



UnitedHealthcare Community Plan Heritage Health Overview

Heritage Health Behavioral Health Provider Webinar

Nebraska Health Plan Facts

- UnitedHealthcare has been operational in Nebraska since 1984.
 - Total individuals covered: more than 428,000
 - More than 328 employees in Nebraska market
 - More than 74 contractors
- UnitedHealthcare Community Plan of Nebraska began serving Nebraska Medicaid clients in 1996 in three counties and added seven additional counties in 2010.
- UnitedHealthcare Community Plan of Nebraska has been accredited by the National Committee for Quality Assurance (NCQA) since Aug. 2005.

NE Medicaid Statewide Network

Hospitals	109
Primary Care Providers	1,289
Specialists	2,801
Allied Health	3,727
Federally Qualified Health Centers	10
Rural Health Centers	139

Introduction to Optum

United Behavioral Health (UBH) was officially formed on Feb. 2, 1997, via the merger of U.S. Behavioral Health, Inc. (USBH) and United Behavioral Systems, Inc. (UBS).

United Behavioral Health, operating under the brand Optum, is a wholly owned subsidiary of UnitedHealth Group. Optum is a health services business. You may see both UBH and Optum in our communications to you.

UnitedHealthcare Community Plan and Optum partner together to integrate behavioral and physical health for Heritage Health members in Nebraska, and provide coverage for mental health and substance use disorder services.

Our United Culture

Our mission is to help people live healthier lives.
Our role is to make health care work for everyone.

Integrity.
Compassion.
Relationships.
Innovation.
Performance.

Honor commitments
Never compromise ethics

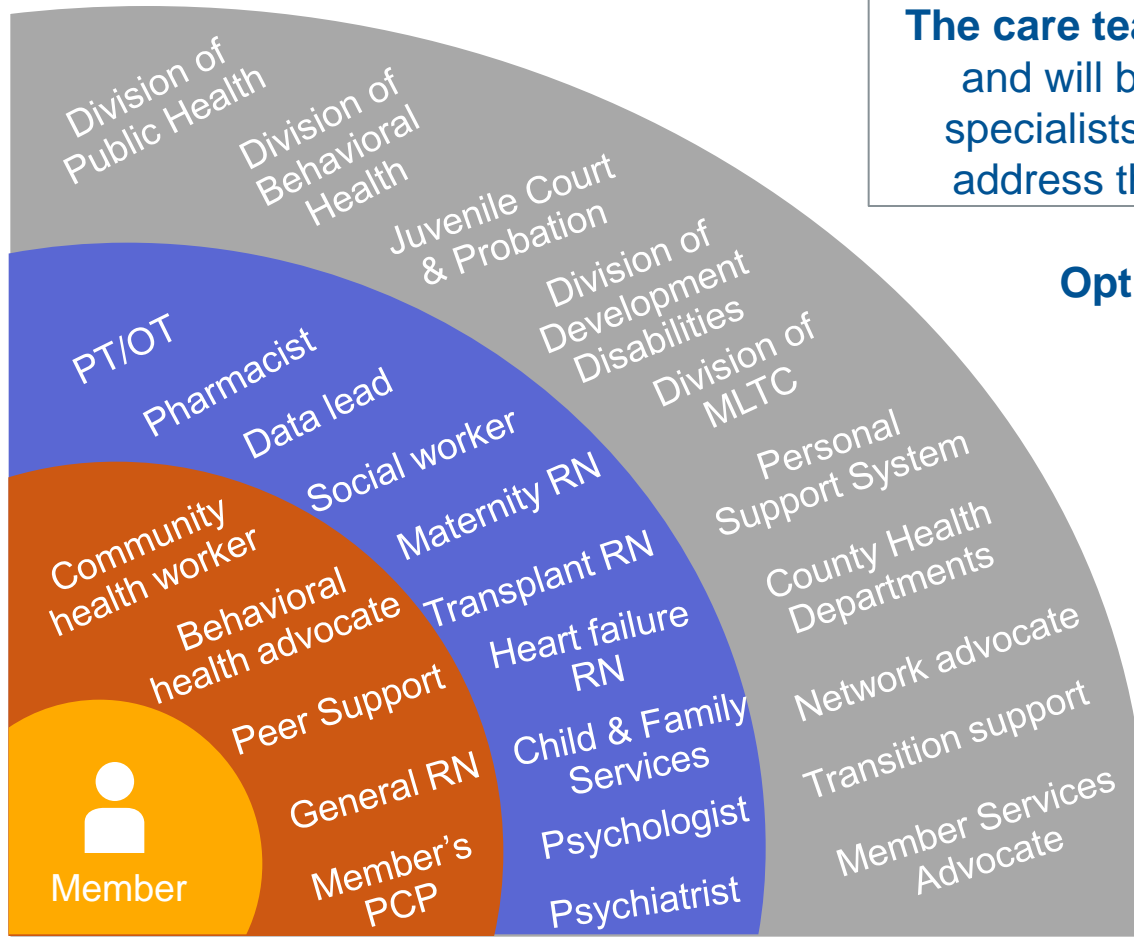
Walk in the shoes of people we serve
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence
in everything we do

