



Ohio Non-Participating Provider 2014

Physician, Health Care Professional, Facility and Ancillary

Quick Reference Guide

Important Phone Numbers

Provider Services Department

800-600-9007

Fax: 877-877-7697

- Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST). Representatives can answer questions about member eligibility, medical record transfers, claims, and provide you with printed copies of our materials.

Interactive Voice Response (IVR) System to Check:

Member Eligibility

888-586-4766

Utilization Management

800-366-7304

Fax: 866-839-6454

- Available from Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST), to assist with prior authorizations, admissions, discharges and coordination of members' care. On-call staff is available 24 hours a day, 7 days a week for emergency prior authorization purposes.

Care Management

800-508-2581

Fax: 866-337-7581

- Cardiac Program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex Children and Adult Care Program
- Diabetes Program
- Kidney disease
- NICU
- Respiratory Program (asthma, chronic obstructive pulmonary disease, emphysema)

Healthy First Steps Program (Pregnancy and High-Risk Pregnancy Programs)

800-599-5985

Fax: 877-611-4411

Durable Medical Equipment (DME)

800-366-7304

Fax: 866-839-8058

Pharmacy Questions and Authorizations

800-310-6826

Fax: 866-940-7328

Optum Behavioral Health

866-261-7692

Members Matter

800-895-2017

- Available Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST)

Interpreter Services:

- For assistance in coordinating interpreter services for those members needing support with limited English proficiency (LEP), limited reading proficiency (LRP), hearing and/or visual impairment, please contact Member Services at 800-895-2017.

Member Services

800-895-2017

- Available Monday through Friday, 7:00 a.m. to 7:00 p.m. (EST) to coordinate care for members (adult and children) with special needs, including care management, outreach and training.

Hearing Impaired

711

- Available Monday through Friday, 7:00 a.m. to 7:00 p.m. (EST) to assist members.

Regional Offices

412-858-4000

9200 Worthington Road, 3rd Floor
Worthington OH, 43082

Holiday Observations

- New Year's Day.
- Martin Luther King, Jr. Day.
- Memorial Day.
- Independence Day.
- Labor Day.
- Thanksgiving Day and the day following.
- Christmas Day.

Offices will be closed on the above dates.

Dental Services

DentaQuest

800-341-8478


Routine dental services are covered by Ohio Medicaid. Anesthesia and facility charges associated with dental procedures performed at a hospital facility or Ambulatory Surgery Center must meet medical necessity and be prior authorized by UnitedHealthcare Community Plan for services to be considered.

Important Phone Numbers (continued)

Vision Services

800-243-1401

Block Vision

Prior Authorization is  required for all routine eye exams and hardware. Authorizations must be obtained from Block Vision at blockvisiononline.com.

Transportation Services

Members are eligible for 30 one-way or 15 free round trips per year to and from medical appointments. Coordination of transportation services requires at least two business days advance notice. Transportation can be arranged by contacting UnitedHealthcare Community Plan at 800-895-2017 Monday through Friday, 7:00 a.m. to 7:00 p.m.

Provider Correspondence

Grievances and Appeals:

- UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131

Paper Claims:

- UnitedHealthcare Community Plan
P.O. Box 8207
Kingston, NY 12402

General Correspondence:

- UnitedHealthcare Community Plan
9200 Worthington Rd., 3rd floor
Westerville, OH 43082

Member Identification

- Each member covered by UnitedHealthcare Community Plan will receive his/her own ID card.
- Each member selects a Primary Care Physician (PCP) who serves as the overall care manager.
- Eligibility, benefits and information regarding UnitedHealthcare Community Plan members can be verified by calling Member Services at 800-895-2017.

Claims and Billing

Code Sets/Claim Forms

Claims must be submitted to UnitedHealthcare Community Plan within 365 days of the date of service using HIPAA compliant CPT-4 or HCPCS codes. Hospitals should bill on a UB-04 or CMS 1500 form. Other providers, including Ancillary Providers, should bill using the CMS 1500 form. For information on electronic billing, please see the companion guides provided on our website at UnitedHealthcareOnline.com or call Provider Services at 800-600-9007. Please allow 30 days for the processing of clean claims. A "clean claim" is a claim for payment for a health care service which has no defect or impropriety. A defect or impropriety shall include lack of required substantiating documentation or a particular circumstance requiring special treatment which prevents timely payment from being made on the claim. Claims must be submitted within the 365-day filing limit for new claims and the 45-day limit for appeals, and 180-day limit for resubmissions.

