

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



Starting Jan. 1, 2017, UnitedHealthcare Community Plan in New Mexico will transition to a new enrollment and claims payment system. The transition will affect Centennial Care and UnitedHealthcare Dual Complete® (HMO SNP) Plan, our Dual Special Needs Plan (DSNP). We are providing this Summary of Changes to assist you. If you have questions, please contact your Provider Advocate or call Provider Services at 888-702-2202.

New Member Identification (ID) Cards

All Centennial Care and UnitedHealthcare Dual Complete Plan members will receive a new identification (ID) card with a new group number and member ID number.

DSNP Member Identification Number Change

Starting Jan. 1, 2017, we will begin using a nine digit member ID number rather than the five digit member ID number used before that date.

Provider Services Phone Number - DSNP

As of Jan. 1, 2017, if you treat our DSNP members and you have questions regarding the changes, please call Provider Services at 866-393-0208.

New Dedicated Provider Services Interactive Voice Response (IVR) for DSNP

A new dedicated phone number for DSNP care providers will be available. Call 866-393-0208 and select 'yes' at the prompt for health care professionals.

After you enter your tax ID number, self-service options will be available for the following:

- Claims, benefits and eligibility
- Care notifications
- Prior authorization
- Credentialing and 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 begin to receive newly formatted and streamlined remittance advice for dates of service occurring after the transition. The new remittance advice will include clearer explanation codes, as well as an enhanced summary of overpayments/payments recovered.

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

Facility and Professional Claim Types

For the UnitedHealthcare Dual Complete Plan, we'll process claims according to Medicare coverage and billing rules for facility and professional claim types.

United Healthcare 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 Centers for Medicare & Medicaid Services' (CMS) policy information can be located within the various manuals on the CMS website. Medicare LCD/NCD policies can be located by searching the [Medicare Coverage Database](#). If you have questions about the claims process, please contact Provider Relations or Network Management.

Multiple Remittance Advice

You'll 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.

Paper Claim Submission for Dual Special Need Plans (DSNP)

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

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

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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 3 1362
Salt Lake City, Utah 84131-0362.

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.

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.

Electronic Payments & Statements

Electronic Payments & Statements (EPS) is UnitedHealthcare's solution for electronic funds transfers (EFT) and electronic remittance advice (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.

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 UHCCommunityPlan.com and included in the Provider Administrative Guide. Please visit UHCCommunityPlan.com after Dec. 1, 2016, to view the prior authorization list for each plan.