



Texas | Winter 2019

practice**matters**



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

As we wrap up 2019, it's valuable to look back and see the changes and progress made in multiple areas. We noticed that our focus on quality care was influenced by the experiences of our members and care providers, and that there was an increased efficiency for in-home services. The Healthcare Effectiveness Data and Information Set (HEDIS®) was also made easier with electronic medical records. As always, we focused on wellness and screenings (including behavioral health) and encouraged ongoing care coordination starting with person-centered planning in the primary care provider's medical home.

Looking ahead, we'll harness technology to help make our involvement in these and other activities more efficient and transparent. We'll expand our involvement in care pathways, polychronic care and address social determinants of health as we expand our health plan into broader areas of Texas. We look forward to working with you in the coming year and wish all the best to you and yours over the holidays.

A handwritten signature in black ink that reads "Salil Deshpande MD". The signature is written in a cursive style and is centered on a light gray rectangular background.

Important information for health care professionals and facilities

We Should All Listen to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is part of the effort of the Centers for Medicare & Medicaid Services (CMS) to improve health care in the United States. These initiatives represent a change in the way CMS pays for services.

Instead of only paying for the number of services, CMS also pays for high-quality services. The quality of services is measured clinically and administratively through annual patient experience of care surveys. See how we did this year:

- The “overall doctor rating” is A (in the 90s), while specialists earned a B+ (high 80s).
- “Getting the care they need” held with a steady C (high 70s into the low 80s)
- MMP “Getting Appointments and Care Quickly” took a dip into the 60 percentile, but everyone else stayed relatively steady with a B+.
- “How well my doctor communicates with me” inched up in numbers but remained in the low A range.
- “Shared decision-making with my doctor” took a dip for adult STAR members and landed with a C (74%) to where CHIP climbed this year alongside STAR and STAR+PLUS members. STAR Kids members jumped to a B+.
- “Coordination of care” was rated a B by CHIP. Children and youth STAR members were the largest increase in satisfaction (7.9%) from 2018. Coordination of care was down for STAR adults.
- Low marks were in the D and F range for “In the past 6 months has your doctor or other health care professional talked to you about starting or stopping medications.”
- Less members reported their doctor talking to them about why not to take a medication vs. why to take a medication.

Overall, we saw good doctor ratings along with members who were able to get appointments quickly, and average ratings when it came to shared decision-making and coordination of care. In closing, there appears to be plenty of room to improve conversations with members and their families about medication. You can see all the results at [cms.gov](https://www.cms.gov) > Research Statics Data and Systems > Research > **CAHPS**.

Electronic Visit Verification Online Adjustments Make It Easier to Get Payments

Beginning Sept. 1, 2019, your program visits are electronically recorded in the Texas Medicaid and Healthcare Partnership (TMHP) electronic visit verification (EVV) Aggregator. Not only will you be able to pull reports to see how the visits uploaded, but you’ll also have the opportunity to make any corrections by using Visit Maintenance. Identify any changes that you make with the correct reason code(s) to show why the visit needed to be changed. You have 60 days from the date of service to make changes to the uploaded visits. We recommend that you check these claims frequently — you can even check them daily.

Your claims for these visits should then be submitted through TMHP once you’re sure the uploaded visits are correct. The claims are matched with the visits and TMHP transmits them to us for payment. We have 30 days to pay clean claims, but we always strive for sooner.

Need Help?

If you have technical difficulties with the EVV system, contact your EVV vendor. Be sure to get a ticket number for reference. If an incident isn’t resolved within 24 hours, please report it to us so we can help prevent the issue from affecting your compliance score or payments. You can notify us by phone, fax or email:

- Email uhc_evv@uhc.com
- Fax your Provider Advocate or **855-500-3356**
- Call your Provider Advocate or **888-787-4107**

Here's What You Need to Know about EVV

Program providers using EVV prior to Sept. 1, 2019, are required to take a training to learn about the EVV Aggregator/EVV Portal and EVV Policy before Dec. 31, 2019, and every year thereafter. See more at [TMHP > Providers > EVV > **Electronic Visit Verification Training Updates**](#).

Keep the following up-to-date EVV policy and procedure changes effective for service dates beginning Sept. 1, 2019:

- EVV Mobile Application Policy
- EVV Aggregator and Claim Matching Policy
- EVV Compliance and Oversight reviews
- EVV Usage Policy, EVV Reason Code & Required Free Text Policy
- EVV Training



To learn more, go to UHCprovider.com/EVV.

