Dear Provider:

On behalf of UnitedHealthcare Community Plan, I would like to thank you for being a participating Long Term Care (LTC) provider in our network. We are committed to working with you and your staff to achieve the best possible health outcomes for our members.

This resource guide contains valuable information about important contacts, policies, procedures and services to help you conduct business with us as efficiently as possible. For easy navigation, you can click on each link in the Table of Contents to go directly to that section.

You can also access information on UnitedHealthcareOnline.com and UHCCommunityPlan.com. On the Community Plan website, you can download the Delaware Provider Manual, which is a comprehensive reference source for the information you and your staff need regarding member rights and responsibilities, claims, benefits, prior authorization, medical management and other plan components.

Again, we are pleased to partner with you in delivering quality care to UnitedHealthcare Community Plan members. If you have any questions about your participation with UnitedHealthcare Community Plan or need a printed copy of this resource guide, please contact Provider Services at 800-600-9007.

Sincerely,

Darrin Johnson
Executive Director, UnitedHealthcare Community Plan - Delaware
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UnitedHealthcare Community Plan has a certificate of authority to operate as an MCO in Delaware. UnitedHealthcare Community Plan, a business unit of UnitedHealth Group, the nation’s largest health and well-being company, is the country’s premier provider of high quality, personalized public sector health care programs.

Our mission is to help the people we serve live healthier lives. UnitedHealthcare Community Plan understands that health care cannot be delivered in a vacuum. That is why our services seek to address the social and economic factors that affect a person’s health. Today, we serve more than 3.9 million public sector beneficiaries in 24 states plus Washington D.C.

A number of factors distinguish UnitedHealthcare Community Plan from other companies serving Medicaid and other government health care programs:

- Has a private sector focus on cost accounting, data analysis and fiscal discipline, coupled with sensitivity to the imperatives of public sector accountability.
- Invests in the systems and personnel required to successfully manage our business.
- Emphasizes service to all our customers — regulators, members and providers.
- Understands the unique needs of the populations we serve, and our health plans are designed specifically to meet those needs.

Moreover, UnitedHealthcare Community Plan understands that compassion and respect are essential components of a successful health care company. UnitedHealthcare Community Plan employs a diverse workforce, rooted in the communities we serve, with varied backgrounds and extensive practical experience that gives us a better understanding of our members and their needs.

**Our Approach to Health Care**

Innovative health care programs are the hallmark of UnitedHealthcare Community Plan. Our personalized programs encourage the utilization of services. These programs, some of them developed with the aid of researchers and clinicians from academic medical centers, are designed to help our chronically ill members avoid hospitalizations and hospital emergency room visits — in short, to live healthy, productive lives.

The unique Personal Care Model features direct member contact by UnitedHealthcare Community Plan clinicians trained to foster an ongoing relationship between the health plan and members suffering from serious and chronic conditions. The goal is to use high-quality health care and practical solutions to improve members’ health and keep them in their communities, with the resources necessary to maintain the highest possible functional status.

In addition to the usual health plan reminders to get preventive care services, UnitedHealthcare Community Plan employs its proprietary Universal Tracking Database to identify members who have fallen behind in scheduling appointments and track provider performance with regard to preventive care and optimal treatment.
In addition to the basic Medicaid benefits that all eligible Delaware LTC members may receive, the following enhanced benefits are specific to eligible LTC members only (for a list of basic Medicaid benefits, including those that require prior authorizations, please reference your Provider Manual). The LTC services below require prior authorization. Note also that all benefits listed below are subject to UnitedHealthcare Community Plan policies and procedures.

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</tr>
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</tr>
</tbody>
</table>

**Covered Benefit Changes**

UnitedHealthcare Community Plan may change the benefits and services we cover. If we do change our benefits, we will tell you in writing, when we can, before the change occurs.
Our Claims Process
You want to be paid promptly for the services you provide. Here’s what you can do to help ensure prompt payment:

1. Review and copy both sides of the member’s ID card. UnitedHealthcare Community Plan members receive an ID card containing information that helps you process claims accurately. These ID cards display information such as the claims address, the website for checking claim and eligibility information, and telephone numbers for Provider Services, Member Services and the 24/7 NurseLine.

