



New Jersey | Winter 2016

practice**matters**



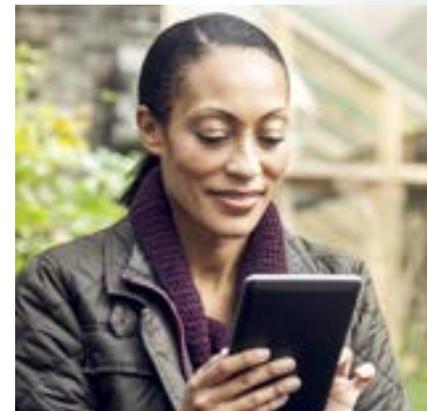
For More Information

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

Visit **UHCommunityPlan.com**

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We hope you enjoy the winter edition of Practice Matters. In this issue, you can read Link, virtual card payments, where to get pharmacy updates, and much more.

Important information for health care professionals and facilities

Enhanced eligibilityLink App Replacing Other Online Options

We are introducing a new app on Link, your gateway to UnitedHealthcare's online tools. eligibilityLink offers a redesigned user interface that is faster and easier to use. Therefore, it will soon replace our other online options for obtaining eligibility and benefits information: Patient Eligibility & Benefits on UnitedHealthcareOnline.com and the Eligibility & Benefits app on Link.

eligibilityLink will not launch to all users at the same time. Please watch your email inbox as the phased rollout of eligibilityLink continues. When eligibilityLink is available to you and you use Patient Eligibility & Benefits on UnitedHealthcareOnline.com, a pop-up box will invite you to try the new app.

Not Receiving Our Emails?

To make sure that you receive important notices from us, you can update the email address in your profile:

1. Sign in to UnitedHealthcareOnline.com
2. Select the *UnitedHealthcare Online* tile from the Link dashboard
3. Click *My Profile* on the upper right corner of the screen
4. Update your *Business Email* on the *Manage My Account* page
5. Click *Save*

Introducing My Practice Profile on Link

My Practice Profile (formerly called Provider Data Management) is an updated app that will allow you to view and update the care provider demographic data that UnitedHealthcare has for your practice, including:

- Office addresses, hours and locations
- Languages spoken
- Phone, fax and website information
- Ages and genders served
- And more

You will also use My Practice Profile to complete your required quarterly attestation to the accuracy of your demographic information. For a reminder about attestation requirements, please review page 96 of the **2016 Administrative Guide**.

All Link users currently have the My Practice Profile app on their dashboard and will receive the enhanced app in phases. Now the app can be used to submit Disclosure of Ownership and Management forms for Medicaid. We will send you an email with more details once the enhanced app has been deployed to your organization.

To update the care provider or practice data displayed in My Practice Profile, your organization's ID administrator must grant you submission/updating rights through the User ID & Password Management app on Link.

My Practice Profile is currently only available to individual care providers and practices. We are working to make it available to hospitals and other facilities in the future. Future functionality will include the ability to upload roster files.

Learn More



If you're new to Link, you can get more information about it at UnitedHealthcareOnline.com > Quick Links > **Link: Learn More**.



If you have questions, please call the UnitedHealthcare Connectivity Help Desk at 866-842-3278, option 3, 7 a.m. – 9 p.m. Central Time, Monday through Friday.

Important information for health care professionals and facilities



Virtual Card Payment Option Available for Small Practices

Electronic Payments and Statements (EPS) offers electronic funds transfer (EFT) by direct deposit and electronic remittance advice (ERA). Now, you have the additional option of Virtual Card Payments (VCP) for UnitedHealthcare Commercial, UnitedHealthcare Medicare and UnitedHealthcare Community Plan.

VCP offers a secure electronic payment method that uses credit card-based payment technology. After enrollment, you'll receive a mailer with a card number for your first payment (actual cards are not issued). For all subsequent payments, you'll receive an email notification only and you can process your payment with the same card number.

As with direct deposit, you'll no longer receive paper remittance advices and can access your information on the **EPS website** or enroll to receive 835 files for auto posting. User-friendly online remittance advice can be saved, viewed or printed to post payments manually. More information about payment posting is available at **WelcometoEPS.com**. You can also view a **video** to see how the website works or register for an instructor-led **webcast**.

VCP Compared to Direct Deposit

VCP and direct deposit both allow you to receive payments and remittances five to seven days faster than with paper and reduce your risk for lost, misrouted or

stolen checks. Additionally, you may be able to eliminate lock box fees if you have any. The following table highlights the differences between direct deposit and VCP.

