Fall 2012

UnitedHealthcare®
Community Plan

practicematters

Important information from UnitedHealthcare for physicians and other health care professionals and facilities serving UnitedHealthcare Medicaid members of Louisiana

UnitedHealthcare Community Plan of Louisiana Addressing Chronic Disease

UnitedHealthcare Community Plan in Louisiana has initiated several efforts to identify and address chronic diseases in both prevention and management areas.

Breast Cancer Screening: An extensive effort to identify all mobile and stationary mammography units in the state was completed and provided to our outreach team. As welcome calls are made, members are offered the places and dates in their community where mammography for breast cancer screening is available . Additionally, we offer information to the member for facilities that provide cervical or prostate cancer screenings and which require a prescription for the service. With your help, we hope to increase screenings in the state and, subsequently, improve outcome via early detection.

Sickle Cell/HIV Management: All members with a diagnosis of sickle cell disease or HIV have been identified and directed to Chronic Disease Case management. Our case managers have been provided a list of all the available clinics in the state for these diseases and are directing members to specialty care.

Pediatric Asthma Initiative: Believing that controlling pediatric asthma is the key to reducing morbidity and mortality, Louisiana UnitedHealthcare Community Plan has identified the most challenging pediatric asthmatics in the state and is engaging these members in case management.

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For more information

Call our Provider Service Center at 866-675-1607

Visit UHCCommunityPlan.com

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The Louisiana Plan is developing a pilot program in the New Orleans region which involves a plan of action with their primary care providers, the emergency rooms they utilize and the schools they attend to assure that these members have an updated asthma action plan, are well versed on triggers, understand AND utilize their medicines correctly and seek the appropriate level care when needed. In conjunction with the Louisiana DHH Chronic Disease Section, we are sponsoring a CME based seminar to offer education on the current standard of care for asthma.

Ann Kay Logarbo, M.D. and Marcus Wallace, M.D.

Upcoming 24-Hours, Seven Days a Week Coverage Survey

In September and October 2012 UnitedHealthcare Community Plan will be conducting an after-hours access survey of selected primary care practitioners (PCPs).

Federal and state regulations specify that PCPs must be available to members by telephone 24 hours a day, seven days a week, or have arrangements for telephone coverage by another UnitedHealthcare participating PCP. PCPs or their covering practitioner are expected to respond to all after-hours patient calls within 30 minutes.

For questions about 24/7 access, please contact your Provider Advocate.

Quality Improvement Program

The Quality Improvement Program at UnitedHealthcare is a comprehensive program under the leadership of the Chief Plan President and the Chief Medical Officer. A copy of our Quality Improvement Program, which includes the following components, and information on our progress in meeting our program goals is available upon request.

- Quality Improvement measures and studies.
- Clinical practice guidelines.
- Health promotion activities.
- Service measures and monitoring.
- Ongoing monitoring of key indicators (e.g., over and under utilization, continuity of care, member and provider satisfaction)
- Health Plan performance information analysis and auditing (e.g.,HEDIS®, CAHPS®).
- Care Coordination℠.
- Educating members and physicians.
- Risk management.
- Compliance with all external regulatory agencies.

Your participation is an integral component of UnitedHealthcare's Quality Improvement Program. As a participating physician, you Through representation on our Provider Advisory Committee and individual feedback via your Network Account Manager you have a structured forum for input. We require your cooperation and compliance to:

- Participate in quality assessment and improvement activities.
- Provide feedback on our Care Coordination guidelines and other aspects of providing quality care based upon community standards and evidence-based medicine.
- Advise us of any concerns or issues related to patient safety.
- Protect the confidentiality of patient information.
- Share information and follow-up on other providers of care and UnitedHealthcare to provide seamless, cohesive care to patients.

Use the Physician Data Sharing information we provide to help improve delivery of services.

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New Clinical Guidelines UnitedHealthcare Community Plan

UnitedHealthcare Community Plan Pharmacy and Therapeutic Committee has approved a new clinical guideline for Antiemetic Continuous Pump Therapy for the Treatment of Nausea and Vomiting in Pregnancy.

Notification - Effective Oct. 1, 2012, the use of Antiemetic Medication through a continuous subcutaneous pump in the treatment of nausea and vomiting in pregnancy will no longer be covered under UnitedHealthcare Community Plan.

Providers may request clinical review criteria by contacting the Pharmacy Prior Notification department at 800-310-6826.

National Institute for Mental Health Resources: Focus on Medications

The National Institute for Mental Health (NIMH) web site contains resources designed for practitioners and consumers that you may find helpful in your practice.

