Iowa | Spring 2013

UnitedHealthcare Community Plan

practicematters

Important information from UnitedHealthcare Community Plan for physicians and other health care professionals and facilities serving UnitedHealthcare *hawk-i* members.

2012 Medical Record Documentation Audit

The results of the annual medical record review conducted for the Iowa ***hawk-i*** line of business show all providers passed with a score of 85 percent or greater with an average score of 97 percent. Twenty-nine of the 32 passed with scores of 90 to 100 percent.

Elements scoring below 90 percent were:

1. Advance directives.
2. Updated immunization record.
3. Screening for behavioral health issues.

The Medical Record Charting Standards for 2013 listed below are also available at UHCCommunityPlan.com/health-professionals/IA/provider-admin-manual.

2013 Medical Record Charting Standards

- All pages of the record must contain patient identification (name and identifying number).
- The record must contain biographical/personal data, such as age, date of birth, gender, race/ethnicity and marital status/social supports, and note cultural/linguistic needs.

In This Issue:

(continued on next page)

For more information

Call our Provider Service Center at 888-650-3462

Visit UHCCommunityPlan.com

(continued from previous page)

- Each entry must have provider name, initials or other identification (even for solo practitioner sites).
- Each entry must be dated and signed.
- The record must be legible, as judged by the auditor (illegibility of records may require provider assistance to complete the audit).
- The record must contain a completed, up-to-date problem list and a list of all prescribed medications.
- Allergies and adverse reactions to medications must be prominently displayed for patients of all ages. Document even if no allergies exist.
- The record must contain an appropriate, organized medical history and physical exam.
- Preventive services/risk screenings must be appropriately used and documented.
- Pediatric charting must contain a complete immunization record, BMI charting and anticipatory guidance documentation.
- Adolescents should be screened for and counseled on depression, substance abuse, tobacco use, sexual activity, exercise and nutrition.
- The record must document smoking habits and history of alcohol and substance use. Negative histories also must be noted. If the history is positive for any, document advice to quit the habit.
- Lab and other studies must be signed and documented.
- Notes must appropriately present a problem or complaint.
- Working diagnosis(es) must be documented and consistent with findings.
- Plans of action/treatment must be consistent with diagnosis(es).
- Episodes of emergency care, hospitalizations and discharge summaries must be documented, including follow-up care such as home health visits and physical therapy reports.
- Each encounter must include documentation of clinical findings and evaluation and a follow-up plan, such as date for return visit.
- Each encounter must present evidence that unresolved problems from previous visits have been addressed.
- Consultations documented in the record must be appropriate given patient characteristics, history and presenting problems.
- The record must document appropriate coordination of care between the PCP and authorized specialty physicians.
- Consultant summaries, lab reports, imaging study reports, operative procedures, and tissue excisions must be noted in the chart or otherwise reflect physician review.
- Care must be medically appropriate.
- The record must document efforts to educate patients, including lifestyle counseling and disease specific education.
- Records should reflect the patient's advance directives.
- Providers must maintain an organized medical record-keeping system with secured pages and standards for the availability and retention of records.
- Providers are to maintain the confidentiality of all medical records in accordance with any applicable statutes and regulations, including a Release of Information form requiring the patient signature and designation to whom the records may be released.

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- All medical records are to be stored securely. Only authorized personnel may have access to the records and all staff should receive periodic training on maintaining confidentiality of member information.
- There is a policy in place for timely transfer of medical records to other locations and providers.
- Treatment involving the care of more than one member of a family should have separate treatment records for each identified and diagnosed member and billing records should reflect the plan participant who was treated and the modality of care.
- Problem list.
- Medication list.
- Policy for monitoring and addressing missed appointments.
- Clinical tools or flow sheets for patients with chronic conditions including, practice guidelines, prescription printouts with safety warnings, flow sheets for monitoring diabetic labs, etc.

Electronic Solutions

By converting 10,000 paper claims, remittance advice and reimbursements to electronic transmittal (EDI, EFT, ERA) you could:

- Save 3,729 pounds of paper.
- Eliminate 148,389 pounds of greenhouse emissions.
- Save thousands of dollars per year.

