In This Issue...

- New Drugs Exempt From Six Prescriptions Limit
- UnitedHealthcare Congratulates Health Centers for Unwavering Commitment to Our Members!
- Resources for Treating ADHD
- ICD-10: Myths and Realities
- Institutional Billing for Outpatient Drugs
- Medicaid & CHIP Reimbursement Changes for Immunizations, Injectables and Other Drugs
- NPI Reminder
- Pregnancy Outcomes
- Neonatal Abstinence Syndrome
- High-Risk Case Management and Transition Case Management
- Gold Star Quality Rewards Program
- Hospital Reduction of Related Re-Admissions
- Hospital Lab Data
- Change in Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Billing Requirements for UnitedHealthcare Community Plan Pennsylvania Medicaid
- Termination of Quest Diagnostics and Their Respective Affiliates From the UnitedHealthcare Community Plan Network
- Pharmacy Updates
- NIMH Resources: Focus on Medications
- Cultural Competency
- Optum Cloud Dashboard and Claim Reconsideration With Attachments Application are Here!
New Drugs Exempt From Six Prescriptions Limit

The Department of Public Welfare added four types of medications to their list of drugs that are automatically exempt from the coverage limit of six prescriptions per month for adult Medicaid recipients. The four drug types are: chronic kidney disease medications, gout medications, statins for plaque stabilization, and vaccines.

A complete listing of exempt drugs can be found at: http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/bulletin_admin/p_034043.pdf.

*Applies to flu vaccines administered at pharmacy locations. Vaccines administered in a physician’s office are not counted toward the six prescription limit.

UnitedHealthcare Congratulates Health Centers for Unwavering Commitment to Our Members!

Each year, the second week of August is dedicated to celebrating the services and contributions of community, migrant, homeless and public housing health centers. While there are countless reasons to celebrate America’s health centers, among the most important and unique is their long success in providing access to affordable, high-quality, cost-effective health care to medically vulnerable and undeserved people throughout the United States.

UnitedHealthcare Community Plan of Pennsylvania observed National Health Center Week 2013 (NHCW) from Aug. 11-17 to raise awareness about the mission and accomplishments of America’s health centers. For more than 45 years, community health centers have delivered comprehensive, high-quality preventive and primary health care to patients regardless of their ability to pay. During that time, community health centers have become the essential primary care medical home for millions of Americans, including some of the nation’s most vulnerable populations.

UnitedHealthcare acknowledges every effort health centers have made to create one of the largest safety net systems of primary and preventive care in Pennsylvania. Thank you for your contributions and commitment to our members!

Resources for Treating ADHD

According to the National Institute of Mental Health (NIH), attention deficit hyperactivity disorder (ADHD) is one of the most frequently diagnosed childhood behavioral disorders; affecting three to five percent of school-aged children.

The core symptoms of the disorder include inappropriate levels of activity and concentration, impulsivity, inattentiveness to tasks, and distractibility. Consequently, there is a strong association between ADHD and poor academic performance, but studies indicate that ADHD treatment can improve attention span and memory skills, which lead to better academic outcomes.

Since the new school year is starting, it is a good time to remind parents of children with ADHD about proper care and treatment to help their child reach their full potential at school and at home. OptumHealth Behavioral Solutions offers education and resources children with ADHD through liveandworkwell.com. The materials include scientifically based articles about the symptoms of ADHD, how to determine whether a child has ADHD, and what treatments are available.

The Website also has a section entitled "for providers,
Important information for health care professionals and facilities

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physicians, and clinicians” with resources designed specifically for medical and behavioral health professionals, such as information on co-occurring conditions, in-depth articles pertaining to the diagnosis, links to nationally recognized practice guidelines for treating the conditions covered in the program and a self-assessment screening tool and community resources, which can be printed and given to patients.

References:


Important Information for Practitioners

Beginning intensive treatment early provides patients with the support often needed to begin recovery. Optum suggests that patients who are newly diagnosed with an Alcohol and Other Drug (AOD) use disorder receive the following:

- Adults and adolescents, 13 years of age and older, initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis; and

- Those same adults and adolescents should have two or more additional services with a diagnosis of AOD within 30 days of the initial visit.


ICD-10: Myths and Realities

Myth: ICD-10 will never happen. They’ll delay it again or outright cancel ICD-10 all-together?

