



Tennessee UnitedHealthcare Insights: Your quarterly update

Maximize sick visits

Many adults seek care when they're sick, making these visits a useful touchpoint to check on preventive care needs.

Preventive screenings and routine checkups remain important throughout adulthood. When appropriate, incorporating them into sick visits can help keep patients on track with their long-term health goals.

During these visits, you can:

- Quickly review preventive care status
- Recommend needed screenings or immunizations
- Reinforce the value of routine preventive care
- Support patients in staying engaged in their health

These small reminders during sick visits can help patients maintain better overall health.

EPSDT screening reminder

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit helps ensure children and young adults (birth–20) enrolled in Medicaid receive timely, comprehensive preventive care.

Covered services include:

- Health history
- Immunizations
- Health education
- Physical exam
- Lab tests
- Vision, dental and hearing services

EPSDT screening reminder (cont.)

Some screenings may require more than one visit. Schedule follow-ups promptly and document the dates and reasons.

✔ Key reminders

- TennCare Kids screenings do not require prior authorization
- Document any specialist referrals needed to complete the exam or address concerns found during the visit



Behavioral Health APM HEDIS measure

Second-generation antipsychotics (SGAs) are widely used to treat psychotic disorders and other behavioral health conditions. According to the American Academy of Child and Adolescent Psychiatry and the American Diabetes Association, these medications are linked to weight gain, type 2 diabetes and hyperlipidemia.

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS® measure ensures patients on antipsychotics receive proper metabolic monitoring. This includes baseline screening and annual blood glucose and cholesterol checks – critical steps to detect and prevent long-term complications.

What to keep in mind

- Confirm baseline glucose and lipid labs before starting antipsychotic therapy
- Order annual blood glucose and cholesterol tests for all patients on SGAs
- Discuss importance of metabolic monitoring with patients and families
- Coordinate care with behavioral health and primary care teams when needed

LTSS Minor Home Modification update

We're introducing a streamlined process for Minor Home Modification bid submissions.

✔ Key changes:

- Updated bid form
- Include your agency's warranty with each quote
- Warranty must cover any needed repairs at no additional cost
- Rework should be completed within 30 days of notification
- List material and labor costs separately
- Provide clear photos showing the full project scope
- You may submit bids even if they exceed the benefit limit
- After project completion, submit detailed photos (examples will be shared in the training)
- UnitedHealthcare will respond within 5 business days

A training session will be held in early 2026 to walk through the updates.

For questions before or after the training session, contact minorhomemods@uhc.com.

Jan 1, 2026: Adult day and personal care CHOICES only

Effective Jan. 1, 2026, adult day care and personal care services are no longer covered services under a member's D-SNP benefit. These services will continue to be covered under a member's CHOICES benefit, as applicable.

What this means for you

- Providers are required to participate in both D-SNP and Long Term Services and Supports (LTSS) to receive full payment for these services
- LTSS providers contracted to deliver adult day care services and/or personal care services should bill as normal
- Dates of service from Jan. 1, 2026 on, providers will receive a single remittance advice, reflecting the adjudicated claims under the CHOICES benefit only



Questions?

Please contact your assigned LTSS Provider Advocate for assistance.

Person Centered Support Plans (PCSP): Key 2026 updates

Effective Jan. 1, 2026, several updates apply to PCSPs for members receiving home and community-based services (HCBS) through LTSS.

What's changing

- **HCBS settings modifications** will be documented in a separate **HCBS Settings Modification Informed Consent form**
 - This form is required only when the member receives services in a provider owned/controlled setting and needs HCBS Settings modifications. The form is shared only with the provider implementing the modification.
- **Provider signatures** are required as confirmation of receipt and agreement to deliver services as outlined
 - Other forms of acknowledgment cannot be substituted
- **Separate signature pages** will be provided when multiple providers are involved
- **Timely updates:** Any PCSP changes must be documented in the member's record. When an LTSS provider changes, UnitedHealthcare will share the updated PCSP with all current providers within 5 business days.
- **Compliance expectations:** Agencies must sign PCSPs promptly. These updates apply to **CHOICES** and **ECF CHOICES** members.
- **Annual participation:** Providers should attend the member's annual PCSP circle of support meeting to stay current on updates to needs and services