



Kansas

Long Term Care benefits supplement

Member Services
1-877-542-9238, TTY 711
myuhc.com/CommunityPlan

United
Healthcare
Community Plan



Important telephone numbers

Member Services and Service Coordination

(8:00 a.m. – 6:00 p.m. CST, Monday – Friday) **1-877-542-9238**
TTY (Hard-of-hearing) **711**
Fax **1-913-451-1297**

24/7 NurseLine **1-855-575-0136**

(available 24 hours a day, 7 days a week)
TTY **711**

Mental Health and Substance Use Disorder Services **1-855-802-7095**

Transportation Services

(7:00 a.m. – 7:00 p.m., Monday – Friday)
Non-emergency transportation **1-877-542-9238**
Where’s My Ride? hotline **1-877-542-9238**

Website

myuhc.com/CommunityPlan

Address

UnitedHealthcare Community Plan
10895 Grandview Dr., Suite #200
Overland Park, KS 66210

If you have questions about your health plan, please call us.

Our toll-free Member Services number is 1-877-542-9238, TTY 711, for the hard-of-hearing.

NurseLine is a service mark of UnitedHealth Group, Inc.

Health plan coverage provided by UnitedHealthcare of the Midwest, Inc.

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Benefits and services

Coordination of Long Term Care services

We will help you stay healthy and get good care. We will help you get access to the care you need. With UnitedHealthcare Community Plan, you get all of your Medicaid benefits plus additional services.

The UnitedHealthcare Community Plan is one option for Kansas residents who qualify for KanCare. The state decides if you are eligible for long term care.

The Long Term Care (LTC) population are members who:

1. Live in a Nursing Facility.
2. Get Home and Community based services in a private home or other community setting such as an Assisted Living Facility.

The UnitedHealthcare Community Plan:

- Offers medical coverage and services to help with daily life.
- Promotes independent living.
- Promotes checkups.
- Supports you in Person-Centered Care Planning.
- Gives you a Service Coordinator.

Service Coordination

Care Management

UnitedHealthcare Community Plan's Care Management Program is a holistic approach to helping our members live healthier lives.

Our focus is to work with you and your PCP to keep you healthy and living independently in the community. Guardians will also be involved in your care management when appropriate.

Our program helps you be involved, make decisions and take part in planning your health care.

A Service Coordinator gives support, information and help managing your services. We work with you and your PCP so you get care with the right provider, at the right time, at the right place.

Service Coordination and role of the Service Coordinator

If you are a member of Kansas Medicaid and have Long Term Care, UnitedHealthcare Community Plan manages your health, mental health, substance use and long term care services. We do this through Service Coordination.

If you are in Kansas Medicaid, UnitedHealthcare Community Plan will assign you a Service Coordinator. You will get a phone call to tell you his or her name. We will tell you how to reach him or her. This is your main contact person. He or she is the first person you go to if you have any questions.

If there is a delay in assigning your Service Coordinator, UnitedHealthcare Community Plan will send a letter to tell you how to reach the Service Coordination Department for help.

If you have questions, call UnitedHealthcare Community Plan at 1-877-542-9238, TTY 711.

For additional care, our NurseLine is open 24 hours a day, 7 days a week.
Just call **1-855-575-0136**.

Contacting your Service Coordinator

You can contact your Service Coordinator any time you have a question about your health care. You do not need to wait until a home visit or a call. Contact your Service Coordinator if you have a change in your condition or about anything else that may affect your care.

Service Coordination and your doctor

- If you do not have a Primary Care Provider (PCP), your Service Coordinator will help you find one.
- Your Service Coordinator can help make sure your PCP and other providers are working with you.
- Your PCP is told about any assessments or screenings you have had.
- A copy of your Person-Centered Service Plan is sent to your PCP.
- Your Service Coordinator works with your PCP to get you involved in programs to improve your health.
- Your Service Coordinator makes sure that your specialists share their findings with your PCP. In some cases you must give permission for this.
- Your Service Coordinator works with your PCP to make sure you have the services you need when you leave the hospital.
- Your PCP can refer you to other doctors or specialists you may need. They can refer you to behavioral health services. To find a Behavioral Health provider, call Member Services at **1-877-542-9238, TTY 711**.