Reality: The Department of Health and Human Services (HHS), in its statement regarding the Change to the Compliance Date for ICD-10-CM and ICD-10 –PCS [45 CFR Part 162], stated they considered delaying ICD-10 for two years but found it would:

- Double the costs of the ICD-10 transition
- Present problems from a code freeze perspective
- Signal a lack of HHS commitment to ICD-10

As such, HHS is providing the industry a strong argument against a further delay of the ICD-10 transition.

Myth: The ICD-10 mandate contains an exemption for small providers/hospitals.

Reality: There is no such exception as the ICD-10 mandate applies to all HIPAA covered entities regardless of size.

Myth: Updating from ICD-9 codes to ICD-10 codes will be easy. I’ll just update my superbill with ICD-10 codes.

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**Reality:** If only it was that easy. The ICD-10 mandate will require a multi-faceted remediation approach that will affect both the information technology (IT) infrastructure and business processes of any practice/facility.

**Myth:** It’s been said that moving to ICD-10 will be overwhelming.

**Reality:** Truth is, by starting now and undertaking a strategic approach to the ICD-10 remediation you can make the transition to ICD-10 happen more effectively. In fact, Rhonda Buckholtz, ICD-10 Vice President, American Association of Professional Coders (AAPC), states: “Practices that take a strategic approach to ICD-10 implementation will not have the productivity struggles as those who do not take ICD-10 seriously.”

For more information: Unitedhealthicareonline.com

Check out the ICD-10 tools, education, resources and partnerships UnitedHealthcare has created to help turn ICD-10 into I Can Do-10!

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**Medicaid and CHIP Reimbursement Changes for Immunizations, Injectables and Other Drugs**

Effective July 1, 2013, UnitedHealthcare Community Plan will implement reimbursement changes for immunizations, injectables and other drugs for our Medicaid and CHIP members to reflect changes in medical practice and the relative value of services. Covered services will be reimbursed according to:

- 100 percent of the Centers for Medicare & Medicaid Services (CMS) CY Physician Fee Schedule for immunizations, injectables and other drugs. In the event the Physician Fee Schedule does not contain a published fee basis, alternate (or “gap fill”) fee sources may be used to supply the fee basis amount.

- In the event a fee source does not publish a specific fee basis amount, then UnitedHealthcare Community Plan will pay 25 percent of your Eligible Charges (also called Customary Charges for covered services).

**Additional Information**

Claims are to be submitted using a CMS 1500, its successor form or its electronic equivalent in Health Insurance Portability and Accountability Act (HIPAA) standard professional format, with applicable coding including, but not limited to, ICD, CPT, and HCPCS coding. If an applicable state or federal program is available to provide items or payment directly to you for specific covered services for members, the applicable program will apply. For example, the Vaccines for Children (VFC) program currently provides state-supplied vaccines at no cost to Medicaid members. Therefore, no amount will be payable for vaccines within the VFC program, however, the administration of the vaccine is payable because it is not provided by the VFC program.
Important information for health care professionals and facilities

UnitedHealthcare Community Plan updates the fee schedule quarterly in response to changes published by CMS and other alternate fee sources, such as fee amounts and coding changes. Claims already processed prior to reimbursement changes implemented by UnitedHealthcare will not be reprocessed unless otherwise required by law.

The Pennsylvania Bureau of Managed Care Operations requires UnitedHealthcare Community Plan to submit J-code information directly from billing providers in a specific format. Based on this, physicians and other health care professionals must submit each J-code and corresponding NDC code on a separate and distinct claim. Claims with more than one J-code and corresponding NDC code, or claims billed with any other type of service, will be denied.

If you have any questions, please contact your local Network Management Representative.

**NPI Reminder**

When referring patients for radiological, clinical laboratory, or surgical procedures, please remember to provide these providers with your NPI number; This will enable them to include this information on their claims, along with your name as the referring physician, when billing for their services.

**Pregnancy Outcomes**

UnitedHealthcare Community Plan of Pennsylvania is committed to improving the health care of the members we serve. We are engaged in a group of initiatives to specifically target the health care of pregnant women and newborns. This includes educating women about the risks of early-term births and supporting women who struggle with opioid use and addiction in pregnancy.

