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We hope you enjoy the spring edition of Practice Matters. In this issue, you can read about Link, Electronic Payments & Statements, clinical practice guidelines, and much more. Happy spring!
Introducing Link – a New Site for UnitedHealthcareOnline.com

Care providers and their administrative staff have told us they want a better way to get the information they need to check benefits and eligibility, determine claim status, submit claims reconsideration and more.

That's why we introduced Link – your new gateway to UnitedHealthcare’s online tools. Link replaces Optum Cloud Dashboard. It includes many of the same applications as Optum Cloud Dashboard, but with enhanced features that can help make your work measurably faster and easier.*

Applications on Link include:

- Eligibility & Benefits: Check member eligibility and review detailed benefits information, including prior authorization/advance notification requirements and cost share amounts.
- Claims Management: Get the most up-to-date status for your claims submissions.
- Claims Reconsideration: Submit claims reconsideration requests with or without electronic attachments. You will receive a tracking number and can check the status of the submission online.

You can also access UHCCommunityPlan.com and UnitedHealthcareOnline.com using the applications on Link.

How to Access Link

To access Link, sign in to UnitedHealthcareOnline.com using your Optum ID. You will be redirected to Link after sign-in. If you don’t have an Optum ID or need help remembering your ID or password, don’t worry – the UnitedHealthcareOnline.com sign-in screens will help guide you through the process.

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

* Based on ongoing usability studies using keystroke-level modeling when comparing Link to UnitedHealthcareOnline.com and Optum Cloud Dashboard.

New Level of Care for Adult Day Services

Effective March 1, 2016, all Adult Day services moved from a single level of care to two levels of care – basic and enhanced. Prior authorization is required to determine medical necessity and level of care. Prior authorization forms are available at UnitedHealthcareOnline.com > For Health Care Professionals > Rhode Island > Provider Forms.

New Member Benefits

Effective Jan. 1, 2016, many behavioral health services that were available through Medicaid fee-for-service are covered by UnitedHealthcare Community Plan. New benefits include:

- Treatment of gender dysphoria
- Mental health and substance abuse services such as home-based therapeutic services
- Personal assistance services and supports
- Respite for children with complex care needs

A complete list of member benefits is available in the member handbooks at UnitedHealthcareOnline.com.
Reminder of Changes to the Communities of Care Program

Communities of Care is for members with high rates of emergency room utilization. It helps them address their health care needs by connecting them with PCPs to reduce unnecessary emergency room use. The program rewards members for their participation and supports them with the help of peer navigators and care managers.

Last year we made changes to our Communities of Care Program, including removing the requirement that “locks” a member in to one primary care provider (PCP) as well as decreasing the emergency room utilization look-back period from 12 to six months.

Another of the changes affects incentive rewards and how they are issued. Most recently, a postcard to verify a PCP visit was added to the rewards component of the program. The member should present the card to you for signature during either a well visit or a sick visit which, in turn, allows members to earn one of the Communities of Care rewards for which they are eligible.

Communities of Care is one more way we work to support stronger doctor-patient relationships for a better health care system.

Site of Service Prior Authorization for Select Outpatient Surgical Procedures

Providing access to medically necessary care while improving cost efficiencies for the overall health care system is critical as we work toward achieving the Triple Aim to improve care experiences, health outcomes and total cost of care for UnitedHealthcare members.

In support of that work, for dates of service on or after May 2, 2016 we will expand site of service-based prior authorization guidelines to include UnitedHealthcare Community Plan Medicaid members in Rhode Island. This requirement was announced in the February 2016 Network Bulletin. It does not apply to Medicare Dual Special Needs Plans (DSNPs) and Medicare Medicaid Plans (MMPs).

Under these guidelines, prior authorization is required to perform certain surgical procedures in an outpatient hospital setting. No prior authorization is required for these procedures if they are performed at a network ambulatory surgery center. Coverage determinations take into consideration the availability of a participating network facility, specialty requirements, physician privileges and whether a patient has an individual need for access to more intensive services.

