

WINTER 2019

MedNOTES

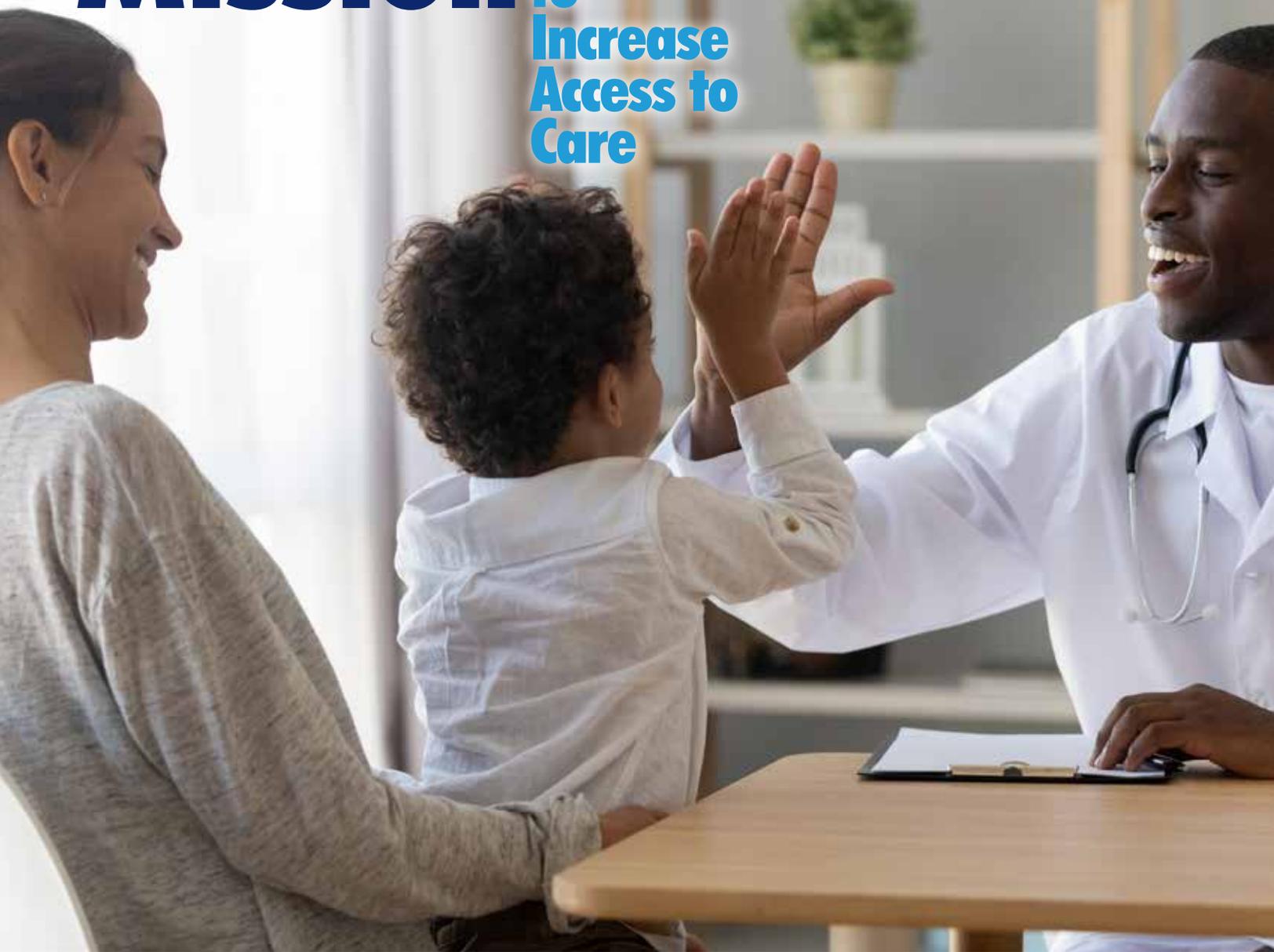
A person is seen from behind, hiking out of a large, natural rock opening in a cave. The person is wearing a dark jacket, dark pants, and a backpack, and is using trekking poles. The sun is shining brightly from the opening, creating a lens flare effect and illuminating the scene. The landscape beyond the cave opening shows a valley with mountains in the distance under a blue sky with some clouds.