Billing Codes and Modifier Changes for Long-Term Services and Supports

The STAR+PLUS Long-Term Services and Supports (LTSS) billing matrix has been updated to comply with EVV standards and the National Correct Coding Initiative (NCCI) standards. See more at [HHS.Texas.gov > Doing Business with HHS > Provider Portals > Long-Term Care Providers > Resources > All LTC Providers > **Bill Code Crosswalks**](#).

LTSS Care Providers Pay Raise

This year, the attendant minimum wage was raised to at least \$8.11. This increase affected attendants in assisted living, habilitation, personal care services, respite and day activity, and health services. As of Sept. 1, 2019, codes and modifiers were updated on the billing crosswalk. Also, the unit rate changed from 1 hour = 1 unit to 15 minutes = 1 unit. See more at [HHS.Texas.gov >](#)



[Laws & Regulations > Handbooks > Contracting to Provide Primary Home Care Services > Appendices > **Appendix Z Informational Letters > Information Letter No. 19-16 – Required Base Wages of Personal Attendants**](#).

Prescribe with Confidence

It's easy to check current prescription coverage and price, including out-of-pocket prescription costs, for UnitedHealthcare members at their selected pharmacy with the PreCheck MyScript Tool on Link.

- Check current prescription coverage and price, including out-of-pocket prescription costs, for UnitedHealthcare members at their selected pharmacy.
- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization or are non-covered or non-preferred.
- Request prior authorization and receive status and results.

Learn more about the PreCheck MyScript Solution. You can request access to this tool from the Link Marketplace.

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Important information for health care professionals and facilities

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See more at UHCprovider.com > Resource Library > Drug Lists and Pharmacy > **Get More Information on PreCheck MyScript**. When a drug requires prior authorization, you can make a request one of the following ways:

- Visit UHCprovider.com/TXcommunityplan > **Pharmacy Resources and Clinician Administered Drugs** > CoverMyMeds
- Call **800-310-6826**
- Fax **866-940-7328** and complete a prior authorization form. You can find the form at UHCprovider.com/TXcommunityplan > **Pharmacy Resources and Physician-Administered Drugs Texas Standard Prior Authorization Request Form for Prescription Drug Benefits**.

When a prescription authorization is denied, you can request a peer-to-peer review within seven calendar days of the decision. Instructions are included in the notice of action statement that you receive.

Still Time to Get the Flu Shot

It's important that everyone who can get a flu shot does. This creates community immunity, which lessens the chances of our family, friends and neighbors, who can't get the flu shot for protection, from getting it. People who might not be able to get a flu shot include:

- Babies younger than 6 months
- People with asthma, ages 5 and older
- People with other underlying medical conditions that can put them at **high risk of developing serious flu complications**. These include conditions such as chronic lung diseases, heart disease (except isolated hypertension), kidney disease, liver disorders, neurologic and neuromuscular disorders, blood disorders or metabolic disorders (diabetes).



See more at cdc.gov > Flu > **Prevent**.

Members 6 months through age 18 have their flu vaccines covered through the Texas Vaccines for Children Program (TVFC). Vaccines are delivered to your door at no cost to you, allowing your patients to receive their vaccination within their medical home at your office.

- CPT® code 90461 is covered for TVFC-related vaccines.
- To enroll in this program, go to dshs.texas.gov/immunize > Texas Vaccines for Children (TVFC) > **Provider Enrollment**.

Patients ages 19 and 20 can receive their flu vaccine when you bill CPT code 90630.

See more about our 2019/2020 flu guidelines and billing at UHCprovider.com/TXcommunityplan > Pharmacy Resources and Physician-Administered Drugs > Pharmacy Flu Vaccine and Immunization/Injection Billing Guidelines.

For the 2019-2020 flu season, the **Advisory Committee on Immunization Practices (ACIP)** recommends annual influenza (flu) vaccination for everyone 6 months and older with any licensed, influenza vaccine that is appropriate for the recipient's age and health status, including inactivated influenza vaccine (IIV), recombinant influenza vaccine (RIV), or live attenuated nasal spray influenza vaccine (LAIV4) with no preference expressed for any one vaccine over another. See more at cdc.gov > Disease and Conditions > **Flu (Influenza)**.

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Make the Most of That Sick Visit

When members come in for a sick visit, take advantage of this opportunity and help them with their wellness, too. By conducting a wellness exam, which is included in Medicaid members' Texas Health Steps medical check, you can also address gaps in care, such as cancer screenings.

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Important information for health care professionals and facilities

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To learn more about billing for a sick and well visit that happen on the same day, go to UHCprovider.com/TXcommunityplan > Reference Guides and Value-Added Services > **How to Bill a Sick and Wellness Visit on the Same Day**.

