UnitedHealthcare®
Community Plan

Tennessee | First Quarter 2017

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For More Information

Call our Provider Services Center at **800-690-1606**

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Important information for health care professionals and facilities

In This Issue...

We hope you enjoy this edition of Practice Matters. In this issue, you can read about the enhanced claimsLink App, changes on processing of expedited or emergency appeals, EPSDT record reviews and much more.

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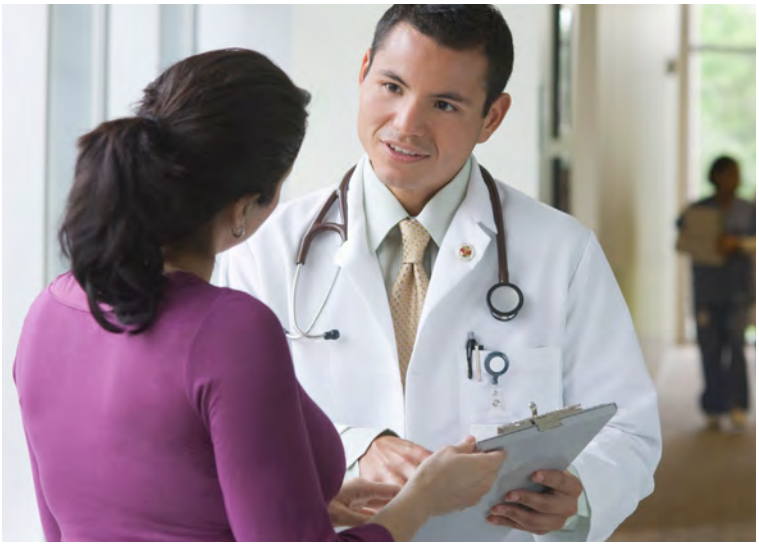
Important information for health care professionals and facilities

Enhanced claimsLink App Replacing Other Online Options

We're introducing a new app on Link, your gateway to UnitedHealthcare's online tools. claimsLink has enhanced features and an easy-to-use design developed with feedback from Link users. With claimsLink, you can:

- View claims information for multiple UnitedHealthcare plans
- Submit additional information requested on pended claims
- **New!** Create your own claims view by selecting which information is displayed
- **New!** View claims history timeline
- **New!** Create a new claim reconsideration request or view an existing one from the claim detail screen
- **New!** Switch to the eligibilityLink app without re-entering member information
- **And more**

claimsLink will replace our other online options for obtaining claims information: **Claim Status** and **Claim Reconsideration** on UnitedHealthcareOnline.com and the **Claims Management** and **Claims Reconsideration** apps on Link.



The claimsLink launch has begun and will continue through June. Your transition to claimsLink will work the same way as the transition to eligibilityLink did – users will have pop-up boxes to try claimsLink for about three weeks before the transactions are removed from UnitedHealthcareOnline.com. Please watch your inbox because we'll send you an email with instructions when claimsLink is available to you.

Learn More

Get more information about Link at UnitedHealthcareOnline.com > Quick Links > **Link: Learn More**. claimsLink training webinars are offered on **Tuesdays** at 2 p.m. and **Wednesdays** at 12 p.m. Central Time from March 29 through May 17, 2017.

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.

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

Primary care providers (PCPs) and specialists have shared responsibility for coordinating care and communicating essential patient information to each other. 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.

Well-coordinated care starts with a regular exchange of information between health care providers to give the patient the highest quality care and care management.

Changes on Processing of Expedited or Emergency Appeals

On Jan. 1, 2017, new changes took effect for the processing of expedited or emergency appeals for TennCare members. To meet the definition of an expedited/emergency appeal, the care must meet the federal definition that states: "The acute presentation of this medical condition is of sufficient severity that the absence of a decision within 3 business days could seriously jeopardize the enrollee's life, physical health or mental health, or their ability to attain, regain, or maintain full function." When the request meets this definition, the appeal will need to be resolved within three business days.