Whole Person Care Team



The care team will report to one leader and will be supported by program specialists who can “flex” to quickly address the needs of the member.

Optimal health and well-being

Whole person centered care

Whole person care focuses on maintaining good health by addressing a member’s interconnected physical, behavioral and social needs.

Aligned to the delivery system

Care focuses on supporting the physician to member relationship.

Role of the Recovery & Resiliency Team

- Our Recovery & Resiliency (R & R) team will consist of certified peer support specialists and a recovery & resiliency manager.
- This team will work with individuals and families to develop wellness, whole person care and recovery action plans of care, including community/social determinants connections
- Family peers/peers will act as conduits to R & R Services through peer support, development of a crisis/recovery plan, life planning activities, community connection, treatment options and more. Other services will be offered as appropriate, such as legal, shelter and basic needs.
- Members of the Recovery & Resiliency team will provide a consultancy role to other physical and mental health providers.

Role of the Care Navigators

- The care navigator helps members with complex behavioral health and co-morbid medical conditions connect with needed services and resources.
- Care navigators collaborate with individuals in developing a comprehensive plan of care which coordinates:
 - Therapeutic services such as therapy and medication management.
 - Community and psychosocial supports such as education/support regarding illness, coordination with support system and other services.
 - Coordination of care between physical and behavioral health providers and clinicians.
 - Recovery and Resiliency Services, such as peer support, development of a crisis/recovery plan and life planning activities.
 - Other services as appropriate, such as legal, shelter and basic needs.
 - For members with SPMI:
 - Tailored engagement to support whole person treatment/medication follow up
 - Development of a communication strategy for coordination between family, service providers and community service organizations
 - Individualized communication about service gaps

Prior Authorization Process

Request Via Phone

- Provider calls **866-604-3267**.
- Provider selects the Mental Health/Substance Use Option.
- Provider services representative confirms eligibility/benefit questions.
- Call is transferred to Behavioral Health Care Advocate to complete the prior authorization.

Request Via Portal

- Provider logs in to **UnitedHealthcareOnline.com**.
- Provider verifies member eligibility through the portal.
- Provider enters authorization request on the portal.
- Authorization request information is received by a Behavioral Health Care Advocate.
- Behavioral Health Care Advocate calls provider back to complete authorization process.

Please do not fax in authorization requests unless instructed to do so.

Telemental Health (TMH) Capabilities

Experienced in managing the delivery of behavioral services to consumers through the use of Telemental Health (TMH) capabilities and technology



Continue to Grow

53 Providers



Personal Choice

The use of TMH services supports member choice and augments access to behavioral health services.

Integration of physical, behavioral sites to enhance access

TMH Network service providers collaborate with PCP offices and hospitals to provide access to originating sites across the state.

53 Locations

Compliant with State, Federal and HIPAA Regulations

Video conference capabilities required to be HIPAA-compliant, real-time audio/video technology that meets Federal and State privacy and security requirements.

Leverage state of the art technology to enhance member experience

TMH services enhance the network by increasing access to appointments with skilled, Nebraska licensed clinicians, while reducing wait time and travel expenses.