For dates of service on or after May 2, 2016, you must submit prior authorization requests to perform the following procedures in an outpatient hospital setting:

<table>
<thead>
<tr>
<th>Procedures</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Paracentesis</td>
<td>49083</td>
</tr>
<tr>
<td>Carpal Tunnel</td>
<td>64721</td>
</tr>
<tr>
<td>Cataract</td>
<td>66821, 66982, 66984</td>
</tr>
<tr>
<td>Gynecology</td>
<td>57522, 58353, 58558, 58563, 58565</td>
</tr>
<tr>
<td>Hernia Repair</td>
<td>49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655</td>
</tr>
<tr>
<td>Liver Biopsy</td>
<td>47000</td>
</tr>
<tr>
<td>Tonsillectomy &amp; Adenoidectomy</td>
<td>42820, 42821, 42825, 42826, 42830</td>
</tr>
<tr>
<td>Upper &amp; Lower Gastrointestinal Endoscopy</td>
<td>43235, 43239, 43249, 45378, 45380, 45384, 45385</td>
</tr>
<tr>
<td>Urologic</td>
<td>50590, 52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 5232, 52351, 52352, 52353, 52356, 5236, 57288</td>
</tr>
</tbody>
</table>

To help ease this transition, we encourage you to familiarize yourself with network ambulatory surgery centers in your area and obtain privileges to perform procedures in those settings, if you do not already have them.

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Prior authorization requests can be filed in multiple ways:

- Go to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorizations Submission. Using UnitedHealthcareOnline.com is the easiest and recommended method for submitting prior authorization requests.
- Call the Provider Services number on the back of your patient’s member health care ID card.
- Fax the request to 866-950-7757.

If you do not complete the prior authorization process before performing these procedures in an outpatient hospital setting, claims will be denied. Members cannot be billed for services that are denied due to lack of prior authorization.

For more information on this requirement, please see the answers to frequently asked questions at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Protocols > Site of Service for Outpatient Surgical Procedures FAQ.

If you have questions, please contact your local Network Management representative or call the Provider Services number on the back of the member’s ID card.

Case and Disease Management through the Person-Centered Care Model

UnitedHealthcare Community Plan’s Person-Centered Care Model (PCCM) program is a holistic approach to care, case and disease management for members with complex needs. Medical, behavioral, social and environmental needs are addressed through the coordination of physicians, hospitals and community services. Through the program, we seek to:

- Engage with primary care physicians and other health care professionals and key partners to expand access to quality health care so our members can get the care they need.
- Support the physician/patient relationship by facilitating regular appointments, removing barriers to care and helping to ensure members see their physician on a regular basis.
- Provide the treating physician a direct link with UnitedHealthcare to best facilitate the ongoing care and treatment of the member within the benefit structure available to the member.

What are some of the things the PCCM program can provide members?

- Develop and monitor an individualized care plan by telephonic or face-to-face contact.
- Help individuals understand and manage their condition, including self-monitoring and medical testing.
- Increase member adherence to treatment plans, including medication adherence, as appropriate.
- Reduce unnecessary hospital admissions and emergency room visits related to complications of the disease and its treatment.
- Improve coordination of care by providing information about the member’s condition to caregivers who have the member’s consent.
- Help members effectively manage their condition and comorbidities, including depression, cognitive deficits, physical limitations, health behaviors and psychosocial issues.
- Provide additional resources as appropriate.

Areas of expertise:

- Asthma
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Congestive Heart Failure (CHF)
- Maternity

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Important information for health care professionals and facilities

How to Access the PCCM program
If you have a member who may benefit from the PCCM program, please call our Health Services Line at 800-672-2156 or 401-732-7373.

Prior Authorization Requirement for Functional Endoscopic Sinus Surgery Procedures
Beginning May 2, 2016, certain functional endoscopic sinus surgery procedures will require prior authorization for many UnitedHealthcare Commercial and UnitedHealthcare Community Plan Medicaid benefit plans, including plans in Rhode Island. This requirement was announced in the February issue of the Network Bulletin. It does not apply to Medicare Dual Special Needs Plans and Medicare Medicaid plans.

This change is part of our ongoing responsibility to regularly evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs.

