

2018 Administrative Guide

Care Provider, Health Care Professional, Facility
and Ancillary Provider

KanCare Program

Chapter 3: Member Benefits

Welcome to the UnitedHealthcare Community Plan care provider manual. This complete and up-to-date reference PDF (manual/guide) allows you and your staff to find important information such as processing a claim and prior authorization. This manual also includes important phone numbers and websites on the How to Contact Us page. Operational policy changes and other electronic tools are ready on our website at UHCprovider.com.

Click the following links to access different manuals:

- [UnitedHealthcare Administrative Guide](#) for Commercial and Medicare Advantage member information. Some states may also have Medicare Advantage information in their Community Plan manual.
- A different Community Plan manual – go to UHCCommunityPlan.com, click For Health Care Professionals at the top of the screen. Select the desired state.

Easily find information in this manual using the following steps:

1. Select CTRL+F.
2. Type in the key word.
3. Press Enter.

If available, use the binoculars icon on the top right hand side of the PDF.

If you have any questions about the information or material in this manual or about any of our policies, please call Provider Services.

We greatly appreciate your participation in our program and the care you offer our members.

Important Information about the use of this manual

In the event of a conflict between your agreement and this care provider manual, the manual controls unless the agreement dictates otherwise. In the event of a conflict between your agreement, this manual and applicable federal and state statutes and regulations and/or state contracts, applicable federal and state statutes and regulations and/or state contracts will control. UnitedHealthcare Community Plan reserves the right to supplement this manual to help ensure its terms and conditions remain in compliance with relevant federal and state statutes and regulations.

We amend the manual as policies change.

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Chapter 3: Member Benefits

3.1 Covered Benefits

These KanCare services are provided by UnitedHealthcare Community Plan. Some of these benefits need prior authorization. This means the care provider must contact us before starting the service. The primary care provider (PCP) coordinates the referrals to other doctors or specialists. Hospitals and facilities notify us of any admissions or services that need notification. All out-of-state services, which is defined in Kansas as more than 50 miles from the state border, require prior authorization. Emergency services received out of state do not require prior authorization. An authorization is not needed for out-of-network, urgent care, family planning or women's health services.

You can request the referral by calling us toll-free at 877-542-9238 (TTY:711). Members may call us directly at 877-542-9238 (TTY:711).

Benefit	Services Included	Limitations
Alcohol and Chemical Dependency Services	Substance use disorder services in a treatment setting licensed by Kansas Department for Aging and Disability Services (KDADS). Services include both inpatient and outpatient services.	Covered. Prior Authorization needed.
Allergy Services	Allergy services when billed with office visit are covered.	Covered.
Ambulance Services	Emergent and non-emergent transportation by an ambulance are covered services.	Covered.
Ambulatory Mental Health Services and Crisis Management	Includes 24-hour access line, mobile crisis response, crisis stabilization and crisis management.	Covered.
Anesthesia	Anesthesia is covered with the medical services being performed.	Covered.
Behavioral Health Drugs and Medication Management	Evaluation, prescription, maintenance of psychotropic drugs, medication management, counseling, education and guidelines.	Covered.
Behavioral Health – Outpatient	Admission evaluations and assessments, outpatient therapy services including individual, group and family therapy. Medication Management and Targeted Case Management. For a complete list of covered services, please contact Member Services.	Covered. Some limitations apply.
Blood Transfusions	Blood transfusions, including autologous transfusions, are covered.	Covered.
Cancer-Related Treatment	Access to any related medically necessary service. This includes, but is not limited to, hospitalization, doctor services, other practitioner services, outpatient hospital services, chemotherapy and radiation, or hospice.	Covered.
Chronic Renal Disease/End Stage Renal Disease (ESRD)	Services related to Chronic Renal Disease. Example is dialysis for treating kidney disease.	Covered.