WHAT'S INSIDE:

***What is
Motivational
Interviewing?***

*For Managed Care Medicaid
and Nevada Check Up Providers*

We're on a Mission to Increase Access to Care



Health Plan of Nevada has teamed up with DispatchHealth to increase access to care. The collaboration, called [DispatchHealth Plan-Directed Visits](#), is a program to help the member understand the importance of a PCP visit. It's also designed to empower the member to manage their own health care and simplify their health care journey.

These visits are available to Health Plan of Nevada and Sierra Health and Life commercial and Medicaid members only, at **no cost**.

Visits include the following:

Post-acute follow-up:

A health plan nurse arranges this follow-up appointment in the hospital before the member discharges home and includes, but is not limited to, the following:

- Member leaving the hospital does not have a PCP
- Member cannot obtain a PCP visit within seven days of their hospital discharge
- Member would benefit from a follow-up visit within two to three days of discharge
- Member has a high-risk of returning to the hospital
- Member has had multiple hospital readmissions within the last 90 days

Pre-paid acute visit:

- Member calls the 24/7 advice nurse line at **1-800-288-2264**, TTY **711**
- A nurse triages the call and, if appropriate, calls DispatchHealth to set an acute visit for the member
- A prepaid acute visit can also be arranged by the health plan's other quality programs such as, Complex Case Management, Community Health Worker, Willing Hands Transitional Care Housing, Care for Me Program, Whole Person Care Model and the Supportive Care Program

To request a **NO COST** DispatchHealth acute visit, members can:

1. Call the 24/7 advice nurse at **1-800-288-2264**, TTY **711**, and press 1
2. Ask for a DispatchHealth prepaid visit
3. The advice nurse will review their symptoms and, if appropriate, call DispatchHealth and transfer the member to schedule an appointment
4. If needed, DispatchHealth will make a home visit
5. Prescriptions, when needed, are sent to the member's chosen pharmacy ■

Program Success Stories

This member felt that she had her very own personal doctor at home. At the home, the technicians gave her a breathing treatment, took her vitals and checked her out as if she was in the doctor's office! She was very grateful for the health plan nurse for suggesting this program.

A member was confused after his hospital discharge and overwhelmed with his diagnosis. A health plan nurse contacted the member and scheduled a visit with DispatchHealth to see the member that same day. The DispatchHealth provider reached out to the health plan nurse prior to her visit to find out specifics of his case. She gave instructions, education and support to the member and followed up with the health plan nurse after the visit to review his needs going forward.

What is Motivational Interviewing?

