

Summary of Changes - New Enrollment and Claims Payment System Effective June 1, 2017



Overview

Starting June 1, 2017, UnitedHealthcare Community Plan in Florida will change to a new enrollment and claims payment system. This Summary of Changes is a guide to help answer questions you may have about how this transition will affect your practice and your patients. The Summary includes information about our members new identification cards, changes for submitting claims and the online resources and phone numbers available to help you.

Member ID Cards and Claims Processing Requirements

New Member ID Cards

All members will receive a new identification (ID) card with a new group number and member ID number. Use these new ID cards and numbers for submitting medical claims. The plans affected are:

- **Managed Medical Assistance (MMA)**, including the Comprehensive Plan. This plan will have a 10-digit state-generated Medicaid ID number.
- **Long Term Care Plan** will have a 10-digit state generated Medicaid ID number.
- **Florida Healthy Kids (FHK) Plan** will have a 9-digit ID number issued by UnitedHealthcare Community Plan.
- **Group numbers** will be alphabetical.

To help ensure your claims are processed accurately, please use the member's new ID card and number for their respective plan starting June 1.

ERAs and PRAs

Electronic Remittance Advice (ERA) Payer ID Number Change

Electronic Remittance Advice (ERA) Payer ID number will change to **04567**. For dates of service prior to June 1, 2017, please continue using your current ERA Payer ID number 87726.

Streamlined and Enhanced Provider Remittance Advice (PRA)

You will receive newly formatted and streamlined remittance advice for dates of service after June 1 that will include:

- Clearer explanation codes
- Enhanced summary of overpayments/payments recovered

If you are signed up to receive ERAs, you'll receive both paper and electronic remittance advices for 31 days after your first payment. For example:

- If your first payment is June 15, you'll receive ERAs and paper remittance advices until July 16, and only ERAs thereafter.
- You can still view, save and print the paper version at **UnitedHealthcareOnline.com** > Claims & Payments > Electronic Payments & Statements (EPS).

Multiple PRAs

You will receive two Remittance Advices (RA) if claims were paid out of the current claims payment system and the new claims payment system.

- For dates of service **prior** to June 1, 2017, RAs will come from **current** claims payment system.
- For dates of service **starting** June 1, 2017, RAs will come from the **new** claims payment system.

Paper Claims and Claim Adjustments

New Mailing Addresses

For claims with dates of service on June 1, 2017 and thereafter, please use the following mailing addresses based on the plan for paper claims and claims adjustments:

MMA, including the Comprehensive Plan), and Long Term Care Plan

UnitedHealthcare Community Plan
P.O. Box 31365
Salt Lake City, Utah 84131-0365

Florida Healthy Kids (FHK)

UnitedHealthcare Community Plan
P.O. Box 31348
Salt Lake City, Utah 84131-0348

Please continue to mail paper claims and claim adjustments with dates of service prior to June 1, 2017 to the current mailing address:

UnitedHealthcare
P.O. Box 31362
Salt Lake City, Utah 84131

Claims Processing Rules and Resources

Automated Claims Adjudication and PRAs

The process to correct claims that require additional information or that had missing information will be automated to reduce the need to retroactively correct claims. When a claim needs correction, you'll no longer receive letters when claims can't be paid due to missing or inaccurate information. The RA will include a description of the information needed to pay the claim, eliminating the need for a separate letter.

Facility and Professional Claim Types

For UnitedHealthcare Community Plan, we will process claims according to coverage and billing rules for Facility and Professional claim types.

To access our policies for these claim processing rules, please use the following resources:

- **UHCommunityPlan.com** > Health Professionals > Florida > Bulletins
- **UHCommunityPlan.com** > Health Professionals > Florida > Provider Administrative Manual
- **UHCommunityPlan.com** > Health Professionals > Florida > Reimbursement Policy

Taxonomy Codes

The taxonomy code is a ten-digit alphanumeric code that indicates the type, classification, and specialty of the care provider. You'll need to start including it starting June 1 when you submit claims. If you have questions about using taxonomy codes, please refer to the Agency for Healthcare Administration's Medicaid policy. We're also sharing these tips and resources to help you:

- Billing guidelines for including taxonomy codes on the claims are also listed in our Provider Administrative Manual available at **UHCommunityPlan.com** > For Health Care Professionals > Florida > Provider Administrative Manual.

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- The taxonomy code submitted on claims should match one of the taxonomy codes you registered with Medicaid that's included in their Provider Registration data.
- You can verify the taxonomy code(s) you registered with Medicaid by:
 - **Online:** Referring to the Florida Provider Master List (PML) spreadsheet at mymedicaid-florida.com > Managed Care
 - **Phone:** Florida Medicaid Provider Enrollment Call Center at **800-289-7799**, Option 4.
 - **Contact** your Provider Advocate or Provider Services at **877-842-3210**.