The following functional endoscopic sinus surgery procedures will require prior authorization to evaluate medical necessity in all sites of care:

<table>
<thead>
<tr>
<th>Procedures</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal/sinus endoscopy, surgical</td>
<td>31237, 31239, 31240, 31254, 31255, 31256, 31267, 31276, 31287, 31288</td>
</tr>
</tbody>
</table>

In previous communications about this requirement, CPT code 31238 was included. Prior authorization will not be required for that procedure code.

This requirement is effective for UnitedHealthcare Commercial and UnitedHealthcare Community Plan members for dates of service on or after May 2, 2016 in most states. For details, go to UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Protocols > Prior Authorization for Functional Endoscopic Sinus Surgery FAQ.

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.

Decisions regarding coverage are based on the individual benefit plan as well as appropriateness of care and service. We do not provide financial or other rewards to our physicians for issuing denials of coverage or for underutilizing services.

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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. Members and practitioners also have the right to appeal denial decisions. Information on requesting an appeal is included in the denial letter.

Appeals are reviewed by a physician who was not involved in the initial denial decision.

**Member Rights and Responsibilities**

The UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the **Provider Manual**. Member Rights and Responsibilities are distributed to new members upon enrollment and then annually.

**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 practitioners 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 > Rhode Island > Clinical Practice Guidelines](https://www.uhccommunityplan.com). UnitedHealthcare’s medical policy and information on the recommended tests can be found at [UHCCommunityPlan.com > Tools & Resources > Policies, Protocols and Guides > Policies > UnitedHealthcare Community Plan Medical Policies and Coverage Determination Guidelines > Helicobacter Pylori Serology Testing](https://www.uhccommunityplan.com). UnitedHealthcare introduced a new medical policy, effective March 1, 2016 for UnitedHealthcare Community Plan members, for the testing, evaluation and management of dyspepsia and peptic ulcer disease (PUD).

The new medical policy describes the American Gastroenterological Association guidelines stating that serology testing (CPT code 86677) which does not test for an active Helicobacter pylori (H. pylori) infection should no longer be used. Stool antigen test or urea breath test should be used rather than serology testing to both diagnose and confirm eradication of an active H. pylori infection.

H. pylori is a class I carcinogen linked as a causative agent in PUD gastric adenocarcinoma and mucosa-associated lymphoid tissue (MALT) lymphoma. The medical policy reflects a “test, treat, retest and confirm eradication” policy in cases of H. pylori infection linked to the development of PUD, gastric malignancy and dyspeptic symptoms, instead of moving directly to proton pump inhibitor (PPI) therapy.

UnitedHealthcare developed the H. pylori testing policy from guidelines issued by the American Gastroenterological Association and the American College of Gastroenterology that emphasize:

- Eliminating serology use because studies show that about 50 percent of patients with a positive H. pylori serology do not actually have an active infection (blood tests do not reliably detect active H. pylori infections and are considered investigational)
- Testing, treating and retesting for active H. pylori infection before prescribing PPI

If you have any questions, please contact your Provider Advocate.
Coordination of Care among Primary Care Physicians and Specialists

Primary care physicians (PCPs) and specialists share responsibility for communicating essential patient information with each other regarding consultations and referrals. Non-communication affects quality of care and can negatively affect health outcomes.

Relevant information that the PCP should provide to the specialist includes the patient’s history, diagnostic tests and results, and the reason for the consultation. The specialist is responsible for timely communication to the PCP of the results of the consultation, and ongoing recommendations and treatment plans.

Information exchange among health care providers should be timely, relevant and accurate to facilitate ongoing patient care management. The partnership between the PCP and specialist is based on the consistent exchange of clinical information, and this communication is a key factor in providing quality patient care.

Appointment Availability Standards

UnitedHealthcare Community Plan providers must follow these appointment availability standards for our members:

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPSDT</td>
<td>Within 6 weeks</td>
</tr>
<tr>
<td>Routine Adult Physical</td>
<td>Within 180 days</td>
</tr>
<tr>
<td>Routine Appointment</td>
<td>Within 30 days</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Immediate</td>
</tr>
<tr>
<td>After-Hours Care</td>
<td>24/7 for PCPs</td>
</tr>
</tbody>
</table>

Interpreter Services Available for Office Visits

Professional interpreter services are available for onsite outpatient medical and mental health appointments. This service can be coordinated by calling Member Services at 800-587-5187 at least 72 hours before the appointment.

