

# 2017 Administrative Guide

Care Provider, Health Care Professional, Facility  
and Ancillary Provider

KanCare Program

Chapter 3: Member Benefits

## Welcome to UnitedHealthcare Community Plan

Welcome to the Kansas Community Plan provider manual. This comprehensive and up-to-date reference PDF manual allows you and your staff to find important information such as processing a claim and prior authorization. This manual also includes important phone numbers and websites. We hope it provides you and your office staff with helpful information and guide you in making the best decisions for your patients.

Operational policy changes and additional electronic tools are available on our website at [UHCprovider.com](http://UHCprovider.com).

If you are looking for Kansas Medicare Advantage member information, click [here](#) to access the UnitedHealthcare guide information (i.e KS Dual Complete HMO Health Maintenance Organization Point of Service Special Needs Population (HMO POS SNP) is included in the United Healthcare Administrative Guide). If you are looking for Kansas Community and State Provider Administrative Guide, click [here](#) or go to [uhccommunityplan.com](http://uhccommunityplan.com) > health-professionals, then select the correct state.

Easily search for a specific topic or word in the manual using the following steps:

- Select CNTRL+F
- Type in the key word
- Press Enter.

If available, use the binoculars icon on the top right hand side of the PDF.

If you have any questions about the information or material in this manual or about any of our policies, please call Provider Services.

We greatly appreciate your participation in our program and the care you offer our members.

### Important Information about the use of this manual

In the event of a conflict between your agreement and this care provider guide, the manual controls unless the agreement dictates otherwise. In the event of a conflict between your agreement, this manual and applicable federal and state statutes and regulations and/or state contracts, applicable federal and state statutes and regulations and/or state contracts will control. UnitedHealthcare Community Plan reserves the right to supplement this manual to help ensure its terms and conditions remain in compliance with relevant federal and state statutes and regulations.

This manual will be amended as policies change.

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## Chapter 3: Member Benefits

### 3.1 Covered Benefits

These KanCare services are provided by UnitedHealthcare Community Plan. Some of these benefits need prior authorization. This means the care provider must contact us before starting the service. The primary care provider (PCP) coordinates the referrals to other doctors or specialists. Hospitals and facilities notify us of any admissions or services that need notification. All out-of-state services, which is defined in Kansas as more than 50 miles from the state border, require prior authorization. Emergency services received out of state do not require prior authorization. An authorization is not needed for out-of-network, urgent care, family planning or women's health services.

You can request the referral by calling us toll-free at 877-542-9238 (TTY:711). Members may call us directly at 877-542-9238 (TTY:711).

Benefit	Services Included	Limitations
<b>Emergency, Post-Stabilization and Urgent Care</b>	For a medical emergency or urgent care. Poststabilization is care after an emergency to keep you stable. You can get these services 24 hours a day, seven days a week at any emergency room.	Covered anywhere in the USA.
<b>Hospital – Inpatient</b>	Inpatient hospital care. Includes medical, surgical, post-stabilization, acute and rehabilitative services.  Maternity Services	Covered. Hospital must notify the plan.  No less than 48 hours for a vaginal birth and no less than 96 hours for a cesarean section birth
<b>Hospital - Behavioral Health Inpatient (BH)</b>	Services include: <ul style="list-style-type: none"> <li>• Psychiatric services</li> <li>• Substance abuse treatment</li> <li>• Acute medical detoxification</li> </ul>	Covered.  Hospital must notify the plan.
<b>Outpatient and Physician Visits</b>	Services at a hospital or care center when you stay less than a day. Doctor, other care provider visits, family planning, preventive services, and clinic visits. Specialty physician Visits. Emergency Room visits including both hospital and physician charges.	Covered.
<b>Rehabilitation</b>	Includes: physical, occupational, speech, language, breathing therapy and others.	Covered.  Must be restorative in nature and be related to an injury or acute episode.
<b>Family Planning</b>	Help to make informed choices and prevent unplanned pregnancy. You can go to any provider that offers these services. Also includes family planning drugs, supplies and devices. These include, but are not limited to, generic birth control pills, birth control shots, IUDs and diaphragms.	Covered.