Primary care providers can submit an expedited appeal request on behalf of a member by submitting the Provider Expedited Appeal Certification Form, available at **tn.gov/tenncare/topic/miscellaneous-provider-forms**. If you submit an appeal for a member, please include all of the relevant clinical information to support that request so it meets the federal definition and can be resolved in three business days. The completed form and supporting documentation should be faxed to the Bureau of TennCare at the fax number at the bottom of the form.

All routine prior authorization requests will now have a 14-day requirement for resolution instead of the previous 21 days. Providing all pertinent clinical information allows requests to be reviewed and an appropriate determination made within 14 days.

Resources on EPSDT Screening and Billing

An Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening is complete when codes from each service area required for that age group are documented. Claims will be paid at the primary care provider's EPSDT rate only when the appropriate codes and EP modifier are submitted.

To help improve billing and coding for EPSDT screenings, the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) EPSDT and Coding Program provides free training and educational resources. These resources and services can help improve the quality of preventive health screenings and assist with pediatric coding issues for general and specialty practices. Educational training programs can be provided at individual practices, and customized topic-specific sessions are available. TNAAP also offers annual EPSDT and coding update trainings regionally. For more information about TNAAP resources, visit **tnaap.org/coding**.

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Following is a list of common EPSDT billing codes:

CPT	New Patient	CPT	Established Patient	ICD-10 Dx Codes	Description
99381	Preventive Visit Age < 1 year	99391	Preventive Visit Age < 1 year	Z00.110	Routine newborn exam, birth through 7 days
				Z00.111	Routine newborn exam, 8 through 28 days
99382	Preventive Visit Age 1-4	99392	Preventive Visit Age 1-4	Z00.129	Routine child exam
				Z00.121	Routine child exam, abnormal
99383	Preventive Visit Age 5-11	99393	Preventive Visit Age 5-11	Z00.00	General adult exam (age 18-20)
				Z00.01	General adult exam, abnormal (age 18-20)
99384	Preventive Visit Age 12-17	99394	Preventive Visit Age 12-17	Additional Billing Codes	
				99173 EP	Vision screening – bilateral
99385	Preventive Visit Age 18-20	99395	Preventive Visit Age 18-20	92551	Audiologic screening test, pure tone, air only

TennCare Kids Screenings Promote Good Health

TennCare Kids is a free program of check-ups and health care services for children and teens from birth through age 20 who are TennCare-eligible. As a primary care provider, please encourage our members to get regular checkups.

Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Providing all seven of the components of the TennCare Kids visit, including vaccines, utilizes the member's presence in your office and eliminates the need for another office visit. TennCare requires the following information to be documented in the chart at each Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit:

- Comprehensive health history (including developmental and behavioral health)
- Comprehensive unclothed or suitably draped physical exam
- Appropriate laboratory tests, according to age and health history
- Vision screening
- Hearing screening
- Immunizations per current American Academy of Pediatrics (AAP) recommendations
- Health education/anticipatory guidance

As a best practice, all office staff and primary care providers can ask members if they had their well visit and received vaccines.

A Reminder about Preventive Screenings for Adults

Our adult members need regular health screenings and tests to help identify problems before they start. Adult screenings can catch problems early and help support your patients with making positive lifestyle choices. To help UnitedHealthcare Community Plan members take

an active role in their well-being, please encourage them to follow your guidance on checkups, healthy lifestyle choices and medications that prevent health problems. Primary care providers also should educate them on factors such as age, health and family history, nutrition, exercise and smoking habits that can impact their health.

If help is needed scheduling an appointment, call UnitedHealthcare Community Plan at 800-690-1606.

UnitedHealthcare Summary of 2016 EPSDT Medical Record Reviews

The 2016 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical records review was conducted for East, Middle and West Tennessee. A total of 225 member charts from 75 primary care providers were reviewed. The average score of all three regions was 88.5 percent. The review of the East Tennessee EPSDT exams resulted in 83.1 percent score.

The elements most frequently not documented and identified as opportunities for improvement were developmental and behavioral assessments, lab testing and immunizations. Each component of the EPSDT exam needed a score of 85 percent or greater to be considered compliant by our standards.