2. Contact LTC Care Management if you have any questions regarding the LTC member’s approved services.

3. Prepare a complete and accurate electronic or paper claim form (see “complete claims” below). Complete a CMS 1500 (formerly HCFA) or UB-04 form.

4. Submit claims electronically and use our electronic payer ID 87726. For more information, contact your vendor or our Electronic Data Interchange (EDI) unit at 800-210-8315 or ac_edi_ops@uhc.com. If you do not have access to Internet services, you can mail the completed claim to:

UnitedHealthcare Community Plan
PO Box 8207
Kingston, NY 12402-8200

Complete Claims
A complete claim includes the following:

- Patient’s name, date of birth, address and ID number.
- Name, signature, address and phone number of the provider performing the service, as in your contract document.
- National Provider Identifier (NPI) number, Medicaid ID number, or Atypical number.
- Physician’s tax ID number
- CPT-4 and HCPCS procedure codes with modifiers where appropriate
- ICD-9 diagnostic codes
- Revenue codes (UB-04 only)
- Date of service(s), place of service(s) and number of services (units) rendered
- Referring physician’s name (if applicable)
- Information about other insurance coverage, including job-related, auto or accident information, if available.

Other Important Information
Claims Address
UnitedHealthcare Community Plan-Delaware
P.O. Box 8207
Kingston, NY 12402-8200

Claims Appeals Mailing Address
UnitedHealthcare Community Plan-Delaware
Attention: Appeals and Grievances Dept.
P.O. Box 31364
Salt Lake City, UT 84131-0364

To Report Fraud and Abuse
Contact Provider Services at 800-600-9007

Home and Community-Based Provider Credentialing and Contracting
- Skilled service providers: Call the National Credentialing Center at 877-842-3210.
- Non-skilled service providers: Call Provider Services at 800-600-9007 and ask to speak with your Provider Advocate.
Important Contact Information & Member ID Cards

Care Management
To speak with a Care Coordinator regarding services for LTC members, please contact LTC Care Management at 855-821-9102.

Non-emergency Transportation
(for members going to and from appointments)
Logisticare 866-412-3778

Vision Services:
March Vision Care
Provider Customer Service 888-493-4070
Monday through Friday, 8:00 a.m. to 7:00 p.m.
www.marchvisioncare.com

Member ID Cards
Please Note: On the front of the member’s health care ID card, we will list the plan in which the member is enrolled.

For our basic Medicaid population (non-Diamond State Health Plan - Plus), “UnitedHealthcare Community Plan for Families” or “UnitedHealthcare Community Plan for Kids” (for Delaware Healthy Children Program - DHCP) will be shown in the bottom-right corner on the front of the member’s health care ID card. These members are eligible for our basic Medicaid benefits.

Medicaid Member ID Card

There are two different versions of the ID card for Long Term Care members (those enrolled in the Diamond State Health Plan - Plus program) depending on their level of care:

- If the member only has “Diamond State Health Plan - Plus” on the top-right corner of their card, they have not met the Long Term Care level of care. They will have the basic Medicaid benefit plan but have Medicare as their primary insurance. The bottom-right corner of the front of their card will read “UnitedHealthcare Community Plan for Families.”

- If the member has met the Long Term Care level of care, “Diamond State Health Plan – Plus LONG TERM CARE” will be shown in the top-right corner and “UnitedHealthcare Community Plan - Long Term Care” will be shown on the bottom-right corner of the front of their card. These members are eligible for both the basic and enhanced Medicaid benefits.

State-Issued Medicaid ID Card
Members will also have a state-issued Medicaid ID card which should be used for services that are not covered by UnitedHealthcare Community Plan but are covered by the state of Delaware. Members with questions about this card can call 800-372-2022.
State-Issued Medicaid ID Card

STATE OF DELAWARE
MEDICAL ASSISTANCE PROGRAM

ID#: 1234567890
NAME: SAM PLECARD
BIRTH DATE: 01/01/1900
CARD ISSUE #: 0001

Medicaid DSHP Plus Member ID Card - Dual (Medicare/Medicaid)
Member is not eligible for enhanced Long Term Care benefits

Medicaid DSHP Plus Member ID Card - Non-dual (Medicaid Only)
Member is eligible for enhanced Long Term Care benefits

Medicaid DSHP Plus Long Term Care Member ID Card, Dual (Medicare/Medicaid)
Member is eligible for enhanced Long Term Care benefits

In an emergency go to nearest emergency room or call 911.