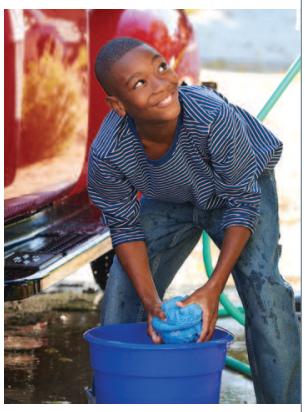
For example, their Health Topics publications include a guide titled "Mental Health Medications" which serves as a resource for consumer information covering medications to treat mental disorders, their side effects and directions for taking these medications. It also includes U.S. Food and Drug Administration (FDA) warnings. The guide is available online and includes links that review topics of interest. It may be saved or printed as a Portable Document File "pdf." This publication covers:

- Medications used to treat Schizophrenia, Depression, Bipolar Disorder, Anxiety Disorders, and ADHD.
- Special needs of children/adolescents, older adults, and pregnant women.
- Suggested questions for members to ask their prescriber about the medications being prescribed.
- 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 through the **home page of NIMH**.

When Forces Collide: Traumatic Brain Injury Masquerading as ADHD in Adolescents

By Robert A. Friedman, M.D., Associate Medical Director, Outpatient Services and Darin J. Arsenault, MFT, Ph.D., Care Advocate, ALERT Program



A fourteen-year-old male adolescent named Jimmy is referred to you by his school counselor after experiencing difficulty in his classes. His parents attend the first session to provide history and report their concerns. The school reports that Jimmy is not completing his assignments in class or finishing his homework. When he does complete his homework, he forgets to bring it into class or hand it in when due. He seems distracted and is having trouble concentrating. At home, he forgets to do his chores and misplaces objects such as his house keys and cell phone. You suspect that he may have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), but on completing a thorough clinical assessment with Jimmy and his parents, you find no history of these symptoms throughout his early childhood years.

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Prior to this year he was an "A" student and considered a positive leader amongst his peers. He is also very active in team sports and is well liked by his coaches and teammates. In addition, there is no family history of ADHD. He has always been a cooperative member of his household. Upon further exploration, you learn that this young man has been playing quarterback on a tackle football community league, with hopes of playing in high school and college. His father proudly reports that he is talented, and though he has been tackled many times, he gets up, brushes it off, and keeps playing. His mother recalls that this past fall, Jimmy sometimes appeared a little dazed and confused after being tackled, but was able to keep playing. A recent visit to his pediatrician was cordial, and his physical exam and lab tests were all normal. What do you do?

Traumatic Brain Injury (TBI) in children and adolescents has recently emerged as a major public health problem in the United States. According to a poster presentation at the Eighth World Congress on Brain Injury (Fall, 2010), in the US, there are 1.4 million TBI related visits to emergency rooms each year, with 52,000 cases resulting in death. The majority of these visits are accounted for by children and older adults, who are at a higher risk for sustaining head injuries, mostly as the result of falls and motor vehicle accidents, as well as being struck by people or objects, such as during sporting events. Public awareness about TBIs in increasing and has begun to influence legislation. In California, for example, the legislature signed into law Assembly Bill 25 in October 2011. This law requires that any student-athlete who appears to have received a head injury or concussion during a game or practice is restricted from returning to the activity for the remainder of the day, and must be evaluated by a licensed health care professional trained in the assessment and treatment of concussions and head injuries (Bohan, Feb. 2, 2012).

Symptom and Condition Recognition

It is not necessary to experience a loss of consciousness to experience a concussion. The symptoms can be as subtle as a headache, nausea, dizziness or brief disorientation, resulting from temporary metabolic chemical changes in the brain due to a temporary decrease in blood flow to the brain. These symptoms generally resolve and return to normal within one to two weeks. However, if one continues to experience repeated head trauma or concussions, it could result in an acute second impact syndrome with swelling in the brain. Although rare it can result in death. A second possible risk is development of a chronic traumatic encephalopathy which sometimes occurs in adult athletes, resulting in memory loss, attention problems, and changes in mood and behavior (McKee, Cantu, Nowinski, Hedly-Whyte, Gavett, Budson, Santini, Lee, Kubilus, & Stern, (2009). We see this perhaps most pointedly with the suicides of National Football League players Dave Duerson and Andre Waters (Schwarz, Feb. 20, 2011).

We are more likely to hear about the most serious consequences of sports injuries but their subtle consequences warrant our attention. In fact, the most common cognitive deficits following a TBI manifest as attentional impairments. Symptoms include slowed processing of information, inability to sustain attention, memory deficits, and other aspects of executive functioning (Landre, Poppe, Davis, Schamus, & Hobbs, 2006). Moderate to severe closed head injuries, accounting for 20 percent of documented TBIs, interfere with school and work performance and compromise the ability to learn and complete tasks successfully.