Five steps of a Motivational Interview



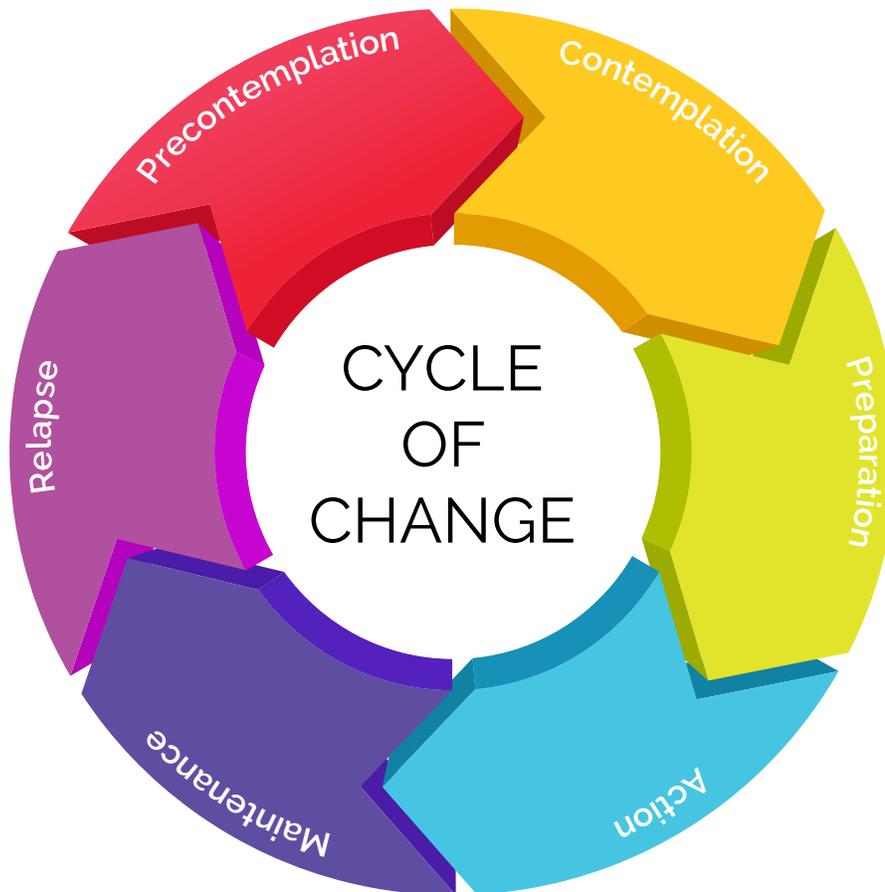
Motivational Interviewing (MI) is a direct, client-centered counseling style for eliciting behavior change by helping people explore and resolve ambivalence. Based on trust, MI helps people find their internal **motivation** to change their behavior. The goal of motivational interviewing is to get individuals to resolve their ambivalence about changing their behavior without evoking a resistance to change.

MI techniques encourage people to make positive changes by recognizing their high risk behavior, evaluating how much of a problem their behavior is for them, identifying strengths and weaknesses, and then developing action plans. In this model, individuals move through stages of change as they progress in modifying problem behaviors. Each stage requires certain tasks and processes to be completed to achieve change. The stages of change are:

- **Precontemplation** - people not considering changing their problem behavior
- **Contemplation** - individuals beginning to consider that they have a problem, and the feasibility and costs of changing that behavior
- **Preparation** - the decision is made to take action and change
- **Action** - the individual begins to modify the problem behavior; this stage normally continues for 3-6 months
- **Maintenance** - sustained change
- If these efforts fail, a **relapse** occurs, and the individual begins another cycle

The Center for the Application of Substance Abuse Technologies (CASAT) offers trainings in Motivational Interviewing at training.casat.org.

Contact BHO at **702-364-1484** or **1-800-873-2246**, TTY **711**, if you would like to connect a member with a Medication-Assisted Treatment (MAT) provider. ■





Site of Service Changes

Together, we're focused on working toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement will help minimize out-of-pocket costs for our plan members and improve cost efficiencies for the overall health care system.

We're now requiring the procedure/CPT codes listed on the "Outpatient Surgical Procedures – Site of Service: CPT/HCPCS Codes" document, which can be found at uhcprovider.com under Policies and Protocols. **We'll only require prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting.**

We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed on the document above. Site of service medical necessity reviews will also apply to procedures/CPT codes listed on the same document under the Service and Site of Service Review section, which are already subject to prior authorization requirements.

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HEALTH CARE

We understand changes like these aren't always easy and we appreciate your cooperation. We are committed to helping you and your patients, our plan members, through these changes by providing you the information and support you may need.

Important Points

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, to be covered.
- Consistent with existing prior authorization requirements, if we determine that the requested service or site isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service or site.
- For any procedures/CPT codes that are already subject to prior authorization requirements, we'll continue to review the procedures to determine medical necessity.
- We only require prior authorization for planned procedures.
- If you don't notify us or complete the prior authorization process before the planned procedure is rendered, we may deny the claims and you will not be able to bill the member for the service.

