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practice**matters**



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We hope you enjoy this edition of Practice Matters. In this issue, you can read about helping members avoid the emergency room, appointment availability standards, coordination of care, and much more.



Helping Members Avoid the Emergency Room for Minor Dental Problems

By Michael D Weitzner, DMD, MS

Vice President of National Clinical Government Programs, UnitedHealthcare

Recent articles and studies have pointed to an increase in emergency department (ED) use for dental conditions not associated with trauma:

- The Pew Center on the States brief, *A Costly Dental Destination*, found that ER visits for preventable dental diagnosis increased 16% from 2006 to 2009 (pewtrusts.org/~media/Assets/2012/01/16/A-Costly-Dental-Destination.pdf).
- A 2015 study by the American Dental Association (ADA), *Visits to US emergency departments by 20- to 29-year-olds with toothache during 2001-2010*, noted that in 2009 and 2010, 20- to 29-year-olds made an estimated 1.27 million ED visits for toothaches. The study found a toothache was the fifth most common reason for any ED visit ([jada.ada.org/article/S0002-8177\(15\)00224-X/references](http://jada.ada.org/article/S0002-8177(15)00224-X/references)).
- The ADA's Health Policy Institute brief, *Emergency Department Use for Dental Conditions Continues to Increase*, said dental ER visits in the U.S. cost the health care system \$1.6 billion dollars or \$749 per visit. Most patients presenting to an ED did so for non-traumatic conditions that could be treated in an office setting, allowing for definitive care and improved continuity. Most patients visiting an ED receive antibiotics or an injection or prescription for pain. The institute estimates that up to 79% of dental ER visits would be better served in community settings (ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0415_2.ashx).

At UnitedHealthcare, we're noting similar trends. In many states, particularly for our government programs, we're considering programs designed to divert patients from the ED back to community dentists. These programs focus on patient education, emphasizing the value of finding a dental home and making use of existing benefits. In addition, patients visiting the ED, particularly those with multiple visits, receive outreach that encourages them to visit their dentist or find one if they don't already have a dental home. Members can contact UnitedHealthcare for help finding a dentist in their plan. Hospitals are also considering ED referral programs that use in-house dental clinics, urgent care centers and partnerships with practices accepting referrals.

Care providers and their teams also can play an important role by performing simple oral screenings to identify those who may be at risk, reinforcing what patients should do in case of dental pain or another emergency, providing patients with information on the importance of finding a dentist, and encouraging all patients (particularly those who come in primarily for emergencies), to engage in comprehensive care that emphasizes prevention and early intervention.

Together, we can help patients achieve good health and dental care practices, avoiding unneeded and expensive ED visits.

Dr. Weitzner is Vice President, Clinical Government Programs at UnitedHealthcare Employer & Individual, a subsidiary of UnitedHealth Group. He oversees UnitedHealthcare's dental clinical initiatives, focusing on government programs.



Timeliness Standards for Appointment Scheduling

As a UnitedHealthcare Community Plan participating care provider, you must meet certain appointment availability standards. Please take a moment to review the following standards:

Emergency Care

Immediately upon the member's arrival at a service delivery site.

Primary Care Appointments

- Urgent, symptom-associated office visits should be available from the member's primary care provider (PCP) or another care provider within 48 hours. This type of visit is associated with the presentation of medical signs that require immediate attention, but aren't life-threatening.
- Non-urgent, symptom-associated (i.e., routine care) office visits should be available from the member's PCP or another provider within three weeks of a patient's request. This type of office visit is associated with the presentation of medical signs not requiring immediate attention.
- Non-symptom-associated (i.e., preventive care) office visits should be available from the member's PCP or another provider within three weeks of a patient's request. This office visit may include, but is not limited to, well care or preventive care such as physical exams, annual gynecological exams and immunizations.

- Transitional health care (care for patients moving to different settings) by a PCP should be available for clinical assessment and care planning within seven days of discharge from inpatient or institutional care for physical or behavioral health disorders, or discharge from a substance use disorder treatment program. Transitional health care by a home care nurse or home care registered counselor should be made available within seven days of discharge if ordered by the member's PCP or as part of the discharge plan.

Specialty Care Appointments:

- Urgent care within 48 hours of request
- Non-urgent sick visit within 48 to 72 hours of request, as clinically indicated
- Non-urgent care within 30 days of request
- Behavioral Health (Mental Health and Substance Abuse)

Behavioral Health

Mental Health

- Post-stabilization services within one hour
- Emergent appointments within three hours
- Urgent care within 24 hours
- Planned inpatient psychiatric care within five business days
- Routine outpatient services within nine business days

Substance Use Disorders

- Emergent appointments immediately
- Urgent care within 24 hours
- Routine care within 14 days
- Within 14 days for IV drug users who have used in the last six months

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Important information for health care professionals and facilities

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Prenatal Care Visits

Care providers of prenatal care should arrange appointments for the initial prenatal visit:

- First trimester – within three weeks of the member's request
- Second trimester – within two weeks of the member's request
- Third trimester – within one week of the member's request

Timeliness Standards for Notifying Members of Test Results

Care providers should notify members of laboratory or radiology test results within 24 hours of receipt of results in urgent or emergent cases. You should notify members of non-urgent, non-emergent lab and radiology test results within 10 business days of receipt of results.

Allowable Office Waiting Times

Members with appointments should not routinely be made to wait longer than 45 minutes.



Reminder on Medical Records Criteria for Care Providers

UnitedHealthcare Community Plan of New Mexico is contractually obligated to submit accurate, detailed and complete encounter data to the state of New Mexico. As a result, we require participating care providers to submit such data and maintain and provide, when requested, medical record documentation to support submitted claims.

Listed below are important reminders for your office:

Patient medical records must include:

- Date of data entry and encounter
- Documentation and education of members regarding advance directives
- Charting must be legible
- Identification of patient and care provider
- Member biographical and demographic data
- History and physical
- Allergies and adverse reactions to medications
- Problem list/past medical history
- Medication reconciliation list
- Status of preventive services/screenings
- Immunization list
- Documentation of clinical findings for each visit
- Diagnostic information
- Reports of consultation and referrals
- Screening for smoking, alcohol and substance abuse in members age 12 and older
- All encounters signed off by appropriate medical personnel

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Important information for health care professionals and facilities

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Office standards and policies must address:

- All medical records are stored securely
- Only authorized personnel can access medical records
- Staff is periodically trained in patient confidentiality
- Medical records organized and stored for easy retrieval

A medical record review/audit must yield a score of 85 percent or greater in meeting national criteria. If the score is less than 85 percent, a second medical record review will be scheduled within six months to evaluate compliance with the medical records state regulatory requirement.

As a reminder, medical records must be made available free of charge to members and for quality audits.

If you have any questions about maintaining medical records, please contact your Provider Advocate.

Responding to Our Satisfaction Survey

Each year, we ask for your participation in our Physician/Behavioral Health Satisfaction Survey. The survey provides insights about your experiences working with us. Your opinions help identify opportunities to enhance our services to align with your practice's needs.

Survey invitations have been sent by fax in September to a random sample of physicians. Please complete the survey if you receive a request. Your feedback is important to us.

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 > New Mexico > **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.

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Important information for health care professionals and facilities

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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**.

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 **888-702-2202**. Staff members are available during normal business hours.



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 > New Mexico > **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 888-702-2202.

Where to Get Pharmacy Updates

Pharmacy updates are available at [Link](#) or by visiting [UHCCommunityPlan.com > For Health Care Professionals > New Mexico > 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, 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/nm/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.

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 **888-702-2202**.



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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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