If a member needs to cancel an appointment after an interpreter is scheduled, call the same number to cancel or reschedule.

American Sign Language interpreter requests require additional time to coordinate. Please request those services at least 14 days before the appointment by completing the Interpreter Services Fax Request Form at the back of the Provider Manual.

Member Panel Reports are Now Available Online

UnitedHealthcare Community Plan of Rhode Island members are encouraged to select a participating physician, health center or a hospital-based primary care clinic as their Primary Care Provider. If a member does not select a PCP, we will assign one to them.

Member panel reports are accessible at UnitedHealthcareOnline.com through the Link application. These reports can be downloaded to your computer as Excel files. You must be a registered user to access these reports. To register, visit UnitedHealthcareOnline.com and sign up.

We encourage our members to contact their PCP to schedule a visit. If a member newly assigned to your practice does not call to schedule an initial visit, please contact them to schedule one.
## UnitedHealthcare Community Plan Group Numbers

Do you know how to identify a UnitedHealthcare Community Plan member by their group number? The following list shows the current UnitedHealthcare Medicaid Group numbers:

### Rite Care

<table>
<thead>
<tr>
<th>Group</th>
<th>Communities of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>91000 Full benefits</td>
<td>91700</td>
</tr>
<tr>
<td>91003 Extended family planning</td>
<td>N/A</td>
</tr>
<tr>
<td>91004 Adult SPMI</td>
<td>91704</td>
</tr>
<tr>
<td>91010 SOBRA women</td>
<td>91710</td>
</tr>
<tr>
<td>91011 Extended family planning</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Rhody Health Partners

<table>
<thead>
<tr>
<th>Group</th>
<th>Communities of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>12100 Other disabled 21-44</td>
<td>12200</td>
</tr>
<tr>
<td>12102 Other disabled 21-44</td>
<td>12202</td>
</tr>
<tr>
<td>12104 Other disabled 21-44</td>
<td>12204</td>
</tr>
<tr>
<td>13100 Other disabled 45+</td>
<td>13200</td>
</tr>
<tr>
<td>13102 Other disabled 45+</td>
<td>13202</td>
</tr>
<tr>
<td>13104 Other disabled 45+</td>
<td>13204</td>
</tr>
<tr>
<td>14100 SPMI</td>
<td>14200</td>
</tr>
<tr>
<td>14102 SPMI</td>
<td>14202</td>
</tr>
<tr>
<td>14104 SPMI</td>
<td>14204</td>
</tr>
<tr>
<td>15103 MDD</td>
<td>15203</td>
</tr>
</tbody>
</table>

### Children with Special Health Care Needs

<table>
<thead>
<tr>
<th>Group</th>
<th>Communities of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>95100 SSI child &lt; 15</td>
<td>95110</td>
</tr>
<tr>
<td>95200 SSI child &gt; 15</td>
<td>95210</td>
</tr>
<tr>
<td>95300 Katie Beckett</td>
<td>95310</td>
</tr>
<tr>
<td>95400 Adoption subsidy</td>
<td>95410</td>
</tr>
</tbody>
</table>

### Rhody Health Partners ACA Adult Expansion

<table>
<thead>
<tr>
<th>Group</th>
<th>Communities of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>87600 Male 19-24</td>
<td>87610</td>
</tr>
<tr>
<td>87601 Female 19-24</td>
<td>87611</td>
</tr>
<tr>
<td>87602 Male 25-29</td>
<td>87612</td>
</tr>
<tr>
<td>87603 Female 25-29</td>
<td>87613</td>
</tr>
<tr>
<td>87604 Male 30-39</td>
<td>87614</td>
</tr>
<tr>
<td>87605 Female 30-39</td>
<td>87615</td>
</tr>
<tr>
<td>87606 Male 40-49</td>
<td>87616</td>
</tr>
<tr>
<td>87607 Female 40-49</td>
<td>87617</td>
</tr>
<tr>
<td>87608 Male 50-64</td>
<td>87618</td>
</tr>
<tr>
<td>87609 Female 50-64</td>
<td>87619</td>
</tr>
</tbody>
</table>