Outpatient Surgical Procedures – Site of Service Utilization Review Guideline

We updated our "Outpatient Surgical Procedures – Site of Service Utilization Review Guideline" to include all of the surgical procedures/CPT codes.

The guideline includes the criteria we'll use to facilitate our site of service medical necessity reviews. The guideline is available at [HealthPlanofNevada.com/provider](https://www.healthplanofnevada.com/provider) and [SierraHealthandLife.com/provider](https://www.sierrahealthandlife.com/provider) > I Need Help With > Review Protocols.

Completing the Prior Authorization Process

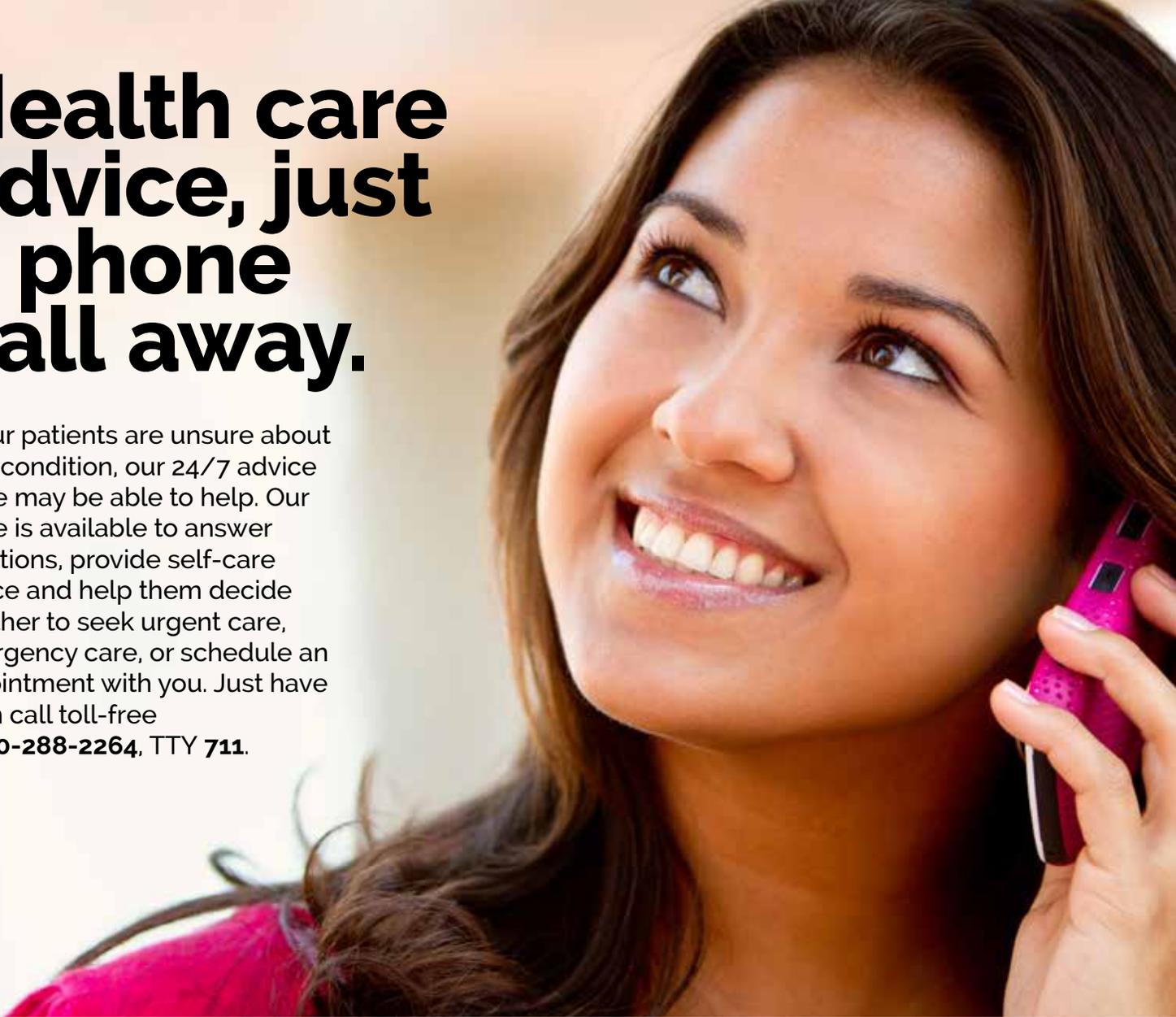
The process for completing the prior authorization request and timeframes remains the same. Please login to the online provider center to submit your prior authorization request or to check the status of a previously submitted request:

