Kansas | Spring 2018

Community Connections

For More Information
Call our Provider Services Center at 877-542-9235
Visit UHCCommunityPlan.com
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We hope you enjoy the spring edition of Community Connections. In this issue, you can read about UHCCommunityPlan.com content transitioning to UHCprovider.com, enhancements to Electronic Data Interchange (EDI) claim status transactions, support for language services, and much more.
UHCCommunityPlan.com Content Transitioning to UHCprovider.com

You told us you wanted provider content in one place and we heard you. UHCprovider.com is your home for the latest news, policy information and access to Link self-service tools.

UHCprovider.com is the first step in bringing care provider content from multiple websites together in one place for your convenience. Content that was on UHCWest.com and UnitedHealthcareOnline.com was transitioned to UHCprovider.com in 2017.

Content for care providers now on UHCCommunityPlan.com will move to UHCprovider.com this summer. You’ll be able to access your state-specific content on UHCCommunityPlan.com until late spring.

UHCprovider.com includes several features:

- 24/7 access to the Link self-service tool dashboard, including claims and payments, eligibility and benefits and prior authorizations.
- A predictive search function with filtering and sorting capabilities to help you find what you need faster and easier
- An easy-to-read design whether you’re on a desktop computer, tablet or smart phone

Watch for more updates in the Summer 2018 edition of Practice Matters.

Enhancements to Claim Status EDI Transactions (276/277)

On Jan. 1, 2018, UnitedHealthcare implemented several enhancements to Electronic Data Interchange (EDI) claim status transactions across all lines of business for commercial, Medicaid and Medicare. If you check the status of claims using your practice management system or hospital information system, you should see a significant increase in successful responses.

Here are some examples of the additional search logic we implemented to help find your claim:

- Allows you to search by:
  - Claim number
  - Member account number
- Allows us to identify:
  - NPI of the billing and rendering care provider
  - Member IDs that may have been submitted with spaces
  - Newborn claims

If your claim status responses are not reflecting any of the enhancements outlined here, please contact your software vendor or clearinghouse. They may need to activate this transaction in their system or yours. This information has been communicated to our trading partners. We also encourage you to share it with your software vendor or clearinghouse.

If you have questions, please contact UnitedHealthcare EDI Support at 800-842-1109 or SupportEDI@uhc.com, or go online and complete our EDI Transaction Support Form.

Support for Language Services

UnitedHealthcare Community Plan serves a diverse group of members who have a variety of cultural and language needs. UnitedHealthcare supports care providers in providing competent cultural and language services to its members in a variety of ways.

Did you know:

- The top languages spoken by our KanCare members are English and Spanish.
- We provide language assistance to help you communicate with our members, including a telephone language line, in-person interpreters and video services.
- We have tools to promote cultural awareness and help care providers recognize and treat health disparities.

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Resources and tools are available at UHCCommunityPlan.com/health-professionals/ks/cultural-competency-library.html.

- A Quick Reference Guide – Understanding Cultural Competency and the Americans with Disabilities Act
- Cross Cultural Health Care Program
- Cultural Orientation Resource Center

For more information on how to get language assistance and interpreter services, call 877-542-9238.

Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual. The Provider Manual is located at UHCCommunityPlan.com > For Health Care Professionals > Kansas > Provider Admin Guides. Member Rights and Responsibilities are distributed to new members upon enrollment. On an annual basis, members are referred to their handbook to review their Member Rights and Responsibilities.

Communication between PCPs and Specialists Is Key to Well-Coordinated Care

Primary care physicians (PCPs) and specialists share responsibility for coordinating care and communicating essential patient information on consultations, treatment plans and referrals. Lack of communication can negatively affect quality patient care.

Relevant information from the PCP to the specialist should include the patient’s history, diagnostic tests and results, and the reason for referring the member to the specialist for a consultation. The specialist is responsible for timely communication of the results of consultations to the PCP, and ongoing recommendations and treatment plans.

Reviews Help Ensure Members Receive Proper Care

UnitedHealthcare Community Plan performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available at UHCCommunityPlan.com > For Health Care Professionals > Kansas > Provider Admin Guides.

A care provider reviews all cases in which the care does not appear to meet guidelines. Decisions regarding coverage are based on the appropriateness of care and service and on existence of coverage. We don’t provide financial or other rewards to our care providers for issuing denials of coverage or for underutilizing services.

If you have questions about the process, please contact us at 877-542-9235 during normal business hours.
Get Updated Clinical Practice Guidelines

Clinical Practice Guidelines are available at UHCCommunityPlan.com. UnitedHealthcare Community Plan promotes the use of nationally recognized evidence-based clinical guidelines to support care providers in making decisions about health care. Guidelines are available for diabetes, asthma, perinatal care, preventive services, Attention Deficit Hyperactivity Disorder, depression and many other conditions.

