The quarterly newsletter for Indiana health care professionals

Here's what's new

- UnitedHealthcare Community Plan of Indiana Hoosier Care Connect newsletter helps you do business with us.
- The newsletter will be published quarterly. We'll cover a range of topics, including the benefits of digital tools, manual overviews, Indiana Department of Health guidance, and more.

Questions?
Review our **UnitedHealthcare Community Plan of Indiana homepage.**

In this issue

United Healthcare

IDOH guidance for lead screening requirements

On March 10, 2022, Governor Eric Holcomb signed into law a bill requiring health care professionals to confirm children younger than age 7 have been tested for lead and, if not, to offer this testing to the parent or guardian of that child. The bill, House Enrolled Act (HEA) 1313, is slated to take effect Jan. 1, 2023. The law directs the Indiana Department of Health (IDOH) to "establish guidance and standards" regarding required screening and testing. To ensure consistency between HEA 1313 and the Medicaid Early and Periodic, Screening, Diagnostics, and Treatment (EPDST) guidelines, IDOH requires you to follow these steps:

1

Children should receive a blood lead test between the ages 9 and 13 months or as close as possible to the patient's appointment

2

Children should have another blood lead test between the ages 21 and 27 months or as close as possible to the patient's appointment

3

Any child between 28 and 72 months who does not have a record of any previous blood lead test must have a blood lead test performed as soon as possible

If you can verify through the Children's Health and Immunization Registry Program (CHIRP), or the records from another health care professional, that the patient's blood was tested for lead at the required interval(s), they are not obligated to repeat the procedure. If a parent or guardian refuses to allow their child to be tested, you are encouraged to document the refusal in writing and have the parent or guardian sign a **refusal attestation.** Keep a copy of the refusal, either digital or hard copy, with the patient record until the child reaches age 7. If you would like education on conducting blood lead testing in-office or would like IDOH support in obtaining capillary testing supplies or lab support, please call the Lead and Healthy Homes Division at **317-233-1250.**

United Healthcare | PATH

Our **PATH program** helps identify health care opportunities and find tools and resources, such as checklists, courses and reference guides. It also provides information specific to UnitedHealthcare members who are due or overdue for specific services.

The **reference guide** on the PATH website can help you understand the specifications for many of the quality measurement programs and tools used to address care opportunities, as well as how to report data and what billing codes to use. For additional PATH resources, please visit **UHCprovider.com/path**, then select Medicaid PATH Resources.

United Healthcare

Schedule follow-up after emergency visit for substance use

Improve care delivery by scheduling a post-discharge appointment within 7 days of an emergency department (ED) visit.

Patients with behavioral health problems who do not receive timely follow-up care after substance use ED visits are more likely to be readmitted. It can also result in negative outcomes such as continued substance use, relapse, high utilization of intensive care services or even mortality.

It is essential for patients ages 13 and older to attend a follow-up visit within 7 days of discharge. The visit must have the principal diagnosis of follow-up after emergency department visit substance use (FUA) on the claim. The day of discharge also counts as a qualified follow-up visit. To count towards the FUA measure, the aftercare visit must occur between the day of discharge and day 7.

Qualified post-discharge appointments include:
- Outpatient appointment with primary health care provider
- Outpatient appointment with behavioral health care professional
- Partial hospitalization programs, intensive outpatient programs, outpatient electroconvulsive therapy
- Telehealth appointments

To measure and improve care delivery:
- Use correct documentation and coding
- Maintain appointment availability for your patients with recent ED visits
- Contact patients who cancel their follow-up appointments and reschedule them as soon as possible and within 7 days

Tobacco cessation

You play a key role in helping reduce the adult smoking rate in Indiana. By identifying tobacco use and encouraging cessation, you can help tobacco users be 2.5 times more likely to quit. In fact, 49% of tobacco users choose to quit after receiving this advice from a health care professional*.

Check **Quit Now Indiana** to learn about incentives for providing tobacco cessation support. Find resources, patient materials and the fax referral form.