Source: payitgreen.org

Getting Started With EDI is Simple

Contact your clearinghouse or software vendor and request that primary and secondary UnitedHealthcare Community Plan claims be sent electronically. UnitedHealthcare Community Plan claims payer ID is 95378.

Submit claims directly to UnitedHealthcare Community Plan at no cost via the secure provider portal in the claims and member section of your state's home page at UHCCommunityPlan.com.

COB (Secondary) EDI Claims Submissions are Preferred Electronically

- Visit the EDI section of your state's home page on UHCCommunityPlan.com and reference the 837 Companion Guide.
- Share the setup guidelines with your clearinghouse or software vendor.
- Do not send paper claim back-up for claims submitted electronically.

Receive Payment for Claims Electronically (EFT)

EFT is safe, secure, efficient and more cost-effective than paper claim payments Enrollment forms are located in the EDI section of your state's home page at UHCCommunityPlan.com.

Receive Remittance Advice Electronically (ERA)

Contact your software vendor and/or clearinghouse to enroll. UnitedHealthcare Community Plan ERA Payer ID is 95378.

UnitedHealthcare Community Plan now offers real-time 270/271 electronic health care eligibility inquiry and response transactions and **real-time 276/277 electronic health care claim status inquiry and response transactions** as quick and easy ways to streamline administrative tasks.

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This information is also available through the secure provider portal and by phone.

For set-up guidelines see the Companion Guides in the EDI section of your state's home page at UHCCommunityPlan.com.

For additional information contact OptumInsight HIN Sales Team at 800-341-6141, option 3.

Electronic Claim Submission Tips

- Include your tax TIN along with your NPI number.
- Member ID numbers are required.
- Payer ID numbers indicate where clearinghouses should direct claims

UnitedHealthcare and AAPC Partner on ICD-10

UnitedHealthcare has teamed up with the American Academy of Professional Coders (AAPC) to offer our contracted network partners access to the industry-leading ICD-10 (International Classification of Diseases, Tenth Revision) training and tools at a significant discount off the normal retail price.

This option will complement the free educational materials, tools and resources that UnitedHealthcare has created to help your practice transition to ICD-10.

ICD-10, with the associated increases in the number of codes, characters per code and coding specificity, is expected to require significant investment from a planning, training and IT infrastructure perspective for many practices and facilities.

AAPC's ICD-10 trainings provide continuing education units, and where applicable continuing medical education credits, and are designed to overcome the more complex challenges faced by both physicians and physician based coders as they transition to ICD-10.

For more information and to access the AAPC's education and tools at the UnitedHealthcare discounted rates, please visit UnitedHealthcareOnline.com.

Prior Authorization Review Required for Select Injectable Medications for UnitedHealthcare Community Plan Members

Effective for service dates on or after Apr. 1, 2013, physicians will be required to obtain prior authorization before administering certain drugs covered under the medical benefit for UnitedHealthcare Community Plan members, including those currently on therapy.

Note: *Prior authorization for these medications is not required for services that take place in an emergency room, observation unit or urgent care facility or during an inpatient stay.*

Impacted medications include the following:*

(Please **note** health plan exceptions for Synagis, Acthar HP, and Xolair on the following page.)