Benefit	Services Included	Limitations
<b>Behavioral Health – Outpatient</b>	Admission evaluations and assessments, outpatient therapy services including individual, group, and family therapy. Medication Management, and Targeted Case Management. For a complete list of covered services, please contact Member Services.	Covered.
<b>Diagnostic Tests</b>	Lab/pathology, radiology (X-rays, CT Scans, MRI's etc.) and other diagnostic testing.	Covered.  Some diagnostic tests require a prior authorization and must always be medically necessary.
<b>Sleep Studies</b>	Either an outpatient hospital setting or sleep study clinic.	Covered service for Kan Be Healthy Kids when medically necessary. Covered in the preoperative process for bariatric surgery candidates.
<b>Outpatient Surgery</b>	Services include but are not limited to: Medically necessary surgeries are covered when performed in an ambulatory surgery center (ASC and Hospital ASC)	Covered.  Some surgeries require prior authorization. Please work with your PCP.
<b>Immunizations</b>	Including, but not limited to:  <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Hepatitis A and Hepatitis B</li> <li>• Influenza virus (IM)</li> <li>• Tetanus</li> <li>• MMR</li> <li>• Varicella Virus</li> <li>• Tdap</li> <li>• Diphtheria vaccines</li> </ul>	Covered.
<b>Podiatry Services</b>	Services shall include, but not limited to, the treatment of conditions of the foot.	Covered for Kan Be Healthy (KBH) Beneficiaries only.
<b>Prescription Drugs</b>	Drugs prescribed by your doctor. This includes education about how to take the drugs.  See our Drug Formulary on <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> for drugs that are covered.	Covered.
<b>Diabetic Supplies</b>	All diabetic supplies, including but not limited to alcohol swabs, syringes, test strips and lancets. Diabetic supplies can be provided from a participating care provider.	Covered, diabetic supplies procured through the pharmacy benefit are limited to preferred agents.

Benefit	Services Included	Limitations
<b>Smoking Cessation</b>	<p>Programs to help you quit smoking and stay smoke free. Services include medications.</p> <p>Call Member Services to help you find a stop smoking program.</p>	<p>Covered.</p> <p>Some limitations apply.</p>
<b>Sterilization and Hysterectomies</b>	<p>Services to prevent you from having children. The plan covers once requirements are met. Requirements include but are not limited to:</p> <ul style="list-style-type: none"> <li>• The member is at least 21 at the time of consent.</li> <li>• The member is mentally competent.</li> <li>• The member gives informed consent on the Required Consent Form.</li> <li>• At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery.</li> <li>• Requirements of a sterilization is the correct completion of the Federally Mandated Sterilization consent form (a different form is required when receiving a hysterectomy).</li> </ul>	<p>Covered.</p> <p>Exclusions: A hysterectomy is NOT covered:</p> <ul style="list-style-type: none"> <li>• For the sole or primary purpose of rendering a member permanently incapable of reproducing.</li> <li>• If done for the purpose of cancer prevention.</li> </ul>
<b>Durable Medical Equipment and Supplies</b>	<p>Equipment and supplies for medical purpose. May include but are not limited to: oxygen tanks and concentrators, ventilators, wheelchairs, crutches and canes, orthotic devices, prosthetic devices, pacemakers, and medical supplies.</p>	<p>Covered.</p> <p>Some durable medical equipment and supplies require a prior authorization and must always be medically necessary.</p>
<b>Non-Emergency Transportation</b>	<p>Transportation to and from covered appointments if you qualify and have no other way to get there.</p>	<p>Covered.</p> <p>Some non-emergency transportation services may require prior approval.</p> <p>Trips for personal reasons are not covered.</p>
<b>Pregnancy-Related Services</b>	<p>Maternity care is medical care you get for you and your baby. This will help your baby have the best chance to be strong and healthy. We cover all your OB services through your pregnancy. Services include pre and post-natal care, tests, prenatal vitamins, doctor visits, and other services that impact pregnancy outcomes.</p>	<p>Covered.</p> <p>The plan cannot limit a hospital stay to less than 48 hours following a normal delivery or 96 hours following a caesarean section.</p>

