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We hope you enjoy the summer edition of Community Connections. In this issue, you can read about our new clinical medical director, an overview of measles, PreCheck MyScript, and much more.
Our New Clinical Medical Director

We’re pleased to welcome our new Clinical Medical Director Dr. Charles Davis. Dr. Davis brings over 15 years of experience in the medical field to United Health Group. Board-certified in internal and geriatric medicine, he received his training at the University of Kansas, where he completed an internal medicine residency and a geriatric medicine fellowship.

In 2004, after completing these programs, Dr. Davis opened a private practice, Heartland Geriatrics, to serve patients and families in the bi-state, metropolitan community. Heartland Geriatrics grew to a substantial practice — with several nurse practitioners and staff under — and his team took care of patients in over 30 nursing homes, assisted living facilities, and rehabilitation centers all over Kansas City. He also holds certification in medical direction and served as the medical director for a number of facilities in the Kansas City and surrounding area.

We’re excited to have Dr. Davis join us at UnitedHealthcare Community Plan of Kansas.
A Brief Overview of Measles  
Dr. Charles Davis  
Clinical Medical Director

As care providers, you’re aware of the dramatic increase in the number of measles cases being reported in the news almost daily. Because this disease has been nearly nonexistent in the United States for many years, most of us have not seen a case of the measles. We want to remind you of some pertinent facts about this disease.

The live measles vaccine was licensed for use in 1963. Prior to the development of the vaccine, approximately 550,000 measles cases and 495 measles deaths were reported annually in the United States; most cases were not reported. Of those cases reported, about 50,000 people were hospitalized. Annually, approximately 1,000 of the measles cases developed chronic disability from acute encephalitis, which often resulted in permanent brain damage.

In the year 2000, measles was declared eliminated in the United States. Since that time, the number of cases has ranged from 37 in 2004 to 667 in 2014. Currently, from January 2019 to May 2019, 839 cases of measles have been confirmed in the United States. The recent increase is due to the increased number of travelers who get measles abroad and bring it into the country, spreading into communities with pockets of unvaccinated people.

The measles virus is a single stranded, enveloped RNA virus with one serotype. It is classified as a member of the genus Morbillivirus within the family Paramyxoviridae; humans are its only host. It’s transmitted by direct contact with infectious droplets or airborne particles via sneezing, cough, or breathing. The measles virus can remain infectious in the air for up to two hours after the infected person leaves an area. Measles is a highly contagious virus infecting the throat and mucous membranes with common complications of otitis media, bronchopneumonia, laryngotracheobronchitis and diarrhea. People at high risk of complications and severe illness from measles include infants and children less than age 5, adults older than age 20, pregnant women and people with compromised immune systems.

The clinical features of measles include a prodrome of fever, malaise, cough, coryza and conjunctivitis — the three “C”s — and Koplic’s spots (pathognomonic), which may occur inside the cheeks. This is followed by a maculopapular rash that spreads from the head to the trunk to the lower extremities — including the palms of the hands and soles of the feet. The rash usually appears about 14 days after a person is exposed to an infected person. Patients are considered to be contagious from four days before to four days after the rash appears. Notably, immunocompromised patients might not develop a rash.

As mentioned earlier, the initiation of a robust MMR vaccination program led to the measles being declared eliminated in 2000. The Advisory Committee on Immunization Practices (ACIP) recommends that people without evidence of immunity to measles be vaccinated. Acceptable presumptive evidence of immunity includes:

1. Written documentation of adequate vaccination, which includes:
   - One or more doses of measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk.
   - Two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, health care professionals and international travelers.

2. Laboratory evidence of immunity.

3. Laboratory confirmation of measles.


As a health care worker, exposure to the measles is an occupational risk. Post-exposure prophylaxis with immune globulin (IgG) administered within six days prevent or modify measles in persons who are nonimmune. It is not indicated for persons who have received one dose of measles-containing vaccine at age 12 months or older unless they are severely immunocompromised.
Important information for health care professionals and facilities

There are a number of excellent resources and references on the Centers for Disease Control and Prevention (CDC) website. Please refer to the website for additional information about measles and vaccination guidelines.