To view a complete list of the most current guidelines, go to UHCCommunityPlan.com > For Health Care Professionals > Kansas > Clinical Practice Guidelines.

A Member’s Right to Culturally Competent Care

We continuously work to identify gaps in care related to member’s language and cultural needs. To help reduce those gaps and improve culturally competent care, we’re reminding care providers that UnitedHealthcare Community Plan’s members have a right to receive care that is culturally appropriate and respects their cultural and ethnic background and origins. Upon enrollment, information regarding a member’s primary language is obtained and members may receive assistance in choosing a PCP who will meet their needs.

UnitedHealthcare Community Plan provides access to a language line for translation of communications for our non-English speaking members. The language line is available to help ensure that the cultural, ethnic and linguistic needs of our members are being met. If you need assistance in communicating with one of our members you may call customer service for assistance at 877-542-9238.

Case Managers Help Members with Complex Needs

The UnitedHealthcare Community Plan Case Management program is a holistic approach to care for members with complex needs, especially those with chronic conditions. The goal is to provide our community members the resources necessary to maintain the highest functional status possible.

Here’s what our case managers can provide to your eligible patients:

• Telephone contact with members and home visits as needed.
• Health education and educational materials.
• A health assessment with stratification of diagnosis and severity of condition and psychosocial needs.
• Referral to community resources as needed.
• Assistance with medical transportation.
• Arrangements for durable medical equipment and ancillary services.
• Outreach to members to help them keep appointments.

Where to Get Pharmacy Updates

Pharmacy updates are available at Link or by visiting UHCCommunityPlan.com > For Health Care Professionals > Kansas > Pharmacy Program, where you can find:

• A list of covered pharmaceuticals, including restrictions and preferences
• Pharmaceutical management procedures
• Explanations on limits
• How to submit and support an exception request
• Generic substitution, therapeutic interchange and step-therapy protocols
• Educational resources related to drug utilization review programs and statistics

If you have questions or need assistance related to pharmacy, please call Provider Services at 877-842-3210. Remember to get a tracking number for future reference. You can also go to UHCCommunityPlan.com > For Health Care Professionals > Kansas > Pharmacy Program.
Important information for health care professionals and facilities

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• Work with members to identify and address barriers to seeking health care and following their medical treatment plan of care.

For more information or to make a referral, call Provider Services at 877-542-9235.

Reminder on Appeals by Care Providers for Members

Care providers who want to appeal on behalf of members must have the member’s written authorization submitted to UnitedHealthcare before the appeal can be processed. The Authorized Representative Designation Form can be found on Page 8 of the Provider Administrative Guide online at UHCCommunityPlan.com > For Health Care Professionals > Kansas > Provider Admin Guides. Use of this form is not required for the authorization to be considered valid. However, UnitedHealthcare must receive some form of written authorization from the member. If an appeal is received on behalf of a member without their written consent, UnitedHealthcare will attempt to contact the member to obtain authorization. To help ensure that appeals are processed promptly, please provide the member’s written authorization with the initial appeal request when possible.

Save the Date for the 2018 KanCare All MCO Training

The Kansas Department of Health and Environment has released the schedule for the 2018 KanCare managed care organization (MCO) educational sessions. This year’s training will feature a general training session for all care providers in the morning and training sessions for specific care provider types in the afternoon. These will be all MCO collaborative sessions with topics such as prior authorizations; claims – billing and management; reconsiderations; and appeals and grievances.

Here are the upcoming session dates and locations:

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<th>Location</th>
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<tr>
<td>Wichita</td>
<td>Sept. 25</td>
<td>Doubletree Wichita Airport 2098 Airport Road Wichita, KS 67209</td>
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<tr>
<td>Dodge City</td>
<td>Sept. 26</td>
<td>Boot Hill Casino Conference Center 4100 W. Comanche Dodge City, KS 67801</td>
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<tr>
<td>Olathe</td>
<td>Oct. 4</td>
<td>Ball Conference Center/KVC Health Systems, Inc. 21350 W 153rd St. Olathe, KS 66061</td>
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For more information, please visit kmap-state-ks.us/Documents/Content/Bulletins/18066%20-%20General%20-%20MCO-Spring-Training.pdf.