- **Online: Go to [HealthPlanofNevada.com](https://www.healthplanofnevada.com)**
- **Phone: Call 1-800-288-2264 or 1-888-224-4036 from 8 a.m. to 5 p.m., Monday through Friday**

For questions, please contact your Provider Advocate directly or call Provider Services at **702-242-7088** or **1-800-745-7065**. ■

Health care advice, just a phone call away.

If your patients are unsure about their condition, our 24/7 advice nurse may be able to help. Our nurse is available to answer questions, provide self-care advice and help them decide whether to seek urgent care, emergency care, or schedule an appointment with you. Just have them call toll-free **1-800-288-2264**, TTY **711**.



24/7

**NO
COST**

**91%
SATISFACTION
RATE***

It's important for patients to know where to go for the type of medical care they may need. If it's not an emergency, comparing care options could help save them time and frustration.

For urgent situations, the advice nurse can also refer them to contracted home services like DispatchHealth and Ready Responders.

*Satisfaction rate for 2019.

PATIENT Satisfaction

Understanding Patient Satisfaction Reporting

How does CAHPS work?

From February through June, CAHPS surveys are sent to a random sample of health plan members. Participation is voluntary. The surveys are administered by vendors certified by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS).

What is the value of the CAHPS survey?

We use the survey results to work with our providers and partners to help drive quality improvements and enhance the patient experience.

CAHPS questions specifically tied to a patient's experience with his/her care provider can include:

1. Have you had a flu shot?
2. How would you rate your ease and timeliness of:
 - a. Getting appointments with specialists
 - b. Getting the care, tests or treatment you needed
3. How often have you:
 - a. Gotten urgent care as soon as needed
 - b. Gotten appointments at your doctor's office
 - c. Been seen within 15 minutes of your appointment time
4. Has your personal doctor or doctor's office:
 - a. Managed your care among different providers and services to your satisfaction
5. On a scale from 0 to 10, how would you rate your:
 - a. Overall health care
 - b. Personal doctor
 - c. Specialist seen most often ■





Tracking Newly Prescribed ADHD Medication

We're required to track **Healthcare Effectiveness Data and Information Set (HEDIS)** measures to ensure our members are receiving appropriate care. One measure we track is the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The rates are reported in two phases. If you have questions, please contact Amberlee Baxa at **702-240-8825** or amberlee_baxa@uhc.com. ■

Community Health Workers

Navigate, Coordinate and Maximize Care for Our Members



Member success story # 1:

A Community Health Worker (CHW) met with one of our homeless members who had been in and out of the hospital regularly since being diagnosed with COPD four years ago. He'd never seen a doctor outside of the hospital and was using oxygen 24/7. He slept in a chair in the day room of a shelter because they had no bed for him and he needed to be by an outlet for his oxygen. He couldn't get food because he wasn't able to travel far due to oxygen restrictions. The CHW arranged for transitional housing and connected him with SNAP benefits and transportation. He was offered mental health services and was connected with a primary care provider who got him on COPD medications for the first time since his diagnosis. The CHW also assisted the member in applying for permanent housing. Since transitioning this member out of the homeless shelter at the beginning of 2017, he has had no readmits or ER visits. The member has also transitioned out of homelessness, and is living independently.