References:

- [cdc.gov/measles/hcp/index.html](http://cdc.gov/measles/hcp/index.html)
- [cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm](http://cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm)
- [cdc.gov/vaccines/acip/index.html](http://cdc.gov/vaccines/acip/index.html)

Non-Participating Provider Change

Beginning with dates of service Oct. 1, 2019 and after, care providers who are not participating in the UnitedHealthcare Community Plan of Kansas plan are required to obtain prior authorization for their claims to be paid. Emergency services and services that are covered by another primary payer are excluded from this requirement.

Provider Enrollment Managed Care Regulation Implementation Update

All KanCare managed care organization (MCO) network providers who receive payment for KanCare members are required to be screened and enrolled in the Kansas Medical Assistance Program (KMAP). Care providers should have enrolled with KMAP by July 1, 2019. Failure to do so will result in claim denials.

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 [kmap-state-ks.us/Public/Provider.asp](http://kmap-state-ks.us/Public/Provider.asp). The Kansas modular Medicaid System (KMMS) Provider Enrollment Wizard is available for use. See KMAP Bulletin #18261.

Until further notice, all provider record changes must be reported to KMAP instead of UnitedHealthcare. Care providers can contact KMAP at 800-933-6593 with any additional questions on their current status with KMAP.

See Provider Enrollment Bulletins for all the details. General Bulletin #18183, #18180, #18218, #18223 and #18131 are available online at [kmap-state-ks.us/Public/bulletins/bulletinsearch.asp](http://kmap-state-ks.us/Public/bulletins/bulletinsearch.asp).

UnitedHealthcare Dual Complete® Rewards Offered to Members to Support Preventive Care

The Dual Complete Rewards program is included at no cost as part of all UnitedHealthcare Dual Complete Plans. This program helps members earn rewards for taking care of their health. Simple tasks such as having a checkup or getting a flu shot may be rewarded. All members have to do is provide a few details and they earn valuable gift cards by mail or online. The more activities they complete, the more gift cards they can earn.

Connect eligible members into the UnitedHealthcare Dual Complete Rewards program today to further support preventative care for improved health outcomes.

There are two easy ways members can activate their account and claim rewards:
- Online at UHCDualRewards.com
- Phone: 866-551-0987, TTY 711, 7 a.m. – 9 p.m. Central Time, Monday-Friday
- 9 a.m. – 2 p.m. Central Time, Saturday

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Important information for health care professionals and facilities

Reporting Health Care Fraud, Waste and Abuse

It’s the responsibility of all of us to report health care fraud, waste and abuse.

**Fraud** – Intentionally misrepresenting or concealing facts committed by a person or entity that could result in an inappropriate gain or benefit.

**Waste** – Inaccurate payments for services, such as unintentional duplicate payments, and inappropriate utilization and/or inefficient use of resources.

**Abuse** – Provider practices that are not medically necessary or that fail to meet professionally recognized standards for health care.

If you suspect any fraud, waste or abuse, call UnitedHealthcare Community Plan Provider Services at 877-542-9238 or call Kansas Fraud Control at 866-551-6328 or 785-368-6220. Report any situation that is suspicious. Reporting can remain anonymous. Let’s help protect our community together.

Home- and Community-Based Services (HCBS) News

New Corrected Claim Functionality in claimsLink for Professional Claims

As of April 1, 2019, the new professional corrected claim functionality is available. This allows care providers to submit corrected professional claims (CMS1500) online.

For more information, visit UHCprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Reconsideration-Corrected-Claims-QRG.pdf.

Prior Authorization Requirements for Kansas Medicaid

Visit Link to review the updated prior authorization requirements that became effective April 1, 2019:


New “Provider Only” Function Search Option in claimsLink

The “Provider Only” search option is now available in the claimsLink tool, in addition to our recently added Claim Number and Patient Account Number search options. This new search still allows users to search by TIN and date of service for all paid and denied claims. But it also allows users to search at the individual care provider level by a date of service in a set or custom date range and returns acknowledged, pending, payable, paid and denied claims.

For more information, visit UHCprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Status-QRG.pdf.
Community Connections is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.