



Maryland | Summer 2017

practice**matters**



For More Information

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

Visit **UHCommunityPlan.com**

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We hope you enjoy this edition of Practice Matters. In this issue, you can read about coordination of care between specialists and PCPs, care provider availability requirements, improving access to care, and much more.

Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual. The Provider Manual is located at UHCommunityPlan.com/health-professionals/md/provider-admin-manual.html. Member Rights and Responsibilities are distributed to new members upon enrollment. On an annual basis, members are referred to their handbook to review their Member Rights and Responsibilities.

Communication between PCPs and Specialists Is Key to Well-Coordinated Care

Primary care physicians (PCPs) and specialists share responsibility for coordinating care and communicating essential patient information on consultations, treatment plans and referrals. Lack of communication can negatively affect quality patient care.

Relevant information from the PCP to the specialist should include the patient's history, diagnostic tests and results, and the reason for referring the member to the specialist for a consultation. The specialist is responsible for timely communication of the results of consultations to the PCP, and ongoing recommendations and treatment plans.

Information exchange between care providers should be timely, relevant and accurate to facilitate ongoing patient management. The partnership between the PCP and specialist is based on the consistent exchange of clinical information, which is a critical factor in providing quality patient care.

Reviews Help Ensure Members Receive Proper Care

UnitedHealthcare Community Plan performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring

prior authorization is available in the Provider Manual at UHCommunityPlan.com/health-professionals/md/provider-admin-manual.html.

A physician reviews all cases in which the care does not appear to meet guidelines. Decisions regarding coverage



are based on the appropriateness of care and service and on existence of coverage. We do not provide financial or other rewards to our physicians for issuing denials of coverage or for underutilizing services.

If a service is denied, the treating physician has the right to request a peer-to-peer discussion with the reviewing physician and a copy of the criteria used in the review. The denial letter contains information on how to request materials and how to contact the reviewer. Members and practitioners also have the right to appeal denial decisions.

Appeals are reviewed by a physician who was not involved in the initial denial decision and is of the same or similar specialty as the requesting physician.



If you have questions about the process, please contact our staff at **800-284-4510**. Staff members are available during normal business hours.

Important information for health care professionals and facilities



Get Updated Clinical Practice Guidelines

Clinical Practice Guidelines are available at UHCCommunityPlan.com. UnitedHealthcare Community Plan promotes the use of nationally recognized evidence-based clinical guidelines to support care providers in making decisions about health care. Guidelines are available for diabetes, asthma, perinatal care, preventive services, Attention Deficit Hyperactivity Disorder, depression and many other conditions.



To view a complete list of the most current guidelines, go to UHCCommunityPlan.com > For Health Care Professionals > Maryland > Clinical Practice Guidelines.

A Member's Right to Culturally Competent Care

We work to try to identify gaps in care related to member's language and cultural needs. To help reduce those gaps and improve culturally competent care, we are reminding care providers that UnitedHealthcare Community Plan's members have a right to receive care that is culturally appropriate and respects their cultural and ethnic background and origins. Upon enrollment, information regarding a member's primary language is obtained and members may receive assistance in choosing a PCP who will meet their needs.

UnitedHealthcare Community Plan provides access to a language line for translation of communications for our non-English speaking members. The language line is available to help ensure that the cultural, ethnic and linguistic needs of our members are being met. If you need assistance in communicating with one of our members you may call customer service for assistance at **888-980-8728**.

Where to Get Pharmacy Updates

Pharmacy updates are available at Link or by visiting UHCCommunityPlan.com > For Health Care Professionals > Maryland > Pharmacy Program, where you can 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
- Generic substitution, therapeutic interchange and step-therapy protocols



If you have questions or need assistance related to pharmacy, you may call Provider Services at **877-842-3210**. Remember to get a tracking number for future reference. You may also visit the website at UHCCommunityPlan.com/health-professionals/md/pharmacy-program.html.



Case Management Program

The UnitedHealthcare Community Plan Case Management program is a holistic approach to care for members with complex needs, especially those with chronic conditions. The goal is to keep our members in the community with the resources necessary to maintain the highest functional status possible.

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Important information for health care professionals and facilities

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Here's what our case managers can provide to your eligible patients:

- Telephone contact with members and home visits as needed
- Condition specific programs such as diabetic disease management and our maternity program, Healthy First Steps
- Health education and educational materials
- A health assessment with stratification of diagnosis and severity of condition and psychosocial needs
- Referral to community resources as needed
- Assistance with medical transportation
- Arrangements for durable medical equipment and ancillary services
- Outreach to members to help them keep appointments
- Work with members to identify and address barriers to seeking health care and following their medical treatment plan of care



For more information or to make a referral, call our referral line at **410-379-3495**.