Billing Reminder for Federally Qualified Health Centers, Rural Health Centers and Qualified Family Planning Providers

Please Use the Correct Place of Service Code

To support standard coding and prevent potential claims denial issues, please use the following Place of Services (POS) codes when billing.



POS Code	POS	Definition of POS
50	Federally Qualified Health Center	Located in a medically underserved area providing Medicare members preventive primary medical care under the general direction of a physician.
71	Public Health Clinic	Maintained by state or local health department providing ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	Certified and located in a rural medically underserved area providing ambulatory primary medical care under the general direction of a physician.
11	Provider Office	
20	Urgent Care Centers	

Also, please remember:

- Bill with the group NPI number in boxes 24J and 33A.
- Do not list a physician name in Box 31.

If you have any questions, please contact Provider Services at 800-600-9007. Thank you.

Sample UnitedHealthcare Community Plan Member Identification Cards





Health Plan (80840) 911-87726-04

Member ID: 999999999

Member:
SUBSCRIBER M BROWN SR
 MMIS: 999999999999
 PCP Name:
DR. PROVIDER BROWN
 PCP Phone: (999)999-9999


Payer ID: 87726



Rx Bin: 610494
 Rx Grp: ACUOHMMP
 Rx PCN: 9999

UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan)
 H2531 PBP# 001

Printed: 05/25/11



In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Website: MyUHC.com/CommunityPlan

Member Services: 1-877-542-9236 TTY 711

Behavioral Health Crisis: 1-877-542-9236 TTY 711

Care Management: 1-877-542-9236 TTY 711

24 Hour Nurse Advice: 1-800-542-8630 TTY 711

For Providers: 1-800-600-9007

Send claims to: PO Box 8207, Kingston, NY, 12402-8207

Eligibility Verification: 1-800-600-9007 Claim Inquiry: 1-800-600-9007

Pharmacy Claims: OptumRx, PO Box 29045, Hot Springs, AR 71903

Pharmacy Help Desk: 1-877-889-6510

Note: Possession of a UnitedHealthcare Community Plan ID card does not guarantee eligibility, coverage or payment.

Payment in Full

Payment made by UnitedHealthcare Community Plan is considered payment in full. Non-contracting providers may not bill a UnitedHealthcare Community Plan member unless all of the following conditions are met:

1. The member was notified by the provider of the financial liability in advance of service delivery;
2. The notification by the provider was in writing, specific to the service being rendered, and clearly states that the recipient is financially responsible for the specific service. A general patient liability statement signed by all patients is not sufficient for this purpose;
3. The notification is dated and signed by the member; and
4. The reason the service is not covered by UnitedHealthcare Community Plan is specified and is one of the following:
 - a. The service is a benefit exclusion;
 - b. The provider is not contracted with UnitedHealthcare Community Plan and UnitedHealthcare Community Plan has denied approval for the provider to provide the service because it is available from a contracted provider; or
 - c. The provider is not contracted with UnitedHealthcare Community Plan and has not requested approval to provide the service.

OAC Rule 5160-1-60

Emergency Care Services

Emergency services rendered by non-contracting providers shall be reimbursed at the lesser of billed charges or 100 percent of the Ohio Medicaid fee schedule.

Acceptable Member Self-Referrals and Prior Authorization Guidelines

UnitedHealthcare Community Plan Members may Self-Refer for the Following Services:

- Dental care (participating providers only).
- Vision care (participating providers only).
- Specialty care provided by participating providers (except for chiropractic, plastic surgery, and pain management specialist services).
- Emergency services.
- Family planning services, including services rendered by a Qualified Family Planning Provider (QFPP).
- Mental Health Services offered through a Community Mental Health Center (CMHC) certified as a Medicaid provider (see the Provider Directory or our website for a list of CMHCs).
- Substance abuse services offered through certified Medicaid providers affiliated with the Ohio Department of Mental Health and Addiction Services (MHA) (see the Provider Directory or our website for a list of providers affiliated with MHA).
- Services provided by a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).
- Services provided by a Certified Nurse Midwife (CNM) or Certified Nurse Practitioner (CNP).

Prior authorization must be obtained for all services performed by a non-participating provider.