



Louisiana | Fall 2013

# practice**matters**



## For More Information

Call our Provider Service Center at **888-362-3368**

Visit **[UHCommunityPlan.com](http://UHCommunityPlan.com)**

## Important information for health care professionals and facilities

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## Admission Notification

Notifications are important for our care management programs. These programs significantly decrease hospital stays and readmission rates. Prompt notification allows our care management team to work closely with physicians and hospital staff to help coordinate care for members and assist in cases where complications arise.

Notification of each inpatient admission for acute care hospitals, skilled nursing facilities and acute rehabilitation facilities must be received within the following time frames:

- **Within 48 hours of an emergency or urgent admission**
- **After ambulatory surgery**
- **Within 48 hours of an inpatient admission after ambulatory surgery**

## For Information on Submitting Admission Notifications Electronically, See Below

The Electronic Admission Notifications (278N) (EDI 278N) transaction is one way to exchange admission notification data between an inpatient facility and UnitedHealthcare Community Plan in a standard format. Similar to the standard HIPAA 278 transaction that you may already use to submit authorizations or referrals, it is an efficient way to communicate facility admissions. The EDI 278N can be transmitted directly to us or through a clearinghouse in either batch or real-time format.

Hospitals that implement electronic admission notifications can experience more than a 40 percent decrease in the number of admissions that would be deemed untimely per the admission notification protocol.<sup>1</sup> With the EDI 278N you can also:

- **Streamline administrative tasks and increase productivity**
- **Reduce administrative costs through automation**
- **Increase data accuracy by reducing manual errors**
- **Spend less time doing administrative tasks**



For more information regarding 278N transactions, contact us at 888-804-0663, [278n@uhc.com](mailto:278n@uhc.com) or contact your vendor or clearinghouse. Most clearinghouses already send 278N transactions to UnitedHealthcare Community Plan and can work with you to submit notifications in the appropriate format.

<sup>1</sup> Study based on UnitedHealthcare admission notifications with average timeliness from March to August 2008 versus March to August 2009.

## Important information for health care professionals and facilities

### Primary Care and ER Care Management

Our Primary Care and Emergency Room (ER) Care Management programs help improve the quality and affordability of primary, emergent, urgent and chronic care through programs, tools, initiatives and our collaborative relationship with you.

UnitedHealthcare has tools available to you such as evidence-based medicine guidelines, electronic registries, disease management programs and other value-added benefits. And we seek input on our performance and seek to have a clear understanding of what our provider partners most need from us and what we can do better through involvement with the American College of Physicians (ACP), American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP), as well as our recently established Primary Care Scientific Advisory Board.

Here is an overview of our Primary Care and ER Care Management Programs:

#### Patient-Centered Medical Home

In collaboration with the AAFP, ACP and AAP, we have developed this innovative model for value-based delivery of patient-centered care and achievement of quality, economic and satisfaction outcomes.

#### Asthma Disease Management

This program is designed to help reduce unnecessary hospitalizations and health care costs and improve the health of those individuals with asthma.

#### Diabetes Disease Management

This program helps empower members to manage their chronic disease and related conditions, improve adherence to evidence-based treatment plans and medication regimens, reduce unnecessary emergency room visits, hospitalizations and related health care costs and ultimately improve quality of life.

### ER Point of Care Clinical Data Exchange

Our exchange provides hospitals with technology enabling them to quickly obtain and share patient clinical information when our members are ER patients.



If you would like more information about our Primary Care and ER Care Management programs, please contact provider services at 866-675-1607 or your provider advocate.

### Facts About Generic Drugs

Today, nearly eight in 10 prescriptions filled in the United States are for generic drugs. The use of generic drugs is expected to grow over the next few years as a number of popular drugs come off patent through 2015. Here are some facts about generic drugs:

**FACT: The FDA requires generic drugs to have the same quality and performance as brand name drugs.**

When a generic drug product is approved, it has met rigorous standards established by the FDA with respect to identity, strength, quality, purity and potency. However, some variability can and does occur during manufacturing for both brand name and generic drugs. When drugs are mass-produced, very small variations in purity, size, strength and other parameters are permitted. The FDA limits how much variability is acceptable. Generic drugs are required to have the same active ingredient, strength, dosage form and route of administration as the brand name product. Generic drugs do not need to contain the same inactive ingredients as the brand name product. All generic manufacturing, packaging, and testing sites must pass the same quality standards as those of brand name drugs and the generic products must meet the same exacting specifications as any brand name product. Many generic drugs are made in the same manufacturing plants as brand name drugs.

## Important information for health care professionals and facilities

**FACT: Research shows that generics work as well as brand name drugs.** A study evaluated the results of 38 published clinical trials that compared cardiovascular generic drugs to their brand name counterparts. There was no evidence that the brand name drugs worked better than generic heart drugs.<sup>1</sup>

**FACT: The FDA does not allow a 45 percent difference in the effectiveness of the generic drug product.**

The FDA recently evaluated 2,070 human drug studies conducted between 1996 and 2007. The studies compared absorption of brand name and generic drugs into a person's body and were submitted to the FDA to support approval of generics. The average difference in absorption into the body between the generic and the brand name was 3.5 percent<sup>2</sup>. This difference would be expected and acceptable, whether for one batch of brand name drug tested against another batch of the same brand, or for a generic tested against a brand name drug. In fact, there have been studies in which brand name drugs were compared with themselves as well as with a generic. As a rule, the difference for the generic-to-brand comparison was about the same as the brand-to-brand comparison. Any generic drug modeled after a single, brand name drug must perform approximately the same in the body as the brand name drug.