Access and Availability Care Provider Requirement

UnitedHealthcare Community Plan conducts annual phone surveys to monitor network care provider compliance with patient access and availability requirements, including after-hours services.

UnitedHealthcare's standards for appointment scheduling are:

Practice Type	Appointment	Appointment Standard
Primary Care Provider (PCP)	Emergency Services	Immediate
	Urgent Services	Same-day
	Routine Care	14 days
	Preventative Care/EPSTD	30 days
	After Hours Phone Messaging	Medically necessary emergency telephone service must be provided 24 hours per day, seven days per week. Offices must have a phone message or answering service available that instructs members how to contact a care provider for urgent or emergency conditions.
Specialty	New Patient Routine	30 days
	Existing Patient Follow-Up	30 days

A phone survey was conducted in March 2017. One hundred and sixty two primary care practices and 104 specialty practices were surveyed using UnitedHealthcare standards as the benchmark.

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Important information for health care professionals and facilities

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The survey's results:

	Non-Complaint	Complaint
Preventative/EPSTD Care	4.0% (7 of 162)	Immediate
Urgent Care	15.0% (24 of 162)	Same-day
New Patient Appt.	5.0% (8 of 162)	30 days
After-Hours Messaging	5.0% (8 of 162)	95.0%
Specialty High Volume	8.0% (8 of 104)	92.0%
<ul style="list-style-type: none"> • New patient • Existing patient 	4.0% (4 of 104)	96.0%

Practices not meeting the standard are notified by phone of their results by the Chief Medical Officer or designee followed by written notification.

For more information about COMAR 10.09.66.08, go to dsd.state.md.us/COMAR/ComarHome.html > Search on a word or phrase, or enter the codification number > 10.09.66.08.

The UnitedHealthcare Quality Management and Performance Team works closely with our network care providers and their patients to help ensure access to care and continuity of care. The approaches used to achieve our goal of getting members to the right care provider at the right time for the right care are:

Whole Person Care Program:

This model of care seeks to empower members, care providers and our community partners to improve care coordination and outcomes for individuals with the most complex conditions. A holistic approach that includes medical, behavioral and social/environmental needs are addressed. This program combines our resources with medical homes and other integrated care organizations to reduce costs and improve outcomes. This is achieved by

providing field-based care management with the integration of medical, behavioral, social and environmental care and the Integrated Care Management Team, which includes registered nurses, behavioral health advocates and community health workers.

NurseLine:

This A 24-hour/7 day a week nurse advice line program is staffed by registered nurses to help members make a decision on the most appropriate place of care based on the member's symptoms. General information is provided, if needed, for medication or treatment options.

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Important information for health care professionals and facilities

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In-Office Appointment Scheduling Outreach Program:

Outreach begins with a welcome call to all new members informing them of the necessity of scheduling and completing an Initial Health Appointment with their primary care provider (PCP). UnitedHealthcare will work with members, their PCP and local health departments to schedule and complete the necessary appointment(s).

On-site Appointment Scheduling Outreach Program

The On-Site Appointment Scheduling Outreach Program addresses members' non-compliance and/or missed appointments and assigns UnitedHealthcare support staff to assist with appointment scheduling. Calling members directly from the care provider's office improve communication between members and their PCP and helps create a medical home for each member.

Should Your Patients Be Screened for Prostate Cancer?

The prostate cancer screening recommendations from the United States Preventive Services Task Force (USPSTF) apply to men who have not been previously diagnosed with prostate cancer and have no signs or symptoms of the disease. Based on a comprehensive review of the science, the USPSTF recommends that men not get the PSA test to screen for prostate cancer without understanding the facts, their risk factors and looking at their own values and preferences. The task force provides clinicians and their patients with information to help guide decisions about screening for prostate cancer. The USPSTF encourages men to learn more and have a conversation with their care provider.



To learn more about the benefits and harms of prostate cancer screening, go to uspreventiveservicestaskforce.org/Page/Document/how-did-the-uspstf-arrive-at-this-recommendation-/prostate-cancer-screening.

Clinical practice guidelines are available at ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf.

Preauthorization and Concurrent Review Reminder

UnitedHealthcare is required to complete utilization reviews for inpatient admissions, as well as certain elective care and procedures. These reviews help us know that your patients are receiving proper care.

Coverage decisions are based on benefit plans and appropriateness of care and service. Please refer to your Provider Administrative Guide or visit UHCommunityPlan.com/health-professionals/md.html for telephone numbers and details.

Special Needs Coordinator Assistance

UnitedHealthcare Community Plan members with complex needs can receive additional support from a Special Needs Coordinator (SNC). Each coordinator provides one-time or ongoing support with referrals to UnitedHealthcare programs, community agency support, transportation, appointments and more. For more information, call **443-896-9081** or **800-460-5689**.



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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

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