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We hope you enjoy the spring edition of Practice Matters. In this issue, you can read about our expansion, Electronic Payments & Statements, the Care for Kids program, and much more. Happy spring!
UnitedHealthcare Community Plan Expanding in Iowa

Effective April 1, 2016, UnitedHealthcare Community Plan welcomed new members from Iowa Medicaid, Health & Wellness, Family Planning and Home- and Community-Based Services Waivers to the Healthy and Well Kids in Iowa (hawk-i) health plan.

To see if your patient is a UnitedHealthcare Community Plan member, please visit Link at UnitedHealthcareOnline.com using your Optum ID. If you don’t have an Optum ID, you may register for one on UnitedHealthcareOnline.com or call Provider Services at 888-650-3462.

UnitedHealthcare Community Plan is licensed in Iowa as UnitedHealthcare Plan of the River Valley, Inc.

Important information for health care professionals and facilities

UnitedHealthcare Community Plan

Early, Periodic Screening, Diagnosis and Treatment Care for Kids Program

UnitedHealthcare Community Plan is offering information online to help care providers learn more about health maintenance and screening components of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Care for Kids program. Care for Kids is Iowa’s Medicaid program for children.

Prior Authorization Requirement for Functional Endoscopic Sinus Surgery Procedures

Beginning July 1, 2016, some functional endoscopic sinus surgery procedures will require prior authorization for UnitedHealthcare Community Plan Medicaid members in Iowa. This requirement was announced in the February 2016 issue of the Network Bulletin.

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 improving the patient care experience, 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>
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The information on EPSDT is available under the Supplemental Trainings section at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Training.

The program features a regular schedule of recommended well-child health visits to provide preventive health care and identify medical, developmental and social-emotional concerns for children and adolescents younger than age 21. Regular EPSDT services are important to help maintain the health of our youngest members. Early detection and treatment can help members avoid or minimize the effects of many childhood conditions. (This benefit is not available to hawk-i members.)

If you have questions about EPSDT services, please call 888-650-3462.
In previous communications about this requirement, CPT code 31238 was included. Prior authorization will not be required for that procedure code. For details, go to UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Protocols > Prior Authorization for Functional Endoscopic Sinus Surgery 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 UnitedHealthcare ID card.

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 Prior Authorization Requirements Overview at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Prior Authorization > Prior Authorization and Notification Requirements.

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.

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 and is of the same or similar specialty as the requesting physician.

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 > Iowa > Clinical Practice Guidelines.
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.

New Helicobacter Pylori Testing Medical Policy

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

UnitedHealthcare’s medical policy and information on the recommended tests can be found at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Policies > UnitedHealthcare Community Plan Medical Policies and Coverage Determination Guidelines > Helicobacter Pylori Serology Testing.

If you have any questions, please contact your Provider Advocate.
Important information for health care professionals and facilities

Case and Disease Management through the Person Centered Care Model

UnitedHealthcare Community Plan’s Person Centered Care Model (PCCM) 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 Community Plan 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 them understand and manage their condition, including self-monitoring and medical testing.
• Improve adherence to treatment plans and medication use.
• 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 effectively manage their conditions 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
• Chronic Obstructive Pulmonary Disease
• Diabetes
• Congestive Heart Failure
• Maternity

How to Access the PCCM program

If you have a member who may benefit from the PCCM program, please call Provider Services at 888-650-3462.

What Care Providers Can Find on Our Website

UnitedHealthcare Community Plan promotes the use of web-based tools, administrative functions and resources for our care providers through UHCCommunityPlan.com > For Health Care Professionals > Iowa.

UHCCommunityPlan.com gives you access to the Provider Manual and Provider Directory, Iowa Preferred Drug List, clinical practice guidelines, quality and utilization requirements, and educational materials such as orientations, newsletters, fax service bulletins and more. We also post notifications about changes in laws, regulations and other requirements.

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You can find additional information, check member eligibility and submit claims using our care provider website, UnitedHealthcareOnline.com. And Link – your gateway to UnitedHealthcare’s online tools – has enhanced features that can help make your transactions with us faster and easier.* Use Link to check member eligibility for all lines of business, submit notification/prior authorization requests, check claim status and details, submit claim reconsideration requests for denied or paid claims, and more. To access Link, please sign in to UnitedHealthcareOnline.com using your Optum ID.

* Based on ongoing usability studies using keystroke-level modeling when comparing Link to UnitedHealthcareOnline.com and Optum Cloud Dashboard.
Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare Community Plan of Iowa Medicaid and hawk-i networks.