UNICARE®

October 2022

PROVIDER NEWS
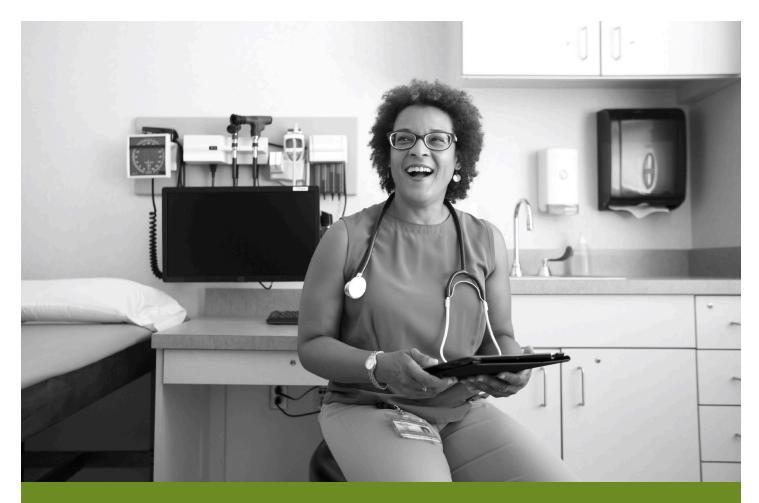
Table of Contents

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Submit your information to us using the QR code to the right or select here.

WVUNI-CD-006835-22

Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call our Customer Care Center.

Provider website:
https://provider.unicare.com

Customer Care Center:
800-782-0095

ADMINISTRATIVE

Members' Rights and Responsibilities section

In line with our commitment to participating practitioners and members, UniCare Health Plan of West Virginia, Inc. has a *Members' Rights and Responsibilities* section located within the provider manual. The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Review this section in your provider manual **online**.

WVUNI-CD-003861-22-CPN3784

What Matters Most: Improving the Patient Experience

Are you looking for innovative ways to improve your patients' experiences? Numerous studies have shown that a patient's primary healthcare experience and, to some extent, their healthcare outcomes are largely dependent upon healthcare provider and patient interactions. UniCare Health Plan of West Virginia, Inc. has an online learning course titled *What Matters Most: Improving the Patient Experience*. It addresses gaps in and offers approaches to communication with patients. This curriculum is available at no cost to providers and their clinical staff nationwide.

Did you know?
- Substantial evidence points to a positive association between the patient experience and health outcomes.
- Patients with chronic conditions, such as diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their healthcare providers.
- Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.

How will this benefit you and your office staff?
Through the use of compelling real-life stories that convey practical strategies for implementing patient care, providers learn how to apply best practices. You'll learn tips and techniques to:
- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

Questions?
If you'd like to learn more about *What Matters Most: Improving the Patient Experience*, visit the course website at **https://bit.ly/2BfIQrr**.

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CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Prevention and control of influenza and rotavirus with vaccines

Childhood immunizations status Vaccines should be administered by the second birthday.	
Vaccination	**Immunization time frame**
Four diphtheria, tetanus, and acellular pertussis (DTaP)	Do not give prior to 42 days old.
Three polio (IPV)	Do not give prior to 42 days old.
One measles, mumps, and rubella (MMR)	Must be given between 12 and 24 months old.
Three hepatitis B (hep B)	One of the three vaccinations can be a newborn hep B vaccination.
Three haemophilus influenza type B (HiB)	Do not give prior to 42 days old.
One chicken pox (VZV)	Must be given between 12 and 24 months old.
Four pneumococcal conjugate (PCV)	Do not give prior to 42 days old.
One hepatitis A (hep A)	Must be given between 12 and 24 months old.
Two to three rotavirus (RV)	Do not give prior to 42 days old.
Two influenza (flu) vaccines	Do not give prior to six months (180 days) old.

Prevention and control of seasonal influenza with vaccines

Children younger than 5 years old, particularly children younger than 2, are at a higher risk of developing serious flu-related complications. A flu vaccine offers the best defense against the flu and its potentially serious health complications, while also reducing the spread of the flu to others. The CDC recommends that individuals 6 months and older get a seasonal flu vaccine yearly, ideally by the end of October. However, vaccination should continue throughout the flu season while flu viruses are circulating.

Rotavirus vaccination: Information for healthcare professionals

Rotavirus is the most common cause of infectious childhood diarrhea and has historically been one of the leading causes of childhood hospitalizations for dehydration in the United States. It should be noted that both vaccines, RotaTeq and Rotarix, carry an increased risk of intussusception, a condition in which the small bowel folds back inside another part of the intestine, causing a bowel obstruction. The first dose of either vaccine should be given before a child is 15 weeks of age, and all doses of rotavirus vaccine should be completed before they turn 8 months old:

- One vaccine, RotaTeq, recommends a three-dose schedule, with doses given at ages 2, 4, and 6 months. The first dose should be given between ages 6 weeks and 12 weeks with subsequent doses administered at 4- to 10-week intervals.
- Another vaccine, Rotarix, requires two doses, given between 6 and 23 weeks old.
- Providers must clearly document which vaccine is given: RotaTeq (three-dose) or Rotarix (two-dose).

