



Mississippi | Winter 2017

practice**matters**



For More Information

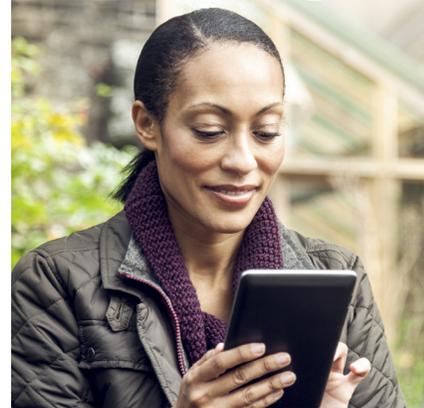
Call our Provider Services Center at **800-557-9933**

Visit **UHCommunityPlan.com**

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We hope you enjoy the winter edition of Practice Matters. In this issue, you can read about our Dual Special Needs Plan, UHCprovider.com, oral cancer prevention, and much more.



Important information for health care professionals and facilities

Our Dual Special Needs Plan

UnitedHealthcare Community Plan now has a Dual Special Needs Plan (DSNP) for members in Mississippi. The DSNP is for members who meet eligibility requirements for both Medicare and Medicaid and are currently enrolled in Medicare Parts A&B and Medicaid.

Benefits of our DSNP include physician services, acute care visits, skilled nursing facilities, acute home care, durable medical equipment, prescriptions, some OTC drugs, dental, vision, hearing, podiatry and transportation services. We also offer access to a nurse line to help care providers triage to appropriate levels of care. For members enrolled in our DSNP plan, UnitedHealthcare serves as the primary insurance and Medicaid is secondary.

Like our Medicaid and CHIP services, DSNP participation requires a provider agreement. We expect to expand the program soon. If you aren't already accepting patients with DSNP benefits, please call us at 866-574-6088 and ask for a DSNP agreement.



Non-Emergency Transportation Benefit

We want to help your patients receive timely and courteous service. One of the benefits for members enrolled in the UnitedHealthcare Medicaid plan and our Medicare-Medicaid Dual Eligible (DSNP) plan is non-emergency transportation. This includes transportation to and from office visits, therapy appointments, dialysis

treatments, radiology appointments, chemotherapy infusions, and transportation to pharmacies and home from hospitalizations.

Medical Transportation Management (MTM) supplies these services and requests at least a three-day notice for transportation. Members or their representative may schedule transportation by calling 866-331-6004 or visiting MTM's website at mtm-inc.net/.



If services don't meet your expectations or your patient's, any complaints may be filed with us by calling Provider Services **877-743-8734** or Member Services **877-743-8731**. UnitedHealthcare oversees MTM's services for our members and we take responsibility for handling problems related to this benefit.

This transportation benefit applies to non-emergency only. All emergency transportation is handled by ambulance (ground and air) and coordinated through normal emergency processes (usually 911).

CHIP members do not have non-emergency transportation benefits.

Overcoming Barriers with 270/271 Eligibility and Benefits Transactions

UnitedHealthcare wants to help you overcome barriers to get member eligibility and benefits from your 270/271 Health Care Eligibility and Benefit Inquiry and Response transactions.

Our current search logic allows you to enter different criteria related to the member or patient for the eligibility and benefits inquiry transaction (270). If the information given in the request doesn't match the data in our system, you'll receive an AAA code telling you what information didn't match in the eligibility and benefits transaction response (271).

We've outlined suggestions to resolve errors for the most common reasons we're unable to find a match. We recommend researching the information and resubmitting a 270 transaction to help ensure your records are accurate.

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Important information for health care professionals and facilities

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Verify information is accurate from the member ID card, patient records or contacting the member when receiving the following 271 responses:

- If you receive: AAA*Y**73*C~AAA*Y**71*C~ (Invalid or missing name and DOB)
 - Then verify name and date of birth in your records and include member ID
- If you receive: AAA*Y**75: (Subscriber/insured not found)
 - Then member has no active coverage or may not be a UnitedHealthcare member
- If you receive: AAA*Y**71 (Subscriber/insured birth date does not match patient database)
 - Then check formatting of date of birth – should be YYMMDD



