In This Issue...

- A Message from Our Chief Medical Officer
- Medicare Advantage Dual Complete Plan Expands
- 2019 Value-Added Benefits Highlights and Enhancements
- How to Improve the Patient Experience

**Home- and Community-Based Services News**

- Provider Enrollment Reminder
- Overlapping Dates of Service on Claims
- UHC On Air

We hope you enjoy this edition of Community Connections. In this issue, you can read about flu vaccinations, expansion of the Dual Complete Plan, improving the patient experience, and much more.
A Message from Our Chief Medical Officer
— Teresa Wesley, MD, Medical Director

The Centers for Disease Control and Prevention (CDC) has encouraged everyone from age six months to adult to receive the flu shot annually. According to the CDC, a flu vaccination can reduce illnesses, doctor visits and missed work and school, and prevent flu-related hospitalizations. Even though the vaccination for the flu started in October of 2018, care providers should still encourage patients to get the flu shot.

To help prevent widespread prevalence of the flu, it takes each and every health provider to continue to promote the annual influenza vaccination to their patients. Many care providers have standing orders for the influenza vaccination and partner with their communities to have flu shot clinics, which are dynamic ways to promote patient compliance with getting the flu shot.

Kansas care providers and their clinical staff are key partners with the state and UnitedHealthcare Community Plan of Kansas in making an impact on preventing the flu. Let’s continue to work together to reduce the prevalence of the flu by encouraging patients to get vaccinated.
Medicare Advantage Dual Complete Plan Expands

On Jan. 1, 2019, UnitedHealthcare Dual Complete Medicare Advantage Prescription Drug Plan (HMO-POS) will continue to be offered to eligible residents in Butler, Cowley, Douglas, Franklin, Harvey, Jackson, Johnson, Jefferson, Leavenworth, Miami, Osage, Sedgwick, Sumner and Wyandotte counties.

Dual Complete is a Special Needs Plan that is a Medicare Advantage-Prescription Drug coordinated care plan that limits membership to people with specific diseases or characteristics. It’s offered to patients who are eligible for both Medicare and Medicaid. As a reminder, Medicare Advantage plans, also known as Medicare Part C, offer an alternative to Original Medicare. Eligible patients must have Medicare Parts A & B, be fully eligible for Kansas Medicaid benefits and reside in one of the 14 CMS-approved service counties listed above to qualify for our Dual Complete Medicare Advantage-Prescription Drug plan. Dual-eligible members are low-income seniors over age 65 and people with disabilities under age 65.

How the program works:

• Members are not automatically enrolled and must be enrolled by a licensed sales agent.
• Members can be enrolled with any of the three KanCare Medicaid Managed Care Organizations.

• Eligible members with end stage renal disease can enroll if they are an existing UnitedHealthcare Medicaid member, Medicare eligible and reside in one of the 14 CMS-approved service counties.

Dual Complete supplemental benefits for 2019 include:

• $265/quarter 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 aid devices
• Transportation benefit of up to 24 one-way rides for health care visits and pharmacy
• Person Emergency Response System – Connected to trained operators in any emergency situation 24 hours per day
• Access to 24/7 NurseLine
• Foot care – Up to 6 visits per year
• Meal program that includes 14 meals in 7 days post-discharge
• Gym membership – Access to participating fitness centers
• Chiropractic/Acupuncture – Up to 10 chiropractic and/or acupuncture visits per year
• Virtual Doctor Visits – Telehealth services, including consultation, monitoring, diagnosis and treatment by a physician
• Solutions for caregivers – Speak with experienced care manager who can help plan and access resources on behalf of caregiver

Here is helpful information about member ID cards:

• Dual Complete members have one ID card for their Medicare benefits and a separate ID card for their Medicaid benefits.
• Check the member’s ID card at each visit and copy both sides of the card(s) for your files.

(continued on next page)
Important information for health care professionals and facilities

(continued on previous page)

- Member ID cards also can be viewed online using the Eligibility & Benefits application on Link.
- Always check benefits before providing services to a UnitedHealthcare Community Plan member.

If you identify members who qualify for the Dual Complete plan (Kansas DSNP), direct them to the Dual Complete member service call center for more information about enrollment at 855-277-4716, TTY 711, 8 a.m. – 8 p.m. Central time, daily.

2019 Value-Added Benefits Highlights and Enhancements

At UnitedHealthcare Community Plan of Kansas, we’re excited to roll out many new value-added benefits for our members beginning Jan.1, 2019. We’re able to support these benefits by working with you to keep our members healthy.

These benefits include:

- Members age 21 and older can visit a participating dental provider and receive a maximum benefit of $500 per calendar year for covered services such as cleanings, X-rays and filling restorations.
- The Healthy Rewards Program allows members to earn debit card credits between $10 and $25 for doing healthy activities such as wellness check-ups, immunizations and flu shots.
- Pregnant and new moms can earn up to $190 in rewards for completing prenatal and post-birth appointments for joining our Baby Blocks program along with earning a $200 debit card for completing their first prenatal visit within the first 42 days of enrollment.
- Three round trip or six one-way rides will be offered to pregnant and new moms to go to WIC appointments to encourage healthy eating and breast feeding.
- Extra transportation benefits for adult members to help support education and job-related activities.
- Benefit pays for members over age 19 to compete some segments toward their General Educational Development (GED).
- Provide members over age of 19 with resources and support to train in computer coding.
- Youth members up to age 18 will be able to access youth programs located throughout Kansas at 4-H, Boys and Girls Club, YMCA and participating parks and recreation offices.
- There are a number of value-added benefits specifically for waiver members, including but not limited to: internet access, pest control, respite care, home helper catalog, transportation to social events and MedicAlert Bracelet.