Benefit	Services Included	Limitations
Dental Services – Adults	Preventive care for adults, including periodic oral and limited oral evaluations, X-rays and cleanings and medically necessary extractions.	Covered.
	Services required to determine if an extraction is medically necessary are also covered.	Adult extractions and related services are only covered when medically necessary.
Dental Services – Children	Services include: preventive (exam, cleaning, x-rays, fluoride), restorative (fillings and crowns), periodontal, endodontic (root canals), dentures, oral surgery and orthodontic.	Covered. Once per six months.
Diabetic Supplies	All diabetic supplies including, but not limited to, alcohol swabs, syringes, test strips and lancets. Diabetic supplies can be from a participating pharmacy.	Covered.
Diagnostic Tests	Lab/Pathology, radiology (X-rays, CT Scans, MRIs, etc.) and other diagnostic testing.	Covered. Some diagnostic tests require Prior Authorization and must always be medically necessary.
Dietary Services	Medically necessary dietary services.	Covered service for KAN Be Healthy Kids and must be as a result of a medical or dental screening referral.
Durable Medical Equipment and Supplies	Equipment and supplies for medical purpose. May include, but are not limited to: oxygen tanks and concentrators; ventilators; wheelchairs; crutches and canes; orthotic devices; prosthetic devices; pacemakers; enteral feeding; nutrition systems; diabetic supplies; and medical supplies.	Covered. Prior Authorization needed in some cases. Some limitations apply.
Emergency, Post-Stabilization and Urgent Care	For a medical emergency or urgent care. Poststabilization is care after an emergency to keep you stable. You can get these services 24 hours a day, seven days a week at any emergency room.	Covered anywhere in the USA.
Family Planning	Help to make informed choices and prevent unplanned pregnancy. You can go to any provider that offers these services. Also includes family planning drugs, supplies and devices. These include, but are not limited to, generic birth control pills, birth control shots, IUDs and diaphragms.	Covered. In-Vitro Services and Infertility Treatment Services are NOT covered.

Benefit	Services Included	Limitations
Hearing Services	Includes diagnostic screening, preventive visits and hearing aids.	Covered. One routine visit every 12 months.
	Hearing aids, both analog and digital, are covered.	One hearing aid per ear every four years.
	Lost, broken or destroyed hearing aids will be replaced one time during a four-year time period with a Prior Authorization.	Prior Authorization needed.
	Binaural hearing aids are covered but require specific medical necessity documents.	Covered.
HIV Testing and Counseling	HIV testing and counseling is covered.	Covered.
Home and Community-Based Services (HCBS)	Including the following waivers: PD, TA, FE, Autism, TBI, SED and IDD. All services that members are currently receiving remain covered services.	All HCBS services must be included on the member's Plan of Care/Prior Authorization.
Home Health Services	Services in the home include visits by Aides, Private Duty Nursing, Physical Therapy/Occupational Therapy/Speech Therapy, Skilled Nursing, Social Workers and Home Infusion.	Covered. Some Home Health Services require Prior Authorization and may be subject to limitations.
Hospice Services	Hospice services are covered when they are ordered by a qualified doctor.	Patient must have a diagnosis of a terminal illness with a prognosis of living six months or less.
Hospital – Behavioral Health Inpatient (BH)	Services include: • Psychiatric services.	Covered. Prior Authorization needed.
	• Substance use disorder treatment.	Prior Authorization needed.
	• Acute medical detoxification.	Hospital must notify us.
Hospital – Inpatient	Inpatient hospital care. Includes medical, surgical, post-stabilization, acute and rehabilitative services.	Covered. Hospital must notify us.
	Maternity services.	No less than 48 hours for a vaginal birth and no less than 96 hours for a cesarean section birth.

Benefit	Services Included	Limitations
Immunizations	Including: <ul style="list-style-type: none"> • Hepatitis A and Hepatitis B. • Rotavirus. • Diphtheria. • Tetanus. • Pertussis. • HiB. • Meningococcal. • Polio. • MMR. • Varicella. • Influenza. • Pneumococcal. • HPV. 	Covered.
KAN Be Healthy Screenings	KAN Be Healthy (KBH) is a Medicaid program for children, teenagers and young adults. Everyone who is 20 years of age or younger can take part in the KBH program. There are four KBH screens: <ul style="list-style-type: none"> • KAN Be Healthy Medical — Your Body • KAN Be Healthy Dental — Your Teeth • KAN Be Healthy Vision — Your Eyes • KAN Be Healthy Hearing — Your Ears 	
Long-Term Care/ Nursing Facility Services	Members may stay in their current nursing home no matter which KanCare plan they are enrolled in. If qualified for Long-Term Care/Nursing Facility Services, please note that other benefits listed in this Handbook may not apply.	Contact Member Services.
Newborn Services	At least one home visit per member within 28 days after the birthdate of the newborn.	Covered.
Non-Emergency Transportation	Transportation to and from covered appointments if you qualify and have no other way to get there.	Covered. Prior Authorization required for more than 250 miles one way and/or if requesting meals and lodging. Contact LogistiCare with questions. Trips to the pharmacy are covered.
Nutritional Counseling	Nutritional Counseling.	Covered. Children age 0 to 20.