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Going forward, all primary care providers will need 100 percent documentation of all aspects of each of the seven components of the EPSDT exam. For the 2017 audit, a provider score above the current state EPSDT Medical Record Review (MRR) compliance rate will be considered compliant. Each component will be scored at the region and state level. Primary care providers will be considered non-compliant for a component that is below the current state EPSDT MRR compliance rate.

UnitedHealthcare Community Plan Regional Scores

Opportunities for Improvement	East Tennessee	Middle Tennessee	West Tennessee
Developmental/ Behavioral Health Assessment	68.8%	86.3%	91.5%
Lab Tests/ Procedures	69%	85.6%	85.6%
Immunizations	71.9%	88.3%	93.4%

TennCare Medical Record Review

The 2016 TennCare Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical records review was conducted for East, Middle and West Tennessee. The East Tennessee review included 46 member charts with an average score of 81.3 percent for all EPSDT components. The areas most frequently not documented and identified as opportunities for improvement were developmental/behavioral assessments and sensory screenings.

TennCare (QSource) East Tennessee Deficiencies

Anticipatory Guidance 93.5%
Sensory screening 84%

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) recommends the use of EPSDT/ TennCare Kids encounter forms for all EPSDT encounters. The forms are available at **tnaap.org/**. The use of these age-specific forms helps capture all of the required elements in a TennCare Kids EPSDT screening exam. We encourage all primary care providers to reach and maintain 100 percent documentation of all aspects of each of the 7 components of the EPSDT exam.

Health Care Providers should refer to the most current version of the AAP and Bright Futures Recommendations for Preventive Pediatric Health Care for current pediatric guidelines. They are available at **aap.org/en-us/Documents/periodicity_schedule.pdf** and on the HCFA web page at **http://tn.gov/tenncare/topic/provider-information**.

Behavioral Health Adverse Occurrence Reporting Requirement Reminder

An adverse occurrence is a serious or unexpected event involving a member that has, or may have, deleterious effects on the member. These occurrences include death or serious disability during the course of a member receiving inpatient, residential treatment center or crisis stabilization unit services and are believed to represent a possible quality of care issue on the part of the practitioner/facility providing services. Adverse occurrences include:

- Death – Cause unknown/ Non-suicide death
- Homicide
- Homicide attempt with significant medical intervention
- Suicide
- Suicide attempt with significant medical intervention
- Allegations of abuse/neglect (physical, sexual, verbal), including peer to peer
- Medical emergency (heart attack, medically unstable, etc.)
- Accidental injury with significant medical intervention
- Use of restraints/seclusion (physical, chemical, mechanical) with significant medical intervention
- Treatment complications (defined as medication errors or adverse medication reaction) with significant medical intervention
- Elopement (specific to inpatient and residential services only, as related to minors or involuntary admissions for adults)

Primary care providers must report adverse occurrences as soon as possible after they happen or no later than one business day. The steps in the reporting process are:

1. Collect all pertinent information about the event.

2. Complete a TennCare Behavioral Health Adverse Occurrence Report Form and fax it to our secure number at 888-785-1434. Send to the attention of Charles Nails or Jennifer Radcliffe.
3. Have information available to assist in any investigation.

If you have questions on the reporting process, contact our Behavioral Health Quality Analysts: Charles Nails at 615-493-9514 or Jennifer Radcliffe at 612-632-5686. The adverse occurrence report form is available online at **uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/TN-AdverseOccurrenceForm.pdf**.

If you, the primary care provider need language assistance services in a language other than English, please call us at (800)690-1606. Necesita ayuda con el idioma gratuita? Llame (800) 690-1606. You can also dial 711 for TRS assistance. If you require materials in alternate formats, please call us at (800) 690-1606 to make such a request (e.g. provider manual, forms and newsletters in languages other than English or Spanish, braille, large font, etc.).

Pharmacy Update on Diabetes

We want to remind primary care providers that coverage and clinical criteria for antidiabetic drug classes are located on the TennCare Pharmacy Drug List at tenncare.magellanhealth.com. Clinical evaluation should be utilized to determine the most appropriate medication and course of therapy for a patient.