Benefits and services

Changing Service Coordinators

If you are unhappy with your Service Coordinator, call UnitedHealthcare Community Plan at **1-877-542-9238**, TTY **711**. If we cannot resolve your concern, we may assign a new Service Coordinator to you.

There may be times when UnitedHealthcare Community Plan will have to change your Service Coordinator. If we need to do this, we will send you a letter. If you have any questions, call Member Services at **1-877-542-9238**, TTY **711**.

Care options

If you have Long Term Care, you may get care:

- In your home.
- Or in another place in the community (such as an assisted living facility).
- Or in a nursing home.

If you are in a nursing home, you may be able to move from the nursing home to your own home and get health care. Talk with your Service Coordinator if you want to do this.

To get care in your home or in the community, UnitedHealthcare Community Plan will help. You will not have to leave the nursing home if you do not want to do so.

Your Service Coordinator will discuss changes you want and help decide what setting is best to meet your needs.

You can help pick the providers who will give your care. This could be an assisted living or nursing home or the agency that will give care at home. You may also be able to hire your own workers for some kinds of care. (This is called Self-Direction.)

The provider you pick must be willing and able to give you care. Your Service Coordinator will help you arrange this. If you do not get the **provider** you want, you cannot file for an appeal or a State Fair Hearing. You can file an appeal only if you do not get the **services** you think you need.

If you get care in a nursing home, your Service Coordinator will:

- Be part of your care planning at the nursing home.
- Perform any needs assessment that may help manage your care.
- Add things to your Person-Centered Service Plan from the nursing home to help manage problems or help you get the physical, mental health or substance use services you need.
- Make face-to-face visits at least one time a year.
- Coordinate with the nursing home when you need services that the nursing home does not provide.
- See if you are interested and able to move from the nursing home back to the community and help make this happen.

If you get care at home, your Service Coordinator will:

- Evaluate your health and long term care needs. We will work with you to decide the best services for your needs.
- Help you develop your Person-Centered Service Plan for your services.
- Help you use your Participant Interest Inventory (PII) to create your Person-Centered Service plan.
- Make sure the right providers are consulted.
- Help you pick long term care providers who are contracted with UnitedHealthcare Community Plan.
- Call you at least every 90 days and visit you at least once every 6 months, or more frequently as needed.
- Make sure your Person-Centered Service Plan is carried out and works the way it needs to.
- Monitor your health care and make sure that you are getting the care you need. If you need more care, the Service Coordinator will help you.
- Tell you about community resources that might be helpful to you.
- Make sure the services you get at home are based on your needs and do not cost more than care in a nursing home.
- Help you manage your care and service needs.

Community transition

What if I live in a nursing home and want to move out?

We want to help you live in the place that is right for you. Talk to your Service Coordinator about your options. Talk to your coordinator by calling **1-877-542-9238**, TTY **711**.

Benefits and services

Member Advocate

The Member Advocate is another person at UnitedHealthcare Community Plan who can help you.

The Member Advocate can:

- Help our staff and providers better understand the values and practices of all cultures we serve.
- Help you figure out how things work at UnitedHealthcare Community Plan. This may be things like filing a grievance, changing Service Coordinators or getting the care you need.
- Refer you to the right UnitedHealthcare Community Plan staff.
- Help solve problems with your care.

To reach the UnitedHealthcare Community Plan Member Advocate, call UnitedHealthcare Community Plan at **1-877-542-9238**, TTY **711**. Ask to speak with the Member Advocate.

Self-direction

Self-direction means that you choose your personal care attendant, or you may pick someone to pick your worker for you. You also say how your care is given. Your attendant works for you instead of a provider. The attendant may do things like help with dressing or cleaning. They may fix meals or help you take your medicine, etc.