Benefit	Services Included	Limitations
Outpatient and Physician Visits	<p>Services at a hospital or care center when you stay less than a day. Routine and preventive care services including doctor visits, other provider visits, family planning, preventive services, clinic visits and specialty physician visits in addition to your designated source of primary care.</p> <p>Emergency Room visits including both hospital and physician charges.</p>	Covered.
Outpatient Surgery	<p>Services include, but are not limited to:</p> <p>Medically necessary surgeries are covered when performed in an ambulatory surgery center (ASC and Hospital ASC).</p>	<p>Covered.</p> <p>Some surgeries require Prior Authorization. Please work with your PCP.</p>
Podiatry Services	<p>Services shall include, but are not limited to, the treatment of conditions of the foot.</p>	<p>Covered Service with Noted Limitations.</p> <ul style="list-style-type: none"> • For children (KAN Be Healthy), one comprehensive visit per year. Allowed other services if medically necessary.
Pregnancy-Related Services	<p>Maternity care is medical care you get for you and your baby. This will help your baby have the best chance to be strong and healthy. We cover all your OB services through your pregnancy. Services include pre- and post-natal care, tests, prenatal vitamins, doctor visits, and other services that impact pregnancy outcomes.</p>	<p>Covered.</p> <p>The plan cannot limit a hospital stay to less than 48 hours following a normal delivery or 96 hours following a cesarean section.</p>
Prescription Drugs	<p>Drugs prescribed by your doctor that are on the Preferred Drug list or Formulary. This includes education about how to take the drugs. For more information, call Member Services at 1-877-542-9238 or visit our website at myuhc.com/CommunityPlan.</p>	<p>Covered.</p> <p>Prior authorization may be required.</p>
Preventive Services	<p>Preventive services include mammograms, pap smears, colorectal screening exam and a prostate screening exam. This list is not all-inclusive of all services.</p>	<p>Standard age guidelines for these services applies.</p>

Benefit	Services Included	Limitations
Rehabilitation	Includes physical, occupational, speech, language, breathing therapy and others.	<p>Covered.</p> <p>Must be restorative in nature for members 21 and over.</p> <p>For children 0 – 20: Habilitative is covered when medically necessary. Must be restorative in nature or can be related to an injury or acute episode.</p> <p>Not Covered: Acupuncture, Chiropractic/ Spinal Manipulation, Massage Therapy.</p>
Screening, Diagnosis and Treatment of Sexually Transmitted Diseases	Screening, diagnosis and treatment of sexually transmitted diseases are covered.	Covered.
Services Provided by Mid-Level Practitioners	Includes Physician Assistants (PAs), Advanced Registered Nurse Practitioners (ARNPs), Nurse Anesthetists (CRNAs), and Nurse Midwives.	<p>Covered.</p> <p>Standard prior authorization may be needed.</p>
Sleep Studies	Either an outpatient hospital setting or sleep study clinic.	Covered service for KAN Be Healthy Kids when medically necessary.
Smoking Cessation	Programs to help you quit smoking and stay smoke-free. Services include medications. Call Member Services to help you find a stop smoking program.	<p>Coach Line is covered.</p> <p>Counseling is not covered.</p>

Benefit	Services Included	Limitations
Sterilization and Hysterectomies	<p>Services to prevent you from having children. The plan covers once requirements are met. Requirements include, but are not limited to:</p> <ul style="list-style-type: none"> • The member is at least 21 years of age at the time of consent. • The member is mentally competent. • The member gives informed consent on the Required Consent Form. • At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. • Requirements of a sterilization is the correct completion of the Federally Mandated Sterilization consent form (a separate form is required when receiving a hysterectomy). 	<p>Covered.</p> <p>Exclusions:</p> <p>A hysterectomy is NOT covered:</p> <ul style="list-style-type: none"> • For the sole or primary purpose of rendering a member permanently incapable of reproducing. • If done for the purpose of cancer prevention.
Vision Services	<p>Vision exams, prescription lenses, eyeglasses, cataract removal, and prosthetic eyes, if prescribed.</p> <ul style="list-style-type: none"> • One complete eye exam and one pair of glasses are covered for members 21 years of age and older, every year. Repairs shall be provided as needed. • Eyeglasses, repairs and exams as needed for members under twenty-one (21) years of age. • Eye exams, as needed, for post-cataract surgery patients up to one year following the surgery and eyeglasses for post-cataract surgery members when provided within one year following surgery. • Contact lenses and replacements are covered with prior approval, when ordered by a qualified health plan provider and when such lenses provide better management of some visual or ocular conditions than can be achieved with eyeglass lenses. • Artificial eyes are covered. 	<p>Covered.</p>
Weight Loss Surgery (Bariatric Surgery)	<p>Members must meet several criteria prior to being approved for this procedure. For example, documentation of participation and failure in legitimate weight loss program.</p>	<p>Prior Authorization required. Please contact Member Services for a complete list of requirements.</p>

3.2 Online Resources

Members also have access to a wealth of information online. Members can visit UHCprovider.com for health and well-being news, tools, resources and more. Members can even chat with a nurse any time about health questions or concerns.