UWV-NL-0501-22

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Reminder: substance use disorder waiver services reimbursement

UniCare Health Plan of West Virginia, Inc. (UniCare) appreciates the compassion and dedication with which you care for our members, your patients. We believe that strong collaboration and partnership with our providers play an integral role in providing high-quality care. With this goal in mind, we encourage you to review the following information.

This is a reminder for those who provide substance use disorder waiver services to UniCare members.

When billed with modifier HF, the following codes should be billed to the WV Bureau for Medicaid Services.

Service code	Modifiers	Name of service	Unit
T1001	HF	Assessing a Member for Opioid Treatment	1 unit
A0998	HF	Naloxone Administered by EMS	Bundled code
H0050	HF	Referral to Treatment by EMS	Event code

Please reference the West Virginia Bureau for Medical Services (BMS) provider manual for additional information, available at **https://dhhr.wv.gov** > Bureau for Medical Services > See All Medical Services > Providers > Manual.

WVUNI-CD-005045-22

Monkeypox resources and recommendations for our care providers

We are carefully monitoring the recent outbreak of monkeypox infections in the U.S. and are working to support our members and our network care providers with information to help you respond appropriately in the context of your patient population.

The best source of up-to-date information is at the Centers for Disease Control and Prevention which has a **dedicated monkeypox page for healthcare professionals**. The CDC is an independent organization that offers health information that you may find helpful.

In addition to resources for care providers, the CDC has developed educational materials for the public, available for free download **online**.

FAQs

How does monkeypox spread?
Monkeypox does not spread easily between people without close contact. Person-to-person transmission is possible by skin-to-skin contact with body fluids or monkeypox sores, or respiratory droplets during prolonged face-to-face contact, and less likely through contaminated items such as bedding, clothing, or towels. Patients are contagious until the scabs heal and are replaced by new skin.

How dangerous is the disease?
Monkeypox virus belongs to the poxvirus family and infection is rarely fatal. Patients whose immune system is compromised are most at risk for severe disease, along with children younger than 8 years old, pregnant and breastfeeding people, and people with a history of atopic dermatitis or other active skin conditions.

What are monkeypox symptoms?
Patients often have a characteristic rash (well-circumscribed, firm, or hard macules evolving to vesicles or pustules) on a single site on the body. Patients may also present with a fever and muscle aches. The rash may start in the genital and perianal areas. The lesions are painful when they initially emerge, but can become itchy as they heal, and then go away after two to four weeks. Symptoms can be similar or occur at the same time as sexually transmitted infections.

Is there a monkeypox vaccine?
Yes, although at the time of this writing, availability is limited. Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox, and vaccination after a monkeypox exposure may help prevent the disease or make it less severe. You can access the CDC's vaccination updates **online**.

How can monkeypox be treated?
There are no treatments specifically for monkeypox virus infections. However, antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

Do I need to report a case of suspected monkeypox?
Yes, contact your state health department if you have a patient with monkeypox. They can help with testing and exposure precautions. Find your state health plan department **online**.

What are the behavioral health impacts of monkeypox?
Studies reporting psychiatric symptoms have indicated that the presence of anxiety, depression, or low mood is common among hospitalized patients with monkeypox infection. Care providers can help by listening with compassion, understanding underlying behavioral health concerns that may be heightened during isolation, and refer patients to the appropriate level of support following a monkeypox diagnosis.

WVUNI-CD-005171-22

Secure data sharing

Secure data sharing:
- Decreases the costs and resources associated with medical record collection.
- Reduces the need for phone communication between you and UniCare Health Plan of West Virginia, Inc. (UniCare).
- Ensures your staff are not removed from daily office tasks to fulfill requests.
- Allows UniCare to conduct audits electronically, which eliminates the need for onsite audits.

Other benefits include:
- A potential increase in quality scores.
- Secure and fast file transferring (for example, medical records, *Gaps in Care Report*, *Performance Analysis Report*, etc.).
- An unlimited amount and size of medical record and electronic medical record (EMR) file transfers.
- Expedited, real-time data transfers.
- Potential risk reduction by securely storing PHI.

Secure data sharing is easy:
- **Secure file transfer protocol (SFTP):** SFTP is a network protocol for accessing, managing, and transferring files. Unlike the standard file transfer protocol, SFTP prevents passwords and sensitive information such as PHI from being exposed.
- **EMR data feeds:** EMR technology can now submit limited HEDIS® data not captured through claims submission by using a secure, one-way data feed reducing the burden of data collection.
- **Remote access:** Detailed documentation from medical records that cannot be submitted via claims or EMR data feeds can be abstracted directly from the EMR website.