To support these efforts, UnitedHealthcare Community Plan of Pennsylvania follows guidelines published by the American College of Obstetrics and Gynecology (ACOG) and is partnering with the March of Dimes to reduce the frequency of non-medically indicated deliveries prior to 39 weeks of gestation.

**How You Can Help:**

Educate expectant mothers that healthy babies are worth the wait, and adhere to protocols and guidelines that are evidence-based.

Early-term births at 37 to 38 weeks can lead to significant newborn health complications, including respiratory distress syndrome, increased Transient Tachypnea of the Newborn (TTN), sepsis and feeding problems, resulting in increased Neonatal Intensive Care Unit (NICU) admissions and extended hospital stays.

The use of progesterone in pregnancy can reduce the incidence of preterm birth in some women. UnitedHealthcare Community Plan want to make sure your patients who are at risk receive it.

**Improving Pregnancy Outcomes and Reducing Premature Deliveries**

- A woman with a singleton gestation and a prior spontaneous preterm singleton birth should be offered progesterone supplementation (17P) starting at 16–26 weeks and 6 days of gestation, regardless of transvaginal ultrasound cervical length, to reduce the risk of recurrent spontaneous preterm birth.
- Vaginal progesterone is recommended as a management option to reduce the risk of preterm birth in asymptomatic women with a singleton gestation, without a prior preterm birth, who have undergone a transvaginal sonoagraphic cervical length examination between 19 weeks and 23 weeks and 6 days, who have a cervical length of less than or equal to 25MM (short cervix) and begin treatment before 24 weeks of gestation.


Short inter-pregnancy intervals are associated with an increased risk of prematurity. Long-acting, reversible contraceptives may be the answer for your patients.

(continued on next page)
Important information for health care professionals and facilities

(continued from previous page)

Long Acting Reversible Contraception: Implants and Intrauterine Devices
- Promoting the use of long-acting, reversible contraceptive devices may help lower unintended pregnancy rates.

The American College of Obstetricians and Gynecologists 409 12th Street, SW, PO Box 96920, Washington, DC 20090-6920

Neonatal Abstinence Syndrome
The opioid epidemic has taken the lives of many people and is a nationwide issue, even affecting newborn children. Neonatal Abstinence Syndrome (“NAS”) is caused by maternal opiate use when infants, who are born addicted to the drugs the expectant mother takes, undergo withdrawal upon delivery. Signs of withdrawal usually present from within 24 hours to several days after delivery and may include serious neurologic, gastrointestinal and respiratory symptoms such as abnormal sleep patterns, tremors, vomiting, high-pitch crying, irritability, hyperactivity, seizures, weight loss and failure to gain weight. Due to the seriousness of the condition, the primary place of care for a baby with NAS is the Neonatal Intensive Care Unit (NICU). Over the past decade, we have seen a significant rise in the incidence of babies born with NAS and this rise is paralleled by an increase in the prescribing and use of narcotic pain medications in women of childbearing age. The human costs of NAS are not inconsequential. These babies are often born into difficult social circumstances and can present challenges for new parents who are trying to care for a distressed baby while often simultaneously working through their own distress.

Additionally, the circumstances place tremendous strains on the health care, child welfare and human services systems.

If your patients are pregnant and are struggling with drugs that can potentially cause NAS, please don’t hesitate to reach out to our team at Healthy First Steps by calling 800-599-5985.

We will make every effort to ensure our members receive all the resources and support they need.

References:
Topics in Brief: Prenatal Exposure to Drugs of Abuse, Drug Abuse Among Pregnant Women in the U.S.
National Institute on Drug Abuse - Revised May 2011

Prescription Drugs: Abuse and Addiction - Preventing and Recognizing Prescription Drug Abuse
National Institute on Drug Abuse - Updated October 2011

Combating Misuse and Abuse of Prescription Drugs: Q&A With Michael Klein, Ph.D.
US Food and Drug Administration - Posted July 28, 2010

Tobacco, Alcohol, Drugs, and Pregnancy, Frequently Asked Questions - The American College of Obstetricians and Gynecologists

High-Risk Case Management and Transition Case Management

High-Risk Case Management:
- Identifies the highest risk members for engagement and intervention. Members are identified through reporting, predictive risk modeling and referrals.
- Goals:
  - Improve patient outcomes, access to preventive care and compliance with evidence-based guidelines
  - Empowerment of the patient to become successful in managing their chronic disease or condition and care transitions

Transition Case Management:
- Seeks to avoid readmissions on high-risk members by working with the member prior to and post-discharge to complete an assessment to evaluate current

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Important information for health care professionals and facilities

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medical status and needs, medication reconciliation and ensure that the member has a follow-up appointment with their provider within 14 days.