3.3 Pharmacy Services

OptumRx adheres to the state-approved formulary and preferred drug list for members enrolled in UnitedHealthcare Community Plan of Kansas. You may access the list of covered drugs from our website at UHCprovider.com. Prescriber requests for authorizations can be made by calling our Pharmacy Prior Notification Services team at 800-310-6826 or Fax 866-940-7328. Prior Authorization request forms can also be found at UHCprovider.com. Certain drugs have limitations on coverage.

3.4 Pharmacy – Preferred Drug List (PDL)

Prior Authorization

Some drugs on the state-approved formulary and preferred drug list may require prior authorization. Pharmacists receiving prescriptions for drugs requiring prior authorization should work with the prescribing physician if the prescription can be changed to a preferred alternative medication. If a preferred alternative is not appropriate, the physician should then be instructed to contact the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions concerning the prior authorization process. The drugs that are preferred and those that require prior authorization will be designated in the list of drugs at UHCprovider.com.

Refill Too Soon

Refill Too Soon Threshold (Effective 2/1/18)

1. The Refill Too Soon Threshold is now 85% for medications classified as non-controlled substances. This means the medication may be refilled when 85% of the non-controlled medication has been used (i.e. a 30 day supply refill date changes from being available for refill on the 24th to the 26th day)
2. The Refill Too Soon Threshold is now 90% for medications classified as controlled substances. This means the controlled substance medication may be refilled when 90% of the controlled substance medication has been used. (i.e. a 30 day supply refill date changes from being available on the 24th to the 27th day)
3. Exemptions to this change include all members identified by state eligibility as Long Term Care and any member for whom the pharmacist attests is residing or transitioning to or from a residential care facility. The Long Term Care population identified by state eligibility will be a hard code bypass of the new coding and the pharmacist attestation will allow overrides at point of sale as needed.

Days Supply Dispensing Limitations

UnitedHealthcare Community Plan members may receive up to a 90-day supply of a specific medication per prescription order or prescription refill. Specific details of the pharmacy program can be found at UHCprovider.com. Please call the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions or for help with dosage change authorization.

Quantity Limitations

UnitedHealthcare Community Plan of Kansas places quantity limitations on medications which may differ from limitations placed by the Kansas Vendor Drug Program Fee For Service Program. The following describe the types of quantity limitations:

- **Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.**
- **Quantity limits based on Efficient Medication Dosing (also known as Dose Optimization)**
 - The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.
 - The limits for the Program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing.
 - The Pharmacy Claims Processing System will prompt the pharmacist to request a new prescription order from the physician.

Additions to the Quantity Limitations program drug list will be made from time to time and care providers notified accordingly. Also, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process.

More information regarding drug-specific quantity limits can be found at UHCCommunityPlan.com. Please contact the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions.

3.5 Vision

UnitedHealthcare Community Plan has selected MARCH Vision Care as its Medicaid vision vendor. Members may self-refer to any MARCH Vision Care Medicaid network provider for services. If a member requests assistance in making a care provider selection, please refer the member to UnitedHealthcare Community Plan Member Services at 877-542-9238.

When making an appointment with a MARCH Vision Care provider, members must notify the care provider that they are a UnitedHealthcare Community Plan member and that they have MARCH Vision Care coverage. The member will also need to provide their UnitedHealthcare Community Plan Medicaid ID number. For details about their coverage, members may call 877-542-9238 or refer to the member handbook at <http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/KS-MemberHandbook.pdf>

For specific care provider information, please refer to the MARCH Vision Care Provider Manual.

3.6 Sample Member ID Card




Health Plan (80840) 911-96385-07
 Member ID: 999999999999 Group Number: XXXXXX
 Member: Subscriber Brown Payer ID: 96385

PCP Name: Provider Brown/Provider Group
 PCP Phone: (999) 999-9999



Rx Bin: 610494
 Rx Grp: ACUKS
 Rx PCN: 9999

Effective Date: 99/99/9999

0001 Administered by UnitedHealthcare of the Midwest, Inc.

In an emergency go to nearest emergency room or call 911. Printed: 09/28/11



This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.

For Members:	877-542-9238	TTY 711
Nurseline:	855-575-0136	TTY 711
Behavioral Health:	855-802-7095	TTY 711
Transportation (reservations):		877-796-5847

For Providers: www.uhccommunityplan.com 877-542-9235
Medical Claims: KMAP, PO Box 3571, Topeka, KS 66601-3571
 Transportation (Where is my ride?): 877-796-5848

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
 For Pharmacist: 877-305-8952