Self-direction is offered with these Kansas waivers (Frail Elderly, Physically Disabled, Brain Injury, Technology Assisted, or Intellectual/Developmentally Disabled):

Personal Care Services

(The waivers for this are Frail Elderly, Physically Disabled, Brain Injury, Technology Assisted, or Intellectual/Developmentally Disabled.)

Comprehensive Support

(The waiver for this is Frail Elderly.)

Enhanced Care Services

(The waivers for this are Frail Elderly, Physically Disabled, Brain Injury or Intellectually/Developmentally Disabled.)

If you want to self-direct your personal care, you will hire, fire, train, and supervise your caregivers. You will work with a financial management service provider who will help you with the paperwork, payroll, tax forms etc. that you will have to do as the employer of your workers.

Ask your Service Coordinator for more details.

Additional Long Term Care benefits

What are my long term care services?

UnitedHealthcare Community Plan offers two types of long term care:

- Services in your home or other residential setting.
- Services in an institution such as a nursing facility.

How do I get long term care services?

To get long term care services, you must meet the requirements established by the State of Kansas. The state works with the Aging and Disability Resource Center (ADRC) to conduct the functional assessment needed to determine eligibility for the Frail Elderly, Brain Injury, and Physically Disabled Waivers. The ADRC is also a source of information where you can go to obtain assistance in planning for future and long-term service and support needs.

To apply for long term care services, call the ADRC at **1-855-200-2372**. For more information on the ADRC, visit their website <http://www.ksadrc.org/>.

The state works with the Community Developmental Disability Organization (CDDO) to conduct the functional assessment needed to determine eligibility for the Intellectually Developmentally Disabled waiver. The CDDO is also a source of information where you can go to obtain assistance in planning for future and long-term service and support needs. To apply for long term care services, contact the CDDO in your county. Additional services for Intellectually Developmentally Disabled waiver members is in the IDD supplement.

To apply for the Technology Assisted Waiver contact Children's Resource Connection by phone: 316-721-1945 or email: crctaks@gmail.com. A MATLOC assessor will complete the MATLOC assessment to determine your medical technology dependency and the level of needs by specific age group.

The state works with the Community Mental Health Centers (CMHC) to conduct the functional assessments for the Serious Emotional Disturbance waiver. The CMHCs are a source of information where you can go to obtain assistance with mental health needs. To apply for mental health services, contact your local CMHC.

The state works with KVC Kansas to conduct the functional assessment for the Autism waiver. To apply for Autism waiver service, contact the HCBS Autism Program Manager at 785-296-4983.

Additional Long Term Care benefits

What if I have hearing loss?

If you have hearing loss or hearing aid problems, call your Service Coordinator. Talk to your coordinator by calling **1-877-542-9238**, TTY **711**. Some services are available if you have a hearing impairment. We can help you find a hearing doctor or hearing equipment.

See the table on the following pages for UnitedHealthcare Community Plan's Long Term Care services.

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Custodial/ Residential Care	Member moves from home into a custodial/residential care facility.	No Prior Authorization	<ul style="list-style-type: none"> All long term care eligible members
Skilled Nursing in a Nursing Facility	Member moves from home into a skilled nursing facility.	Prior Authorization	<ul style="list-style-type: none"> All long term care eligible members
Personal Emergency Response System (PERS)	<p>A call button so the member can get help in an emergency. Use it when the caregiver is not around. This service is not available if the member:</p> <ul style="list-style-type: none"> Lives in a nursing home. This facility already has a way to help the member when needed. 	Prior Authorization	<ul style="list-style-type: none"> Frail Elderly Physically Disabled Brain Injury Intellectual/ Developmental Disabilities
Adult Day Care	A place that provides supervised care and activities during the day.	Prior Authorization	<ul style="list-style-type: none"> Frail Elderly
Day Supports	Out of home activities that help adults who are no longer eligible for school services maintain or increase abilities, productivity, independence, integration, and community participation.	Prior Authorization	<ul style="list-style-type: none"> Intellectual/ Developmental Disabilities

