



Introduction to UnitedHealthcare Community Plan of Louisiana

**Provider Education Session:
Pediatric Day Health Care and Personal
Care Services**

Welcome/Agenda

- **Mission/Vision**
- **UnitedHealthcare Community Plan of Louisiana**
- **Pediatric Day Health Care Services**
- **Personal Care Services**
- **Notification and Prior Authorization**
- **Doing Business with Us**
- **Online Care Provider Resources**
- **Communicating with Us**
- **Questions**

Mission and Vision

Our Mission

Help People Live Healthier Lives

Our Vision

To be the premier health care delivery organization in the eyes of our state partners, providing health plans that meet the unique needs of our Medicaid members as well as our members in other government-sponsored health care programs. And to be effective partners with physicians, hospitals and other health care professionals in serving their patients.



UnitedHealthcare Community Plan of Louisiana Overview



- Member Eligibility
- ID Cards
- Member Responsibilities
- Verifying Eligibility and Benefits
- Pediatric Day Health Care Services
- Personal Care Services
- Advance Notification and Prior Authorization

Member Eligibility

Eligible

- Medicaid and Louisiana Children's Health Insurance Program (LaCHIP) children age 18 and younger
- Pregnant women
- Members who receive Medicaid because of age, disability or blindness
- Parents of Medicaid recipients age 18 and younger, *may be eligible*

Members who can voluntarily enroll:

- Children ages 19 and younger who:
 - Receive Social Security income
 - Qualify under the Family Opportunity Act
- Foster children or children in other out-of-home placement
- Native Americans
- Individuals enrolled in a home- and community-based waiver program


Member Eligibility

Not Eligible

- Residents of a long-term care facility, development center or group home
- Medicare dual eligibles: people who have both Medicare and Medicaid
- Recipients receiving a single service (e.g., family planning)
- Recipients with limited eligibility periods of three months or less

Member ID Cards

- UnitedHealthcare Community Plan members receive an ID card with information to help you submit claims accurately and completely.
- Be sure to check the member's ID card at each visit and copy both sides of the ID card for your files.
- Member ID cards can also be viewed on UnitedHealthcareOnline.com at UnitedHealthcareOnline.com > Patient Eligibility & Benefits > Patient Eligibility.


UnitedHealthcare® | Community Plan
 Health Plan (80840) 911-87726-04

Member ID: 999999999

Member:
 SUBSCRIBER BROWN

Payer ID: 87726



Rx Bin:	610494
Rx Grp:	ACULA
Rx PCN:	9999

PCP Name:
 PROVIDER BROWN
PCP Phone/24 hours: (999)999-9999

4224HOUMABLVD STE 240
 METAIRIE, LA 70006-2935

DOB:
 02/08/2012

0501
Administered by UnitedHealthcare Community Plan, Inc

In an emergency go to nearest emergency room or call 911. Printed: 03/26/12



This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan.

For Members:	866-675-1607	TTY 711
NurseLine:	877-440-9409	TTY 711
Report Fraud:	800-488-2917	

For Providers	www.UnitedHealthcareonline.com	866-675-1607
Medical Claims:	PO Box 31341, Salt Lake City, UT 84131-0341	

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 877-305-8952

Verifying Member Eligibility and Benefits

Please verify member eligibility and/or benefits before providing services in one of the following ways:

- Starting in February 2015, use the Eligibility and Benefits application on BayouCloud at bayoucloud.linkhealth.com.
- Check member eligibility at UnitedHealthcareOnline.com > Patient Eligibility & Benefits > Patient Eligibility or UHCCommunityPlan.com > For Health Care Professionals > Louisiana> Claims and Member Information.
- Call 866-675-1607 or the number on the back of the member's ID card.
- **DHH Verification Option:** Medicaid Eligibility Verification (MEVS)/ voice eligibility verification (REVS)
 - www.lamedicaid.com
 - Verify eligibility for members – under legacy Medicaid or BayouHealth

Member Responsibilities

- Each member selects a PCP at enrollment. If a member does not select a PCP, UnitedHealthcare Community Plan of Louisiana will assign one.*
- Each family member may select a different PCP or 1 PCP can be selected for the entire family.
- Members can change their PCP monthly by calling Member Services at 1-866-675-1607.
- Members do not need a referral before seeing another in-network physician or specialist.
- Some services require advance notification and prior authorization. For more details, please refer to the Administrative Guide.

