



KanCare Program
Chapter 18: Frequently Asked Questions

Physician, Health Care Professional, Facility and Ancillary Provider

Administrative Guide

Welcome to UnitedHealthcare

This administrative guide is designed as a comprehensive reference source for the information you and your staff need to conduct your interactions and transactions with us in the quickest and most efficient manner possible. Much of this material, as well as operational policy changes and additional electronic tools, are available on our website at UHCCommunityPlan.com.

Our goal is to ensure our members have convenient access to high quality care provided according to the most current and efficacious treatment protocols available. We are committed to working with and supporting you and your staff to achieve the best possible health outcomes for our members.

If you have any questions about the information or material in this administrative guide or about any of our policies or procedures, please do not hesitate to contact Provider Services at 877-542-9235.

We greatly appreciate your participation in our program and the care you provide to our members.

Important Information Regarding the Use of This Guide

In the event of a conflict or inconsistency between your applicable Provider Agreement and this Guide, the terms of the Provider Agreement shall control.

In the event of a conflict or inconsistency between your participation agreement, this Guide and applicable federal and state statutes and regulations will control, applicable federal and state statutes and regulations will control. UnitedHealthcare reserves the right to supplement this Guide to ensure that its terms and conditions remain in compliance with relevant federal and state statutes and regulations.

This Guide will be amended as operational policies change.

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Frequently Asked Questions

What is your claims process?

To help ensure prompt payment:

- Review and copy both sides of the member's ID card. UnitedHealthcare members receive an ID card containing information that helps you process claims accurately. These ID cards display information such as claims address, copayment information (if applicable), and telephone numbers such as those for member and provider services.
- Notify Health Services of planned procedures and services on our Prior Authorization list.
- Prepare and complete an accurate CMS-1500 or UB-04 form.
- To submit claims electronically: have your office software vendor or clearinghouse make connection to our clearinghouse, OptumInsight. If you do not have office software, you may also submit your claims directly to us at no cost via UnitedHealthcareOnline.com. Be sure to use our electronic payer ID, 96385 to submit claims to us. For more information, contact your vendor or UnitedHealthcare Community Plan Support Services at 800-210-8315 or ac_edi_ops@uhc.com.

If you do not have access to the Internet, you can mail the completed claim to:

UnitedHealthcare
PO Box 5270
Kingston, NY 12401

What does a “complete claim” include?

A complete claim includes the following:

- Patient's name, date of birth, address and ID number
- Name, signature, address and phone number of physician or provider performing the service, as in your contract document
- National Provider Identifier (NPI) number
- Physician's or provider's tax ID number
- CPT-4 and HCPCS procedure codes with modifiers, where appropriate
- ICD-10 diagnostic codes
- Revenue codes (UB-04 only)
- Date of service(s), place of service(s), and number of services (units) rendered
- Referring physician's name (if applicable)
- Information about other insurance coverage, including job-related, auto or accident information, if available

- Attached operative notes for claims submitted with modifiers 22, 62, 66 or any other team surgery modifiers
- Attached anesthesia report for claims submitted with QS modifier
- Attached description of the procedure/service provided for claims submitted with unlisted medical or surgical CPT codes or experimental or reconstructive services (if applicable)

For injectable drugs provided in an office/clinic setting: The Health Plan shall be responsible for reimbursement of injectable drugs obtained in an office/clinic setting and to providers providing both home infusion services and the drugs and biologics. The Health Plan shall require that all professional claims contain NDC (National Drug Code) 11-digit number and unit information to be paid for home infusion and J codes. The NDC number must be entered in the 24D field of the CMS-1500 form or the LIno3 segment of the HIPAA 837 electronic form. Injectable drugs provided in the office/clinic setting, reimbursed by the Health Plan, shall not be included in any pharmacy benefit limits established for pharmacy services.

For vaccine information, please reference the Recommended Childhood Immunization Billing Schedules in Chapter 4 of the administrative guide.

Why do I need to include an NPI on my claims?

Federal Regulations and many state agencies require the use of your National Provider Identifier (NPI) on all electronic and paper claim submissions.

You must include a valid NPI on all claims submitted to us for payment. To assist us in expediting this process, please also include your provider name, address, and TIN. If you have not yet applied for and received your NPI, please do so immediately by visiting nppes.cms.hhs.gov. If you have not yet provided your NPI to us, please do so immediately by visiting UnitedHealthcareOnline.com. Downloadable forms are available on the website for you to submit this information to us.