For Provider Advocate contact information, please visit UHCCommunityPlan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/KS-Provider-Information/KS-Provider-Hospital-Advocate-Team-Contact-Information.pdf.
Dual Complete Medicare Advantage Prescription Drug Plan Expands

UnitedHealthcare continues serving dual eligible individuals who reside in Johnson, Wyandotte and Sedgwick counties and we expanded Jan. 1, 2018 to serve eligible members in Butler, Cowley, Douglas, Franklin, Harvey, Jackson, Jefferson, Leavenworth, Miami, Osage and Sumner counties. A member must have Medicare Parts A & B and be fully eligible for Kansas Medicaid benefits to qualify for our Dual Complete Medicare Advantage plan. Dual-eligible members are low-income seniors over age 65 and people with disabilities under age 65. Here are some features of the plan:

- Enrollment is limited to Medicare and KanCare Medicaid recipients who reside in one of the service areas approved by the Centers for Medicare & Medicaid Services (CMS).
- Members can be enrolled with any of the three KanCare Medicaid Managed Care Organizations (UnitedHealthcare, Amerigroup or Sunflower).
- Dual Complete Medicare Advantage provides Part A, B and D benefits in one plan.
- Includes targeted clinical programs, benefits and services.
- Enrollment for dually eligible individuals is open throughout the year.
- Members are not automatically enrolled and must be enrolled by a licensed sales agent.
- Dual Complete includes members with ESRD (End Stage Renal Disease) if the member is a UnitedHealthcare Medicaid member.

Dual Complete Medicare Advantage members receive the following benefits, above and beyond what traditional Medicare offers: $1,060 credit toward common over-the-counter items; $2,000 annual comprehensive dental coverage; vision coverage with $200 credit toward eyewear; $2,000 credit toward hearing devices; Personal Emergency Response System; and access to 24/7 nurse line.

If you are already contracted with UnitedHealthcare for Medicare services, you are automatically included in our network for the Dual Complete Medicare Advantage – Prescription Drug plan and can treat UnitedHealthcare Dual Complete members in 2018. If you identify members who qualify for the Dual Complete plan (Kansas DSNP), please direct them to the DSNP member service call center for more information about enrollment at 855-277-4716, TTY 711, 8 a.m. – 8 p.m. Central Time. You also can contact your Kansas provider advocate team at Kansas_pr_team@uhc.com.

For more information on the program, go to UHCCommunityPlan.com > For Health Care Professionals > Kansas > Dual Complete (HMO-POS SNP) Program.

Check Eligibility and Authorization Requirements

To find out if a member is eligible for coverage for a particular service, please check member eligibility and reviewed detailed benefit information using the eligibilityLink app on Link through UHCPROVIDER.COM. Please always check benefits before providing services to a UnitedHealthcare benefit plan member and remember there is no balance billing for DSNP members. You may also call 866-262-9947.

You may submit claims online at UHCProvider.com/claims or mail them to UnitedHealthcare Community Plan at P.O. Box 5270, Kingston, N.Y., 12402. As a reminder, please complete the required Model of Care training at UHCProvider.com > Menu > Resource Library > Training 2018 Special Needs Plan Model of Care Training. Dual Complete members will have a UnitedHealthcare Dual Complete Medicare ID card and a separate ID card for their Medicaid benefits.

CMS Star Ratings: Key Points

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries’ experience with their health plans and the health care system. This rating system applies to all Medicare Advantage (MA) lines of business, including Medicare Advantage plans (like Dual Complete) that cover
health services and prescription drugs (also referred to as a Medicare Advantage-Prescription Drug or MA-PD plan). The program is a key component in financing health care benefits for MA and MA-PD plan enrollees. In addition, the ratings are posted on the CMS website, medicare.gov, to help individuals select among the MA and MA-PD plans offered in their area.

There are four categories that CMS uses to rate the quality of a health plan: operational excellence measures; Part D measures; HEDIS and clinical quality measures; and operational measures. It’s important to understand the metrics included in the CMS rating system, as some of them are part of UnitedHealthcare’s Medicare Advantage – Primary Care Provider Incentive (MA-PCPi) program, which you may be eligible to participate. This program is designed to promote improvement in quality and recognize primary care providers for demonstrating an increase in performance measures over a defined period of time. Some key facts around CMS STARs ratings:

- CMS reports scores and compares Medicare Advantage plans based on performance.
- CMS also uses Star ratings to determine reimbursement.
- The ratings are used to compare Medicare Advantage and prescription drug plans.
- Ratings emphasize patient care and satisfaction, using national clinical and service-quality measures, health outcomes and patient feedback.
- Health outcomes are weighted three times more than health plan operations (HEDIS-driven).
- Patient satisfaction is weighted 1.5 times more than health plan operations (CAHPS-driven).
- CMS Star ratings measures can change annually.