**** Members for whom UnitedHealthcare Community Plan is a secondary payer will not be auto-assigned to a PCP. These members can self-select a PCP, but are not required to have one.***

Pediatric Day Health Care Services

- The Louisiana Pediatric Day Health Care (PDHC) program provides services to meet the medical, social and developmental needs of children with complex medical conditions from birth up to age 21. These children generally require nursing services and other therapeutic interventions for all or part of the day.
- PDHC is a community-based alternative to long-term care or extended in-home nursing care.
- PDHC facilities must have a valid, current PDHC license issued by the Louisiana Department of Health and Hospitals (DHH).

PDHC Services

The Medicaid PDHC facility per diem rate includes the following services:

- Nursing care
- Speech-language therapy
- Physical therapy
- Respiratory care
- Occupational therapy
- Personal care services

Services may be provided seven days a week, up to 12 hours per day, for qualified Medicaid recipients as documented in the plan of care.

Transportation to and from the PDHC facility are billed and reimbursed separately from the per diem rate

PDHC Prior Authorization

- All PDHC services require prior authorization.
- Please submit all requested prior authorization information to:
 - Phone: 866-604-3267, 8 a.m. – 5 p.m. Monday-Friday; available 24 hours for emergencies
 - Fax: 877-271-6290
- When UnitedHealthcare receives your prior authorization request, we will:
 - Assign a unique prior authorization number
 - Review for completion of all required documentation
 - Assess the recipient's need for PDHC services
- Prior authorization renewal is required if requested by UnitedHealthcare Community Plan.
- If you have questions about prior authorization, please contact your Provider Advocate.

PDHC Reimbursement

- The statewide fixed per diem rate used for reimbursement is based on the number of hours that a qualified recipient attends the PDHC facility.
- Transportation to the facility is reimbursed separately.
- PDHC care providers should submit claims for payment after the service is provided.
- Reimbursement is only made for services rendered that are approved in advance.
- Services should be billed using the CMS-1500 form.

Personal Care Services: Birth up to Age 21

- Personal care services (PCS) include the following:
 - Basic personal care including toileting and grooming activities
 - Assistance with bladder and/or bowel requirements or problems
 - Assistance with eating and food preparation
 - Performance of incidental household chores; only for the recipient
 - Accompanying, but not transporting, recipient to medical appointments
- PCS Does NOT cover any medical tasks such as medication administration or tube feedings.
- Those who provide these services must have a current, valid Personal Care Attendant (PCA) license issued by the DHH.
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) PCS must be provided in the recipient's home or in another location outside the recipient's home, if medically necessary.

PCS Management

- PCS will continue to be offered under the EPSDT PCS program for eligible members up to age 21 who meet the medically necessary criteria for these services.
- UnitedHealthcare Community Plan manages EPSDT PCS for its members and will continue using DHH processes for new requests for service and continued authorization of existing services.
- UnitedHealthcare Community Plan will evaluate the EPSDT PCS program on an ongoing basis to identify areas for improvement and coordinate with DHH to modify existing processes as needed.
- Care providers will be updated on process and documentation improvements and directed to resources in managing EPSDT PCS recipients as they are available for use.

PCS Prior Authorization

All initial and subsequent prior authorization requests for EPSDT PCS require the following:

- Physician's referral for PCS
- The following forms:
 - EPSDT PCS Plan of Care Form (POC-1)
 - EPSDT PCS Form 90
 - EPSDT PCS Daily Schedule Form
 - EPSDT PCS Social Assessment Form
 - Request for Prior Authorization Form (PA-14)
- Other documentation to support medical necessity

Please submit all requested prior authorization information to:

- Phone: 1-866-604-3267, 8 a.m. – 5 p.m. Monday-Friday; available 24 hours for emergencies
- Fax: 1- 877-271-6290

No changes will be made to authorizations for recipients who have been designated by either DHH or UnitedHealthcare Community Plan as a “Chronic Needs Case.” Only DHH or its designee can grant this designation to a recipient.

