Community Connections

For More Information
Call our Provider Services Center at 877-542-9235
Visit UHCCommunityPlan.com
In This Issue...

- A Word from Our Interim Chief Medical Officer
- Dual Complete Medicare Advantage-Prescription Drug Plan Expands with Additional Benefits
- UHCCommunityPlan.com Content Has Moved to UHCprovider.com
- Appointment Availability Standards
- Care Provider Information Expo Coming in August
- How to Contact Our Provider Advocates
- The Power of Using Link

Home- and Community-Based Services News
- Kansas Intellectual/Developmentally Disabled (IDD) Day and Residential Supports
- Overlapping Dates of Service on Claims
- claimsLink Corrected Claims

We hope you enjoy the summer edition of Community Connections. In this issue, you can read about how UnitedHealthcare is addressing the opioid crisis, UHCCommunityPlan.com content transitioning to UHCprovider.com, the power of using Link, and much more.
A Message from Our Interim Chief Medical Director Teresa Wesley, MD

New Prior Authorization Process to Address the Opioid Crisis

The opioid crisis has reached epidemic proportions in the United States. Current opioid prescribing habits contribute to the problem, and many opioid prescriptions are written for too long of a time period and in doses inconsistent with Centers for Disease Control and Prevention (CDC) guidelines. In a recent study, UnitedHealthcare found that 40 percent of all opioid prescribing in Kansas doesn’t meet current CDC guidelines for prescribing opioids.

In an effort to better manage opioid utilization and reduce the risk of misuse, addiction and other adverse events, while ensuring that adequate analgesia is provided to patients in pain, the KanCare Program, the KanCare Managed Care Organizations and Kansas medical professionals have worked together to create new guidelines for the prescription of opioids.

This new opioid policy requires prior authorization for both short and long-acting opioids. The policy is evidence-based and consistent with CDC guidelines. Patients covered under KanCare may be impacted by these new prior authorization guidelines. Patients with cancer or sickle cell diagnoses who are receiving hospice or palliative care services or residing in custodial care facilities may be excluded from the prior authorization.

UnitedHealthcare provides opioid programs and resources online at UHCprovider.com in the Opioid Programs and Resources section. While an opioid prior authorization process creates additional work for some prescribers, patient health and safety requires action to help ensure appropriate monitoring of opioid prescribing. The new opioid policy requiring prior authorization took effect June 1, 2018.

Here is a summary of the prior authorization process:

Prior authorization will not be required for all short-acting opioid prescriptions that meet the following criteria:

- An initial fill limit of 7-day supply of short-acting opioid (immediate release formulation). Additionally, a limit of two fills (14-day supply total) is allowed within a 60-day look-back period (must be no more than a 7-day supply per prescription).
- Daily dosing limits cannot exceed the lesser of 90 morphine milligram equivalent (MME) or the U.S. Food and Drug Administration (FDA) maximum-approved dose.

Prior authorization will be required for all long-acting opioid prescriptions (extended-release formulations) and any short-acting opioid prescriptions exceeding the limits identified above.

Note: Patients with a cancer, sickle cell or palliative care diagnosis will be exempt from the 7-day supply and MME dosing limits. If an appropriate diagnosis code is documented in the medical record, prior authorization will not be required.

Current opioid users exceeding the initial 14-day supply within 60 days and/or doses greater than 90MME or the FDA-approved doses will be grandfathered and prior authorization for these opioid users will occur in a phased-in manner.

Where to Get More Information

The Kansas Medical Assistance Program (KMAP) bulletin on the new opioid prior authorization policy is available at kmap-state-ks.us/Documents/Content/Bulletins/18101%20-%20General%20-%20Opoid_2.1.pdf.

The prior authorization criteria are available at kdheks.gov/hcf/pharmacy/PA_Criteria/Opioid_PA_Criteria.pdf.

The prior authorization form can be found at kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Opioid_PA_FORM.pdf.
Dual Complete Medicare Advantage-Prescription Drug Plan Expands with Additional Benefits

On Jan. 1, 2018, UnitedHealthcare expanded its services to dual eligible members in the following counties: Butler, Cowley, Douglas, Franklin, Harvey, Jackson, Jefferson, Leavenworth, Miami, Osage and Sumner. UnitedHealthcare continues serving dual eligible individuals who live in Johnson, Wyandotte and Sedgwick 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 live in one of the CMS-approved service areas.
• 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 they are an existing 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
• Access to 24/7 nurses line

If you’re already contracted with UnitedHealthcare for Medicare services, you’re 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, daily. 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, you can check member eligibility and detailed benefit information using the eligibilityLink app on Link through UHCprovider.com. Always check benefits before providing services to a UnitedHealthcare member and remember there’s no balanced billing for DSNP members. For more information, you can also call 866-262-9947.

You can 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.

Medicare Appropriate Claim Forms

Some institutional care providers, including FQHC, RHC and Home Health, are required by the Centers for Medicare & Medicaid Services (CMS) to bill Medicare and Medicare Advantage products using UB-04. Consult your UnitedHealthcare Payment Appendix or the CMS UB Billing requirements at cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837I-FormCMS-1450-ICN006926.pdf to determine the appropriate claim submission form for your provider type.