Newer oral agents for type 2 diabetes include dipeptidyl peptidase-4 (DPP-4) inhibitors and sodium-glucose co-transporter 2 (SGLT2) inhibitors. These medication classes require prior authorization under the TennCare Pharmacy Drug List. Clinical criteria for approval apply, including a stepwise approach for the treatment of type 2 diabetes that starts with trial and failure of metformin, unless contraindication or intolerance.

Metformin is considered initial pharmacologic therapy for most patients with type 2 diabetes because of glycemic efficacy, general tolerability and absence of weight gain and hypoglycemia. Metformin used as first-line monotherapy should be titrated to its maximally effective dose, usually 2,000 mg per day. Metformin typically lowers fasting blood glucose concentrations by approximately 20 percent and A1C by 1.5 percent.[1]

The U.S. Food and Drug Administration (FDA) revised its labeling of metformin, which the FDA previously identified as contraindicated in women and men with serum creatinine levels ≥1.4 mg/dL and ≥1.5 mg/dL, respectively. The use of metformin is contraindicated in patients with an eGFR below 30 mL/min, and the initiation of metformin is not recommended in patients with an eGFR between 30 and 45 mL/min.[2]

Sources:

1. Inzucchi SE, Bergenstal RM, Buse JB, et al. Management of hyperglycemia in type 2 diabetes, 2015: a patient-centered approach: update to a position statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care. 2015;38(1):140-9.

2. Metformin-containing Drugs: Drug Safety Communication - Revised Warnings for Certain Patients with Reduced Kidney Function. U.S. Food and Drug Administration. **fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm494829.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery**. Posted April 8, 2016. Accessed Feb. 1, 2017.

What to Know about the TennStar Incentive Program

We assess and continually improve the way patient care is delivered by rewarding primary care providers for focusing on key quality metrics.

TennStar, the UnitedHealthcare Community Plan Primary Care Professional Incentive program, offers primary care providers an opportunity to earn bonuses for helping their patients who are our members become more engaged in their preventive health care. Notification about this program was mailed to participating primary care providers in January.

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Rewards for qualifying physician practices are given based on the number of patient care opportunities closed during 2017 for certain Healthcare Effectiveness Data and Information Set (HEDIS®) measures and identified Early and Periodic Screening and Treatment (EPSDT) measures. The goal of the TennStar rewards program is to help support a practice's needs as it works with members to address preventive care opportunities.

The program focuses on:

- Key preventive measures
- Management of chronic diseases impacting the TennCare population and resulting in improved clinical outcomes
- Demonstrating performance improvement
- Use of informational coding on claims

Earning your incentive

Financial rewards will be paid to Primary Care Physician (PCP) groups who achieve thresholds set at a Four Star level or make a 10 percentage point improvement over the previous baseline year for selected metrics.

Reward payments were set at a higher level than previous UnitedHealthcare Community Plan quality pay for performance programs to better support practice needs to reduce gaps in care.

TennStar also provides:

- A value-based incentive program for medium and small pediatric practices that aren't part of Accountable Care Organizations (ACOs)
- Enrollment by "publication" (e.g., letters – not contracting)
- Incentives paid yearly after 12 months (interim after the first six months of the year)
- An assigned UnitedHealthcare Quality Nurse for each group

If you have any questions, contact your Quality Clinical Practice Consultant or Provider Advocate.

TennCare Prescription Utilization Reviews

Both TennCare and UnitedHealthcare Community Plan continually strive to provide a benefit that helps ensure safety and meets the clinical needs of our members.

During recent TennCare reviews, registered Medicaid primary care providers have been identified as writing a significant number of prescriptions for our members with no corresponding professional claim.

We are providing this notice to all primary care providers as a reminder of the following:

- Any primary care provider registered with TennCare can't accept cash payment from a TennCare member beyond the authorized co-pay amounts. Doing so will result in loss of participation in the TennCare program, in addition to other possible actions.
- Notices will be sent to primary care providers with high volumes of filled prescriptions with no professional claims.

If you have any questions, call Provider Services at 800-690-1606.

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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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