PCS Reimbursement

- All personal care services must receive prior authorization and be billed using the appropriate provider number issued for personal care services.
- Claims for EPSDT PCS must be filed by electronic claims submission 837P or on the CMS 1500 claim form.
- Reimbursement is only made for services rendered that have been authorized in advance.

Prior Authorization Requirements

- A clinical coverage review will be conducted to determine if the service is medically necessary based on evidence-based clinical guidelines.
- After clinical review is completed, if clinical information submitted does not meet medical necessity guidelines the care provider will be offered a peer-to-peer review with the reviewing UnitedHealthcare physician.

Please schedule procedures as far in advance as possible.

- **For standard/non-emergent requests**, decisions will be rendered within 14 days of receipt of clinical information.
- **For urgent requests**, a decision will be rendered within 72 hours of receipt of clinical information.
- If additional information is needed, response times may be affected.

Prior Authorization Contact Information

- Phone: 866-604-3267, 8 a.m. – 5 p.m. Monday-Friday; available 24 hours for emergencies
- Fax: 877-271-6290

Processes for Reconsideration

- 1. Additional clinical information** received can be reviewed as long as it meets state turnaround timeframe guidelines.
- 2. Peer-to-Peer Review:** The phone numbers to request a peer-to-peer review will be on the notice of adverse determination (denial) letter and are different for each different clinical area. This number is also provided by the Utilization Management nurse reviewer at the time of notification of the denial.

Timeframe for Peer-to-Peer Reviews

- **Pre-service/Outpatient:** 14 calendar days from notice of denial
- **Inpatient:** 14 calendar days from notice of denial or three business days after discharge, whichever comes first

Claim Submission, ERA and Support

Effective for dates of service on or after Feb. 1, 2015, all UnitedHealthcare Community Plan of Louisiana claims must be filed **within 180 days from the date of service***. Please see the Administrative Guide for complete claims submission requirements.

- **Mail paper claims to:**

UnitedHealthcare Community Plan
P.O. Box 31341
Salt Lake City, UT 84131

- **Electronic submission options** (Payer ID 87726):

- **UnitedHealthcareOnline.com > Claims & Payments > Claim Submission** (CMS-1500 claims only)
- Clearinghouse of your choice: If you receive 835 Electronic Remittance Advice (ERA) through a vendor, please ask them to enroll you for the 835 through OptumInsight. The 835 Payer ID for UnitedHealthcare Community Plan of Louisiana only is 04567.
- Connectivity Director

For more information, please contact your vendor or call Electronic Data Interchange (EDI) at 800-842-1109.

* ***Timely filing exception for retroactive eligibility determinations***

Submitting a Corrected Claim

- **Preferred Method:** Please submit claim reconsiderations electronically through your EDI Clearinghouse or using the BayouCloud Claim Reconsideration Application.
- To submit paper claim reconsiderations, please use the Claim Reconsideration Request Form for corrections that require specific instructions/ The form is not required for basic corrections or adjustments.
- The Claim Reconsideration Request Form is available at UnitedHealthcareOnline.com > Claims & Payments > Claim Reconsideration. It will also be posted on BayouCloud.

Submitting a Corrected Paper Claim

- On the Claim Reconsideration Request Form, check box #4, *Resubmission of a corrected claim*.
- Complete the Comments section, clearly stating what data elements have been corrected and why.

the accounting software information must also include proof that the claim is for the correct patient and the correct visit.
 • Proof of timely filing could also include other insurance carrier's denial/rejection, EOB, letter indicating terminated coverage, not a plan participant, etc.

- 2. Previously denied / closed for "Additional Information" (provide description and/or requested documents)
- 3. Previously denied / closed for "Coordination of Benefits" information (attach primary carrier's EOB)
- 4. Resubmission of a corrected claim (explain correction below)
- 5. Previously processed but contracted rate applied incorrectly resulting in over/underpayment (explain below)
- 6. Resubmission of "Prior Notification Information" (including notification information)
- 7. Resubmission of "Bundled claim" (including all supporting information)
- 8. Other (explain below)

Please include what you are expecting from UnitedHealthcare to close UnitedHealthcare's portion of this claim in your practice management system, including dollar amount if possible.

