



Texas | Fall 2019

practice**matters**



### For More Information

Call our Customer Service Center at **888-887-9003**  
Visit **[UHCprovider.com](http://UHCprovider.com)**

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

### Building Trust through Collaboration

We're working together to provide our members access to care that's medically appropriate as we work toward the Triple Aim of improving health care services, health outcomes, and overall cost of care.

In many ways, we're working with you to:

- Reduce complications secondary to chronic conditions through member involvement with service coordination and a complex care approach.
- Empower members with emergency room alternatives when appropriate.
- Closing gaps-in-care opportunities in our journey toward wellness.

I invite you take advantage of our offerings as highlighted in this edition of Practice Matters. For example, see how electronic visit verification helps people stay in their homes rather than living in a nursing home. Reach out to your provider advocate for personalized assistance or call our customer service at **888-887-9003**, 8 a.m. – 6 p.m., Central Time, Monday – Wednesday.

Together, we're making progress.

Wishing you the best this fall,



Important information for health care professionals and facilities

## New EVV Rules

As of Sept. 1, 2019, electronic visit verification (EVV) claims now should be submitted directly to the Texas Medicaid & Healthcare Partnership at [tmhp.com](http://tmhp.com) > **providers** > TexMedConnect or through electronic data interchange (EDI) using a C21 Submitter identifier. Once the claims are matched to prior authorization for EVV services, the claims will be sent to us for payment processing.

The EVV is in place to help ensure members get the care in their homes as ordered by their care provider so they can continue living in their home. Otherwise, a member may need to live in a nursing home to have their most basic needs met like getting dressed, bathing or eating. Care providers who typically use EVV are personal home care and personal care attendants, and personal and habilitation providers. EVV training may be needed for care providers who deliver services such as consumer direct services and financial management service agencies.



To learn how to submit claims to TMHP, go to [UHCprovider.com/TXcommunityplan](http://UHCprovider.com/TXcommunityplan) > [Bulletins and Newsletters](#) > [Electronic Visit Verification](#) > **Training**

## Substance Use: Don't Wait for It To Be a Problem

Seeing if your patient needs help with a substance use disorder (SUD) is as important as other health screenings. Primary care providers, ob/gyns, behavioral health specialists and other providers needing to assess for SUD. Screening, Brief Intervention, and Referral to Treatment (SBIRT pronounced "S (pause) Burt") is the early intervention and treatment services you need for members age 10 years and older, including pregnant women.

SBIRT services can be provided by certain providers who complete the training at the Substance Abuse and Mental Health Services Administration (SAMHSA). When screening, use a standardized screening tool, such as Cut-down, Annoyed, Guilty, Eye-opener (CAGE)

questionnaire. Brief intervention using motivational interviewing helps raise a patient's awareness when performed when finding at least a mild to moderate risk for alcohol or substance use.

Members can have a maximum of two screening only sessions per rolling year and up to four combined screening and brief intervention sessions per rolling year. A referral to a behavioral health specialist is in order when the screening results reveal severe risk of alcohol or substance use or requires more than 4 brief intervention sessions. See more at [tmhp.com](http://tmhp.com) > providers > Texas Medicaid Manual > **Behavioral Health and Case Management Services Handbook** > 5.2.3 Mental Health Rehabilitative Services.

## Psychotropic Meds: Safety First

Atypical antipsychotic medications used by people with schizophrenia can cause cardiovascular side effects such as arrhythmias and deviations in blood pressure. In rare cases, they may also cause congestive heart failure, myocarditis and sudden death.\* The National Committee for Quality Assurance (NCQA) helps ensure that our members get the care they need by measuring claims data to determine compliance with the Healthcare Effectiveness Data and Information Set (HEDIS®).

