

Summary of Changes to Enrollment and Claims Payment System –Starting Jan. 1, 2017



Starting Jan. 1, 2017, UnitedHealthcare Community Plan's QUEST Integration and UnitedHealthcare Dual Complete® Plan, our Dual Special Needs Plan (DSNP) in Hawaii will transition to a new enrollment and claims payment system. We are providing this Summary of Changes to assist you. If you have questions, please contact your Provider Advocate or call Provider Services at 888-980-8728.

New Member Identification (ID) Cards

QUEST Integration members will receive a new member ID card.

Members with coverage under UnitedHealthcare Dual Complete will have a new ID number with their new member ID card.

Dedicated DSNP Provider Services Phone Number

A new dedicated phone number for Dual Special Needs Plan Care Providers will be available. Call 866-622-8054. Enter your Tax ID number, self-service option is also available for the following:

- IVR (Interactive Voice Response)
- Claims, benefits and eligibility
- Care notifications
- Prior authorization
- Other professional services

You will need the Member ID number and date of birth for some options.

Electronic Remittance Advice (ERA) Payer ID Number

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

Streamlined and Enhanced Provider Remittance Advice (PRA)

You will receive newly formatted and streamlined remittance advice for dates of service occurring after the transition, which will include clearer explanation codes, as well as an enhanced summary of overpayments/payments recovered.

Additionally, if you are signed up to receive ERA, you will receive both paper and electronic remittance advices for 31 days after your first payment in 2017. After that, you will only receive the ERA. For example, if your first payment in 2017 is Jan. 16, you will receive both ERA and PRA until Feb 16, 2017 (31 calendar days later), and ERA only thereafter. You can still view, save and print PRA at UnitedHealthcareOnline.com.

Facility and Professional Claim Types

For UnitedHealthcare Dual Complete Plan we will also process claims according to Medicare coverage and billing rules for facility and professional claim types.

UnitedHealthcare policies related to these claim processing rules can be located on UnitedHealthcareOnline.com >Tools and Resources > Policies, Protocols and Guides>UnitedHealthcare Medicare Advantage Reimbursement Policies Detailed CMS policy information can be located within the various manuals on the Centers for Medicare & Medicaid Services (CMS) website. To view Medicare LCD/NCD policies search the CMS' [Medicare Coverage Database](#).

If you have questions about the claims process, please contact Provider Relations or Network Management.

Multiple PRAs

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

- Claims with dates of service **prior** to Jan. 1, 2017 will generate an RA out of the current claims system.
- Claims with dates of service starting Jan. 1, 2017 will generate an RA out of the new claims payment system.

QUEST Integration and DSNP Paper Claim Submissions

For claims with dates of service Jan. 1, 2017 and thereafter, please send medical paper claims to:

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

Please continue to mail paper claims with dates of service prior to Jan. 1, 2017 to the current mailing address:

UnitedHealthcare Community Plan
P.O. Box 31362
Salt Lake City, Utah 84131-0362

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Claims Adjustment Submission

For claims with dates of service Jan 1, 2017 and thereafter, send claims adjustments to:

UnitedHealthcare Community Plan
P.O. Box 31350
Salt Lake City, UT 84131-0350

Please continue to mail claim adjustments with dates of service prior to Jan 1, 2017, to the current mailing address.

DSNP Appeals and Grievance Address

For claims with dates of service Jan 1, 2017 and thereafter, send appeals to:

UnitedHealthcare
Attn: Appeals and Grievance Department
P.O. Box 6103 MS CA124-0157
Cypress, CA 90630-9998

Please continue to mail appeals with dates of service prior to Jan 1, 2016, to the current mailing address.

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 will no longer receive letters when claims cannot 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.

Link and UnitedHealthcareOnline.com

Link is your gateway to UnitedHealthcare's online tools including UnitedHealthcareOnline.com. Use Link to perform secure transactions for UnitedHealthcare Community Plan as well as for your patients enrolled in UnitedHealthcare Commercial or Medicare plans. Using our online tools, you can view patient eligibility and benefits, check the status and submit claim reconsiderations. You can continue to view reports and submit single CMS1500 claims through UnitedHealthcareOnline.com.

To access Link, 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.

PCP Panel Rosters

The PCP panel roster reports will no longer be mailed. Instead, QUEST Integration care providers will be able to access them through UnitedHealthcareOnline.com > Tools & Resources > Reports; however you will be directed to use your Optum ID in order to access them. If you don't have an Optum ID, select "New User" to begin registration. Complete the registration. After logging on, you can access the PCP Panel Reports from the Reports page. Select PCP panel roster as a report type.

Electronic Payments & Statements

Electronic Payments & Statements (EPS) is UnitedHealthcare's solution for electronic funds transfers (EFT) and ERA. By enrolling in EPS, you can receive claims payments by direct deposit and access your explanations of benefits (EOBs) online or via 835 ERA files. EPS is one of the most efficient ways to get paid. There's no change to your posting method and no special software is required. To learn more, go to [placeholder for web address].

Prior Authorization Requirements

Select changes to prior authorization requirements will become effective for dates of service starting Jan.1, 2017 for UnitedHealthcare Community Plan.

The prior authorization list will **be updated and available on** the UHCCCommunityPlan.com after Dec. 1, 2016.for QUEST Integration and UnitedHealthcare Dual Complete plans.