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Assistive Technology and/or Home Modifications	<p>Assistive technology are items that improve or assist with daily living. Items may include but are not limited to, bath benches, lift chairs, grab bars, and ramps.</p> <p>Limited to \$7,500 lifetime maximum.</p>	Prior Authorization	<ul style="list-style-type: none"> • Physically Disabled • Technology Assisted • Brain Injury • Frail Elderly (if specific criteria are met)
Assistive Services	<p>Supports or items that address the person's needs as documented in their Person Centered Support Plan or Service Plan. These services are designed to enhance an individual's independence, productivity or safety and wellbeing through purchase of adaptive equipment, assistive technology, or home modification.</p> <p>There is no lifetime maximum, but items or modifications must meet certain criteria.</p>	Prior Authorization	<ul style="list-style-type: none"> • Intellectual/ Developmental Disabilities

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
<p>Personal Care Services – Provider or Self-Directed</p>	<p>An attendant is trained to assist with activities the member cannot perform or for which he/she may need some assistance. There are three levels of care.</p> <p>Limited to 12 hours per day maximum.</p> <p>Self-direction is available for this service.</p> <p>Level One activities may include:</p> <ul style="list-style-type: none"> • Shopping, house cleaning, meal preparation, laundry, and supervision of grooming or eating. • Supervision of mobility, such as getting in and out of bed, a wheelchair or vehicle and bathing or toileting. • Accompaniment to medical appointments. • Assisting in completion of paperwork; for example, filling out forms or paying bills. • Supervision and set-up of medication. 	<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Frail Elderly

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
<p>Personal Care Services – Provider or Self-Directed (continued)</p>	<p>Level Two activities may include:</p> <ul style="list-style-type: none"> • Physical assistance with bathing, dressing, walking, or transfers. • Routine monitoring of vital signs, such as blood pressure. • Care of ostomies, wounds, or catheters. • Feeding which requires tubes and/or special nutrients. • Assistance with medications (nurse delegation may be required). • Assistance with range-of-motion activities. <p>Level Three activities include levels One and Two above but are performed in adult care homes.</p>	<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Frail Elderly
<p>Medication Reminder/ Medication Dispensing System</p>	<p>System provides the member with a scheduled reminder to when it's time to take his/her medications. The reminder may be a phone call, an automated recording or an automated alarm; depending on the system.</p> <p>Limited to members living at home alone.</p>	<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Frail Elderly • Physically Disabled • Brain Injury

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Enhanced Care Services Self-Directed or Provider Directed	<p>Provides assistance in the home, during sleeping hours. This service may include help with toileting, transferring in and out of bed, getting around, or reminding the member to take medications.</p> <p>Self-direction is available for this service.</p> <p>Limited to 12 hours or less in a 24-hour timeframe.</p>	Prior Authorization	<ul style="list-style-type: none"> • Physically Disabled • Brain Injury • Frail Elderly (if specific criteria are met) • Intellectual/ Developmental Disabilities
Home Delivered Meals	<p>The meal must be prepared elsewhere and delivered to the member's home.</p> <p>Limited to 1 or 2 meals per calendar date.</p>	Prior Authorization	<ul style="list-style-type: none"> • Physically Disabled • Brain Injury
Home Telehealth	<p>A remote monitoring system provided to the member to monitor and recognize early signs of health issues.</p> <p>Limited to two installations per calendar year.</p>	Prior Authorization	<ul style="list-style-type: none"> • Frail Elderly
Comprehensive Support	<p>Provides one-on-one, non-medical, observation and supervision for a cognitively-impaired adult to meet health and welfare needs.</p>	Prior Authorization HCBS	<ul style="list-style-type: none"> • Frail Elderly (if specific criteria are met)
Oral Health	<p>Dental procedures (diagnostic, prophylactic, and restorative care) and purchase, adjustment and repair of dentures.</p>	Prior Authorization HCBS	<ul style="list-style-type: none"> • Frail Elderly (if specific criteria are met)