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Less commonly, TBIs can result in personality changes, including such features as apathy, mood and behavioral lability, high impulsivity, paranoia, aggression, and psychosis. These changes may not manifest for several months after the injury. Increases in the rates of oppositional defiant behaviors and obsessive-compulsive symptoms have also been observed (Max, Robertson, & Lansing, 2001).

TBI and ADHD

The relation between the impact of TBI on ADHD (and ADHD on TBI) is still unclear. Keenan et al (2008) note that the relationship between TBIs and ADHD may be more complicated than is initially apparent. As one might expect, children with ADHD may be more at risk to sustain head injuries and TBI, as a result of their inattentiveness and impulsivity. Nevertheless, a UK study of 62,082 children found that the rate of ADHD was double in children who suffered from a head injury compared to those who did not sustain an injury. Whether children with ADHD are more at risk for head injuries, or head injuries can cause symptoms similar to that seen in children diagnosed with ADHD, clinicians need to be aware of the correlation, in order to make appropriate treatment recommendation and interventions.

Interventions

In the case of the fictional vignette above, several clinical recommendations can be levied.

First, one consideration is to limit contact sports to prevent further head injury. This might be difficult, especially if the family is supportive of Jimmy's desire to play team sports. Ensuring that Jimmy has appropriate protective equipment may help slightly to minimize injuries. Psychoeducation with the family about the risks associated with acute as well as recurrent trauma to the brain, secondary to full contact sports, might be helpful.

Second, monitor Jimmy for resolution of the symptoms. A discussion with the school and family members could aim at identification of particular symptoms Jimmy has been struggling with.

Third, further brain testing could be done. A functional MRI, though expensive, could determine which brain sectors are affected. Neuropsychological testing could also help to pinpoint current cognitive strengths and weaknesses for Jimmy and track changes over time.

Fourth, consider treatment interventions that are typically used for ADHD, including medication, academic support, and modification of tasks aimed at improving attention, concentration, and memory. Whyte, Caccaro, Grieb-Neff, Risser, Polansky, and Coslett (2004) showed in a randomized trial that (Ritalin) methylphenidate is helpful in ameliorating some attention deficits such as information processing speed and sustained attention after TBI.

Consultation with the pediatrician or child psychiatrist might be valuable in tailoring medication treatment to symptoms that may decrease over time. In addition, consultation with the school about modifying academic expectations, and employing simple educational accommodations in order to improve or compensate for Jimmy's attention problems, may be helpful. For example, giving Jimmy short breaks between tasks requiring sustained concentration may help him regroup cognitive resources in order to focus on the next task. Breaking up longer tasks into shorter, more concrete steps may help Jimmy complete tasks more readily. At home, putting his house key and cell phone in a particular area, such as on a credenza area near the front door upon entry, or on his nightstand may help him cue more readily.

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As always, good clinical practice entails thorough assessment, education for Jimmy and his parents, teachers, counselors, coaches, and collaboration with his pediatrician. The development and implementation of appropriate treatment interventions that are effective in targeting the symptoms that interfere with Jimmy's ability to succeed in school, at home, and with peers, are essential for Jimmy and his family. A treatment team approach will offer Jimmy the best chance of minimizing the impact of his impairments, help him cope with his injuries more successfully, and maximize his functioning now and in the future.

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UnitedHealthcare Community Plan Provider Portal Online-Authorizations and Notification Process

As a Health Professional your time is important! We would like to remind you of a time-saving method of checking prior notification status and reporting notifications to UnitedHealthcare Prior Notification Department. Register today for the UnitedHealthcare Community Plan Provider Portals. Use of our Provider Portals to report Medical Prior Notifications and check the status of your notifications will save time and the use of your valuable staff resources.

How to access the secure provider portals:

- **UHCCommunityplan.com**/health-professionals.com (select your state).
- Select Claims and Member Information tab.
- Locate the member product.
- Select the Access to the secure provider website icon.
- **If you are a registered provider,** proceed to login and enter your on-line prior notifications and check the status of your prior notifications.
- **If you are not a registered provider,** please proceed to the registration link. Once you secure your username and password, proceed to login and submit your on-line prior notifications.

On UnitedHealtcareOnline.com
Locate the Notifications/Prior Authorizations tab and enter your notifications.

On UHCCommunityplan.com
- Locate the Patient Tab-Notification Link.

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- Select the Notification Submission link. This action will open the appropriate notification submission data entry page.
- In some cases, you will have access to the separate Radiology Notification link.

Assistance:

- Quickly access on-line submission notification screens.
- Access the on-line PDF quick reference on-line submission and notification status guides.
- Problems with data entry-access the on-line contact us link. A representative will be able to help you with data entry related issues!

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

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