For More Information
Call our Provider Services Center at 877-542-9235
Visit UHCprovider.com
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We hope you enjoy the spring edition of Community Connections. In this issue, you can read about behavioral health resources, Dual Complete Plan benefits, non-emergency transportation for members, and much more.
A Message from Our Chief Medical Officer
— Teresa Wesley, MD

UnitedHealthcare's mission is to provide coverage and services from a whole-person care approach. And we're encouraged that each of our care providers makes sure that the medical needs, as well as the mental health needs of patients, are addressed during office visits. On the UnitedHealthcare Community Plan and State of Kansas provider portals, there are resources and tools to help you determine what behavioral health needs your patients may have. These resources include screening tools for depression, ADHD, alcohol and substance misuse.

To access UnitedHealthcare's Behavioral Health Resources clinician website and screening tools, go to UHCprovider.com/en/resource-library/behavioral-health-resources.html. You can also request the screening tools by sending an email to BHInfo@uhc.com.

We value the collaboration of each and every one of our care providers in providing care for the physical health and mental health of our members.
Mark Your Calendars for the Spring “All MCO Training”

Here are the dates and locations for the Spring 2019 “All MCO Training:”

- April 23, 2019 — Hays, Rose Garden Inn
- April 24, 2019 — Wichita, Hughes Metropolitan Complex
- May 1, 2019 — Olathe, Ball Conference Center

UnitedHealthcare Dual Complete Plan Benefits Enhanced for 2019

Kansas residents living in Butler, Cowley, Douglas, Franklin, Harvey, Jackson, Jefferson, Johnson, Leavenworth, Miami, Osage, Sedgwick, Sumner and Wyandotte counties who are enrolled in the UnitedHealthcare Dual Complete plan will see several improved benefits during 2019. Enhancements were made to the following:

- **New Transportation Benefit** — National MedTrans provides up to 24 one-way rides to medical-related appointments annually.
- **New Fitness Benefit** — Members may use Renew Active, a fitness benefit offering standard member access to many local fitness centers at no cost.
- **New Meal Program** — Member meals can be arranged for delivery of up to 14 meals in 7 days following one facility discharge per year.
- **New Virtual Doctor Visits Benefit** — Members can live video chat with a doctor via computer, tablet or smartphone, 24 hours a day, 7 days a week with $0 copay.
- **Foot Care** — Members are eligible for up to six visits per year to help keep their feet healthy (increase of two visits).
- **Vision** — Members are eligible for an annual exam and $200 credit every year for eyewear (changed to annual benefit).

- **Dental** — Members are eligible for an exam and cleaning every six months, with up to $2,000 per year for covered preventive and comprehensive dental services, including fillings, crowns, periodontal services, extractions, bridgework, root canals and more. (Coverage expanded to include bridgework, sedation dentistry and root canals.)

In addition, UnitedHealthcare Dual Complete Plans in Kansas offers health product benefit credits for over-the-counter supplies, hearing exam and hearing aid coverage, and chiropractic and acupuncture coverage. For complete benefit details, visit [UHCprovider.com/KScommunityplan](http://UHCprovider.com/KScommunityplan).

Individuals may be eligible for UnitedHealthcare Dual Complete plans if they qualify for both Medicare and Medicaid benefits.

Patients can learn more by calling **844-812-5967** between 8 a.m. and 8 p.m., seven days a week, local time.

Provider Services Information

As a reminder, please provide the following information when contacting UnitedHealthcare’s Provider Services:

- Caller name
- Member ID
- Provider tax ID or NPI
- Is this for claims or benefits
- Claims (claim # we are referencing, dos, billed amount, issue)
- Benefits (codes)
- Codes we are checking
Non-Emergency Transportation Vendor Update

In late 2018, we announced that we would be changing from LogistiCare to National MedTrans as our NEMT vendor. This change has been postponed, and we will continue with LogistiCare for at least the next year.

UnitedHealthcare members who need transportation from the hospital to home upon discharge are eligible for NEMT services. The hospital social worker, nurse, discharge planner or other staff member should contact the LogistiCare Facility line to arrange this. The phone number is 866-697-0496. Allow up to three hours for LogistiCare to arrange for transportation.

Dual Special Needs Plans: Care for Older Adults

Dual Special Needs members age 66 and older require an annual assessment during the measurement year for advanced care planning, medication review, functional status assessment and pain assessment.

We recognize the time you take to help your patients address care opportunities tied to Healthcare Effectiveness Data and Information Set (HEIDS®) quality measures. The use of CPT® II codes and the Care for Older Adults (COA) assessment form will reduce the need for chart review and helps UnitedHealthcare identify clinical outcomes.

Care for Older Adults Assessment Descriptions & CPT Billing Codes

Advanced Care Planning
1157F, 1158F

This care opportunity is addressed with evidence a member’s had an advance care plan discussion during the measurement year. The discussion should cover a member’s preferences for resuscitation, life-sustaining treatment and end of life care.

Medication Review
1160F, 1159F

Medication Review: This care opportunity is addressed when a member’s medications are reviewed by a prescribing practitioner or clinical pharmacist during the measurement year. A medication list must be included in the member’s medical record for completion.

Medication List: To address this care opportunity, a member’s list of medications must be documented in their medical record during the measurement year.

Functional Status Assessment
1170F

Addresses this care opportunity for the member’s functional status to assess with one of the following during the measurement year:

- Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL)
- Standardized functional status assessment tool and results
- Body systems assessment that includes three of these four components: ambulation status, cognitive status, functional independence or sensory ability

Note: A notation showing the assessment was done must be included in a member’s medical record for completion.