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Personal Care Services – Provider or Self-Directed	<p>An attendant is trained to assist the member with activities he/she cannot perform or for which he/she may need some assistance. Such as: bathing, grooming, toileting, dressing, transferring, eating, mobility, housecleaning, meal preparation, laundry, health maintenance activities, etc.</p> <p>Self-direction is available for this service.</p> <p>Limited to a maximum of 12 hours per 24-hour time period.</p>	Prior Authorization	<ul style="list-style-type: none"> • Physically Disabled • Brain Injury • Technology Assisted • Intellectual/ Developmental Disabilities
Therapies (Behavior, Cognitive, Occupational, Physical, and Speech/ Language)	<p>Therapy Services for Brain Injuries.</p> <p>Limited to 780 hours per calendar year for any combination of BI therapies (behavior, cognitive, occupational, physical, and speech/language).</p>	Prior Authorization	<ul style="list-style-type: none"> • Brain Injury
Transitional Living Skills	<p>Provide opportunities to develop and/or relearn skills for independence and quality of life.</p> <p>Limited to transitional training of 4 hours daily and 780 hours per calendar year.</p>	Prior Authorization	<ul style="list-style-type: none"> • Brain Injury
Health Maintenance Monitoring	<p>This service is available to members that choose to receive provider directed or self-directed personal care attendant services. This service is intended to make sure the member’s medical needs are being met.</p>	Prior Authorization Limited to 1 visit every 3 months	<ul style="list-style-type: none"> • Technology Assisted

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Residential Supports	<p>Provides supervision and/or physical assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs), health maintenance activities, and in some cases community inclusion.</p> <p>Residential Supports for Children provides an alternative placement for children (ages 5 – 21) in a licensed provider in order to avoid placement in an institutional or state’s custody when they otherwise cannot remain in their family home.</p>	Prior Authorization	<ul style="list-style-type: none"> • Intellectual/ Developmental Disabilities
Overnight Respite	<p>A service that provides temporary direct care and supervision of the person, in order to provide relief to families and caregivers.</p>	Prior Authorization	<ul style="list-style-type: none"> • Intellectual/ Developmental Disabilities
Supported Employment	<p>Provides job support to people who work in, or want to work in, a competitive and integrated setting.</p>	Prior Authorization	<ul style="list-style-type: none"> • Intellectual/ Developmental Disabilities
Intermittent Intensive Medical Care (IIMC)	<p>Designed to provide the member with an additional service choice in order to meet specific skilled nursing care needs that cannot be performed by the attendant. Such as: IV therapy, home dialysis, etc.</p> <p>Limited to 4 hours per day not to exceed 14 days per month.</p>	Prior Authorization	<ul style="list-style-type: none"> • Technology Assisted

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Specialized Medical Care	<p>Provides long term skilled nursing support. The intensive medical needs of the member must be met to ensure that he or she can choose to live outside of a hospital or institutional setting.</p> <p>Limited to 372 hours per month.</p>	Prior Authorization	<ul style="list-style-type: none"> • Technology Assisted
Medical Respite	<p>A temporary service provided to give the caregiver some relief. Medical Respite is provided by a licensed nurse and must be provided in the place of residence.</p> <p>Limited to:168 hours per calendar year.</p>	Prior Authorization	<ul style="list-style-type: none"> • Technology Assisted
Family Adjustment Counseling	<p>Services offer guidance and assistance to the family members in coping with the child's condition and daily needs.</p> <p>Limited to 48 units per calendar year.</p>	Prior Authorization	<ul style="list-style-type: none"> • Autism
Attendant Care	<p>This service enables the member to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness.</p>	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Wraparound Facilitation	Wraparound facilitator is to form the wraparound team consisting of the member’s family, extended family, and other community members involved with the member’s daily life for the purpose of producing a community-based, individualized Person-Centered Service Plan. This includes working with the family to identify who should be involved in the wraparound team and assembly of the wraparound team for the Person-Centered Service Plan development meeting.	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance
Independent Living/Skills Building	Designed to assist members who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings.	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance
Targeted Case Management (TCM)	A state provided service to assist a person in gaining access to medical, social, educational, and other needed services through assessment, support plan development, referral, and monitoring.	Prior Authorization	<ul style="list-style-type: none"> • Intellectual/ Developmental Disabilities

