, which allows him to live in an apartment with roommates and staff to help direct him. He qualifies for monthly income through Social Security or SSI (Supplemental Security Income).

The Texas Health and Human Services Commission (HHSC) determines the amount from his income that goes toward his assisted living copayment staff help co-pay as well as the state-required room and board payment. The amount he pays toward his assisted living expenses equals most of his monthly income payment. Some is left over for living expenses such as clothes and haircuts. Members are only eligible to keep at most \$85 of their total income in their accounts each month.

As a care provider, you need to directly receive the copay with the cost of living payments (room and board) from the member or the member's legally assigned representative (LAR) who receives this information from HHSC on a 2065D form. The 2065D Form will have the breakdown of the amount the member is to pay for room and board as well as the copay amount each month. To see this amount, go to [UHCprovider.com](https://www.uhcprovider.com) > Link > Prior Authorization and Notification.

This amount is not to be billed to UnitedHealthcare Community Plan. The member's copay is billed on the claim monthly and should be deducted from the care provider's payment when the claim is processed. If we pay in error, we'll need to recover that payment. The room and board amount should not be billed on the claim. Here are some tips that can help:

- Include a statement of the due payment in the member's residential contract.
- Set up a specified time every month for the payment.
- Have a reminder in place if the payment is not paid on time.

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