Patient Care Opportunity Report

UnitedHealthcare understands that you rely on dependable data to track the preventive care needs of your patients to help meet quality care standards and improve health outcomes, including HEDIS and other clinical quality standards. That's why we offer the Patient Care Opportunity Report (PCOR), a monthly report detailing open care opportunities for your patients who are enrolled with UnitedHealthcare Medicare Advantage, including UnitedHealthcare Dual Complete-Medicare Advantage Dual Special Needs Plan or DSNP, UnitedHealthcare commercial Plan or UnitedHealthcare Community Plan. The PCOR gives care providers timely, member-level clinical information that promotes the care provider/patient relationship helps ensure members are up-to-date on all recommended preventive services, such as an annual wellness visit, vaccines and health screenings. The PCOR compiles data from multiple systems and promotes collaboration, displaying information at the physician, member and medical group level. UnitedHealthcare algorithms predict a member's future adherence with medication and give a comprehensive picture of each member that includes due or overdue care opportunities, completed care and historical care adherence. Please review this information and the member’s medical record to determine if the services have been completed or
Helpful Information on Link and Prior Authorization

Care providers can save time, get better documentation and reduce paper by using Link. Link's self-service tools can quickly provide the comprehensive information you need for most UnitedHealthcare benefit plans — without the extra step of calling for information. Plus, you can print your activity or record reference numbers for better documentation, and reduce paper costs by submitting your work online.

For more information, go online to UHCprovider.com/content/dam/provider/docs/public/resources/link/Prior_Authorization.pdf.

You may also use the Prior Authorization and Notification app on Link to check requirements, submit requests, upload medical notes, check status and update cases — without faxing or calling. For more information — including quick reference guides and videos to help with using the Prior Authorization and Notification app — visit UHCprovider.com/paan.

Congratulations to Our Quality Incentive Recipients

We want to congratulate a group of care providers who achieved their 2017 Community Plan – Primary Care Provider (PCP) incentive goals for our members. If you’re among the 74 PCP groups that we paid quality incentives to in 2017, please accept our special thanks. You’ve helped drive continuous improvement in our Healthcare Effectiveness Data and Information Set (HEDIS) performance goals. Thank you for your dedication to patient-focused efforts and positive change.

New Opioid Requirements Promote Safe Use

UnitedHealthcare Community Plan of Kansas is committed to delivering quality health care to our members and working with our community providers to promote better health. The Kansas Drug Utilization Review (DUR) Board approved a new opioid prior authorization policy in January 2018. The opioid policy became effective June 1, 2018.

The policy is a collaborative effort between the Kansas Medicaid Assistance Program, KanCare Managed Care Organizations, Kansas Drug Utilization Review Board and other state departments to help manage and ensure that adequate analgesia is provided to patients in pain while reducing the risk of misuse, addiction or other adverse events.

While evidence supports short-term effectiveness of opioids, there is insufficient evidence that opioids are effective long-term, and there is evidence that other treatments for chronic pain can be effective with less harm. Daily opioid dosages close to or greater than 90 MME/day are associated with significant risks of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk.

Morphine equivalent dosing is a way to translate the dosages of different opioids to have a common standard. This gives the ability to determine how much opioid a patient is taking when taking multiple pain medications. Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone or other measures to reduce risk of overdose.

For example,

- 30mg Oxycontin (oxycodone) Sustained-Released every 12 hours (60mg per day) is equal to 90 MME.
- 1 to 2 10mg/325mg hydrocodone-acetaminophen every 4-6 hours (up to 120mg per day) is equal to 120 MME.

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The Kansas Opioid Policy has limitations for short-acting opioids (e.g., immediate release formulation) such as seven-day limitation per prescription and maximum daily dose of 90 MME (morphine milligram equivalent) based on member opioid use history. Prior authorization will be required for short-acting opioid prescriptions exceeding the day supply and MME limits and for long-acting opioid (e.g., extended release formulation) prescriptions.

Patients with cancer, sickle cell or palliative care diagnosis in accepted medical claims will be excluded from the day supply and MME limits.

**Home- and Community-Based Services (HCBS) News**

**Save the date for the 2018 KanCare All MCO HCBS Training**

The training will be an all managed care organization (MCO) collaborative session providing important information for Home- and Community-Based Services (HCBS) providers. In addition to training, each MCO will be available in breakout sessions. As the dates near, the invitation with registration instructions will be posted as a KMAP bulletin. For more information, go online to [kmap-state-ks.us/Public/bulletins/bulletinsearch.asp](http://kmap-state-ks.us/Public/bulletins/bulletinsearch.asp).

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<tr>
<th>Session</th>
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<td>June 19</td>
<td>Doubletree Wichita Airport 2098 Airport Road</td>
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<td>Hays</td>
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<td>Rose Garden Banquet Hall 2350 E 8th Hwy 40</td>
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