



Mississippi | Spring 2018

practice**matters**



For More Information

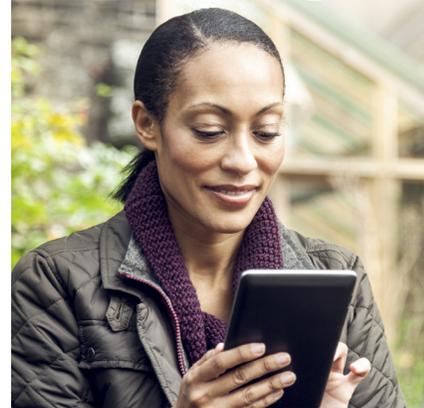
Call our Provider Services Center at **800-557-9933**

Visit **UHCommunityPlan.com**

In This Issue...

- UHCCommunityPlan.com Content Transitioning to UHCprovider.com
- Enhancements to Claim Status EDI Transactions (276/277)
- Provider Search Tool Upgraded
- Member Rights and Responsibilities
- Communication between PCPs and Specialists is Key to Well-Coordinated Care
- Reviews Help Ensure Members Receive Proper Care
- Get Updated Clinical Practice Guidelines
- A Member's Right to Culturally Competent Care
- Where to Get Pharmacy Updates
- Case Managers Help Members with Complex Needs
- Correct Use of Billing Modifiers

We hope you enjoy the spring edition of Practice Matters. In this issue, you can read about UHCCommunityPlan.com content transitioning to UHCprovider.com, enhancements to Electronic Data Interchange (EDI) claim status transactions, updated clinical guidelines, and much more.



Important information for health care professionals and facilities

UHCCommunityPlan.com Content Transitioning to UHCprovider.com

You told us you wanted provider content in one place and we heard you. **UHCprovider.com** is your home for the latest UnitedHealthcare news, policy information and access to Link self-service tools.

UHCprovider.com is the first step in bringing care provider content from multiple websites together in one place for your convenience. Content that was on UHCWest.com and UnitedHealthcareOnline.com was transitioned to UHCprovider.com in 2017.

Content for care providers now on **UHCCommunityPlan.com** will move to UHCprovider.com this summer. You'll be able to access your state-specific content on UHCCommunityPlan.com until late spring.

UHCprovider.com includes several features:

- 24/7 access to the Link self-service tool dashboard, including claims and payments, eligibility and benefits and prior authorizations
- A predictive search function with filtering and sorting capabilities to help you find what you need faster and easier
- An easy-to-read design whether you're on a desktop computer, tablet or smart phone

Watch for more updates in the Summer 2018 edition of Practice Matters.

Enhancements to Claim Status EDI Transactions (276/277)

On Jan. 1, 2018, UnitedHealthcare implemented several enhancements to Electronic Data Interchange (EDI) claim status transactions across all lines of business for commercial, Medicaid and Medicare. If you check the status of claims using your practice management system or hospital information system, you should see a significant increase in successful responses.

Some examples of the additional search logic we implemented to help find your claim:

- Allows you to search by:
 - Claim number
 - Patient account number
- Allows us to identify:
 - NPI of the billing and rendering provider
 - Member IDs that may have been submitted with spaces
 - Newborn claims

If your claim status responses are not showing these enhancements, please contact your software vendor or clearinghouse. We encourage you to share this communication with them as they may need to activate the 276/277 claim status EDI transaction in their system or yours.



If you have questions, please contact UnitedHealthcare EDI Support at **EDI issue reporting form** or **ac_edi_ops@uhc.com** or **800-210-8315**.



Important information for health care professionals and facilities

Provider Search Tool Upgraded

UnitedHealthcare recently upgraded its care provider search capability for UnitedHealthcare Community Plan. Now searching for referrals and network participation for all UnitedHealthcare plans is easier than ever.

Originally introduced in 2017 to our UnitedHealthcare commercial and Medicare Advantage members and care providers, this search tool will help those serving Medicaid and Dual Special Needs Plan (DSNP) patients to more easily find appropriate care anytime, anywhere.