This card does not guarantee coverage. For after-hours urgent care, contact your PCP.
To find a provider, or for questions about benefits, health-related issues or mental health services, visit www.UHCCommunityPlan.com or call:

For Providers: www.UnitedHealthcareOnline.com 800-600-9007
Medical Claims: PO Box 8207, Kingston, NY, 12402

Member Services number on the back of your ID card.

Interpretation and translation services are available at no cost to you. No person on the grounds of race, color, national origin, sex, age, religion, or disability shall be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or service provided by UnitedHealthcare.

Printed: 09/28/11
UnitedHealthcare Websites

**UHCCommunityPlan.com**
For important manuals and forms, quarterly newsletters, bulletins, and other information.

**UnitedHealthcareOnline.com**
To access online transactions for your patients enrolled in a UnitedHealthcare product, including Medicaid, commercial and Medicare, like verifying eligibility and benefits and checking claims status.

**Optum Cloud Dashboard**
If you aren’t registered for Optum Cloud Dashboard, please go to: UnitedHealthcareOnline.com > Health Information Technology > Optum Cloud Dashboard. If you are registered on Optum Cloud Dashboard, please go to cloud.optum.com.

- Link to UnitedHealthcareOnline.com and affiliate websites.
- Check the status of a claim reconsideration request that was submitted through Optum Cloud Dashboard.
- Request a claim reconsideration when attachments are needed for a UnitedHealthcare Commercial, UnitedHealthcare Medicare Solutions, Oxford, UnitedHealthcare West or UnitedHealthcare Community Plan claim.

**Important Links:**

Provider Newsletters: http://www.UHCCommunityPlan.com/health-professionals/DE/provider-news


Care Coordination and Role of the Care Coordinator

UnitedHealthcare Community Plan is responsible for managing all the services necessary to meet physical health, mental health and long-term care needs. UnitedHealthcare Community Plan does this through care coordination.

Our program takes a holistic approach to helping our members live healthier lives. Our focus is to work with the member, their PCP and service providers to keep our members healthy and independent in the community.

Our program encourages and promotes member involvement, active decision-making and active participation in planning their health care needs.

Our care coordinators provide support, education and assist in coordinating services to ensure timely access to care with the right provider, at the right time and at the right place of service.

UnitedHealthcare Community Plan assigns each member a care coordinator. The care coordinator is the main contact person for members and providers.

Individual Service Plan (ISP)

Every Delaware Medicaid Long Term Care member has an ISP developed. This plan encompasses physical and mental health and long term care needs. A copy is sent via secure fax or e-mail (per provider’s preference) to every provider that services the member. The ISP includes the service provider’s name, service type, frequency, authorization number and duration of approved service.

Services may be provided in:

- A member’s home
- Another place in the community (such as an assisted-living facility)
- A nursing home

Members that reside in a nursing home may be able to transition to their own home. However, the cost of that care cannot be more than the cost of care in a nursing home.

As long as members qualify for nursing home care, they will not be forced to leave the nursing home if they do not want to do so, even if we think care in the community costs less. The care coordinator will work with the member to discuss changes that need to be considered when deciding what setting is the best place to meet our members’ needs and assure their well-being.

Waiver approval and level of care determination remains with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
If the Member Receives Care in a Nursing Home, the Care Coordinator Will:

- Be part of the care planning process at the nursing home.
- Perform any additional needs assessment that may be helpful in managing the health and long-term care needs of our members.
- Supplement the nursing home's plan of care if there are services needed to help manage health problems or coordinate other kinds of physical and mental health needed.
- Conduct face-to-face visits at least once every six months.
- Coordinate with the nursing home when services are needed that the nursing home isn’t responsible for providing.
- Determine if the member is interested and able to move from the nursing home back to the community and, if so, help facilitate.