Benefit	Services Included	Limitations
<b>Cancer-Related Treatment</b>	Access to any related medically necessary service. This includes but is not limited to hospitalization, doctor services, other practitioner services, outpatient hospital services, chemotherapy and radiation, or hospice.	Covered.
<b>Vision Services</b>	<p>Vision exams, prescription lens, eye glasses, cataract removal, and prosthetic eyes if prescribed.</p> <ul style="list-style-type: none"> <li>• One complete eye exam and one pair of glasses are covered for members 21 years of age and older, every four years. Minor repairs to eyeglasses may be covered.</li> <li>• Eyeglasses, repairs and exams as needed for members younger than 21 years of age.</li> <li>• Eye exams, as needed, for post-cataract surgery patients up to one year following the surgery and eyeglasses for post-cataract surgery members when provided within one year following surgery.</li> <li>• Contact lenses and replacements are covered with prior approval, when ordered by a qualified health plan care provider and when such lenses provide better management of some visual or ocular conditions than can be achieved with eyeglass lenses</li> <li>• Artificial eyes are covered.</li> </ul>	Covered.
<b>Hearing Services</b>	<p>Includes diagnostic screening, preventive visits, and hearing aids.</p> <p>Hearing aids, both analog and digital, are covered. Lost, broken, or destroyed hearing aids will be replaced one time during a four-year-time period with a prior authorization.</p> <p>Binaural hearing aids are covered but require specific medical necessity documents.</p> <p>Hearing aid repairs.</p> <p>Hearing aid batteries.</p>	<p>Covered.</p> <p>One routine visit every 12 months.</p> <p>One hearing aid per ear every four years.</p> <p>Covered.</p> <p>Covered but are limited to six per month for monaural and 12 per month for binaural.</p>
<b>Dental Services – Adults</b>	<p>Preventative care for adults, including periodic oral and limited oral evaluations, X-rays and cleanings and medically necessary extractions.</p> <p>Services required to determine if an extraction is medically necessary are also covered.</p>	<p>Covered.</p> <p>Covered.</p> <p>Adult extractions and related services are only covered when medically necessary.</p>

Benefit	Services Included	Limitations
<b>Dental Services – Children</b>	Services include: <ul style="list-style-type: none"> <li>• Preventive - Exam, Cleaning, X-rays, Fluoride</li> <li>• Restorative - Fillings and Crowns</li> <li>• Periodontal</li> <li>• Endodontic (Root Canals)</li> <li>• Dentures</li> <li>• Oral Surgery</li> <li>• Orthodontic</li> </ul>	Covered.  Once per six months
<b>Ambulatory Mental Health Services and Crisis Management</b>	Includes 24-hour access line, mobile crisis response, crisis stabilization, and crisis management.	Covered.
<b>Behavioral Health Drugs and Medication Management</b>	Evaluation, prescription, maintenance of psychotropic drugs, medication management, counseling, education, and guidelines.	Covered.
<b>Alcohol and Chemical Dependency Services</b>	Substance abuse services in a treatment setting accredited per Kansas Department of Health and Environment (KDHE).  Services include both inpatient and outpatient services including medical detoxification.	Covered.  Prior authorization needed.
<b>Home Health Services</b>	Services in the home include visits by aides, private duty nursing, PT/OT/ST, skilled nursing, social workers, and home infusion.	Covered.  Home health services may require prior authorization and may be subject to limitations.
<b>KAN Be Healthy Screenings</b>	KAN Be Healthy (KBH) is a Medicaid program for children, teenagers, and young adults.  Everyone who is 20 years of age or younger can take part in the KBH program.  There are four KBH screens: <ul style="list-style-type: none"> <li>• KAN Be Healthy Medical – Your Body</li> <li>• KAN Be Healthy Dental – Your Teeth</li> <li>• KAN Be Healthy Vision – Your Eyes</li> <li>• KAN Be Healthy Hearing – Your Ears</li> </ul>	
<b>Ambulance Services</b>	Emergent and non-emergent transportation by an ambulance are covered services.	Covered.



<b>Benefit</b>	<b>Services Included</b>	<b>Limitations</b>
<b>Blood Transfusions</b>		Covered service when medically necessary.
<b>Services provided by Mid-level practitioners</b>	Includes Physician Assistants (PA), Advanced Registered Nurse Practitioners (ARNP), Nurse Anesthetists (CRNA), and Nurse Midwives.	Covered.
<b>Hospice Services</b>	Hospice services are covered when they are ordered by a qualified doctor.	Patient must have a diagnosis of a terminal illness with a prognosis of living six months or less.
<b>Newborn Services</b>	At least one home visit per member within 28 days after the birth date of the newborn.	
<b>Dietary Services</b>	Medically necessary dietary services.	Covered service for Kan Be Healthy Kids and must be as a result of a medical or dental screening referral.
<b>HIV testing and counseling</b>		Covered service when medically necessary.
<b>Chronic Renal Disease/End Stage Renal Disease (ESRD)</b>	Services related to Chronic Renal Disease.	Covered.
<b>Long Term Care/ Nursing Facility Service</b>	Please refer to chapter 13 for specific information in regards to Long Term Care Services.	
<b>Home and Community Based Services</b>	Include the following waivers: PD, TA, FE, Autism, TBI, Money Follows the Person, all services that members are currently receiving remain covered services.	All HCBS services must be included on the members plan of care/prior authorization.
<b>Weight Loss Surgery (Bariatric Surgery)</b>	Members must meet several criteria prior to be approved for this procedure, for example documentation of participation and failure in legitimate weight loss program.	Prior authorization required.  Please contact the Provider Call Center for a complete list of requirements.
<b>Screening, diagnosis, and treatment of sexually transmitted diseases.</b>		Covered service when medically necessary.

