



## Transition to Enhanced Enrollment and Claims Payment System for UnitedHealthcare Community Plan in New Mexico

### External Frequently Asked Questions

#### Key Points

- Starting Jan. 1, 2017, UnitedHealthcare Community Plan in New Mexico will begin using an enhanced enrollment and claims payment system.
- Changes will affect Centennial Care and UnitedHealthcare Dual Complete plans.
- Care providers will use a new ERA payer identification (ID).
- Members will receive a new ID card.
- Mailing addresses for paper claims.

#### Overview

The following frequently asked questions and answers will help care providers and their staff when UnitedHealthcare Community Plan of New Mexico transitions to an enhanced enrollment and claims payment system on Jan. 1, 2017. You'll want to check for new member ID cards and use your new care provider electronic remittance advice (ERA) payer ID on claims submissions. There will be a new Provider Services phone number for UnitedHealthcare Dual Complete, and new mailing addresses for paper claims submissions starting Jan. 1. If you have additional questions not addressed in this FAQ, please contact your Provider Advocate/Network Manager or call Provider Services at:

#### Centennial Care

- **888-702-2202 (Medical care providers)**

#### UnitedHealthcare Dual Complete

- **866-393-0208 (Medical care and behavioral health care providers)**

#### Frequently Asked Questions and Answers

#### New Member ID Cards and Processing Information for Medical Claims

##### Q1. Will members receive a new member identification (ID) card?

A. Yes. All members will receive a new member ID card.

##### Q2. Will care providers need to submit claims with the new member ID card number?

A. Yes. Please use the new member ID card number for claims with dates of service starting Jan. 1, 2017.

##### Q3. Will claims be processed based on the dates of service (DOS)?

A. Yes. Claims submitted with a DOS on or before Dec. 31, 2016, will be processed using our existing claim payment system. Claims with a DOS after Jan. 1, 2017, will be processed using the enhanced claim payment system.

**Q4. Will facility and professional claim types have upgrades?**

- A. Yes. With the enhanced claim payment system, claims for the UnitedHealthcare Dual Complete plan will be processed and paid according to Medicare coverage and billing rules for facility and professional claim types.
- You can review UnitedHealthcare policies related to these claim processing rules at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides. Select UnitedHealthcare Medicare Advantage Reimbursement Policies.

**Contact Information**

**Q5. What is the new telephone number I should use if I have questions about these changes for the UnitedHealthcare Dual Complete Plan?**

- A. Starting Jan. 1, 2017, the Provider Services phone number for UnitedHealthcare Dual Complete will change to **866-393-0208**.

**Q6. What mailing address do I use to submit a paper claim for medical services with a DOS on or after Jan. 1, 2017?**

- A. Please send paper claims to:

**Centennial Care Plan**

UnitedHealthcare Community Plan  
P.O. Box 31365  
Salt Lake City, UT 84131-0350

**UnitedHealthcare Dual Complete Plan**

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

**Behavioral Health for UnitedHealthcare Dual Complete Plan**

Optum Behavioral Services  
P.O. Box 30755  
Salt Lake City, UT 84130-0755

**Changes to Electronic Remittance Advice (ERA) and Paper Remittance Advice (PRA)**

**Q7. Will the ERA payer ID number change?**

- A. Yes. Please use the new ERA payer ID number **04567**.

**Q8. Will the claims payer ID number change?**

- A. No. Continue using claims payer ID number **87726** for your claim submissions.

**Q9. Will the ERA/PRA have enhancements?**

- A. Yes. UnitedHealthcare Community Plan is enhancing the ERA/PRA to help simplify administrative tasks for your practice. If you're signed up to receive ERA, you'll receive 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 the ERA and PRA until

Feb. 16, 2017, which is 31 calendar days later. Going forward, you'll only get the ERA. You can still view, save and print your PRA at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Help > Claims & Payments >\_EPS & Single EOB Search > EPS Quick Reference.

Go to [www.optumhealthfinancial.com](http://www.optumhealthfinancial.com) to access EFT payment and remittance advice information.

**Q10. Will care providers continue receiving claim letters?**

A. No. As of Jan. 1, 2017, remittance advices will replace claim letters. The advices will tell you what documentation we're missing or if we can't pay the claim because of inaccurate information.

**Q11. Will I receive multiple PRAs?**

A. Yes. You'll receive two PRAs if claims were paid from the current claim payment system and the enhanced claim payment system.

- Claims with a DOS before Jan. 1, 2017, will generate a PRA from the current claim payment system.
- Claims with a DOS on or after Jan. 1, 2017, will generate a PRA from the enhanced claim payment system.

**Prior Authorization**

**Q12. Where can I get information about services that require prior authorization? How do I submit a prior authorization request?**

A. To view the list of services that require prior authorization, please go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > New Mexico > Provider Information.

You can submit a prior authorization request in one of the following ways:

- **Online:** Go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission.
- **Phone:**  
For Centennial Care, please call:
  - **888-702-2202 (Medical care and behavioral health care providers).**  
For UnitedHealthcare Dual Complete, please call:
  - **866-393-0208 (Medical care and behavioral health care providers)**

**Q13. Can behavioral health care providers submit a prior authorization request on UnitedHealthcareOnline.com?**

A. Yes. You can submit behavioral health inpatient and outpatient prior authorization requests at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission.

We'll also continue to accept prior authorization requests by fax at **877-840-5581**.

**Q14. Will there be changes for submitting prior authorization requests on Jan. 1?**

- A. Yes. If a service requires prior authorization and the dates of service carry into 2017, care providers will receive two authorization numbers. For example, the authorization number for dates of service before Dec. 31, 2016, will be issued through the existing claim payment system. For services provided on or after Jan. 1, 2017, the authorization number will be issued through our enhanced enrollment and claim payment system.

**Online Resources**

**Q15. How do I check patient eligibility and benefits, claim status, or submit claim adjustments?**

- A. You can use Link for any of these transactions. Sign in to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) using your Optum ID, and you'll be redirected to Link. 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.

**Q16. Will behavioral health care providers still have access to Provider Express.com?**

- A. Yes. Behavioral health care providers can continue to use Provider Express.com for:
- Best practice guidelines
  - Coordination of care
  - Electronic data interchange information
  - Levels of care guidelines
  - Provider administrative manual
  - Prior authorization request form(s)
  - Provider demographic changes
  - Training and webinars

**Electronic Payments & Statements**

**Q17. After Jan. 1, 2017, can I use Connectivity Director?**

- A. No. Go to [www.optumhealthfinancial.com](http://www.optumhealthfinancial.com) to access your 835 file through Electronic Payments & Statements (EPS), or sign up with a clearinghouse vendor.

**Q18. How can I enroll in EPS and what information will I need?**

- A. To enroll in EPS, go to [WelcomeToEPS.com](http://WelcomeToEPS.com) and click "Enroll Now". Then, provide:
- 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