Pain Screening
1125F, 1126F

To address this care opportunity, a member must have a comprehensive pain screening or pain management plan done at least one time during the measurement year.

Documentation Tips

- Ensure medication list is in chart and medication review is performed by prescribing practitioner or clinical pharmacist. CPT II Category Codes 1159F and 1160F must be billed on the same claim.

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• Functional assessment must address five of ADLs (bathing, dressing, eating meals/snacks, etc.) and four of IADLs (cleaning, cooking, using a phone, etc.).

• Document pain screening or methods of pain management.

• When COA assessment is complete, please place a copy of COA Assessment Form in the members' medical record and upload to UHCTransitions™ (Health BI).

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

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Helping Members Achieve a Healthy Blood Pressure

Almost one in three adults has high blood pressure of 130/80 or higher. A healthy blood pressure is 120/80 or lower. High blood pressure usually has no symptoms. But because it can lead to serious problems, it’s important to treat it. Hypertension is a leading cause of stroke, heart attack, kidney disease and congestive heart failure. There are several things you can tell your patients to do to help them control their blood pressure:

• Limit salt to less than 1,500 mg per day.

• Limit alcohol to one drink a day for women or two (or less) for men.

• Stay at a healthy weight.

• Exercise for at least 30 minutes a day.

• Don’t smoke.

• Manage stress.

Expanded KanCare Benefits for Tobacco Cessation cover multiple quit attempts per year

For patients enrolled in KanCare, a newly expanded benefit for tobacco cessation is now available. Increased funding covers medications and counseling for tobacco users to make multiple quit attempts per year. This will help care providers work with patients to find the right combination of treatments to quit for good.

Expanded benefits include:

Medications: Comprehensive, barrier-free coverage of all FDA-approved medications:

• Chantix, Bupropion, all nicotine replacements (patch, gum, lozenge, inhaler, nasal spray)

• Evidence-based combinations of medications (e.g., concurrent patch/lozenge)

• No prior authorization or copays

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Important information for health care professionals and facilities

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Counseling: No annual or lifetime limits

- Individual (Billing Codes 99406/99407)
- Group Counseling (Billing Code 99453)

Free flyers about the expanded benefits can be downloaded for care providers and their patients.

Research shows it takes multiple efforts to finally give up tobacco, the number one cause of preventable death and disease in the country. Patients want to hear about the benefits of tobacco cessation from their health care providers, and these should be discussed at every visit because it may take multiple conversations before the patient decides to make a plan to quit using tobacco.

Some tips about talking to patients include:

- Ask about their tobacco use and listen to their hopes and concerns about quitting
- Inform them of the new benefit and let them know you can help them try new medication and counseling options until they find the one that works for them.
- Prescribe medications and offer evidence-based support
- Counseling - Individual or group, provided by your clinic (A description of the Brief Tobacco Intervention training can be found here.) To register for the free online training click here.
- Referral to the Kansas Quitline (1-800-Quit-Now)
- Text to Quit (text the word “quit” to 47848)
- Follow up with appointments or conversations about how the interventions are working

In Kansas, the expanded KanCare benefits provide a better chance for patients to have successful outcomes. Let patients know about the benefits today.

Home- and Community-Based Services (HCBS) News

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). To assist providers with the transition to KanCare 2.0, all KanCare MCOs will delay denying claims for the above requirement until July 1, 2019. It is imperative that providers ensure they have enrolled with KMAP by July 1, 2019. Failure to do so will result in possible recoupment of claims paid during the delay period. As a courtesy, KMAP will automatically backdate all enrollments during this period to Jan. 1, 2019. See updated KMAP Bulletin #19040.

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. The Kansas modular Medicaid System (KMMS) Provider Enrollment Wizard is available for use. See KMAP Bulletin #18261.

Once an enrollment is complete, updates to the following attributes must begin with KMAP. All other changes may originate with either KMAP or an MCO and will be communicated to the impacted MCOs:

- Tax ID*
- Provider type*

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Important information for health care professionals and facilities

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- Group association for an individual participating as part of a group
*This requires a new enrollment.

**Note:** For updates that originate with an MCO, the changes requested are not automatically completed. The changes will be pending until a KMAP resource can validate them. This validation requires contact with the provider for verification of the changes. Once verified by KMAP, the updates will be made to the care provider’s record and all impacted MCOs will be notified of the updates.

Providers can contact KMAP at **800-933-6593** with any additional questions on their current status with KMAP. Providers may contact their **HCBS Provider Advocate** regarding their MCO status by using our website [UHCprovider.com/content/dam/provider/docs/public/commplan/ks/resources/KS-HCBS-Provider-Advocate-Map.pdf](https://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 #18183, #18180, #18218, #18223 and #18131 are available online at [kmap-state-ks.us/Public/bulletins/bulletinsearch.asp](https://kmap-state-ks.us/Public/bulletins/bulletinsearch.asp).

### Cultural Competency and the American with Disabilities Act Training

Provider cultural competency is defined as the ability of providers to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. This training discusses why cultural competency and the Americans with Disabilities Act (ADA) requirements are important to care providers, including information on:

- Cultural competency overview and the impact of these requirements on care providers
- ADA overview
- Provider’s role in complying with these requirements


### 2019 Value-Added Benefits Quick Reference Guide for Adults, Long-Term Care and Waiver Members

We know that health care is a large part of our member’s lives. We’re here to help make things a little easier. That’s why our health plan includes so many extras for our member’s health and everyday life.

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