



Tennessee UnitedHealthcare Insights: Your quarterly update



Lactation consultation benefit

Since June 2023, members with TennCare (including TennCareSelect) and CoverKids coverage may receive lactation consultation services from network health care professionals as a separate, reimbursable benefit.

Medically licensed network health care professionals in scope for lactation services and listed as International Board-Certified Lactation Consultants (IBCLCs) include:

- Medical doctors (M.D.)
- Doctors of osteopathy (D.O.)
- Nurse practitioners (N.P.)
- Physician assistants (P.A.)
- Certified nurse midwives



Visit the Division of TennCare [website](#) for more information about lactation health care professionals and benefits.

The following health care professionals may provide lactation support to TennCare members when they are supervised by a medically licensed IBCLC:

- Certified lactation specialists (CLS)
- Certified breastfeeding specialists (CBS)
- Certified lactation counselors (CLC)
- Certified lactation educators (CLE)

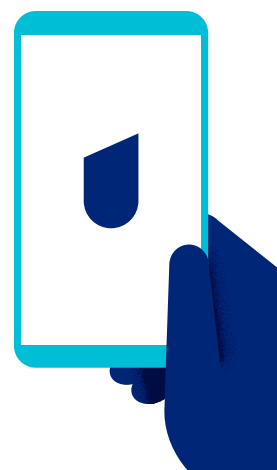
Mobile Direct Support Professional program

Using a mobile direct support professional (DSP) is a new way to provide services. It is available for Long Term Service and Support members through contracted Home and Community Based Services (HCBS). Inspired by services like Uber Eats, the UnitedHealthcare mobile DSP pilot program provides personal care services while maximizing resources.

A mobile DSP finishes in-home care after completing all the requested tasks and does not have to stay additional hours.

Benefits include:

- Ability to serve more members because visits are shorter due to focus on completing a task (DSP can support more than 1 member in a day)
- HCBS is paid a higher reimbursement rate and can offer a higher income potential to DSP
- More skilled staff (certain skill set/competency required)
- Potential recruitment/retention tool



Role of HCBS

- Confirm with the member the specific service tasks they need
- Assign a mobile DSP to complete the requested tasks on the specified days. The exact timing of the visit may vary based on the Mobile DSP's schedule for that day.
- Ensure the mobile DSP completes the requested tasks during the visit and accurately documents it
- Communicate any changes to the member's planned visit schedule and gather feedback from the mobile DSP about the visit

Reimbursement

HCBS is reimbursed based on the tasks completed instead of hourly reimbursement.



Questions?

If you are interested in the Mobile DSP program, contact Kourtney Brooks, Workforce Development Coordinator, at kourtney_a_brooks@uhc.com or call **615-878-9460**.



National Committee for Quality Assurance measures

Follow-Up after Emergency Department for Mental Illness measure

The Follow-Up after Emergency Department for Mental Illness (**FUM**) HEDIS® measure tracks follow-up visits for mental illness after an emergency department (ED) visit for members 6 years and older.

The National Committee for Quality Assurance (NCQA) focuses on 2 performance rates:

- Follow-up within 7 days (8 total days)
- Within 30 days (31 total days) of the ED visit

If the member has a follow-up visit within 7 days after discharge, you automatically meet the HEDIS measure. If the member does not have a follow-up visit within 7 days, then NCQA encourages you to complete the 30-day visit to meet the HEDIS measure.



FUM – What you can do to help

Emergency departments can help members by:

- Asking members whom they are currently receiving outpatient services from
- Assisting members with scheduling an in-person or telehealth visit within 7 days of ED discharge
- Educating members about the importance of following up with outpatient treatment
- Sending discharge paperwork to the appropriate outpatient health care professional within 24 hours of discharge

Outpatient health care professionals can help members by:

- Encouraging members to bring their discharge paperwork to their first appointment
- Educating members on the importance of post ED follow-up before an incident occurs
- Using the same diagnosis for mental illness at each follow-up appointment (do not use a non-mental illness diagnosis code)
- Coordinating care between behavioral health and primary care physicians
- Proactively contacting members, when possible, to remind them of their scheduled appointment
- Reaching out to members who cancel appointments and assisting them with rescheduling as soon as possible



Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure

The NCQA defines the Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) HEDIS measure as the percentage of Medicaid members aged 18 and older with schizophrenia who remained on their medication for at least 80% of their treatment period during the measurement year.



Best practices

- Continue to monitor members who are taking an antipsychotic medication to help prevent side effects and promote safety and adherence
- Educate members on the benefits of their medication and common side effects
- Discuss how long it might take for the medication to make them feel better
- Encourage members to have an open dialogue with you
- Stress why it's important for members to keep taking their medication even after they feel better
- Offer tips such as:
 - Take medication at the same time each day
 - Use a pill box
 - Enroll in a pharmacy's automatic-refill program
- Schedule appropriate follow-up appointments with members to make sure they're taking their medication as you prescribed
- Call members to remind them of upcoming appointments



Resources

See the following resources for more information about NCQA measures:

- [PATH Reference Guide](#)
- [NCQA website](#)