



**QUICK REFERENCE GUIDE**

# **Helping Members Access Care**



Ensuring that our members are able to get the care they need when they need it is vital to their health and well-being. The medical home model of care works best for our members, as many of our members live with chronic conditions. They benefit from the extra care and attention, which can potentially help prevent emergency department (ED) visits.



## Help Members Get a Ride

The Medical Transportation Program (MTP) is a state-administered program that provides Non-Emergency Medical Transportation (NEMT) services statewide for eligible Medicaid members, who have no other means of transportation, to attend their covered health care appointments. MTP can help with rides to the doctor, dentist, hospital, drug store and other locations where they get Medicaid services.

For more information about services offered by MTP, you, members and advocates can call the toll-free line at **877-633-8747**. To be transferred to the appropriate transportation provider, members are asked to have either their Medicaid ID# or ZIP code available at the time of the call.

In addition, we offer help getting a ride when MTP isn't available as a value-added service for some of our members. To see if your patient is eligible for this service, please call Customer Service at **888-887-9003**. For more information about value-added services, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Texas > Reference Guides > **Value-Added Services**.



## Make Sure Members Can Find You

Help ensure that members can find you and that payments get to you by keeping your practice demographic information current in our systems and directories. Demographic information includes the following:

- Name
- Billing address
- Phone number
- National Provider Identification number (NPI)
- Texas Provider Identification number (TPI)
- Tax Identification Number (TIN)
- Languages spoken
- Group affiliation
- Which programs you serve (CHIP, STAR, STAR Kids, etc.)

You may have received a fax from us asking you to confirm your demographic information. Please respond at your earliest convenience. We're calling care providers who aren't able to respond to the fax so we can confirm their demographic information.

Demographic information may be updated through the My Practice Profile application through Link. To update the care provider or practice data displayed in My Practice Profile, your organization's ID administrator must grant you submission/updating rights through the User ID & Password Management application on Link. You may also call your physician or provider advocate directly or call **877-842-3210** to report demographic changes.



## Appointment Access Standards

The good practice of being there for your patients includes observance of appointment wait times from when a member schedules an appointment. Please help ensure timely medical care according to the times issued by Texas Health and Human Services Commission (HHSC) as shown on the following chart.

Condition	Descriptions	Timeframe
Routine	Primary Care (including specialists such as behavioral health)	Within 14 days
Routine	Specialty Care Referrals	Within 21 days
Preventive Health Services	Adults and children	Within 90 days
Behavioral Health – Post Hospitalization	Adults and children	Within 7 days from the date of discharge
First Prenatal Care	Routine (High Risk or new members in 3rd Trimester should be seen within 5 days or immediately if it is an emergency)	As soon as practicable but in no case longer 14 days of request or within 5 days if in the 3rd trimester
Return Prenatal Care	In first 28 weeks	Every 4 weeks
	28 – 36 weeks	Every 2 – 3 weeks
	37 weeks plus	Weekly
	Postpartum	Within 60 days
Well-Child Checkup	Newborns	Within first 14 days
New Member	Birth through age 20, overdue or upcoming well-child checkups, including Texas Health Steps medical checkups	As soon as practicable, but in no case longer than 90 days
Well Child Preventive Health Services	CHIP – To be delivered in accordance with the American Academy of Pediatrics (AAP) periodicity schedule	Within 60 days of enrollment; within 14 days of enrollment for newborns
Texas Health Steps Medical Checkups	The Texas Health Steps medical checkup for a member age 36 months and older is due on the child’s birthday. STAR, STAR Kids and STAR+PLUS through age 20	As soon as practicable but in no case later than 14 days
Urgent Care*	Including urgent specialty care	Within 24 hours
Emergency	Including non-network and out-of-area facilities	Upon member presentation

To minimize the time a member needs to wait to be seen, we encourage physicians to work with physician assistants (PAs) and advanced practice registered nurses (APRNs). Care providers in both these professions can contract as primary care providers (PCPs):

- Call our contracting division at **877-842-3210**. If you practice in the Medicaid Rural Service Areas of Central or Northeast, please call **866-971-7427**.
- Enroll in Medicaid, go to [tmhp.com](http://tmhp.com) > providers > [enrollment](#).
- APRNs can also deliver primary care to Medicaid members through age 20, to enroll go to [tmhp.com](http://tmhp.com) > providers > enrollment > Texas Health Steps Medical > [THSteps Provider Enrollment Application](#).



## After-hours Availability

Primary Care 24/7 phone availability is required per your contract. Your after-hours phone is to be answered by a live person. Member phone calls need to be returned within 30 minutes. A professional back-up is acceptable to providing this level of care. For more information, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > **Texas** > Manuals or [HHS.Texas.gov](http://HHS.Texas.gov) > Services > Health > Provider Information > **Managed Care Contracts-Manuals**.



## Visits Outside Normal Business Hours

Because you sometimes treat members in situations that would otherwise require more costly urgent care or emergency room services, we offer additional compensation for services rendered outside of business hours. For reimbursement, please use **CPT codes 99056 or 99060**. You may also bill **CPT code 99050** when reported with basic services in one of the following Centers for Medicare and Medicaid Services (CMS) non-facility place of service (POS) designations:

- School (CMS POS 3)
- Indian Health Service Free-standing Facility (CMS POS 5)
- Tribal 638 Free-standing Facility (CMS POS 7)
- Office (CMS POS 11)
- Independent Clinic (CMS POS 49)
- State or Local Public Health Clinic (CMS POS 71)



## Free Guidance 24/7

Your patients who are UnitedHealthcare members can call myNurseLine 24 hours a day, seven days a week at no charge to them. While this service doesn't replace your 24/7 phone availability, it allows members to speak to an experienced registered nurse, who can help them explore treatment options or discuss when to set up an appointment.

Members can reach the myNurseLine service by calling:

- CHIP: 800-850-1267
- STAR: 800-535-6714
- STAR+PLUS: 877-839-5407
- STAR Kids: 844-222-7326
- Dual Eligible: 877-596-3258

## When a Member Misses an Appointment



Assistance is available when your patient, who is our member, misses an appointment. Simply call **888-887-9003** and we can help reschedule the appointment, as well as arrange for services or transportation.

We hope this information is helpful to. If you have questions, please call **888-887-9003**. Thank you.