Direct Deposit

- No credit card processing fees from your merchant processor
- Money is deposited directly to the account(s) you designate.
- Payments and remittances can be separated by NPI and/or payer.
- UnitedHealthcare Community Plan cannot withdraw funds to recoup overpayments.
- An internet connection is required to access remittance advice.

VCP

- VCP has maximum payment and card balance amounts (\$50,000; \$100,000 respectively), which may cause some payments to be issued on paper.
- Credit card processing fees apply (confirm amount with your merchant processor).
- You will receive a separate card number for each payer ID that provides payments.
- There is no need to share your bank account information to receive VCP.
- You must have a credit card machine to process your payments and an internet connection to access your remittance advice.



To learn more or enroll, please visit UnitedHealthcareOnline.com > Quick Links > **Electronic Payments and Statements**. Or you can call 877-620-6194 to speak with an EPS representative.

Important information for health care professionals and facilities

Get Better Results for 270/271 Eligibility & Benefits Transactions

We understand the importance to care providers of obtaining eligibility and benefits information on our members who are your patients. That's why we're providing guidance to help you obtain such information more easily and get better results with your 270/271 Health Care Eligibility and Benefit Inquiry and Response transactions.

Our current search logic allows you to enter minimal information related to the member for the eligibility and benefits inquiry transaction (270). If we cannot locate a member, you may receive the following errors on an eligibility and benefits response transaction (271):

- AAA*Y*72 - Missing/Invalid Insured ID
- AAA*Y**73*C~AAA*Y**71*C - Invalid/Missing Name + DOB

To help make sure we're returning eligibility and benefits information for all our members, we recommend that you include the following information in the 270 inquiry transaction:

- Member ID
- Last Name
- First Name
- Patient Date of Birth
- Group Number (*optional but highly recommended*)

Using all of this information will help us to more readily identify members and eligibility and benefit details. If you have any questions, please contact EDI Support:

UnitedHealthcare Commercial UnitedHealthcare Medicare Solutions UnitedHealthcare Oxford UnitedHealthcare West	EDI issue reporting form or 800-842-1109
UnitedHealthcare Community Plan	EDI issue reporting form or ac_edi_ops@uhc.com or 800-210-8315

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're reminding care providers that UnitedHealthcare Community Plan's members have a right to receive care that's culturally appropriate and respects their cultural and ethnic background and origins. When enrolling, information regarding a member's primary language is determined 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.

Where to Get Pharmacy Updates

Pharmacy updates are available at [Link](#) or by visiting UHCCommunityPlan.com > For Health Care Professionals > New Jersey > **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

Important information for health care professionals and facilities



Expansion of Dual-Eligible Special Needs Program

Beginning Jan. 1, 2017, UnitedHealthcare Dual Complete ONE, also known as Dual Special Needs Plan (D-SNP) or HMO SNP, will expand to serve members who live in Gloucester, Camden, Middlesex, Passaic, Hunterdon and Somerset counties. The plan had been serving members in Atlantic, Bergen, Burlington, Essex, Hudson, Mercer, Monmouth, Morris, Ocean and Union counties. This fully integrated D-SNP plan better integrates coordination of care for members enrolled in Medicaid and Medicare in New Jersey.

Among the plan's features:

- The plan integrates all available Medicaid and Medicare managed care benefits across acute, primary, behavioral health and long-term care.
- Single Claim Submission: Submit the claim once using the Medicare ID and we'll coordinate collections from different payer sources, such as Medicare and Medicaid.
- Offers preventive services at no cost to our members.
- Reimbursement is based on your existing network agreement.
- Members receive a single ID card, which provides both Medicare and Medicaid ID numbers.



For more information, go to UHCCommunityPlan.com > For Health Care Professionals > New Jersey > **Dual Complete ONE.**

Preferred DME Vendor for Incontinence Supplies

Byram Healthcare is the preferred supplier of incontinence supplies for your patients who are our members. We've made this change to help improve health care outcomes and experiences for our members by building a stronger, more focused network of care providers. We'll notify members affected by this change, and a Byram Healthcare representative will contact impacted care providers to help make sure there's no disruption in delivery of incontinence supplies.

Use the incontinence order form available at UHCCommunityPlan.com > For Health Care Professionals > New Jersey > Provider Forms > Byram Healthcare UHC Community Plan NJ Incontinence Supplies Order Form. Please fax incontinence product requests to Byram Healthcare at 800-521-6291. To reach Byram Healthcare Customer Service, call 877-902-9726, Monday through Friday, 8:30 a.m. to 8 p.m. Eastern Time, or Saturday, 9:30 a.m. to 2:30 p.m.



