Introduction to UnitedHealthcare Community Plan of Iowa:
Provider Education
Long Term Services and Support (LTSS)
Agenda:

✓ Who we are
✓ How we can help
✓ Resources and support
Who We Are
Effective Jan. 1, 2016, UnitedHealthcare Community Plan of Iowa will manage care for Iowans with developmental disabilities, chronic medical conditions or low incomes.

We serve:

- Iowa’s Medicaid Managed Care program, Iowa Health and Wellness Plan
- Healthy and Well Kids in Iowa (hawk-i) program
- Iowa Marketplace Choice
- Family Planning
- Seven Home and Community-based Services waiver programs

*Licensed in Iowa as UnitedHealthcare Plan of the River Valley, Inc.*
Waiver Services

We provide services to seven Home and Community-Based Service (HCBS) waiver programs:

1. AIDS/HIV
2. Brain Injury
3. Elderly
4. Children’s Mental Health
5. Health and Disability
6. Intellectual Disability
7. Physical Disability
Long-Term Services and Supports

We provide the following Long-Term Services and Supports (LTSS):

- Adult Day Care
- Consumer Directed Attendant Care
- Counseling Services
- Home Delivered Meals
- Home Health Aides
- Homemaker Services
- Nursing Care
- Respite
- Consumer Choices Option
Diversity Consideration

Our members live as independently as possible in the community of their choice. They may have special health needs, be financially disadvantaged or from different cultures.

- Honor members’ beliefs
- Be sensitive to cultural diversity
- Communicate in their language
- Use language interpretation and document translation services
Community-based Case Managers identify needs and:

- Develop and maintain a Person-Centered Care Plan
- Facilitate access to care
- Customize care to member’s needs
- Coordinate Services
CommunityCare

An electronic coordination care-planning tool. Lets everyone on the care team enter data and get real-time information to assist with coordination of care.

Accessible information includes:

- ✔ Care Plan
- ✔ Authorizations
- ✔ Medication list
- ✔ Test and screening results
- ✔ Gaps in care reporting for primary care provider (PCP)
- ✔ E-mail communication

Member access is different than the provider access.
Authorization and Eligibility

The member’s case manager will request prior authorization for the LTSS services you provide. You do not need to request prior authorization. However, be sure to confirm the member is eligible for services and an authorization is in place before providing services:

- Visiting our online portal, Link
- Calling the case manager directly
- Calling Provider Services at 888-650-3462
Online Authorization and Eligibility

Visit UnitedHealthcareOnline.com to access LINK to:

Check if a member is eligible for service(s)
• Select the “Eligibility & Benefits” tile
• Search by Member ID, Date of Birth and Service Date

Check an authorization is in place,
• Select UnitedHealthcare Online
• From the Notifications/Prior Authorizations drop down, select Notification/Prior Authorization Status

You may also check eligibility and authorization by calling Provider Services at 888-650-3462
Access claim and payment processing information, find comprehensive member eligibility and benefit details and submit claims reconsideration requests on Link – your gateway to UnitedHealthcare's online tools, including:

- Eligibility and Benefits Center
- Claims Management
- Claims Reconsideration
- CommunityCare
- Provider Data Management

To access Link, sign in to UnitedHealthcareOnline.com using your Optum ID. You will be redirected to Link after sign-in. If you don’t have an Optum ID or need help remembering your ID or password, don’t worry – the Link sign-in screens will guide you through the process.
There are two ways to submit a claim:

**Online:**
UnitedHealthcareOnline.com > secure login > Claims & Payments. Use payer ID 87726. Submit correct claims within 90 days of the date of service (or per your contact with us).

**Mail:**
UnitedHealthcare Community Plan
P.O. Box 5220
Kingston, NY 12402-5220
Adjustments and Reconsiderations

Adjustments:
If you believe a claim was processed incorrectly, you may use our claims management tool on our website to request for reconsideration. For assistance, please call 888-650-3462.

Reconsiderations:
You may submit a claims reconsideration request online or by mail using the Reconsideration Request Form on our website.
Claims Resolution Dispute Process

If you are not satisfied with the outcome of a claim reconsideration request, you may submit a formal claims dispute using the process outlined in your provider manual, which you may review on our website.

You may mail or fax your dispute paperwork. We generally complete the review within 30 calendar days. However, depending on the nature of the review, a decision may take up to 60 days from the receipt of the claim dispute.
Electronic Payments and Statements

Go to myservices.optumhealthpaymentservices.com and click How to Enroll. To learn more about EPS, visit our website.

Enroll in our electronic payments and statements (EPS) to receive direct deposit payment of your claims and access online provider remittance advices.
Medical Records and Health Insurance and Portability Accountability Act HIPAA

✔ Safeguard every member’s information including written and computer records and conversations

✔ Keep a written record of the services you provide for each member

✔ Any sharing of this information, even with other service providers, requires a signed release of information from the member or the member’s representative
Transition of Service Providers

Your responsibility:

Provide 30 days advance notice if you are no longer willing or able to provide services to a member.

Cooperate with the member’s Community-based Case Manager to transfer member to a new provider.

This may involve continuing to provide services according to the plan of care until the member has transitioned to a new provider and may exceed 30 days from the date of notice.
Resources and Support
Provider Services Center

Call Provider Services at **888-650-3462** for automated service anytime for the following tasks. Beginning Jan. 1, 2016, operators are available Monday through Friday, 7:30 a.m. to 6 p.m. CT. (excluding federal holidays).

✅ Claims status
✅ Verify member eligibility and benefits
✅ Make demographic changes
✅ Arrange for a value added service
✅ Member translator services
✅ Transportation for a member
✅ Find your Provider Advocate
Reference Guides

Reference guides provide information to help you care for our members:

- Contact Sheet: Important Business Information
- Abuse, Neglect and Exploitation – Recognition and Reporting
- Our Coordination of Care
- Value Added Services
- Home and Community-Based Service Setting Requirements
- Critical Incident Reporting and Cooperating

Visit UHCCommunityPlan.com > For Health Care Providers > Iowa > Billing and Reference Guides
More Information

Visit our website for the following:

✔ Reference guides
  - Abuse, Neglect and Exploitation – Recognition and Reporting (includes critical incident reporting instructions)
  - Coordinating Care
  - PCP Toolkit for Behavioral Health Screening

✔ Alerts

✔ Provider newsletter (*Practice Matters*)

✔ Reimbursement policies

✔ Provider Administrative manual

✔ Pharmacy information

✔ Forms

✔ Training opportunities
Online Resources

UnitedHealthcareOnline.com and Link will allow you to do the following online:

✔ Verify member eligibility and benefits
✔ Confirm prior authorizations
✔ Submit and manage claims
✔ Check claims status
✔ Submit a claim reconsideration
✔ Register a change in demographics (changes in address, name, services, etc.)
✔ Attend trainings (including continuing education courses)
New Provider

- Register with UnitedHealthcareOnline.com
- Register with Optum Link
- Sign up for provider newsletter *Network Bulletin* at UnitedHealthcareOnline.com
- Register with Electronic Data Interchange Support Services (EDISS)
- Apply for Electronic Payment and Statements
- Get to know the Community-based Case Manager(s) for your members and your Provider Advocate
Questions? Thank You.