

Frequently Asked Questions for

Acute Care Benefits for HCBS Waiver Members (based on medical necessity)

We are here to help-

***Every United Healthcare (UHC) Community Plan member will be assigned a Service Coordinator who will work with families and your current waiver staff to arrange and coordinate acute care services. Acute service medical necessity denials are reviewed by the assigned Service Coordinator and communicated to the DADS waiver staff.**

The Service Coordinator will be reaching out to members and families by phone to proactively assess needs. Our calls are meant to communicate benefits and assist in helping our members live healthier lives

Members, families, providers of care and physicians can call our dedicated Service Coordination line toll-free 1-800-349-0550. You can also reach the Member or Provider Services at toll-free 1-888-887-9903.

Frequently Asked Questions;

1. Under the STAR+PLUS Program UnitedHealthcare (UHC) Community Plan will cover acute services only. All long term services and support provided through the CLASS, HCS, DFMD, TxHml waiver programs, ICF-IID facilities and DADS LTSS services will remain the same. What is considered acute services?

Answer – See the listing below of acute care services

2. What is service coordination? Will there be any new assessments? How will service coordinators coordinate with my waiver program case manager?

Answer - All UHC Community Plan members are assigned a Service Coordinator. The Service Coordinator will call or visit to talk about your

healthcare needs. Please be open and honest, they want to help with arranging and breaking down barriers to healthcare needs. The UHC Community Plan Service Coordinator will work with the member's current waiver staff to be sure that one plan of care is in place driven by member and family centered planning. Additional assessment requirements are based on the member/family needs and are coordinated with the current waiver staff.

3. What additional benefits are available through UHC Community Plan?
Answer – A complete list of the current Value Added Services can be found in the Member or Provider Handbook and online at:
www.uhccommunityplan.com
4. Can I keep my relationship with my Primary Care Provider (PCP)?
Answer – A transition period will be in place as the population is moved in Managed Care to allow time to evaluate member needs. Members will be given opportunity to choose a PCP that is in the network during this transition time in the case the PCP is not in network. If your PCP is not in network your Service Coordinator can communicate with the Provider Relations team to begin a contracting conversation. Members can work with their Service Coordinator, Member Services or use the online physician search tool at: www.uhccommunityplan.com
5. I am transitioning medical service for my adult child. Can I continue with my adult child's pediatric specialist or hospital if an adult physician has not been identified for transition?
Answer- UHC Community Plan will work with the member to obtain a physician and access to a facility that is appropriate to care for the ongoing needs of the member. If the appropriate physician type is a pediatrician, the provider agrees to accept member and is a Medicaid provider the member will be able to remain with that provider. Members can work with their Service Coordinator, Member Services or use the online physician search tool at: www.uhccommunityplan.com
6. How do I access:
 - Value added transportation?
 - Behavioral health?

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- In hospital services such as dental anesthesia needs?

Answer- UHC Community Plan will provide medically necessary services both in the outpatient and inpatient setting. Your PCP can call the Prior Authorization Dept. or you can call your UHC Community Plan Service Coordinator to assist with obtaining these services.

7. How do I access durable medical equipment and supplies? Will my service coordinator work with me to help assure I have all my supplies?

Answer- Supply needs can be communicated to the UHC Community Plan Service Coordinator or the supply vendor can send in authorization requests. UHC Community Plan is responsible for medically necessary supplies based on Medicaid benefits.

If a supply request is denied, UHC Community Plan will coordinate with current waiver staff to obtain supplies needed.

8. My adult child still has coverage through the parent's group health insurance? How will services be coordinated?

Answer- UHC Community Plan will coordinate benefit payments in the same manner as Medicaid fee for service for medically necessary services. Questions can be directed to Member or Provider service through the toll-free numbers. The members assigned Service Coordinator can also assist with this process. The provider has to be a Medicaid provider.

9. How do I appeal a denial from UHC? What are my rights?

Answer- Member Services is available to help you file a complaint or an appeal. You can ask them to help you when you call toll-free 888-887-9003. They will send you an appeal request

form and ask that you return it before your appeal request is taken. The detail of member rights and responsibilities can be found in your member handbook and on line at www.uhccommunityplan.com

Behavioral Health services

- Inpatient and Outpatient
- Psychiatry Services
- Counseling for adults
- Substance use disorder treatment

Birthing services

Cancer screening, diagnostic and treatment services

Chiropractic services

Dialysis

Durable medical equipment (DME) and supplies

Early childhood intervention (ECI) services

Emergency Services (medical and dental)

Family Planning Services

Home health care services-

(Part-time / intermittent medically necessary skilled care such as nursing, physical therapy, occupational therapy, and speech-language therapy that is ordered by a physician.)

Hospital services, inpatient and outpatient

Laboratory

Mastectomy breast reconstruction and related follow up

Medical checkups and Comprehensive Care Program (CCP) for children through the Texas Health Steps Program

Optometry, glasses and contact lenses

Podiatry

ACUTE CARE SERVICES

Ambulance services

Audiology services including hearing aids for adults and children

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Prenatal Care

Prescription medications (no limit to number of medications)

Preventative care visits for members 21 years of age and over

Primary care services

Radiology, imaging and x-rays

Specialty physician services

Therapies- physical, occupational and speech (rehabilitative)

Transplantation of organs and tissue

Vision

Decisions of denial of services based on medical necessity are mailed to member and requesting provider of service.