Members can also help choose the providers who provide care. This could be an assisted-living facility, nursing home, or an agency that will provide care at home. The care coordinator can assist members who choose to hire their own workers for some kinds of care (Consumer Direction).

If a Member Receives Care at Home, the Care Coordinator Will:

- Complete a comprehensive, individual assessment of member’s health and long-term care needs; helping to determine the best health care services for our member’s needs.
- Help develop the member’s individual plan of care (ISP).
- Make sure the right health care professionals are consulted during the plan of care process.
- Provide information to help member choose long-term care providers contracted with UnitedHealthcare Community Plan.
- Conduct face-to-face visits at least once every three months.
- Make sure the plan of care is carried out and works the way it needs to so that our members’ needs are met.
- Monitor member’s health care and make sure they are getting the care they need. If additional care is needed, the care coordinator will assist in facilitating.
- Provide information about community resources that might be helpful.
- Make sure the services received at home are based on member's needs and do not cost more than care in a nursing home.
- Help coordinate care and service needs. UnitedHealthcare Community Plan of Delaware will provide all participating service providers with a contact list for the escalation of any issue/concern that cannot be addressed by the member’s assigned care coordinator.
Timely access is essential to the delivery of quality health care. That is why UnitedHealthcare Community Plan follows state-issued standards for its network of providers that encourage timely access in scheduling appointments and patient evaluation. These standards have been developed and approved by our Quality Improvement/Utilization Management Committee.

As a participating provider in our network, you must provide appointments to members based on these standards:

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Providers (PCPs)</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Appointments</td>
<td>The same day or referred to an emergency facility</td>
</tr>
<tr>
<td>Urgent Care Appointments</td>
<td>Within two calendar days</td>
</tr>
<tr>
<td>Routine Appointments</td>
<td>Within three weeks of request</td>
</tr>
<tr>
<td>EPSDT/Child Preventive Care Appointments</td>
<td>Within two weeks of request</td>
</tr>
<tr>
<td><strong>Specialty Physician Referrals</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Appointments</td>
<td>Immediately upon referral</td>
</tr>
<tr>
<td>Urgent Care Appointments</td>
<td>Within 48 hours of referral</td>
</tr>
<tr>
<td>Routine Appointments</td>
<td>Within three weeks of referral</td>
</tr>
<tr>
<td><strong>Maternity Care</strong></td>
<td></td>
</tr>
<tr>
<td>First Trimester</td>
<td>Within three weeks of request</td>
</tr>
<tr>
<td>Second Trimester</td>
<td>Within seven calendar days of request</td>
</tr>
<tr>
<td>Third Trimester</td>
<td>Within three calendar days of request</td>
</tr>
<tr>
<td>High-risk Pregnancies</td>
<td>Within three calendar days of identification as high risk, or immediately if an emergency exists</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td></td>
</tr>
<tr>
<td>Life-threatening Emergency</td>
<td>Immediately</td>
</tr>
<tr>
<td>Non-life-Threatening Emergency</td>
<td>Services within six hours of request</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Routine Care</td>
<td>Within seven calendar days of request</td>
</tr>
</tbody>
</table>
## Delaware Health Plan Contact List