• The follow up appointment with their provider is the single most effective measure in preventing readmissions to ensure that the member has the appropriate medications and services in place and understands their treatment regimen.

If you have a patient who is enrolled in our Case Management or Transition Case Management program, you may receive a call or letter from us notifying you of pertinent changes or clinical status and recommendations for your review.

Gold Star Quality Rewards Program

UnitedHealthcare Community Plan would like to congratulate these exceptional physicians, practices and hospitals for reaching the standards designated to be recognized as a Gold Star Provider.

These physicians, practices and hospitals have demonstrated excellence in the elements listed below. As a recognized Gold Star Provider, these members received monetary incentives along with administrative relief from prior authorization requirements.

• Quality — Correlation of Healthcare Effectiveness and Data Information Set (HEDIS) measures to access to care, physician-patient communication, and keeping patients healthy.
• Access — Physician is available to provide care to current members and open to receive new members.
• Effectiveness — Improved access to primary care results by reducing hospitalizations and emergency room visits.

Gold Star Providers

STEEL CITY SOUTH PEDIATRICS
NEXT GENERATION PEDIATRICS
BCHARA F JANADRI MD
NORTHERN LANCASTER COUNTY MEDICAL GROUP
PEDIATRIC ASSOCIATES OF WESTMORELAND
NORTHEAST PEDIATRICS
CHILDRENS HEALTHCARE ASSOCIATES
NASON HOSPITAL
ALTOONA REGIONAL HEALTH SYSTEM
CHILDRENS HOSPITAL PHILADELPHIA
SACRED HEART HOSPITAL OF ALLENTOWN
YORK HOSPITAL
LANCASTER GENERAL HOSPITAL
RURAL HEALTH CORP/NOXEN MED CTR
HAMILTON HEALTH CENTER
PHYSICIAN CARE
WELSH MOUNTAIN MEDICAL CENTER
FAMILY PRACTICE CENTER
GHAFFAR A ZAFAR MD
BEITTEL & BECKER PEDIATRIC ASSOCIATES
SOUTHEAST LANCASTER HEALTH SERVICES
HOCH SZOKE JAEGGER & BRODY
SACRED HEART HEALTHCARE SYSTEM
MEMORIAL ENTERPRISES
CITY LINE PEDIATRICS
SIBBERING & MIELNICKI ASSOCIATES
MERCY MANAGEMENT OF SE PA
SOUTH PHILADELPHIA PEDIATRICS
REDI-CARE PHYSICIANS
CHESTER COUNTY PEDIATRICS
LEHIGH VALLEY PHYSICIANS GROUP
WELLSFORD MEDICAL GROUP
EINSTEIN COMMUNITY HEALTHCARE
EDEN PARK PEDIATRIC ASSOCIATES
WRIGHT CENTER MEDICAL GROUP
TRI-COUNTY PEDIATRICS

(continued on next page)
Important information for healthcare professionals and facilities

(continued from previous page)