For additional support and information, go to Quitlines and Other Cessation Support Resources

*Tobacco Prevention & Cessation Resources in.gov/health/tpc/resources

United Healthcare

What is HEDIS?

HEDIS® is a set of standardized measures designed by the National Committee for Quality Assurance (NCQA). HEDIS uses measures to gauge performance on care and service.

HEDIS helps you identify and eliminate gaps in care. You can use HEDIS to help ensure timely and appropriate care for your patients. You can also use rates to measure compliance with certain incentive programs.

You have an important role when it comes to HEDIS. You should:
- Complete accurate care within the specified time frames
- Accurately code all patient claims
- Clearly document all the care provided in patient medical records

It is also important to respond to requests for medical records each spring.

The **PATH reference guide** can help you better understand the specifications for many of the quality measurement programs and what billing codes to use. For additional resources, please visit **UHCprovider.com/path.**

The Individual Health Record

The Individual Health Record (IHR) is a technology platform that provides a digital record of a member's UnitedHealthcare health care history. IHR takes data from across systems and transforms it into a record that communicates each member's health history and current health status.

1. **Information:** The platform delivers patient information across all patient encounters in the health care delivery system.
   - Diverse data such as inpatient, outpatient, ambulatory, in-network, out-of-network and reported sources are combined into a single record
   - Gives you access to current and historical diagnoses, visits, medications and tests from physicians outside your practice
2. **Care:** provides a broader view of your patient's overall health care experience. It benefits care teams in several important ways.
   - Making the most of the patient's visit, potentially closing gaps in care
   - Identifying potential admission/readmission risks early so you can take preventive measures
3. **Coordination:** reduces unnecessary or duplicated tests and appointments as all clinical teams work from the same patient information.
   - Helps reduce your administrative burden by automating the data
   - Near real-time data is used in the IHR, helping decrease possible test duplication and increase the ability to monitor items, such as medication

IHR helps you gain a broader understanding of your members' overall health care experience.

How do I request access to IHR?
- Go to **UHCprovider.com/newuser**
- You may also contact UnitedHealthcare web support at **providertechsupport@uhc.com** or call **866-842-3278,** option 1, 7 a.m. –9 p.m. CT, Monday – Friday

What if I have questions?
Call the dedicated service team at **888-761-0346,** 7 a.m. – 7 p.m. CT, Monday – Friday.

United Healthcare

Tips for completing medical claims

We have online tools and resources to help you manage your practice's claim submission and payment.

To ensure "clean claims," remember:
- A National Provider Identifier (NPI) number is required on all claims
- A complete diagnosis is also required on all claims

Claims filing deadline: Refer to your contract with UnitedHealthcare to identify the timely filing deadline.

Claims processing: Clean claims, including adjustments, will be adjudicated within 21 days of receipt.

Balance billing: The member cannot be balanced billed for services covered under the contractual agreement.

Member eligibility: You are responsible to verify member eligibility through the **Indiana Health Care** Portal (IHCP).

Coding issues:
- Incomplete or missing diagnosis; invalid or missing HCPCS/CPT® codes
- Submitting claims with codes that are not covered services
- Required data elements missing (e.g., number of units)

Missing/incorrect information:
- Claim form missing place of service or other health care professional information
- Box 33 is missing zip+4 that matches IHCP address listed

Access the **Claim Submission and Processing manual** for more information.

Electronic Payer ID: 87726

Claims mailing address:
UnitedHealthcare Community Plan
PO Box 5240
Kingston, NY 12402-5240

Essentials boxes

If your patient is experiencing food insecurity or other financial hardships that make meeting monthly costs a challenge, we can help.

An essentials box is filled with items such as rice, fruit cups, tuna, oatmeal, toilet paper, dish soap, toothpaste and trash bags.

These items can provide short-term relief to a patient in need. Once we receive your referral, we will follow up to connect your patients to longer-term supports and services through community-based organizations such as food pantries, meal delivery programs or rent/utility assistance programs. Care coordination may also be appropriate for individuals with chronic health conditions that are easily exacerbated by malnutrition.

Please send an email to **IN_HPOps@uhc.com** to begin an essentials box referral.

United Healthcare