**FACT: When it comes to price, there is a big difference between generic and brand name drugs.**

On average, the cost of a generic drug is 80 to 85 percent lower than the brand name product. In 2010 alone, the use of FDA-approved generics saved \$158 billion, an average of \$3 billion every week.<sup>3</sup>

**FACT: Cheaper does not mean lower quality.** Generic manufacturers are able to sell their products for lower prices because they are not required to repeat the costly clinical trials of new drugs and generally do not pay for advertising, marketing and promotion. In addition, multiple generic companies are often approved to market a single product, creating competition in the marketplace, often resulting in lower prices.

**FACT: The FDA monitors adverse events reports for generic drugs.** The monitoring of adverse events for all drug products, including generic drugs, is one thing the FDA does to evaluate the safety of drugs after approval. Many times, reports of adverse events describe a known reaction to the active drug ingredient. Reports are monitored and investigated when appropriate. The investigations may lead to changes in how a product is used or manufactured.

**FACT: The FDA is actively engaged in making all regulated products – including generic drugs – safer.** The FDA knows some people may experience an undesired effect when switching from a brand name drug to a generic formulation or from one generic drug to another generic drug. The FDA encourages the generic industry to investigate whether, and under what circumstances, such problems occur. The FDA does not perform independent clinical studies and lacks the regulatory authority to require the industry to conduct such studies but investigates reports of undesired effects and makes recommendations to health care professionals and the public if the need arises.

<sup>1</sup> Kesselheim et al. Clinical equivalence of generic and brand name drugs used in cardiovascular disease: a systematic review and meta-analysis. *JAMA*. 2008;300(21):2514-2526

<sup>2</sup> Davit et al. Comparing generic and innovator drugs: a review of 12 years of bioequivalence data from the United States Food and Drug Administration. *Ann Pharmacother*. 2009;43(10):1583-97.

<sup>3</sup> SAVINGS An Economic Analysis of Generic Drug Usage in the U.S., GPhA, September 2011, page 1.

Source: <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm>

Important information for health care professionals and facilities

## Get Your Patients Prepared for Hurricane Season

UnitedHealthcare Community Plan wants to help you make sure your patients are prepared for hurricane season and the resulting hazards that can happen such as storm surge, high winds, tornadoes and flooding.

### Here are some tips to share your patients before disaster strikes:

- Assemble an emergency preparedness kit including: food; water; extra cash; first aid supplies; a flashlight; a radio; a multi-purpose tool; medications and medical items; copies of personal documents; ID cards; cell phone with chargers; map of the area; an emergency blanket; emergency numbers; sanitation supplies such as disinfecting bleach; and other essential items. Add items such as baby supplies or pet food to the kit to meet specific needs your family may have. Be sure to include your UnitedHealthcare Community Plan and Medicaid ID cards.
- Identify ahead of time where to go if you are told to evacuate. Choose several places, such as a friend's home in another town, a hotel or a shelter and have their phone numbers on hand. You may need to take unfamiliar routes if major roads are closed or clogged so be sure to have a map. Develop a plan for family communication in the event of an emergency and agree on evacuation routes so everyone knows what to do and where to go.
- Visit [www.noaa.gov](http://www.noaa.gov) or listen to local radio or TV stations for weather alerts and evacuation instructions. If advised to evacuate, do so immediately.

### Advice for providers:

- Encourage your patients to update their address and phone contact information with UnitedHealthcare Community Plan in case of an emergency by calling

Member Services at 866-675-1607 (TTY: 711) or NurseLine at 877-440-9409.

- If your office relocates or closes for an extended period, please contact us at 877-369-1302.
- In case of a hurricane or other disaster, your patients can register on the American Red Cross Safe and Well website at [redcross.org/SafeandWell](http://redcross.org/SafeandWell) to let family and friends know about their welfare. Those without Internet access can call 1-866-GET-INFO.

## 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.

## After-Hours Access

Our members' ability to contact their primary care physicians (PCPs) after normal business hours is a critical component of a patient-centered medical home and assuring medical treatment is provided at an appropriate level of care. We ask your assistance in providing 24/7 access to our members to avoid low level emergency room use.

By state regulation, PCPs must be available to members by telephone 24 hours a day, 7 days a week, or the provider must make arrangements for telephone coverage by another UnitedHealthcare Community Plan participating PCP.

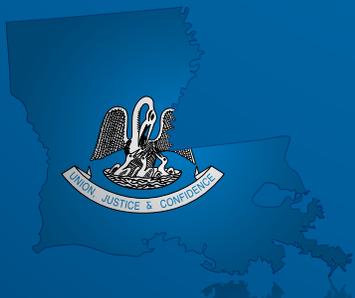
**Acceptable** coverage includes the PCP's office telephone:

- Being answered after hours by an answering service, the PCP, or another designated medical practitioner.
- Calls answered by an answering service must be returned within 30 minutes.
- Being answered after hours by a recording directing the member to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone. Another recording is not acceptable.
- Being transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner who can then return the call within 30 minutes.

The following are examples of **unacceptable** coverage:

- The office telephone is answered after hours by a recording that tells patients to leave a message or that directs patients to go to an emergency room for any services needed.
- The practitioner does not respond to after-hours calls within 30 minutes.

Questions about after-hours access can be directed to Provider Services or the Health Plan Quality Department.



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



3838 N Causeway Blvd  
Suite 3225  
Metairie, LA 70002