What is provided?
- **SFTP and EMR:**
  - Training on required data field elements and the UniCare SFTP folder.
  - Access to a dedicated data management representative.
  - Monthly receipt of a data file and communication between UniCare and provider data management representatives.
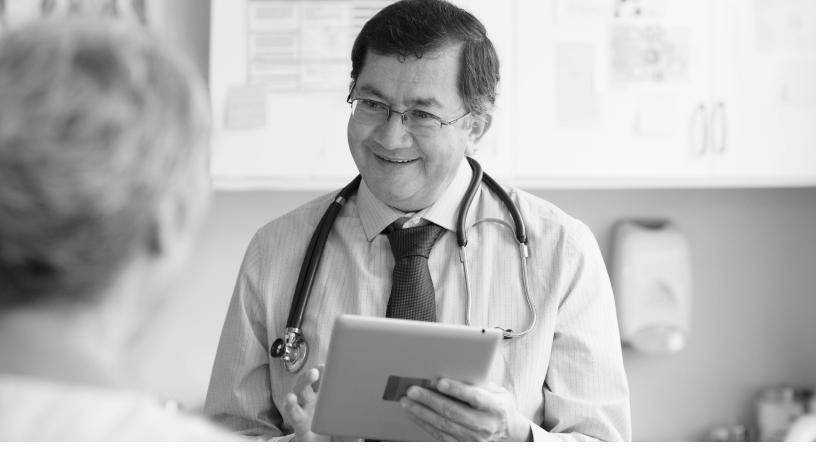- **Remote access to:**
  - Website
  - Website link
  - UniCare list of users
  - Provider contact for setup and support

UWV-NL-0423-21/WVUNI-CD-005041-22

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POLICY UPDATES — REIMBURSEMENT POLICIES

Reimbursement Policy Retraction

Sexually Transmitted Infections Testing — Professional
(Policy 21-001, effective 01/01/2022)

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled Sexually Transmitted Infections Testing — Professional would be effective for dates of service on or after January 1, 2022. We have made a decision to retract this reimbursement policy.

WVUNI-CD-004033-22-CPN3670

PRODUCTS & PROGRAMS

Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment, or know who to contact with questions and concerns.

UniCare Health Plan of West Virginia, Inc. is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, PCPs, and caregivers. The complex case management process uses the experience and expertise of the Health Care Management team to educate and empower our members by increasing self-management skills. The complex case management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.

Members or caregivers can refer themselves or family members by calling the Case Management referral number at **304-347-2475**. Physicians can refer their patients by contacting us telephonically or through electronic means or by sending a ***Care Management Referral Form*** via email to wvcmreferrals@anthem.com. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us by phone at **304-347-2475**. Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. ET.

WVUNI-CD-003839-22-CPN3339

QUALITY MANAGEMENT

HEDIS measures: Follow-Up After ED Visits for Mental Illness and Alcohol and Drug Dependency

The following HEDIS® measures assess the percentage of emergency department (ED) visits for which the member received a follow-up appointment within seven days and 30 days of being seen in the ED for mental illness or for alcohol and other drug dependence.

Follow-Up After ED Visit for Mental Illness (FUM)

Evaluates the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit with any practitioner for mental illness. Two rates are reported. The percentage of ED visits for which the member received:
- Follow-up within seven days of the ED visit.
- Follow-up within 30 days of the ED visit.

Timely follow-up care for people with mental illness can lead to fewer repeat visits to the ED and improved physical and mental health function.

Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Evaluates the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit with any practitioner for AOD. Two rates are reported. The percentage of ED visits for which the member received:
- Follow-up within seven days of the ED visit.
- Follow-up within 30 days of the ED visit.

According to studies, follow-up care for individuals with AOD who were seen in the ED is associated with reduced substance use, repeat ED visits, and hospital admissions.

Helpful tips:

- Maintain appointment availability for patients with recent ED visits.
- Assist in scheduling in-person or telehealth follow-up appointments as soon as possible after the ED visit.
- Use appropriate documentation and correct coding. Use the same diagnosis for mental illness or substance use for follow-up visits (a non-mental health/non-substance diagnosis code will not fulfill the measure).
- Reference the plan's *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS® Benchmarks and Coding Guidelines for Quality* that is provided for coding information.
- Educate patients on the importance of compliance with their discharge plan and their follow-up appointments.
- Reach out to patients who cancel their appointments and assist with rescheduling as soon as possible.
- Facilitate referrals to behavioral healthcare specialists when appropriate.

UWV-NL-0453-21

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