Due to this requirement, claims that require submission for secondary payment to Medicaid on a CMS-1500 form will not automatically cross over and will have to be submitted to United Healthcare Community Plan of Kansas on the appropriate claim form, with Kansas Medicare Advantage DSNP Explanation of Benefits attached. Please reach out to your Provider Advocate with questions.

UHCCommunityPlan.com Content Has Moved to UHCprovider.com

Based on your feedback, we brought provider content from multiple websites together in one place for your convenience. UHCprovider.com is now your home for the latest news, policy information and access to Link self-service tools.

The health care professional content that was on UHCCommunityPlan.com/Health-Professionals was moved to UHCprovider.com in June 2018. Content previously provided on UnitedHealthcareOnline.com, UHCWest.com, oxhp.com (Oxford) and UHCrivervalley.com was transitioned to UHCprovider.com in 2017.

UHCprovider.com includes several features:

- Access to the Link self-service tool dashboard, including claims and payments, eligibility and benefits, referrals 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

We need your help as we prioritize future enhancements. While visiting the site, click the Feedback tab found on the right side of every page so you can let us know your suggestions. You also may be randomly selected to take a short survey.

Watch for more information in the Fall 2018 edition of Practice Matters.
Important information for health care professionals and facilities

Appointment Availability Standards
As a reminder, UnitedHealthcare Community Plan has appointment availability requirements for Primary Care Physicians and Specialists. The requirements apply to routine, urgent and after-hours care.

For more information, please refer to your Provider Administrative Manual online at UHCprovider.com.

Care Provider Information Expo Coming in August
The Kansas/Northwest Missouri Provider Relations team invites you to attend our Care Provider Information Expo on Aug. 22, 2018 to meet UnitedHealthcare representatives and hear the latest information about our products, resources and services available to you and your staff. There is no cost to attend. The expo will be at Noah’s Event Venue, 1550 N. Lindberg Circle, Wichita, Kansas.

There will be two sessions for your convenience:
• Morning – 8:00 a.m. – 12:00 p.m.
• Afternoon – 1:00 p.m. – 5:00 p.m.

Please register to attend which session is most convenient for you. Send an email to Kansas_PR_team@uhc.com to confirm your registration.

The expo will feature speakers on topics such as Kansas Medicaid, Dual Special Need Plan (DSNP), Link and Medicare. Staff will be available during the day from various departments to answer your questions.

How to Contact Our Provider Advocates
Have questions about UnitedHealthcare? We have care provider support teams and a library of online resources ready to assist you. For more information, visit UHCCommunityPlan.com > For Health Care Professionals > Kansas > Provider/Hospital Advocate Team Contact Information.

The Power of Using Link
Are you using our most powerful online tools? You should be! 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.

To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner.
For more information, go to UHCprovider.com/Link. New to Link? Go to UHCprovider.com/newuser.
Home- and Community-Based Services (HCBS) News

Kansas Intellectual/Developmentally Disabled (IDD) Day and Residential Supports

On May 1, 2018, UnitedHealthcare implemented changes to improve the accuracy of T2016 and T2021 authorizations and claim adjudication. We no longer rely on reimbursement rate information included in the authorization notes to manually price claims. This change allows us to move closer to an automated adjudication process and eliminates the need to update authorizations in the event of a rate change:

- The tier category (regular or super) and level (1–5) will continue to be published in the authorization notes, i.e. Regular Tier 3, Super Tier 1, etc. This information is also available to care providers in KAMIS (Kansas Assessment and Management System) by contacting the area Community Developmental Disability Organization (CDDO).
- A reimbursement rate will only be published in the authorization notes when the member is approved for an extraordinary funding individualized rate. Regular and super tier reimbursement rates will no longer be published in the authorization notes.
- The Home- and Community-based Services (HCBS) IDD reimbursement rates are published on the KMAP website, Provider page. This document will be your resource for identifying the assigned regular or super tier rate to calculate billed charges for your claims.

Overlapping Dates of Service on Claims

Please remember that Kansas HCBS claims should not overlap calendar months. It will result in a submission billing error denial. A corrected claim will be required.

claimsLink Corrected Claims

If it’s determined that an error was made on the original claim, either based on an internal review or how the claim was processed, care providers have 365 days from the remittance date to submit a corrected claim.

To file a corrected claim electronically through the claimsLink application:

- Follow steps outlined in the Link: claimsLink Claim Reconsideration/Corrected Claims Quick Reference Guide.
- Choose Reason Request = Submission of a Corrected Claim
- Follow the next steps as prompted, i.e. New Comment, Attachments, etc.
- Use the Comments field to clearly explain in detail what you’re expecting with the corrected claim.
- Attach a corrected CMS 1500 to the request. Write “CORRECTED” on the face of the claim. Resubmit the entire claim as originally submitted with corrections (including line items that were previously paid correctly). Add Resubmission code “7” and the UnitedHealthcare original claim number in Box 22. If you would like to void the claim, use resubmission code “8”.

Overlapping Dates of Service on Claims

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Kansas
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Community Connections is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.