



New Enhanced Enrollment and Claims Payment System External Frequently Asked Questions

Key Points

- Starting June 1, 2017, UnitedHealthcare Community Plan in Florida will begin using an enhanced enrollment and claims payment system.
- Changes will affect medical and behavioral care providers who treat members in the following plans:
 - Managed Medical Assistance (MMA including the Comprehensive Plan)
 - Long Term Care (LTC)
 - Florida Healthy Kids (FHK)
- Care providers will use a new electronic remittance advice (ERA) payer identification (ID) 04567.
- Members will receive a new ID card.
- Mailing addresses for paper claims and claims adjustments will change.

Overview

UnitedHealthcare Community Plan in Florida will transition to an enhanced enrollment and claims payment system on June 1, 2017. To help you, your practice and patients through this change and afterwards, please use the following frequently asked questions and answers. If you have additional questions not addressed in this FAQ, please contact your Provider Advocate or use the following Provider Services phone numbers:

- MMA and FHK Plan: **877-842-3210**
- Long Term Care Plan: **800-791-9233**
- Behavioral Health care providers, please call Behavioral Network Services at **877-614-0484**.

Frequently Asked Questions and Answers

New Member ID Cards

Q1. Will members receive a new member ID card?

A. Yes. Members in the following plans will receive a new ID card with a new ID number and group number.

- **MMA (including the Comprehensive Plan)** will have a new state-generated, 10-digit Medicaid ID number.
- **Long Term Care Plan** will have a new state-generated, 10-digit Medicaid ID number.
- **FHK Plan** will have a new ID with a 9-digit ID number issued by UnitedHealthcare Community Plan.
- The group numbers will be alphabetical.

Be sure to check the member's eligibility each time they visit your office.

Claims Processing Information

Q2. Will a care provider need to submit claims with the member's new ID number?

- A. Yes. Please use the new member ID number for claims with dates of service starting on June 1.

Q3. Will claims be processed based on dates of service?

- A. Yes. Claims will be processed based on dates of service.
- Claims submitted with dates of service up to May 31 will be processed using our existing claims payment system.
 - Claims with dates of service starting June 1 will be processed using the enhanced claims payment system.

Q4. If I'm unable to send claims or claims adjustments electronically for medical or behavioral health services, where do I send them?

- A. Send paper claims or claim adjustments for dates of service on or after June 1 to the following addresses based on the plan:

MMA (including the Comprehensive plan), and Long Term Care plan)

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

FHK Plan

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

For any paper claim or claim adjustment submitted prior to June 1, please continue using the current mailing address:

UnitedHealthcare of Florida
P.O. Box 31362
Salt Lake City UT 84131

ERAs and Claims Payer IDs

Q5. Will the Electronic Remittance Advice (ERA) Payer ID Number change?

- A. Yes. The ERA Payer ID will change to **04567**. To continue receiving your ERAs, you'll need to contact your billing software or clearinghouse vendor to update your ERA Payer ID.

Q6. Will the Claims Payer ID change?

- A. No. It won't. Please continue using Claims Payer ID **87726** for your claim submissions.

Q7. Why are claims letters no longer being used for showing missing or inaccurate information?

- A. Remittance Advices will replace claims letters and will outline what is missing or if a submitted claim has inaccurate information and cannot be processed.

Q8. Will care providers receive Remittance Advice (RAs) from both claims systems?

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

Q9. Will there be changes to electronic and paper Remittance Advice (RA)?

A. Yes. The format will be streamlined and include:

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

If you are signed up to receive RAs electronically, 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.

Facility and Professional Claims

Q10. Will there be changes to how Facility and Professional claims are processed?

A. Yes. We will process claims according to coverage and billing rules for Facility and Professional claim types.

To access our policies related to claim processing rules, please use the following resources:

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

Q11. Will care providers need to use taxonomy codes?

A. Yes. You'll need to start including your taxonomy code(s) for dates of service starting June 1 for claims submissions. If you have questions about using taxonomy codes, please refer to the Agency for Healthcare Administration's Medicaid policy. Guidelines for including taxonomy codes on claims are also listed in our Provider Administrative Manual. Go to:

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

NPI Number and NCCI

Q12. Will the National Provider Identifier (NPI) number need to be included on claims?

A. Yes. Starting June 1, if you're a care provider who renders direct health care services to members, you'll need to include your NPI number on your claims.

Q13. Will care providers need to follow the National Correct Coding Initiative (NCCI)?

A. Yes. 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.

Q14. For Long Term Care plan claims, will the number of units billed need to match the date span?

A. Yes. The number of units billed must match the date span and not exceed the amount authorized. Bill the date ranges for which services were provided. This billing change doesn't apply to outpatient services.

Prior Authorizations

Q15. Will there be changes in how prior authorization numbers are issued during the transition to the new claims payment system?

- A. Yes. For dates of service which span June 1, 2017, care providers will receive two authorizations numbers:
- **Prior to May 31, 2017**, the authorization number will be issued through the current claims payment system.
 - **On or after June 1** the authorization number will be issued through our enhanced claims payment system.

Q16. Will UnitedHealthcare Community Plan update the list of services that require advance notification or prior authorization?

- A. Yes. Please go to **UHCCommunityPlan.com** > For Health Care Professionals > Select Florida > Provider Information. The updated list of services will be included in the Provider Administrative Manual, and as a separate document under Bulletins.

Q17. Are there resources to help a care provider submit requests for advance notification and prior authorization?

- A. Yes. For quick reference guides, tutorials that help with submitting and checking the status of an advance notification or prior authorization request or appeals, go to:
- UnitedHealthcareOnline.com > Help > Notifications/Prior Authorizations, or
 - **Call Provider Services** at the following phone numbers:
 - Medical care providers: **877-842-3210**
 - Behavioral Health care providers: **877-614-0484**

Online Resources

Q18. Which website should medical care providers use to perform secure transactions and view reports?

- A. Use Link – your gateway to UnitedHealthcare’s online tools to perform secure transactions for UnitedHealthcare Community Plan members. Please sign in to: UnitedHealthcareOnline.com using your Optum ID to access Link, then select the app for the transaction you want to use. You can:
- View member eligibility and benefits
 - Check the status of a claim
 - Submit a claim reconsideration
 - Submit referrals

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

Q19. Will Behavioral Health care providers still use Provider-Express.com for online transactions?

- A. Yes. Behavioral Health care providers will continue using Provider-Express.com for:
- Eligibility & Benefits (login required)
 - Claim Entry (login required)
 - Claim Inquiry (login required)
 - Provider Demographic Changes (login required)
 - Best Practice Guidelines
 - Levels of Care Guidelines
 - Network Manual
 - Training and Webinars
 - Coordination of Care
 - Electronic Data Interchange (EDI) information

Q20. Where can medical care providers submit referrals?

- A. 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.

Sign in to [UnitedHealthcareOnline.com](https://www.unitedhealthcareonline.com) to access Link, then click on the referralLink app tile. For more information about using referralLink, go to [UnitedHealthcareOnline.com](https://www.unitedhealthcareonline.com) > Quick Links > Link: Learn More.

Q21. How can care providers enroll in Electronic Payment & Statements (EPS)?

- A. To enroll in EPS, go to [WelcomeToEPS.com](https://www.welcometoeps.com) and click Enroll Now. You will need:
- Bank account information for direct deposit
 - Note: claim adjustments will not be deducted from your account.
 - Either a voided check or a bank letter to verify bank account information
 - A copy of your organization's W-9 form

Enrolling in EPS let's you:

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