Here are steps to successfully observe the HEDIS® measure **Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or Bipolar Disorder**. Members ages 18 – 64 with:

- Schizophrenia or bipolar disorder who use antipsychotic medications need an annual diabetes screening and monitoring with both an LDL-C test and an HbA1c test
- Schizophrenia and cardiovascular disease need at least an annual LDL-C test

\*Fadi T. Khasawneh and Gollapudi S. Shankar. **Minimizing Cardiovascular Adverse Effects of Atypical Antipsychotic Drugs in Patients with Schizophrenia**. Cardiology Research and Practice. Vo. 2014, Article ID 273060

Important information for health care professionals and facilities

## Helping Members Keep Appointments

Some members rely on transportation assistance to get to and from the pharmacy and care provider appointments, including the dentist. The destination needs to be registered as a health care service provider. Please enroll your office locations with Texas Medicaid through the Texas Medicaid & Healthcare Partnership program.



To make sure you're enrolled, go to [tmhp.com](https://tmhp.com) > **provider** and log in to My Account.

## The Importance of Coordinating Care

Comorbidity is the occurrence of two or more conditions in the same person that can be medical and behavioral. Many of the most common treatments for diseases may actually worsen comorbid mental or medical problems. Psychotropic medications for behavioral health conditions can cause medical conditions, such as weight gain, obesity, renal insufficiency and type 2 diabetes. Medical treatments can cause behavioral health conditions, such as anxiety or depression, as can anti-hypertensives and lipid-lowering agents.

Coordinating care is important since comorbidity can happen across specialties. When a member has hypothyroidism with anxiety, for example, the primary care provider or endocrinologist and behavioral health specialist would coordinate care with each other. Care providers need to share the initial assessment and care plan, then the therapeutic progress. Behavioral health specialists should check for any suspected or untreated physical problems and report those to the member's primary care provider after obtaining the member's consent to do so. Additionally, providers of long-term services and support are in a unique position to notice a member's condition(s) that need to be coordinated since they spend more time in the day in the community with our members.



## Quality Care Made Easy

We make it easy for you to know about quality care measures for your patients who are our members. The Patient Care Opportunity Report (PCOR) can help you quickly identify members who have open care opportunities related to their preventive health care. These opportunities align with Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures to help with positive health outcomes for your patients. The report is based on claims data and electronic medical record documentation from our plan members' health care providers.

Some quality measures to focus on include:

- Adolescent well care
- Appropriate treatment for children with upper respiratory infection
- Cervical cancer screening
- Controlling high blood pressure
- Diabetes control with HBA1c glucose testing
- Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications
- Potentially preventable emergency room visits
- Prenatal and postpartum care

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**Important information for health care professionals and facilities**

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- Weight assessment and counseling for nutrition and physical activity for children
- Well child visits for the first 15 months of life



To see more about quality for these measures, go to [UHCprovider.com](http://UHCprovider.com) > Reports and Quality Programs > PATH (Learn More about PATH) > **Medicaid (Community Plan) PATH Resources**

## Reduce Your Paperwork with EMR in Your Office

Are you using Electronic Medical Records (EMR) in your primary care practice? EMR can be like having extra administrative help for free. Necessary member information can be readily available to us without having to fax or mail records.



To find out more, go to [UHCprovider.com](http://UHCprovider.com) > Menu > Resource Library > **UnitedHealthcare Enterprise Medical Records Program**. To get started, visit Link on [UHCprovider.com](http://UHCprovider.com) and choose the Remote EMR Access tool. You can also ask your physician advocate for more help.

## Does Your Patient Need the THSteps Medical Checkup?

Medicaid members through age 20 need their annual wellness to be provider by you according to Texas Health Steps program. You may have a new or returning patient and aren't sure if they need their annual THSteps medical checkup. If they need this annual visit and you're an enrolled THSteps Medicaid provider, you can conduct this exam when they come to you for a sick visit or a sports/school/camp physical.



To find out if your patient is due for this checkup, go to [tmhp.com](http://tmhp.com) > **providers** > **TexMedConnect**. You also can call customer service at **888-887-9003**, 8 a.m. – 6 p.m., Central Time, Monday – Friday.



## Getting Members the Care They Need

Decisions for care are based on medical necessity and appropriateness with care guidelines. Services must be outcomes-driven, clinically necessary, and evidence-based and provided in the least restrictive environment possible. We don't reward our staff or care providers for issuing denials of coverage for service care. Utilization management decision-makers do not receive financial or other incentives that encourage decisions that result in underutilization of services.