If you have questions, please call Provider Services at 888-362-3368. For information about Byram Healthcare, visit byramhealthcare.com.



Primary Care Providers and Specialists Working Together

The Primary Care Provider (PCP) is the point of entry into the delivery system, except for services allowing self-referral, emergencies and out-of-area urgent care. UnitedHealthcare expects PCPs to communicate with specialists the reason for the referral by use of a prescription or letter and to note this in the patient's medical record.

UnitedHealthcare also expects specialists to communicate significant findings and recommendations for continuing care to the PCP by report. A specialist also can refer a member directly to another specialist. The responsibility of a specialist includes providing the PCP copies of all medical information, reports and discharge summaries from the specialist's care and to note all findings and recommendations for continuing care in the member's medical record.

A Reminder on Reimbursement Policies

UnitedHealthcare Community Plan has reimbursement policies that may differ from Medicare or Commercial reimbursement for certain services or procedures. These reimbursement policies also differ from state to state. To find reimbursement rate policies for UnitedHealthcare Community Plan, visit UHCCommunityPlan.com > For Health Care Professionals > New Jersey > **Reimbursement Policy**.

CAHPS Member Satisfaction Scores Improve

UnitedHealthcare conducts an annual Consumer Assessment of Health Providers and Systems (CAHPS) Health Plan Survey to measure satisfaction with health care and the health plan quality of service. UnitedHealthcare Community Plan of New Jersey monitors member satisfaction with care and services to help make sure all areas of member interactions are working effectively and to identify opportunities to continuously improve member satisfaction scores.

The 2016 CAHPS survey results showed high overall satisfaction with customer service – 86.89 percent for adults and 87.88 percent for children. In addition, survey respondents were asked to rate their personal doctor for their children on a scale from 1-10, with 10 being a perfect score. The survey found that 87.8 percent of respondents rated their personal doctor an 8, 9 or 10.

- The survey also identified areas that we are working to improve, including:
- Overall health care scores are at 72.89 percent for adults and 84.92 for children.
- Ease of receiving care, tests or treatment dropped from 81.3 percent in 2015 to 78.27 percent for adults in 2016.
- Ability to receive an appointment for a checkup or routine care at a doctor's office or clinic as soon as needed improved slightly from 73.2 percent in 2015 to 73.91 percent in 2016, but this area is targeted for improvement.

Another area of focus for 2017 is coordination of care. We're taking steps to educate specialists to share information about member test results and observation feedback with Primary Care Providers (PCPs), and encouraging PCPs to provide a comprehensive assessment to specialists when making a referral.

HEDIS Measures for Respiratory Conditions

The Centers for Disease Control and Prevention (CDC) estimates that more than 100 million antibiotic prescriptions are written each year in the ambulatory care setting. With so many prescriptions written each year, inappropriate antibiotic use will promote resistance.

UnitedHealthcare would like to emphasize to care providers the appropriate use of antibiotics in children and adults with upper respiratory tract infection. The following are two measures that are counted in the yearly Healthcare Effectiveness Data and Information Set (HEDIS®) audit that address this health and treatment concern:

- The HEDIS measure URI, Appropriate Treatment for Children with Upper Respiratory Infection, counts the percentage of children age 3 months to 18 who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. The measure is reported as an inverted rate; a higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The CDC reports that studies show the common cold resolves without antibiotic treatment and treatment with an antibiotic doesn't shorten the duration of illness or prevent bacterial rhinosinusitis.
- The HEDIS measure AAB, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, counts the percentage of adults ages 18–64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. This measure is also reported as an inverted rate. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed). The CDC recommends against the use of antibiotics for acute bronchitis, as it often occurs after an upper respiratory infection like a cold and is usually caused by a viral infection.

Timeframes to Administer Immunizations for Adolescents

The Healthcare Effectiveness Data and Information Set (HEDIS) measure on timeframes to administer immunizations for adolescents counts the percentage of 13-year-old adolescents who had one dose of meningococcal vaccine, one dose of tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and three doses of the human papillomavirus (HPV) vaccine (new for 2017) by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates that will determine if the vaccine administrations are compliant.

We recommend that pediatric care providers follow these guidelines to meet HEDIS compliance standards when administering these vaccines:

- The meningococcal conjugate vaccine may have a date of service on or between the member's 11th and 13th birthdays. If the meningococcal vaccine is given early with the Tdap (before the 11th birthday) it will not be counted as compliant.
- The Tdap vaccine may have a date of service on or between the member's 10th and 13th birthdays.
- The three HPV vaccines must have different dates of service on or between the member's 9th and 13th birthdays.



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



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