INTEGRATED MEDICAL GROUP
UPMC ST MARGARET HOSPITAL
UNIVERSITY OF PITTSBURGH PHYSICIANS
PEDIATRIC ASSOCIATES OF KINGSTON
PHILADELPHIA HLTH ASSOCIATES - PEDS
ALL ABOUT CHILDRENS PEDIATRIC PARTNERS
PROFESSIONAL PROVIDERS
CASTOR PEDIATRICS
CITY OF PHILADELPHIA
GREATER PHILADELPHIA HL AC
FAMILY FIRST HEALTH
POCONO MEDICAL CENTER
LATROBE AREA HOSPITAL
BLAIR MEDICAL ASSOCIATES
F O R STO ROX NEIGHBORHOOD ETC
PRIMARY HEALTH CARE SERVICES
L J SILBERMAN MD & ASSOCIATES
CORNERSTONE CARE
RAKESH K CHOPRA MD
PRIMARY HEALTH NETWORK
SEWICKLEY VALLEY PEDIATRIC ETC
SOMERSET HEALTH SERVICES
ANNE CHEN MD
EAST SUBURBAN PEDIATRIC ASSOCIATES
PINNACLE HEALTH MEDICAL SERVICES
LAUREL PEDIATRICS
FAYETTE MEDICAL ASSOCIATES
PEDIATRIC ALLIANCE
TRI STATE PEDIATRICS ASSOCIATES
PEDIATRIC HEALTHCARE ASSOCIATES
WASHINGTON PHYSICIAN SERVICE ORGANIZATION
CHILDRENS COMMUNITY CARE
DUY BA NGUYEN MD
DAWN RENE MCCCRACKEN MD
ALLEGHENY MEDICAL PRACTICE NETWORK
ALLEGHENY SPECIALTY PRACTICE NETWORK
PEDIATRIC CARE CENTER
INDIANA PEDIATRIC ASSOCIATES

PEDICATRIC CARE SPECIALISTS
LAUREL PEDIATRIC ASSOCIATES
CHERRY TREE PEDIATRICS
PEDIATRIC ASSOCIATES OF LATROBE
WILKES-BARRE ACADEMIC MEDICINE
MILKA E VELAZQUEZ MD
KIDS PLUS PEDIATRICS
URBAN HEALTH INITIATIVES
SOTOMAYOR MEDICAL PRACTICE PC
SADLER HEALTH CENTER
WEST VIRGINIA UNIVERSITY MEDICAL
THE NEMOURS FOUNDATION

Hospital Reduction of Related Re-Admissions

These hospitals have demonstrated effective quality of care initiatives by reducing the percentage of related re-admissions by 10 percent.

ALBERT EINSTEIN MEDICAL CENTER
CHESTER COUNTY HOSPITAL
CONENNAUGH MEMORIAL MEDICAL CENTER
GETTYSBURG HOSPITAL
JAMESON HEALTH SYSTEM
LANCASTER GENERAL HOSPITAL
LEHIGH VALLEY HOSPITAL
MEMORIAL HOSPITAL YORK
MERCY CATHOLIC MEDICAL CENTER OF SE PA
MILTON S HERSHEY MEDICAL CENTER
PINNACLE HEALTH HOSPITALS
POCONO MEDICAL CENTER
SCHUYLKILL MEDICAL CENTER S JACKSON ST
SOUTHWEST REGIONAL MEDICAL CENTER
TEMPLE UNIVERSITY HOSPITAL
TRUSTEE OF THE UNIVERSITY OF PENN
UNIONTOWN HOSPITAL
UPMC CHILDRENS HOSPITAL OF PITTSBURGH
UPMC MAGEE WOMENS HOSPITAL

(continued on next page)
Community Plan

Important information for health care professionals and facilities

(continued from previous page)

WASHINGTON HOSPITAL
WEST PENN HOSPITALS
WEST VIRGINIA UNIVERSITY HOSPITAL
WESTMORELAND REGIONAL HOSPITAL
WYOMING VALLEY HEALTH CARE SYSTEM
YORK HOSPITAL

Hospital Lab Data
These hospitals have provided at least 90 percent of HEDIS related laboratory results data. This incentive is designed to foster cooperation and collaboration between labs and UnitedHealthCare Community Plan.

CONEMAUGH MEMORIAL MEDICAL CENTER
SAINT VINCENT HEALTH CENTER
SHARON REGIONAL HEALTH SYSTEM
UPMC HAMOT MEDICAL CENTER
YORK HOSPITAL

Change in Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Billing Requirements for UnitedHealthcare Community Plan Pennsylvania Medicaid

UnitedHealthcare Community Plan is updating billing requirements for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services per the Patient Protection and Affordable Care Act (PPACA) and to ensure appropriate data collection for provider reimbursement.

Effective for dates of service on and after Oct. 1, 2013, the following “clean” claim requirements for EPSDT services should be followed:

• **Codes S0302 or 99080** will no longer be valid codes to bill EPSDT services.

• **Fee-for-Service (FFS) Contracted Providers**: Submit the age-appropriate Evaluation & Management (E&M) assessment code (99381-99385 & 99391-99395) with the EP modifier.