Comments:

If, after you have received a response upon completion of the Claim Reconsideration process, you still do not agree with the outcome of the claim reconsideration you may submit a letter of appeal and receipt of a response from UnitedHealthcare. To submit a formal appeal, submit a letter outlining your dispute, any supporting documentation, including our response to the reconsideration request, and the date your reconsideration stage was completed to:

- Send the claim and Claim Reconsideration Request Form to the address on the explanation of benefits (EOB) or back of the member ID card.

Electronic Payment & Statements (EPS)

EPS will be available for UnitedHealthcare Community Plan of Louisiana starting March 29, 2015. With EPS, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online.

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To start receiving direct deposit and electronic statements through EPS on March 29, please enroll at myservices.optumhealthpaymentservices.com by March 6. Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for EPS with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan of Louisiana starting March 29.

For more information, please call 866-842-3278, option 5, or go to UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements.

Online Care Provider Resources

UHCCommunityPlan.com

- UnitedHealthcare Community Plan of Louisiana Administrative Guide and other plan information

UnitedHealthcareOnline.com

- Resources including claim submission, prior authorization guidelines, and member eligibility

BayouCloud

- Your gateway to all UnitedHealthcare Community Plan of Louisiana online tools and resources

Resources Available on UHCCommunityPlan.com

- **Provider Information:** Including medical policies
- **Claims and Member Information:** Physician/Dentist search, PDL search
- **Pharmacy Program:** PDL search, pharmacy prior authorization forms
- **Provider Administrative Guide:** ID card examples, policies and protocols
- **Reimbursement Policies**
- **Newsletters**
- **Claim Reconsiderations and Appeals**
- **Bulletins:** News, policy changes and other topics important to your practice
- **Provider Forms:** Prior authorization forms
- **Billing and Reference Guides**
- **Clinical Practice Guidelines**
- **EDI:** Companion guides; ERA, EFT and EDI information
- **Member ID Card Examples**

Resources Available on UnitedHealthcareOnline.com

- **Patient Eligibility and Benefits:**
View member ID cards
- **Health Risk Assessments**
- **Claim Status**
- **Claim Research Project:** Must have 20 or more claims with similar/same issues
- **Claim Submission:** Single CMS-1500 form only
- **Single EOB Search**
- **EPS: FAQs/Enrollment**
- **Early Periodic Screening, Diagnosis and Treatment (EPSDT) Report**
- **Notification/Prior Authorization Submission & Status**
- **Provider Directory**
- **Medical Policies**
- **Review and request demographic changes**
- **Training Offerings**