Here are just a few of the enhancements you'll see as you assist your Medicaid and DSNP members:

- Simplified, step-by-step guided process or text-based search
- More icons, fewer words
- Improved formatting for search results
- Prominent "Accepting Medicaid" status indicator
- Increased visibility on panel availability/new patient openings
- Introduction of patient reviews, where available
- Increased facility accessibility detail as well as distance estimates from their location
- Enhanced ability to create, print or email a customized directory



To use the new tool, go to UHCprovider.com > Menu > **Find a Care Provider**.

Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > **Provider Administrative Manual**. 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 online at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > **Provider Information** > Prior Authorizations.

A care provider 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 don't provide financial or other rewards to our care providers for issuing denials of coverage or for underutilizing services.



If you have questions about the process, please call **866-604-3267** for prior authorizations and **877-743-8731** for utilization management.

Get Updated Clinical Practice Guidelines

Clinical Practice Guidelines are available at UHCommunityPlan.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 UHCommunityPlan.com > **For Health Care Professionals > Mississippi > Clinical Practice Guidelines**.

A Member's Right to Culturally Competent Care

We continuously work to identify gaps in care related to member's language and cultural needs. To help reduce those gaps and improve culturally competent care, we're 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 hearing impaired and 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 877-743-8731, TTY: 711.

Where to Get Pharmacy Updates

Pharmacy updates are available at [Link](#) or by visiting UHCommunityPlan.com > For Health Care Professionals > Mississippi > **Pharmacy Program**, where you can find:

- A list of covered pharmaceuticals, including restrictions and preferences
- Pharmaceutical management procedures
- Explanations on limits
- How to submit and support an exception request
- Generic substitution, therapeutic interchange and step-therapy protocols
- Educational resources related to drug utilization review programs and statistics



If you have questions or need assistance related to pharmacy, please call Provider Services at **877-842-3210**. Remember to get a tracking number for future reference. You can also go to UHCommunityPlan.com > For Health Care Professionals > Mississippi > **Pharmacy Program**.

Case Managers Help Members with Complex Needs

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 provide our community members the resources necessary to maintain the highest functional status possible.

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

- Telephone contact with members and home visits as needed.
- 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.

(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

- 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 member services and request a referral at 877-743-8731.

Correct Use of Billing Modifiers

We use the National Correct Coding Initiative (NCCI) guidelines when we process claims to help catch when improper use of CPT[®] or Healthcare Common Procedure Coding System (HCPCS) codes or code modifiers may lead to incorrect payments. When coding issues are found, claims could be denied or we may request a recoupment for any overpaid claims. You can help avoid claims issues like these when you properly use the codes and claim modifiers. The suggested modifier use follows guidance from the Centers for Medicare & Medicaid Services (CMS) and the Mississippi Division of Medicaid.

Modifier 25 or 59

Using modifier 25 or 59 correctly can help you avoid some claims issues when you're submitting a claim for different services that are:

- Delivered by the same care provider
- Delivered on the same day
- Delivered to the same patient
- Delivered in the same facility

Modifier 25 should be used with evaluation and management (E&M) codes, while modifier 59 should be used with procedural codes.



Modifier EP

The Mississippi Division of Medicaid requires modifier EP to be used to identify Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

Mississippi Division of Medicaid billing guidance is available online at [medicaid.ms.gov](https://www.ms.gov/medicaid) > Providers > Billing Handbook and CMS policies. Information on NCCI is available at [Medicaid.gov/Medicaid](https://www.ms.gov/medicaid) > program-integrity > National Correct Coding Initiative.



To see our CCI Editing Policy or Modifier Reference Policy, along with our other reimbursement policies, please go to [UHCCommunityPlan.com](https://www.uhccommunityplan.com) > For Health Care Professionals > Mississippi > **Reimbursement Policy**.



If you have questions, please call Provider Services at **877-743-8734**, from 8 a.m. to 5 p.m. Eastern Time, Monday through Friday.



Mississippi practice**matters**

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



Community Plan

795 Woodlands Parkway
Suite 301
Ridgeland, MS 39157