• **Capitated Contracted Providers**: Submit the age-appropriate E&M assessment code (99381-99385 & 99391-99395) with the EP modifier, and reimbursement will be $20 in addition to your current capitation rate, unless contracted otherwise.

• **Federally Qualified Health Clinic/Rural Health Clinic (FQHC/RHC) T1015 Contracted Providers**: Submit T1015 with modifier EP in addition to the age-appropriate E&M assessment code (99381-99385 & 99391-99395) with the EP modifier. Note that reimbursement for the T1015 is all inclusive, including EPSDT services.

Current billing practices should be followed for claims with dates of service prior to Oct. 1, 2013.

If you have any questions, please call Provider Services at 800-600-9007.
**EPSDT Fee-for-service Reimbursement Table**

Effective for Dates of Service on and after Oct. 1, 2013.

<table>
<thead>
<tr>
<th>Age Range (Based on Age as of Date of Service)</th>
<th>Code</th>
<th>Modifier</th>
<th>Description</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn to &lt; 1 year</td>
<td>99381</td>
<td>EP</td>
<td>New Patient – Preventive – ages under 1 year</td>
<td>$80</td>
</tr>
<tr>
<td>1 year to &lt; 2 years</td>
<td>99382</td>
<td>EP</td>
<td>New Patient – Preventive – ages 1-4 years</td>
<td>$105</td>
</tr>
<tr>
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<td>EP</td>
<td></td>
<td>New Patient – Preventive – ages 2-4 years</td>
<td>$90</td>
</tr>
<tr>
<td>5 year to &lt; 12 years</td>
<td>99383</td>
<td>EP</td>
<td>New Patient – Preventive – ages 5-11 years</td>
<td>$90</td>
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<td>EP</td>
<td>New Patient – Preventive – ages 12-17 years</td>
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<td>99385</td>
<td>EP</td>
<td>New Patient – Preventive – ages 18-21 years</td>
<td>$90</td>
</tr>
<tr>
<td>Newborn to &lt; 1 year</td>
<td>99391</td>
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<td>Established – Preventive – ages under 1 year</td>
<td>$80</td>
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<td>1 year to &lt; 2 years</td>
<td>99392</td>
<td>EP</td>
<td>Established – Preventive – ages 1-4 years</td>
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</tr>
<tr>
<td>12 year to &lt; 18 years</td>
<td>99394</td>
<td>EP</td>
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<td>$90</td>
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<td>99395</td>
<td>EP</td>
<td>Established – Preventive – ages 18-21 years</td>
<td>$90</td>
</tr>
</tbody>
</table>

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**Termination of Quest Diagnostics and Their Respective Affiliates From the UnitedHealthcare Community Plan Network**

Effective November 1, 2013, Quest Diagnostics and its affiliates will no longer participate in the UnitedHealthcare Community Plan network. Your patients who are our members should be referred to one of the participating laboratory providers in the surrounding area. Laboratory Corporation of America (LCA) is our exclusive national clinical laboratory, and there are many regional laboratories participating in our network as well. Please visit UHCCommunityPlan.com for a complete list of participating hospitals and laboratories in your area.

For PA Medicaid and CHIP, a grievance is a dispute, or request for review of, a pre-service denial where the health plan feels a service or product is not medically necessary. A grievance may be filed by a member, or a provider acting on a member’s behalf, with the member’s written consent to do so. UnitedHealthcare must resolve grievances within 30 days of receipt (or 30 days from the receipt of written consent, if a request from a provider is received without one).

In order to obtain an expedited review, a member, or a provider, acting with the member’s written consent, must provide UnitedHealthcare Community Plan with a physician’s written certification that the member’s life, health or ability to regain maximum function will be placed in jeopardy by use of the standard 30-day process. The certification must include the clinical rationale and facts to support the physician’s opinion.

Provider’s often call in to our customer service teams to ask for an expedited review. You certainly may do so, but please keep in mind that two signatures are required for this process to move forward: the member’s on a consent, and the provider’s on a certification of the need to expedite. A telephone call may begin the process, but it does not move forward without additional steps.

(continued on next page)
Important information for health care professionals and facilities

We urge you to review page 80 in the 2013 edition of the PA Provider Manual/Administrative Guide (available on our website, UHCCommunityplan.com) for details on the expedited grievance process. We also have a fax line set up exclusively to receive expedited issues, 800-757-2617 (this number is also available on page 80). Please do not fax non-urgent materials to this line.