How can I contact UnitedHealthcare Community Plan?

www.UHCCommunityPlan.com

Verify member eligibility, check status of claims, and submit claims and claims reconsideration requests by visiting UnitedHealthcareOnline.com. Member and claim status can also be verified through EDI transactions. For additional details, contact UnitedHealthcare Community Plan EDI Support Services at 800-210-8315 or ac_edi_ops@uhc.com.

Provider Services: 877-542-9235

This is an automated system. Please have your National Provider Identifier and Tax ID numbers or the member ID ready, or hold to speak to a representative.

The call center is available to:

- Answer general questions
- Verify member eligibility
- Check status of claims
- Ask questions about your participation

- Notify us of demographic and practice changes
- Request information regarding credentialing

Contracting/Provider Relations Department

For updates to your demographics and contract discrepancies, please contact your Provider Relations Representative. Also contact your UnitedHealthcare Community Plan Contracting/Provider Relations Department for questions regarding:

- Changes in provider information, including group or clinic name, address, telephone number, Medicaid number or federal Tax ID Number.
- If you open or close a practice location.
- If your clinic has reached capacity and you are closing your panel.
- Contract administration issues.
- Credentialing and recredentialing issues.
- Reimbursement issues, fee schedules or coding questions.
- Specific information about UnitedHealthcare Community Plan's policies and procedures.
- Training for billing and claim submission.

The Contracting/Provider Relations staff is responsible for:

- Developing and maintaining a comprehensive provider network.
- Monitoring provider adherence to the appointment availability and accessibility standards.
- Assisting providers with any problems or concerns that they might have in providing UnitedHealthcare Community Plan members with services.
- Providing clarification of UnitedHealthcare Community Plan and Centers for Medicaid and Medicare Services policies, regulations and procedures.
- Assisting providers with the complaints and appeals processes.
- Conducting new provider orientation sessions, in-service training to existing providers and annual provider workshop training sessions for all contracted providers.
- Distributing a quarterly provider newsletter and other special provider bulletins as needed including the results of the provider satisfaction surveys.

Prior Authorizations: 866-604-3267

For a complete and current list of services requiring prior authorizations, go to UHCCCommunityPlan.com or call 866-604-3267. Submit your prior authorization requests at UnitedHealthcareOnline.com or via fax to 866-943-6474 for Acute or 877-950-6887 for LTC/LTSS.

Case Management/Care Coordination:

LTC Care Coordination: 877-542-9235

Medical Care Coordination: 877-542-8997

Maternity Care

Healthy First Steps Maternity Case Management Referrals: 800-599-5985

OB Risk Assessment Forms: Fax to 877-353-6913

OptumRx - Pharmacy Services

Pharmacy Help Desk: 877-305-8952

Customer Service (Provider): 800-711-4555

Customer Service (Member): 866-218-7398

Pharmacy Preferred Drug List (PDL): UHCCCommunityPlan.com, or for a copy of the PDL, call 877-542-9231.

Pharmacy Prior Authorizations

UHCCCommunityPlan.com

Phone: 800-310-6826; Fax: 866-940-7328

Pharmacy Prior Notification Forms: UHCCCommunityPlan.com

Network Pharmacy Locator: UHCCCommunityPlan.com

Formal Claim Appeals Mailing Address

UnitedHealthcare

Attention: Formal Claim Appeals

PO Box 31364

Salt Lake City, UT 84131-0364

Member Services: 877-542-9238

Member Service Representatives are available to answer member calls Monday through Friday from 8 a.m. to 8 p.m. Our interactive voice response (IVR) telephone system is available to members 24 hours a day, 7 days a week; our nurse triage hotline is available through our IVR for health-related issues.

What are your notification requirements?

Notify Health Services within the following time frames:

Emergency Inpatient Admission

Within 48 hours of an emergency or urgent admission.

After Ambulatory Surgery

Within 48 hours of an inpatient admission after ambulatory surgery.

Non-Emergency Care (except maternity)

At least five business days prior to non-emergency, non-urgent hospital admissions and/or outpatient services.

Return calls from Health Service Coordinators and Medical Directors and provide complete health information within one business day.

Does a UnitedHealthcare Community Plan member need a referral to visit an emergency room (ER)?

No. UnitedHealthcare Community Plan members who have an emergency medical condition should go immediately to the closest ER at the nearest hospital. A referral is not needed for the member to use the ER.

Does each person in a UnitedHealthcare Community Plan member's family have to have the same doctor?

No. Family members may pick their own PCP.

Do UnitedHealthcare Community Plan members make their appointments directly with my office?

Yes. UnitedHealthcare Community Plan members should call their Primary Care Physician's (PCP) office to make an appointment. The PCP's name and phone number are shown on the member's health care ID card.