| Provider Call Center | 800-600-9007  
Monday through Friday, from 8 a.m. to 5 p.m. |
|----------------------|------------------------------------------------|
| Postal Mailing Address | UnitedHealthcare Community Plan  
4051 Ogletown Stanton Road  
Suite 200  
Newark, DE 19713 |
| Claims Mailing Address | UnitedHealthcare Community Plan  
P.O. Box 8207  
Kingston, NY 12402 |
| Utilization Management Appeals Address | UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364 |
| Claims Appeals (and other Correspondence) Mailing Address | UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364 |
| Behavioral Health Providers | For inquiries related to credentialing, demographic updates, or adding a new provider to your practice, please contact OptumHealth Behavioral Solutions (United Behavioral Health) Provider Network Management at 877-614-0484. |
| To Verify Member Eligibility | 800-600-9007 or UnitedHealthcareOnline.com |
| Credentialing | Skilled Service Providers Contact:  
National Credentialing Center 877-842-3210  
Non-skilled Service Providers Contact:  
Provider Services 800-600-9007 |
# Long Term Care (LTC) Care Management Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Location</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debby Pecoraro, RN</td>
<td>Manager, Care Management</td>
<td>New Castle County</td>
<td>302-319-1907</td>
<td><a href="mailto:debby.pecoraro@uhc.com">debby.pecoraro@uhc.com</a></td>
</tr>
<tr>
<td>Kristen Franklin, RN</td>
<td>Manager, Care Management</td>
<td>Kent/Sussex Counties</td>
<td>302-932-1556</td>
<td><a href="mailto:kristen.franklin@uhc.com">kristen.franklin@uhc.com</a></td>
</tr>
<tr>
<td>Patty Winward, RN</td>
<td>Manager, Care Management</td>
<td>Kent/Sussex Counties</td>
<td>302-354-7198</td>
<td><a href="mailto:patricia.winward@uhc.com">patricia.winward@uhc.com</a></td>
</tr>
<tr>
<td>Temika Carter, RN, BSN</td>
<td>Manager, Care Management</td>
<td>Kent/Sussex Counties</td>
<td>302-300-0564</td>
<td><a href="mailto:Temika.Carter@uhc.com">Temika.Carter@uhc.com</a></td>
</tr>
</tbody>
</table>

# Member Advocates

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erica Kearse</td>
<td>Medicaid and Delaware Healthy Children Program (DHCP)</td>
<td>302-781-6729</td>
<td><a href="mailto:erica.kearse@uhc.com">erica.kearse@uhc.com</a></td>
</tr>
<tr>
<td>Tracy Sprague</td>
<td>Diamond State Health Plan Plus (DSHP-Plus)</td>
<td>302-781-6745</td>
<td><a href="mailto:tracy.sprague@uhc.com">tracy.sprague@uhc.com</a></td>
</tr>
</tbody>
</table>

# Quality Management Department

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desiree Dowling</td>
<td>Senior Quality Analyst</td>
<td>302-781-6728</td>
<td><a href="mailto:Desiree.Dowling@uhc.com">Desiree.Dowling@uhc.com</a></td>
</tr>
<tr>
<td>Paul Fransisco, RN</td>
<td>Clinical Quality Analyst</td>
<td>302-284-4064</td>
<td><a href="mailto:Paul.Fransisco@uhc.com">Paul.Fransisco@uhc.com</a></td>
</tr>
<tr>
<td>Christine Puckett</td>
<td>Health Educator</td>
<td>302-781-6727</td>
<td><a href="mailto:Christine_Puckett@uhc.com">Christine_Puckett@uhc.com</a></td>
</tr>
</tbody>
</table>
How to contact us

**UnitedHealthcareOnline.com**
Verify member eligibility and check status of claims.

**Provider Services Helpline**
800-600-9007
This is an automated system. Please have available your National Provider Identifier (NPI) or Atypical number AND your Tax ID number (TIN) or the member’s ID number, or you may hold to speak to a representative. The call center is available to:

- Answer general questions
- Verify member eligibility
- Check status of claims
- Ask questions about your participation or notify us of demographic and practice changes
- Request information regarding credentialing

**Prior Authorization**
For a list of all benefits that require prior authorization, reference the benefits section of this resource guide or your provider manual. You can also call 800-366-7304. Fax your prior authorizations to 877-877-8230.

**Care Management**
855-821-9102 (TTY 711)
Call for more information about the programs available to eligible LTC members.

**OptumHealth Behavioral Solutions (United Behavioral Health)**
**Provider Clinical Authorization Line**
866-261-7692

**OptumHealth Behavioral Solutions (United Behavioral Health)**
**Provider Network Management**
For inquiries related to credentialing, demographic updates, or adding a new provider to your practice, please contact us at 877-614-0484.

**Member Services Helpline**
877-542-9248 (TTY 711)

**24/7 NurseLine**
866-915-0311