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Important Contact Information

- Member Services: 800-587-5187
- Provider Services: 877-842-3210
- Care Management: 401-732-7373 or 800-672-2156
- Optum Behavioral Solutions: 800-435-7486
- Prior Notification (medical and obstetrics): 866-604-3267 or 866-950-7757 (fax)
- Healthy First Steps: 800-599-5985 or 877-353-6913 (fax)
- Pharmacy Prior Authorization (for medications that require prior authorization, injectables and specialty pharmacy): 800-310-6826 or 866-940-7328 (fax)
- Transportation through LogistiCare: 855-330-9131
- Visit UHCCommunityPlan.com > For Health Care Professionals > Rhode Island to view the provider manual, announcements, newsletters, clinical practice guidelines, authorization request forms and more.

Working with Us

For claims-related issues, try one of the following methods first:

- Use the claim reconsideration tools on UnitedHealthcareOnline.com.
- Call Provider Services at 877-842-3210. Remember to get a tracking number for future reference.

If your issue is not resolved or 30 days pass with no follow-up, contact your local Provider Advocate.

If you need help with contracting, such as obtaining copies of fee samples for your contract, please call your Provider Advocate. The Advocate can help you or send your question to the appropriate Network Management representative.

If you don’t know who your Provider Advocate is or are having trouble reaching that person, call Network Management at 860-702-6133. Be prepared to provide the applicable tax ID number, a brief description of the issue and a phone number or email address where we can contact you.

Paper Claims Submission

Paper claims can be mailed to:

UnitedHealthcare Community Plan
P.O. Box 31361
Salt Lake City, UT 84131

Appeals and Grievances

To submit an appeal or grievance, please call 800-587-5187 or mail to:

UnitedHealthcare Medicaid Appeals
P.O. Box 31364
Salt Lake City, UT 84131
Save Time and Money with Electronic Claim Submissions

UnitedHealthcare understands our providers are looking for ways to save time and money. Switching from paper to Electronic Data Interchange (EDI) or increasing your use of EDI, could help you do both.

If you currently file claims on paper:

UnitedHealthcare Community Plan has teamed up with a full service clearinghouse, Office Ally, to offer a no-cost electronic filing solution. Office Ally offers a free web-based service allowing you to enter professional (CMS-1500) and institutional (UB-04) claims manually or uploading them through your existing software. You can easily edit claims, view claim history and review claim submission reports online. View our handout for more information on the EDI services supported by Office Ally.

UnitedHealthcareOnline.com offers direct data entry for professional claims, free of charge. View our Quick Reference Guide for step by step instructions on filing claims, our tutorials on using the website or register to attend a variety of training sessions.

If you currently file claims electronically:

For care providers who already submit claims electronically, we also have information to help maximize your potential savings with EDI. If you treat members under commercial plans for UnitedHealthcare, Affiliate and Strategic Alliances, you may also reduce your costs by submitting claims electronically for these types of plans. Check your Practice Management System or contact your software vendor or clearinghouse to verify claims for these payers are set for electronic submission with the current payer ID.

Quick Tips for Electronic Claims provides information about successfully managing electronic claims, including filing secondary/COB claim submissions, electronic claim reports and more.

If you have questions, please contact your UnitedHealthcare Provider Advocate or EDI Support at 800-842-1109. You can also submit questions online via our EDI Transaction Support Form.

Reminder to Enroll in Electronic Payments & Statements

Electronic Payments and Statements (EPS) is UnitedHealthcare’s solution for electronic remittance advice (ERA) and electronic funds transfer (EFT). It allows you to receive direct deposit of claim payments into your designated bank account(s) and access explanation of benefits (EOBs)/remittance advice online or via 835 ERA files. You can use EPS to access and manage payment information

You can learn more by:

- Visiting WelcometoEPS.com
- Watching a short video demo
- Attending a live 30-minute webinar for an overview and answers to questions

Enroll in EPS online or send us a completed enrollment form. If you have questions, please call 866-842-3278, option 5.
Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.