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Short Term Respite Care	<p>Provides temporary direct care and supervision for the member. The primary purpose is to provide relief to families/caregivers of a member with a serious emotional disturbance.</p> <p>Limitations: Not available to members in foster care because that service is available through child welfare contractors.</p>	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance • Autism
Parent Support and Training	<p>Designed to benefit members experiencing a serious emotional disturbance who without waiver services would require state psychiatric hospitalization or psychiatric residential treatment facility treatment. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.</p>	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance • Autism

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Professional Resource Family Care	<p>Provide short-term and intensive supportive resources for the member and his or her family. This service offers intensive family-based support for the member's family through the utilization of a co-parenting approach provided to the member in a surrogate family setting.</p> <p>Limited:</p> <ul style="list-style-type: none"> • May not be provided simultaneously with Short Term Respite Care services. • Not available to members in foster care because that service is available through Child Welfare Contractors. 	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance
Financial Management Services (FMS)	Provides administrative and payroll services for those who choose to self-direct their care services.	Prior Authorization	<ul style="list-style-type: none"> • Frail Elderly • Physically Disabled • Brain Injury • Technology Assisted • Intellectual/ Developmental Disabilities
Nursing Evaluation Visit	Evaluation completed by a nurse to see which personal care services worker may best meet the care needs.	Prior Authorization	<ul style="list-style-type: none"> • Frail Elderly

Additional Long Term Care benefits

Service	Description	Requirement	Home and Community-Based (HCBS) Waiver
Wellness Monitoring	Allows regular scheduled nursing visits to check health status and monitor changes in health and wellbeing.	Prior Authorization	<ul style="list-style-type: none">• Frail Elderly• Intellectual/ Developmental Disabilities

Additional Long Term Care benefits

Quality oversight on HCBS waivers

The state oversees HCBS waiver services. KDADS Quality Management Specialist's (QMS) review case files and talk to consumers and providers. They review files to see that requirements are being met. They check compliance with state and federal rules. They ask about satisfaction with services. They ensure good use of state and federal dollars. QMS check the accuracy of assessments. They check to see if the services are proper and timely. They talk to consumers in their homes. QMS' also license some community service providers for providers like I/DD Day and Residential providers.

Random case reviews are done each quarter. QMS may also do special reviews. These may be to check on concerns. They may be to review events or complaints. The results are sent to the MCO. The MCO has 10 business days to respond in writing.

Patient liability

Patient liability is set by the State of Kansas. It is the amount a member must pay each month for their long term services and supports. This applies to members in a facility or in the Home and Community Based Services (HCBS) waiver.

Nursing facilities collect patient liability from the members. They may take legal action to collect. UnitedHealthcare deducts this amount from the net payment to the facility. If a member fails to pay his or her patient liability, the facility may refuse more services. The facility must show UnitedHealthcare that it has made a good faith effort to get the payment. It must notify the member's Service Coordinator prior to discharge. The member should be told what can happen if they do not pay. It could mean that they will be disenrolled from the KanCare program.

HCBS providers collect the patient liability. They do not bill UnitedHealthcare for any portion of it.



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-877-542-9238**, TTY **711**. You can also visit our website at **myuhc.com/CommunityPlan**.

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