One area of focus is prenatal care. Using the HEDIS PPC measure as our guide, we want to make sure that our moms get in for that first prenatal early in the first trimester. We need your help to receive quick notification of that first prenatal visit. Recognizing this could require additional effort on your part, we’re looking at different options for care provider incentives. During the first quarter of 2019, we will communicate the details of this program to eligible care providers. Watch for more information, and thank you for helping us keep our moms and babies health and happy.

For a full list of our value-added benefits and who qualifies, go to UHCprovider.com or call Member Services at 877-542-9238.

How to Improve the Patient Experience

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual industry standard survey used to evaluate the patient experience with their health care. From February through June, CAHPS surveys are sent to a random sample of health plan members. The survey is managed by the Centers for Medicare & Medicaid Services (CMS). Participation in the survey is voluntary.

(continued on next page)
Improving the patient experience and satisfaction with health care services has many benefits. Not only does patient satisfaction increase, it can help improve compliance with care and treatment recommendations to improve health outcomes (i.e., closing care gaps).

What questions are my patients asked in the CAHPS Survey?

CAHPS survey questions address patient experiences with their physicians when obtaining care. Patients are asked questions such as: Getting Care Quickly; How Well Doctors Communicate; Coordination of Care; and Rating of Personal Doctor and Specialist.

How can you help improve a patient’s experience?

1. Make a personal connection.
   Everyone in your office has an important role to play in creating a great health care experience for your patients. A smile at the front desk or a quick “How are you doing?” can make a big difference.

2. Fight the flu.
   Ask patients if they’ve gotten their flu vaccine. If they haven’t, explain the benefits and work on a plan to help them get it.

3. Make it easy.
   To help your patients get the care they need, consider extending office hours and providing multiple services during a single visit. Verify their contact information and submit prior authorizations when they’re in the office, if possible.

4. Pick the right care provider.
   Help patients get care more quickly by connecting them with the right care provider for their needs at that time, whether it’s a doctor, nurse or a physician’s assistant.

5. Watch the wait times.
   Shorten wait times by limiting the number of same-time appointments. Approach a waiting patient every 10 minutes or so to let them know they haven’t been forgotten.

6. Be a good host.
   When a patient arrives, make sure you greet them. If there’s a long wait, apologize and explain the reason for the delay. Provide options that may include rescheduling. Remember to treat each patient the way you’d like a loved one to be treated.

7. Get the complete picture.
   Ask your patients to sign an authorization form so you can get their medical records from other clinics or care providers. Remind them to bring in health care paperwork from other specialists, as well as all medications and over-the-counter drugs.

8. Explain recommended tests and provide results promptly.
   Thoroughly explain any recommended tests your patient needs. Let them know when and how you’ll share their results. When you discuss results, be sure to flag any follow-up care that’s needed. If there are any delays in getting the results, proactively let your patient know.

9. Go the extra mile.
   Whatever your role, make an extra effort to help every patient get the care and support they need. A patient’s experience can be improved when you greet them warmly, listen to their questions, provide clear answers and help them with next steps. It can be that simple.
Home- and Community-Based Services (HCBS) News

Provider Enrollment Reminder

All KanCare managed care organization (MCO) network care providers who receive payment for KanCare members are required to be enrolled in the Kansas Medical Assistance Program (KMAP). Failure to enroll an active KanCare network service location with KMAP will prohibit the care provider from participating in the KanCare program and will result in denial of claims.

As of Nov. 1, 2018, all care providers are required to have a KMAP identification (ID) number to participate with the MCOs. Care providers are encouraged to submit enrollments prior to this date to help ensure there will not be any impact to claims payments once the integrated common online application and associated claims editing is implemented on Jan. 1, 2019.

Synchronization and use of the following data elements across the MCOs and KMAP is critical to accurate claims processing:

- NPI
- Provider name
- Provider types and specialties/services
- Taxonomy
- Tax ID number

To enroll with KMAP, access the Provider Enrollment Wizard at portal.kmap-state-ks.us/ProviderEnrollment/EnrollmentCreate. Care providers can contact KMAP at 800-933-6593 with any additional questions on their current status with KMAP. They may contact their HCBS Provider Advocate about their MCO status by getting the contact information online at UHCprovider.com/content/dam/provider/docs/public/commplan/ks/resources/KS-HCBS-Provider-Advocate-Map.pdf.

See Provider Enrollment Bulletins for all the details:

- General Bulletin #18178, #18162, #18131 and #18146 for more details.
- kmap-state-ks.us/Public/bulletins/bulletinsearch.asp

Overlapping Dates of Service on Claims

As we approach the New Year, it’s always a good time to review tips to avoid common claim denials. Please remember that HCBS claims should not overlap months or calendar years. It will result in a submission billing error denial. A corrected claim will be required.

UHC On Air

Accessing care provider education and resources is now easier than ever. You can directly access UHC On Air for live and on-demand education and training videos to watch anywhere, anytime, from any device.

Check out the Link and Provider Self-Service series on the UHC News Now channel to bring you the latest news and tutorials for online tools. More broadcasts are added each week.

Topics Include:

- Link Tutorials – videos that will quickly get you up to speed with our online self-service tools
- CEU/CME Programs – earn educational credit 100 percent online
- Claims and Payment – the most recent claims processing information
- State-Specific Information – each state has its own channel

Here’s How to Quickly Access UHC On Air:

1. Login to Link with your Optum ID and select the UHC On Air.
2. Select the UHC News Now channel to watch national UnitedHealthcare broadcasts.
3. Select your state-specific channel to see your local programming.
Kansas Community Connections

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