## 3.2 Online Resources

Members also have access to a wealth of information online. Members can visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com) for health and well-being news, tools, resources and more. Members can even chat with a nurse any time about health questions or concerns.

## 3.3 Pharmacy Services

OptumRx adheres to the state-approved formulary and preferred drug list for members enrolled in UnitedHealthcare Community Plan of Kansas. You may access the list of covered drugs from our website at [UHCCommunityPlan.com](http://UHCCommunityPlan.com). Prescriber requests for authorizations can be made by calling our Pharmacy Prior Notification Services team at 800-310-6826 or Fax 866-940-7328. Prior Authorization request forms can also be found at [UHCCommunityPlan.com](http://UHCCommunityPlan.com). Certain drugs have limitations on coverage.

## 3.4 Pharmacy - Preferred Drug List (PDL)

### Prior Authorization

Some drugs on the state-approved formulary and preferred drug list may require prior authorization. Pharmacists receiving prescriptions for drugs requiring prior authorization should work with the prescribing physician if the prescription can be changed to a preferred alternative medication. If a preferred alternative is not appropriate, the physician should then be instructed to contact the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions concerning the prior authorization process. The drugs that are preferred and those that require prior authorization will be designated in the list of drugs at [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

### Days Supply Dispensing Limitations

United Healthcare Community Plan members may receive up to a 90-day supply of a specific medication per prescription order or prescription refill. Specific details of the pharmacy program can be found at <http://www.uhccommunityplan.com/health-professionals/ks/pharmacy-program.html>. A medication may be reordered or refilled when 80% of the medication has been used. If a claim is submitted before 80% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message. Please call the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions or for help with dosage change authorization.

### Quantity Limitations

UnitedHealthcare Community Plan of Kansas places quantity limitations on medications which may differ from limitations placed by the Kansas Vendor Drug Program Fee For Service Program. The following describe the types of quantity limitations:

- Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.
- Quantity limits based on Efficient Medication Dosing (also known as Dose Optimization)
  - The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

- The limits for the Program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing.
- The Pharmacy Claims Processing System will prompt the pharmacist to request a new prescription order from the physician.

Additions to the Quantity Limitations program drug list will be made from time to time and care providers notified accordingly. Also, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process.

More information regarding drug-specific quantity limits can be found at [UHCommunityPlan.com](http://UHCommunityPlan.com). Please contact the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions.


### 3.5 Vision

UnitedHealthcare Community Plan has selected MARCH Vision Care as its Medicaid vision vendor. Members may self-refer to any MARCH Vision Care Medicaid network provider for services. If a member requests assistance in making a care provider selection, please refer the member to UnitedHealthcare Community Plan Member Services at 877-542-9238.

When making an appointment with a MARCH Vision Care provider, members must notify the care provider that they are a UnitedHealthcare Community Plan member and that they have MARCH Vision Care coverage. The member will also need to provide their UnitedHealthcare Community Plan Medicaid ID number. For details about their coverage, members may call 877-542-9238 or refer to the member handbook at <http://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/KS-MemberHandbook.pdf>

For specific care provider information, please refer to the MARCH Vision Care Provider Manual.

### 3.6 Sample Member ID Card

Health Plan (80840) 911-96385-07  
 Member ID: 999999999999 Group Number: XXXXXX  
 Member: Subscriber Brown Payer ID: 96385

PCP Name: Provider Brown/Provider Group  
 PCP Phone: (999) 999-9999



Rx Bin: 610494  
 Rx Grp: ACUKS  
 Rx PCN: 9999

Effective Date: 99/99/9999

0001 Administered by UnitedHealthcare of the Midwest, Inc.

In an emergency go to nearest emergency room or call 911. Printed: 09/28/11



This card does not guarantee coverage. To verify benefits or to find a provider, visit the website [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan) or call.

<b>For Members:</b>	877-542-9238	TTY 711
Nurseline:	855-575-0136	TTY 711
Behavioral Health:	855-802-7095	TTY 711
Transportation (reservations):		877-796-5847

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**For Providers:** [www.uhccommunityplan.com](http://www.uhccommunityplan.com) 877-542-9235  
**Medical Claims:** KMAP, PO Box 3571, Topeka, KS 66601-3571  
**Transportation (Where is my ride?):** 877-796-5848

**Pharmacy Claims:** OptumRx, PO Box 29044, Hot Springs, AR 71903  
**For Pharmacist:** 877-305-8952