## Member Rights and Responsibilities

Care providers and members should be familiar with member rights and responsibilities.



For a complete list, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > State Information > **Texas**. Then search by program. For example, to see rights and responsibilities for a CHIP member, select **Children's Health Insurance Program (CHIP) > View Plan Details > Frequently Asked Questions > What are my Rights and Responsibilities**. CHIP members have the right to easy-to-understand information about their health care and the responsibility to follow healthy habits.

## Important information for health care professionals and facilities

### Member Referral Information

When in need of a specialist, our members benefit from having their primary care provider (PCP) refer them. But they can also see a specialist without a PCP referral. We call this self-referring and members can do it by looking up network specialists themselves online at their secure member site at [myuhc.com](http://myuhc.com). You can help them find a network provider at [UHCprovider.com](http://UHCprovider.com) or you both can call our customer service at **888-887-9003**.

Although the member may be self-referring, it's still your responsibility to help coordinate their care. Members in STAR Kids and STAR+PLUS can work with our service coordinator who is assigned to their care to help with any prior authorizations and to make any necessary adjustments to their person-centered care plan.

### Value-added Services

Care providers and their staff can make members aware of our value-added services. More information is available at [UHCprovider.com/TXcommunityplan](http://UHCprovider.com/TXcommunityplan) > **Resource Guides and Value-Added Services**. You can be instrumental in helping our members get these added benefits.

### UHC On Air: See What You May Be Missing

**UHC On Air** continues to be your one-stop resource for live and on-demand video broadcasts that provide in-depth program information and meaningful updates from UnitedHealthcare to watch anywhere, anytime, from any device. You can hear from UnitedHealthcare experts, review the latest processes and procedures to help ensure compliance and learn what's new in your market. Some programs also provide continuing education credits.

Through a collaboration of UnitedHealthcare Population Health and Optum Risk Quality and Network Solutions, we continue to expand the **Provider Center for Education channel**, providing support to care provider groups with a focus on quality improvements. One of the best ways we can assist care providers is to provide

innovative, easy-to-use technology to help practices improve quality and processes for their members.

We're updating informational programming all the time on UHC On Air. Sign in to Link by going to [UHCprovider.com](http://UHCprovider.com) and clicking on the Link button in the top right corner. Then select the UHC On Air tile on your Link dashboard. Select the Texas channel to see local information, such as:

- UnitedHealthcare Dual Complete® Plan in Texas
- Critical incident reporting, including abuse, neglect and exploitation
- Texas Health Steps: Wellness for Medicaid members through age 20

### Member Advocates: Here When We're Needed

Juanita Smith is a fictional example of how we can help members. She was struggling with medical issues stemming from her terminal cancer. Corresponding cognitive challenges made it difficult for her to successfully advocate for herself. She was denied coverage by a STAR+PLUS waiver program, which would have helped with added benefits such as home-delivered meals, additional colostomy bags or an in-home emergency response system in case of Juanita falling.

One of our caring member advocates, Tony, helped her appeal the waiver decision, including getting the necessary letters describing Juanita's medical need from her care providers. He even visited Juanita at her home to support her on the day of the appeal hearing, which resulted in an overturn of the decision.

With the help of our member advocate, Juanita was able to get the help she needed and she now knows that she can call on us to help. This is one of many examples of how member advocates help our members who are your patients.



To learn more about how we can help you and your patients, visit our website at [UHCprovider.com/TXcommunityplan](http://UHCprovider.com/TXcommunityplan).



Texas

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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 is the trade name of United Healthcare Insurance Company in the Texas Health and Human Services Commission's STAR+PLUS Central and Northeast Medicaid Rural Service Areas. UnitedHealthcare Community Plan is the trade name of UnitedHealthcare Community Plan of Texas L.L.C. in the following service delivery areas: Jefferson, Harris, Hidalgo, Nueces and Travis.



**UnitedHealthcare**  
Community Plan

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