Pharmacy Updates

Just a reminder: Pharmacy Updates are available at UHCCommunityPlan.com. Look here to find:

• A list of covered pharmaceuticals, including restrictions and preferences;
• Pharmaceutical management procedures;
• Explanations on limits or quotas;
• How to submit and support an exception request; and
• Generic substitution, therapeutic interchange and step-therapy protocols.

NIMH Resources: Focus on Medications

The National Institute for Mental Health (NIMH) website contains resources that may be helpful in your practice. Many resources are designed for consumers and may be used to help inform your patients on topics relevant to their care.

One example, posted as part of their Health Topics publications, is the Mental Health Medications Guide, which contains consumer information regarding medications used to treat mental disorders, their side effects and directions for taking these medications. It also includes U.S. Food and Drug Administration (FDA) warnings. The guide is available online and may be saved or printed as a Portable Document File “pdf.” It discusses:

• Medications used to treat Depression, Anxiety Disorders, Attention-Deficit Hyperactivity Disorder, Bipolar Disorder, and Schizophrenia
• Special needs of children/adolescents, older adults, and pregnant women
• Suggested questions for consumers to ask prescribers regarding their medications
• An alphabetical list of medications containing the trade and generic names and the FDA-approved age for dispensing

You can find this and many other resources on the home page of NIMH.

Cultural Competency

UnitedHealthcare Community Plan believes that its members have a right to receive care that respects their cultural and ethnic background and origins. Upon enrollment, information regarding their primary language is obtained and members are assisted in choosing a PCP who can meet their cultural needs.

We provide access to a Language Line for translation of communication between our staff and non-English speaking members. Use of the Language Line is tracked by the Customer Service Center. We then assess our participating providers’ ability to meet the cultural, ethnic, racial, and linguistic needs of their patients who are our members.
Important information for health care professionals and facilities

Optum Cloud Dashboard and Claim Reconsideration With Attachments Application are Here!

Now you can use the Optum Cloud Dashboard website to submit reconsideration requests with attachments for Commercial, UnitedHealthcare Medicare Solutions, Oxford, UnitedHealthcare West and UnitedHealthcare Community Plan claims. Later this year Optum Cloud Dashboard will become your gateway to UnitedHealthcareOnline.com.

If you are a UnitedHealthcareOnline.com Standard User, ask your Password Owner (the person who approved your access to UnitedHealthcareOnline.com) or ID Administrator to register for Optum Cloud Dashboard and start your set-up process. Once the set-up is completed on your behalf, you will receive an email from ID@Optum.com inviting you to complete your registration. For assistance, please refer to our Tips and the Standard User Quick Reference Guide.

If you are a UnitedHealthcareOnline.com Password Owner or ID Administrator, it’s important that you register first for Optum Cloud Dashboard so that others in your practice or facility will be able to register. Get started by logging into UnitedHealthcareOnline.com and click User ID and Password Management. For assistance, please refer to our Tips and the Administrator Quick Reference Guide.

For more information about Optum Cloud Dashboard, click here. For assistance with registration, please call the Optum Cloud Support Center at 855-819-5909 (Monday through Friday, 7 a.m. to 9 p.m. CST) or email optumcloudsupport@optum.com.

We are also offering webcast training sessions about Multi-TIN Access, Registration & Provider Managed Security and the Claim Reconsideration with attachments application.

UnitedHealthcare and Optum, a leading information and technology-enabled health services business, are using cutting edge cloud technology to drive change and improvements in revenue cycle processes. Strategic collaboration between UnitedHealthcare and physicians, hospitals and other health care facilities allows testing of solutions that streamline and simplify the administrative experience.

If a state has specific provider dispute or appeal rights, then items received through Optum Cloud Dashboard will be handled and reported as a dispute or appeal, and appropriate acknowledgement and closure notices will be sent according to state requirement.

1The Optum Cloud Claim Reconsideration with attachments application is not yet available for: TRICARE West, UnitedHealthcare Plan of the River Valley, Inc. (Commercial and Community Plan) and UnitedHealthcare Community Plan of the District of Columbia, Kansas, Louisiana, Michigan and Nevada.
Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.