Ease in locating

TMH are listed in the provider directory on the member portal, Live and Work Well.

Joining our Behavioral Health Network

- If you have received a letter inviting you to join the behavioral health network, please complete the attached materials and return them per the instructions in the letter. If you did not receive a letter, but want to join the behavioral health network, please complete the following process:
 - Complete the Network Participation Request Form (NPRF) at **ProviderExpress.com** and the CAQH universal application **CAQH.org**.
- Additional required application materials will be distributed once the NPRF has been received.
 - Signed Optum Provider Agreement and Disclosure of Ownership form
- CMHCs, FQHCs, Agencies and Groups:
 - For agencies that employ licensed professional staff that render services under the agency umbrella, Optum will execute group contracts with the agency as the contracting entity.
- Facility level contracting applies to levels of care such as Acute Inpatient, Residential Services, Partial Hospitalization Programs, or Intensive Outpatient (IOP)
 - Please contact the Optum Network Manager to discuss new facility contracting or to update your current facility contract at **neherhlth@optum.com**.

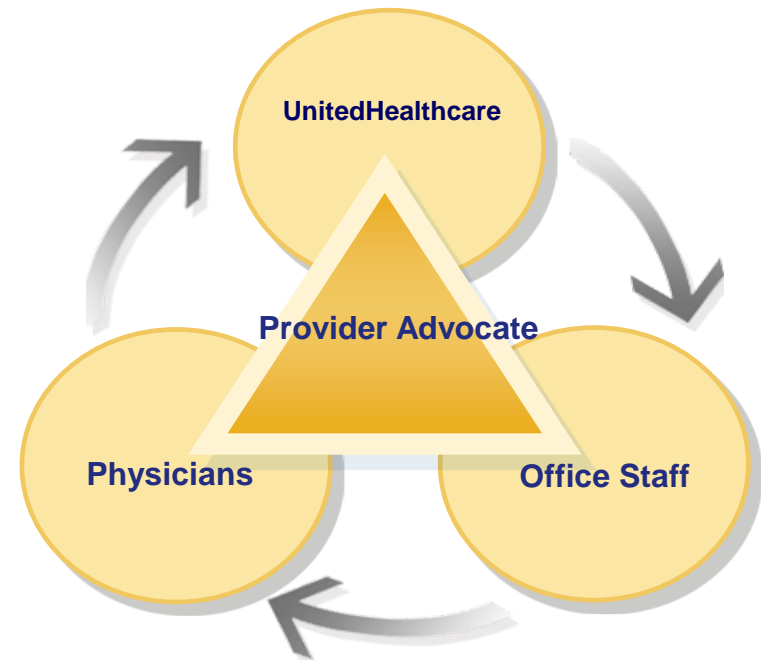
Currently Contracted Providers

- Providers who are contracted with Optum and participate in the UnitedHealthcare network will not need to sign a new contract to participate in Heritage Health. You will automatically be added to the UHC network under Heritage Health.
- A notification letter was sent in March 2016 to in-network providers with the Medicaid Regulatory Appendix amending the contract and Fee Schedule.
- An updated Medicaid rate fee schedule will be distributed to the network prior to Jan. 1, 2017, based on revisions to the fee schedule.
- If you did not receive the notification letter with regulatory appendix and rates please contact us at neherhlth@optum.com to request the information be resent.

Provider Relations Service Model

UnitedHealthcare Provider Advocates are an important resource when you have questions or issues to resolve. 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.

- **NE BH Provider Advocate:**
 - Tracy Gandara-Moore: tracy.gandara-moore@optum.com
- A UnitedHealthcare navigational specialist.
- Product expert.
- Externally focused; interacts with the providers and has a direct line of sight to the challenges experienced by local practices.
- Relationship manager; builds collaborative working relationships and communicates changes to providers in a timely way.