Prior Authorization Changes for Specialty Therapies

Check out the latest prior authorization policy updates for specialty therapies (occupational, physical and speech). Go to UHCprovider.com/TXcommunityplan > Bulletins and Newsletters > **Prior Authorization Policy Changes for Speech, Occupational and Physical Therapy Services Begin Nov. 1, 2019**.

Quality Matters

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a standardized set of measures developed by the National Committee for Quality Assurance (NCQA) to evaluate consumer health care. By collecting and analyzing medical record information, HEDIS® helps identify improvements in the health care system. By working together, we can help our members become more involved with their preventive health. You can learn more about HEDIS® medical record collection at UHCprovider.com > Menu > Resource Library > Patient Health and Safety Resources > Healthcare Effectiveness Data and Information Set (HEDIS®).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Not Yet Using Electronic Medical Records?

Are you using electronic medical records in your primary care practice? If not, you may want to find out more about our electronic medical records and why they make sharing medical records easier. Go to UHCprovider.com > Menu > Resource Library > **UnitedHealthcare Enterprise Medical Records Program**.



To get started, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com and select the Remote EMR Access tool. You can also ask your Provider Advocate for additional assistance.

Referrals Made Easy

We make it easy for you to help your patients who are our members to locate the in-network providers and labs to which you refer them. You can go online to UHCprovider.com > **Find a Care Provider** or speak with Member Services by calling **888-887-9003** during regular business hours, Monday through Friday.

A Team Approach to Caring

Our members need person-centered care from a primary care provider (PCP) medical home model of care. Many times, specialists, including behavioral health and providers of long-term services, may also be involved in a member's care. This is when communication and coordination can really support and affect member care.

Here is a fictitious example involving Juan, a 57-year-old, widowed father of a grown son, Austin, who is his caretaker. Let's say Juan is one of our STAR+PLUS members. He uses a wheelchair due to a fall he had six years ago, has high blood pressure and was recently diagnosed with dementia. His son works full-time and is showing signs of depression.

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Important information for health care professionals and facilities

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Our service coordinators would perform assessments and start care planning with Juan and Austin. This includes:

- Consultation about medical necessity and care led by the PCP
- A pharmacist medication review and recommendation
- Finding a local Aging In Place agency for home safety assessment and community case management
- A durable medical equipment provider to help make sure wheelchair and accessories are up-to-date
 - Long-term services and support providers for:
 - Minor home modifications like a ramp and bathroom accommodations
 - An adult day health care (ADHC) center that has wheelchair-accessible transportation where Juan can have activities, nursing oversight and lunch during the day while Austin works
 - Personal assistant services to give oversight and help with activities of daily living in the afternoons when he returns from the ADHC before Austin gets home from work
- A behavioral health clinician with whom Austin can work with on his situational depression

Since several professionals are working with Juan and Austin, communication between them is important and a release of information (ROI) needs to be in place. See more about ROIs and when they are needed by visiting HIPAAjournal.com > **HIPAA Release Form**. Any change in circumstances or the conditions of Juan and/or Austin need to be reported to our service coordinator to facilitate any necessary adjustments in care.

Use Screenings to Better Know Your Patients

Seeing if your patient needs help with a substance use disorder holds the same importance as other health screenings. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, public health approach to the delivery of early intervention and treatment services for members, ages 10 and older, who



have alcohol or substance use disorders or are at risk of developing such disorders. It's especially beneficial for pregnant women.

SBIRT services can be provided by providers who complete the training at the Substance Abuse and Mental Health Services Administration (SAMHSA). When screening, use a standardized screening tool, such as the Cut-Down, Annoyed, Guilty, Eye-Opener (CAGE) questionnaire. Brief interventions that use motivational interviewing while raising patient awareness are performed following a positive screen or a finding of at least a mild to moderate risk for alcohol or substance use. See more at tmhp.com > Providers > Texas Medicaid Manual > **Behavioral Health and Case Management Services Handbook** > 5.2.3 Mental Health Rehabilitative Services.

Health Care Based on Need

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

Our Members Can't Be Served in Unenrolled Locations

As a care provider serving Medicaid and Children's Health Insurance Program (CHIP) members, you're required to have current enrollment in Texas Medicaid. This also applies to our care vendor partners who provide services such as vision, dental and behavioral health.

As part of this requirement, each service location, where you serve our members, must be listed with your Medicaid enrollment. If the current location where you see our members is not included in your enrollment:

- Your services will not be eligible for payment.
- Members who need assistance won't be able to secure transportation to get to your location, which can result in missed appointments or the member needing to transfer to another care provider.

See how you can enroll all of your service locations, by visiting UHCprovider.com/TXcommunityplan > Bulletins and Newsletters > **Enroll All Service Locations for Texas Medicaid Transportation.**





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.



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