Introducing BayouCloud

A website just for UnitedHealthcare Community Plan of Louisiana care providers

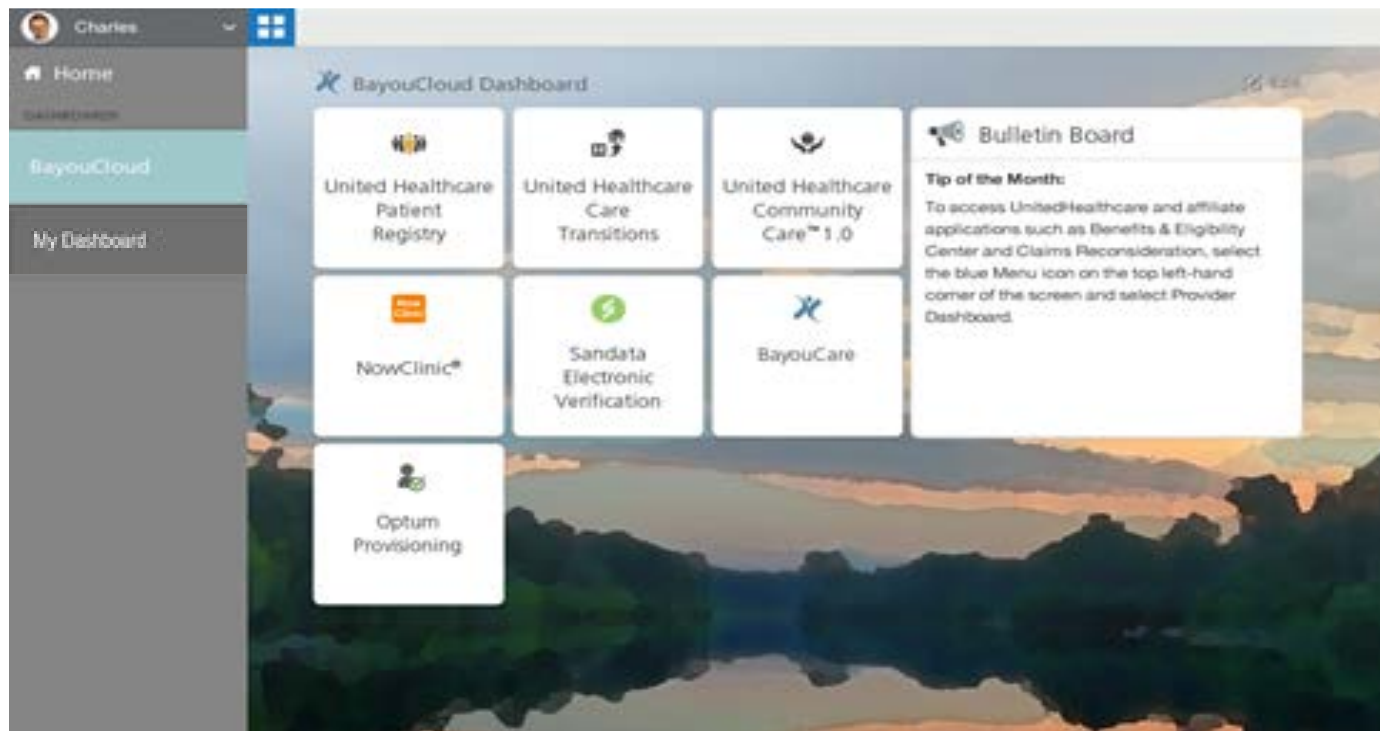
- Your gateway to all of UnitedHealthcare's care provider tools and resources
- Link to UHCCommunityPlan.com and UnitedHealthcareOnline.com
- Submit claim reconsiderations with attachments
- Access the Eligibility and Benefits Center
- Manage claims

Access BayouCloud at bayoucloud.linkhealth.com.

- **If you are registered for Optum Cloud Dashboard**, you will receive an email notification in early 2015 with BayouCloud registration instructions.
- **If you aren't registered for Optum Cloud Dashboard**, please go to UnitedHealthcareOnline.com > Health Information Technology > Optum Cloud Dashboard to register.
- For help with registration, please contact 855-819-5909 or optumcloudsupport@optum.com.

BayouCloud Enhancements

- Tile-based applications with the ability to edit location
- Multiple dashboards possible
- Improved overall user interface and experience
- New applications available, most with single sign-on
- Tablet supported



How We Communicate with You

BayouCloud: Primary source of communication

Administrative Guide:

- Updated annually
- Available on UHCCommunityPlan.com and BayouCloud

Practice Matters Newsletter: Published quarterly

Network Bulletin Newsletter:

- Alerts you to any change in policies or procedures and updates to the Administrative Guide
- View *Network Bulletin* at UnitedHealthcareOnline.com > Tools & Resources > News & Network Bulletin, or sign up to receive the newsletter at www.uhc-networkbulletin.com/registration.

Reimbursement Policy Updates

- Alerts you to any change in reimbursement policies or procedures

Provider Relations Service Model

Your Provider Advocate is an important resource when you have questions. They are your single point of contact across all lines of business and benefit plans to help make your interactions with us easier and more efficient.

Please follow the Provider Relations Service Model before contacting a Provider Advocate about claim payment decisions:

1. If you disagree with a claim payment decision, please do one of the following:
 - Use the claim reconsideration tools on UnitedHealthcareOnline.com or Optum Cloud Dashboard.
 - Submit a paper reconsideration.
 - Call 877-675-1607.

Be sure to obtain a **tracking number** for future reference. This is a 15-digit number beginning with a “C.”

2. If the issue remains unresolved after 30 days, please send your Provider Advocate the member name, member ID number, date of service and tracking number or a copy of the claim.
3. Your Provider Advocate will work to determine the cause and resolve your issue.

Thank you

Questions?