Claims Submission Process

- How to submit:
 - Electronically
 - Accepting several clearinghouses, including: Web MD ENVOY, Medavant, and ENSHealth
 - UnitedHealthcareOnline.com
 - Secure portal to view eligibility, submit prior authorization request and submit claims for Medicaid members
 - Paper claims may be submitted to the following address:
 - UnitedHealthcare • PO Box 31365 • Salt Lake City, UT 84131
- What to include:
 - Submit claims with member's subscriber ID number
 - Use Payer ID number 87726 for all Community Plan claims
- Electronic Payments and Statements:
 - For information, please call **866-842-3278**, option 5 or go to **UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements**

Provider Resources

- Link
 - Your gateway to UnitedHealthcare online tools and resources
 - **UnitedHealthcareOnline.com > Link Sign In > sign in with your Optum ID**
- UnitedHealthcare Community Plan Website
 - Documents specific to UnitedHealthcare Community Plan of Nebraska, including:
 - Administrative Guide
 - Reimbursement & Clinical Policies
 - **UHCCommunityPlan.com > For Health Care Professionals > Nebraska**
- UnitedHealthcare Online
 - Resources include:
 - Claim submission
 - Advance notification
 - Prior authorization guidelines
 - Member eligibility
 - **UnitedHealthcareOnline.com**

Contact Information

Prior Authorization	866-604-3267
Claims Paper Submission	Mail paper claims to: United Healthcare PO Box 31365 Salt Lake City, UT 84131
Electronic Claim Submission	Through Link or via EDI clearing house Payor ID 87726
Claims Status	Customer Service Center at 866-331-2243 Web portal at Link
Claims Appeals Eligibility Verification Customer Service	United Behavioral Health Appeals and Grievances PO Box 30512 Salt Lake City, UT 84130-0512 View eligibility online at Link
Update Practice Information	ProviderExpress.com or 877-614-0484

Contacts

	Title	Phone	Email
Kathy Mallatt	Chief Executive Officer	402.445.5591	kmallatt@uhc.com
Michael Horn, M.D.	Chief Medical Officer	402.445.5586	michael_horn@uhc.com
James Elliston	Chief Financial Officer	402.445.5615	jim_elliston@uhc.com
Cassandra Price	Chief Operating Officer	402.445.5631	cassandra_price@uhc.com
Barbara Palmer, RN	Case Management Administrator	402.445.5671	barbara_palmer@uhc.com
Adam Proctor, MC, LPC, LIMHP	Behavioral Health Clinical Manager	402.445.5618	adam_proctor@uhc.com
Roxane Sanders	Behavioral Health Clinical Director	847.585.4710	roxane.sanders@optum.com
Cyndi Margritz, RN	Director, Quality	402.445.5526	cynthia_margritz@uhc.com
Jeremy Sand	Director, Network Strategy	402.445.5587	jeremy_sand@uhc.com
Scott Merrill	Member Services Manager	402.516.2276	scott_merrill@uhc.com
Bernadette Ueda, PharmD	Pharmacist Account Manager	402.445.5306	bernadette.ueda@uhc.com

Contacts (cont.)

	Title	Phone	Email
Timothy Langdon	Compliance Officer	402.445.5443	timothy_langdon@uhc.com
Kim Manning	Director, Marketing and Community Outreach	402.445.5580	kim_b_manning@uhc.com
Heather Johnson	Manager, Health Plan Performance	402.445.5711	heather_a_johnson@uhc.com
Lori L. Caldwell	Grievance System Manager	309.523.2704	lori_l_caldwell@uhc.com
Peg Wasser	Performance & Quality Improvement Coordinator	402.488.2789	peggy.wasser@uhc.com
Timothy Mergens, M.D.	Medical Management Coordinator	952.202.5808	timothy.mergens@uhc.com
Diane Knutson	Claims Administrator	715.858.2350	diane_knutson@uhc.com
Meagan Weese	Provider Claims Educator	402.445.5463	meagan_i_weese@uhc.com
Gerard Dass	Director, Information Management and Systems	402.445.5602	gerard_dass@uhc.com
Josh Rogers	Tribal Liaison	402.445.5662	josh_rogers1@uhc.com
Robert Steffens	Encounter Data Quality Coordinator	952.931.6477	rsteffens@uhc.com

Questions?