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J Code	J Code Description	Brand Name
J0585	Botulinum Toxin Type A, per Unit	Botox
J0586	Injection Abobotulinumtoxina, 5 Units	Dysport
J0587	Botulinum Toxin Type B, 100 Units	Myobloc
J0588	Injection, Incobotulinumtoxina, per Unit	Xeomin
J0800	Injection Corticotropin, up to 40 Units	Acthar HP[1]
J1459	Injection IG IV Nonlyophilized 500mg	Privigen
J1557	Injection, Immune Globulin, Intravenous, Nonlyophilized, 500mg	Gammaplex
J1559	Injection, Immune Globulin, 100 mg	Hizentra
J1561	Injection Immune Globulin, IV, 500 mg	Gammaked, Gamunex, Gamunex-C
J1566	Injection, Immune Globulin, IV, Lyophilized, 500mg	Carimune NF, Gamimune N, Gammagard S/D, Iveegam
J1568	Injection, Immune Globulin, IV, Nonlyophilized, 500mg	Octagam
J1569	Injection, Immune Globulin, IV, Nonlyophilized, 500mg	Gammagard Liquid
J1572	Injection, Immune Globulin, IV, Nonlyophilized, 500mg	Flebogamma/Flebogamma
J1599	Injection, Immune Globulin, IV, Nonlyophilized, not Otherwise Specified, 500mg	Gamunex
J1725	Injection, Hydroxyprogesterone Caproate, 1mg	Makena
J2357	Injection Omalizumab 5mg	Xolair[2]

CPT	CPT Description	Brand Name
90283	Immune Globulin, IV, Human, for Intravenous use	Intravenous Immune Globulin
90284	Immune Globulin Human, for use in Subcutaneous Infusions	Subcutaneous Immune Globulin
90378	RSV Immune Globulin for intramuscular use, 50mg	Synagis[3]

[1] Acthar HP – Prior authorization on the medical benefit applies to all health plans except Arizona.

[2] Xolair – Prior authorization on the medical benefit only for Delaware, Tennessee, Nebraska, Texas and Wisconsin.

[3] Synagis – Prior authorization on the medical benefit only for Delaware, Texas and Wisconsin.

*This list is subject to change as new immune globulin medications, CPT code and/or J codes are released.

Medical Necessity Review Explained

Medical necessity review addresses clinical evidence supporting use of a health service, its medical appropriateness for a particular patient and its cost-effectiveness. A treatment is considered medically necessary if it meets the following criteria:

- Performed per *Generally Accepted Standards of Medical Practice*.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your condition, disease or its symptoms.
- Not administered mainly for convenience of the member or health care professional.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or treatment results.

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In accordance with Medicaid/CHIP requirements, if a physician fails to obtain prior authorization approval before administering the product, the claim will be denied and the member may not be billed for the service. UnitedHealthcare's standard appeal processes apply to any denied claim.

For prior authorization questions, contact your local network manager, call the provider services number on the member's ID card or visit UHCCommunityPlan.com.

2012 Annual Physician and Practice Manager Survey Results

Thank you to all who completed our 2012 Physician and Practice Manager Satisfaction Survey.

The annual survey, conducted and analyzed by an independent third party, is an important tool for measuring our performance and identifying areas for improvement.

Overall survey participation increased this year by 3.8 percent among physicians and 6.9 percent among practice managers. Based in part on the feedback you provided in the survey, we will share details about our resulting improvement plans and efforts to strengthen and build network relationships.

Thank you again for your participation.

Utilization Review

UnitedHealthcare Community Plan staff performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, and prior authorization reviews of select services. A listing of services requiring prior authorization is available in the provider manual.

A physician reviews all cases that may not meet guidelines. Coverage decisions are based on appropriateness of care, service and coverage determination and are not influenced by financial or other incentives. The treating physician has the right to request a peer-to-peer review, along with a copy of the criteria used in the review. Information on how to contact a reviewer, request an appeal and obtain materials is included in the denial letter.

Appeals are reviewed by a physician who was not involved in the initial denial decision and who is of the same or similar specialty as the requesting physician. Members, physicians and other health care professionals have the right to appeal denial decisions.

Utilization Management staff is available to answer questions, call provider service at 888-650-3462.

Member Rights and Responsibilities

UnitedHealthcare Community Plan's Member Rights and Responsibilities are distributed to new members upon enrollment and annually. They can also be found in the provider manual at UHCCommunityPlan.com; select Iowa, then click on the Provider Administrative Manual section.

Clinical Practice Guidelines

Clinical Practice Guidelines (CPG) are available at UHCCommunityPlan.com. Click on your state and link to the CPGs, or call 888-650-3462 for a copy.

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Iowa

Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare ***hawk-i*** network.

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