Taxonomy codes only apply to providers who directly render health care services to our members. Some examples of providers who **aren't** required to use a taxonomy code include but are not limited to:

- Pest control
- Home modification
- Home-delivered meals
- Homemaker services

NPI Number Required on Claims

Starting June 1, 2017, if you're a provider who renders direct health care services to members, you will need to add your national provider identifier (NPI) number to claims. Be sure to:

- Use the NPI you registered with Florida Medicaid
- Bill for services as you are registered on the Florida PML. You can verify this information:
 - **Online:** mymedicaid-florida.com
 - **Phone:** Florida Medicaid Provider Enrollment Call Center at **800-289-7799**, Option 4.

Some examples of providers who **aren't** required to use an NPI number include but are not limited to:

- Pest control
- Home modification
- Home-delivered meals
- Homemaker services

National Correct Coding Initiative Guidelines

UnitedHealthcare Community Plan follows National Correct Coding Initiative (NCCI) guidelines and other applicable coding guidance from the Centers for Medicare & Medicaid Services including but not limited to the Official ICD-10-CM Guidelines for Coding and Reporting.

Long Term Care Plan Date Span

For Long Term Care Plan claims, the number of units billed must match the numbers of days entered on the claim. Bill the date ranges for which services were provided. For example:

- Bill June 1 - June 14 as 14 units
- Bill June 17 - June 30 as 14 units

Claims submitted using June 1 - June 30 and billed as 28 units, will be denied. **Remember to bill only the number of units that have been authorized by UnitedHealthcare Community Plan.**

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Prior Authorization Requirements

You'll see some changes to prior authorization requirements for dates of service starting June 1, 2017. We'll post the updated prior authorization list of services online and in our Provider

Administrative Manuals. After May 1, 2017, you can view the updated prior authorization list changes at:

- **UHCCommunityPlan.com** > For Health Care Professionals > Bulletins.

To view the prior authorization changes in the Provider Administrative Manual, go to:

- **UHCCommunityPlan.com** > For Health Care Professionals > Florida > Provider Administrative Manual.

You may also see the following changes when you submit a prior authorization request. If a service that requires prior authorization spans June 1, 2017, care providers will receive two authorization numbers:

- For dates of service **prior to May 31, 2017**, the authorization number will be issued through the current claims payment system.
- For dates of service **June 1 thereafter**, the authorization number will be issued through our new claims payment system.

Online Resources

Link and UnitedHealthcareOnline.com

Use Link – your gateway to UnitedHealthcare's online tools – to perform secure transactions for UnitedHealthcare Community Plan members:

- View patient eligibility and benefits
- Check the status of a claim,
- Submit a claim reconsideration
- Submit referrals

To submit a single CMS-1500 claim form, go to **UnitedHealthcareOnline.com** > Claims and Payments > Claims Submission. The following reports are also available at **UnitedHealthcareOnline.com** > Tools & Resources > Reports:

- PCP Panel Report
- Capitation (CAP) Reports
- Claim Trends
- Provider Profile
- EPSDT
- Preventive Health Measures

To access Link and reports that require secure access, sign in to **UnitedHealthcareOnline.com** using your Optum ID. If you don't have an Optum ID or need help remembering your ID or password, don't worry -- the UnitedHealthcareOnline.com sign-in screens will help guide you through the process.

To learn more about Link, please visit **UnitedHealthcareOnline.com** > Quick Links > Link: Learn More. If you have questions, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 3, 7 a.m. – 9 p.m., Central Time, Monday through Friday.

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Referral Submission

Use the **referralLink app** on Link to submit and check status of referrals for your patients who are UnitedHealthcare Community Plan members. This new app will be available on June 1 for UnitedHealthcare Community Plan members ONLY; we'll make it available for all UnitedHealthcare members later this year.

referralLink will be added to your Link dashboard by June 1. To access it, sign in to UnitedHealthcareOnline.com to access Link, then click on the referralLink app tile. For more information about using referralLink, go to UnitedHealthcareOnline.com > Quick Links > Link: Learn More.

Electronic Payments & Statements

Electronic Payments & Statements (EPS) is UnitedHealthcare's solution for electronic funds transfers (EFT) and electronic remittance advice (ERA). It's one of the most efficient ways to get paid. There's no change to your posting method and no special software is required. By enrolling in EPS, you can:

- Receive claims payments by direct deposit.
- Access your explanations of benefits (EOBs) online or via 835 ERA files.

Care providers who are enrolled in EPS are automatically enrolled with the new ERA Payer ID **04567**.

We're Here to Help

If you have questions, please contact your Provider Advocate or call Provider Services at **877-842-3210**. Thank you.