For more information on 270/271 EDI transactions, go to UHCprovider.com > Menu > Resource Library > Electronic Data Interchange (EDI) > Electronic Transactions > EDI 270/271: **Eligibility and Benefit Inquiry and Response.**

If you have any questions, please contact EDI Support:

UnitedHealthcare
Community Plan

EDI issue reporting form
or ac_edi_ops@uhc.com
or 800-210-8315

UHCprovider.com – Our Care Provider Website

UHCprovider.com is your home for the latest news, policy information and access to Link self-service tools. You told us you wanted provider content in one place, and we heard you. The site is the first step in bringing provider content together for your convenience and will begin by replacing UHCWest.com, UnitedHealthcareOnline.com and the health care professional content on UHCCommunityPlan.com over the coming months.

UHCprovider.com is available now and includes several features:

- 24/7 access to the Link self-service tool dashboard
- 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

UHCprovider.com was designed with your feedback in mind, but our job is just beginning. Tell us how we're doing by clicking the Feedback button on the right side of any page. Your suggestions will help us continue to improve so we can better meet your needs.

Watch for additional information in the Spring 2018 edition of Practice Matters.



Fighting HPV and Oral Cancer

*By Michael D Weitzner, DMD, MS
Vice President of National Clinical
Government Programs (Dental),
UnitedHealthcare*

According to the American Dental Association (ADA), cancers of the oral cavity and oropharynx account for 2.9 percent of cancers diagnosed and 1.6 percent of cancer deaths. The 5-year relative survival rate for those with localized disease at diagnosis is 83 percent, compared with only 36 percent in patients whose cancer has metastasized. American Cancer Society data estimates that the number of new oral and oropharyngeal cancer cases in the United States in 2017 is 49,670, while the estimated number of deaths from these cancers in 2017 is 9,700.

Older males were historically at higher risk, as were tobacco and alcohol users and those exposed to high levels of ultra-violet light. Oral and oropharyngeal cancers are increasingly seen in patients who are younger and female, and this increase likely is related to human papilloma virus (HPV).

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Important information for health care professionals and facilities

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HPV, the most common sexually transmitted disease in the United States, with 14 million new cases each year, is now associated with 9,000 cases of head and neck cancers each year in the United States, according to the Centers for Disease Control and Prevention (CDC). It's four times more common in men than women. HPV-positive head and neck cancers typically develop in the throat at the back of the tongue and near or in the folds of the tonsils, which makes them difficult to detect.

Although the ADA states that those with HPV-positive cancers have a lower risk of dying or having recurrence than those with HPV-negative cancers, early diagnosis is the associated with the best outcomes. Regular dental check-ups that include an examination of the entire head and neck can be vital in detecting cancer early. These are usually accomplished through palpation and visual examination; adjunctive testing such as light contrast screening and brush biopsy can supplement visual examination. Suspected lesions should be referred for a surgical biopsy, which remains the “gold standard” for oral cancer diagnosis.

Prevention is also vital. In the case of HPV, this could include vaccination. The CDC currently recommends that 11 to 12-year-old boys and girls get two doses of HPV vaccine to prevent cervical and other less common genital cancers. The HPV vaccine might also prevent head and neck cancers – since the vaccine prevents an initial infection with HPV types that can cause head and neck cancers. Dentists can play an important role in talking with families about oral cancer, the potential risks from HPV and encouraging families to consider the benefits from vaccination.

By working together, medical and dental professionals can help to ensure the future health of vulnerable children, possibly reducing the risk for this terrible disease.

Dr. Weitzner oversees UnitedHealthcare's dental clinical initiatives, focusing on government programs. He also is chair of the Clinical Policy & Technology Committee, which makes guideline and technology recommendations based on principles of evidence-based dentistry.



Sources:

American Dental Association, Oral and Oropharyngeal Cancer, ada.org/en/member-center/oral-health-topics/oral-cancer, Last Updated: Oct. 4, 2017.

American Cancer Society, **Cancer Statistics Center, Oral Cavity and Pharynx**, 2017.

Howlader N, Noon AM, Krapcho M, et al. SEER Cancer Statistics Review 1975-2012: National Cancer Institute; 2015.

American Dental Association, HPV: Head, Neck and Oral Cancer, mouthhealthy.org/en/az-topics/h/hpv-and-oral-cancer, 2017.



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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