Member success story # 2:

A Reno CHW met with a 54-year-old member who's been unemployed and homeless since 2006. He'd been admitted several times for SOB and complications with his chronic illnesses and COPD. During his homelessness, he found a used wheelchair and became reliant on it. As a result, the member's legs atrophied and he became anxious at the thought of not having his wheelchair. He was admitted to a subacute facility for COPD exacerbation, acute care and intubation. The CHW coordinated a successful discharge to LYFE Recovery, Housing First Plus model and was placed at the Greenbrae House as one of the first residents. He was provided with a room, bed, toiletries, food, and transportation, coordination of medical care and mental health support via the health plan, as well as peer support via LYFE staff.

The peer support and encouragement the member received from his peers and the staff motivated him to attempt to walk and get out of his wheelchair. He is now walking with a walker, going for longer walks outside the house to strengthen his legs, and is immensely proud of this accomplishment. He was also hesitant to bathe/shower for several months due to leg atrophy, COPD, and ileostomy complications. The health plan ordered a weekly personal care assistant and he's been showering since.

This member has had only one admission for DVT since being housed in March 2018. His medication was changed and he hasn't had any subsequent admissions. His stabilization has not only included medical compliance and follow up, but also peer support, basic needs of food, housing, and a sense of dignity. He's currently receiving SSI benefits with back pay as well as a pension that will allow him to obtain his own housing, and maintain the independence and stability he's been without for many years.

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Member success story # 3:

In another case, a CHW worked with a member who had been homeless for 20 years and was diagnosed with stage IV colon cancer with liver metastasis. The CHW, along with a licensed social worker (LSW), helped the member get transportation to and from his appointments and treatments. The CHW coordinated with the oncologist's nurse navigator to help provide the member with additional support. They also helped him get a Nevada ID, a cell phone, and assisted with getting him SNAP benefits. In addition, they were able to get him rental assistance from a community organization and with the help of a family member; he was moved into a motel room. The CHW was able to get him a discount on his motel stay and helped him apply for permanent housing. They coordinated with myConnections to get him non-medical transportation to the DMV and Social Security office where he was able to apply for disability benefits and now has a source of income. The member is now going through his cancer treatment and has transitioned out of homelessness. The member stated, "I don't feel like a homeless man. You all have given me life. The way you have all helped me and treated me has made me feel like the richest man in the world."

Member success story # 4:

One of our members completed a health survey form, noting he'd been in and out of the hospital for stomach issues and didn't have a PCP. When the CHW contacted the member, he stated he'd just switched to HPN Medicaid about 6 months before, and didn't know which doctors he could see or have transportation to get to them. The CHW set up an initial visit with the member and was able to get him a PCP appointment near his home and transportation with MTM. The member hadn't seen a PCP in over five years, using the emergency room instead. The CHW informed the member of options for urgent care, NowClinic, and DispatchHealth. The member is currently pending a referral to gastroenterology, and is very pleased with his PCP. He's continuing to use MTM for bus passes, ABC Pharmacy to get medications delivered to his home and DispatchHealth for assistance with his condition. He hasn't been back in the ER since our CHW contacted him. The member was impressed and very grateful that he was contacted by our CHW. ■

Member Services

Health Plan of Nevada Medicaid/Nevada Check Up..... **1-800-962-8074**

Provider Services

Toll-Free..... **1-800-745-7065**

Pharmacy Services

Pharmacy..... **1-800-443-8197**

Fax Toll-Free..... **1-800-997-9672**

Prior Authorization

Toll-Free..... **1-800-288-2264**

Fax Toll-Free..... **1-800-282-8845**

Business Hours:

Mon.–Fri., 8 a.m. – 5 p.m.

TTY users dial **711**.



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Health plan coverage provided by Health Plan of Nevada.