

Overview for Acute, Hospital & Ancillary Care Providers



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Overview

UnitedHealthcare Community Plan of Iowa manages care for Iowans with developmental disabilities, chronic medical conditions and/or low incomes under the following plans and services:

- ✓ Seven Home-and Community-Based Services waiver programs
- ✓ Long-Term Services and Supports
- ✓ Iowa Health and Wellness Plan
- ✓ Iowa's Medicaid Managed Care program (Medicaid State Plan)
- ✓ Healthy and Well Kids in Iowa (*hawk-i*) program

Medicaid Waivers and Plans



Waiver Services

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

- 1 AIDS/HIV
- 2 Brain Injury
- 3 Children's Mental Health
- 4 Elderly
- 5 Intellectual Disability
- 6 Health and Disability
- 7 Physical Disability

Long-Term Services and Supports (LTSS)

Some LTSS services available to members include:

- ✓ Adult Day Care
- ✓ Consumer Directed Attendant Care
- ✓ Counseling Services
- ✓ Home Delivered Meals
- ✓ Home Health Aide
- ✓ Homemakers Services
- ✓ Nursing Care
- ✓ Respite
- ✓ Consumer Choices Option

Iowa Health and Wellness Plan

Iowa Health and Wellness Plan members will have their monthly contribution waived when they successfully:

- ✓ Complete a health risk assessment
- ✓ Get a wellness exam (annual physical) from their health care provider.

Otherwise, members pay monthly to maintain their coverage.

Medically Exempt Members

(Eligible for Medicaid State Plan)

Medicaid State Plan benefits offer more comprehensive coverage for members in need who qualify for the plan.

Members with the following medical conditions may be eligible for Medicaid State Plan coverage under the Iowa Wellness Plan:

- ✓ Disabling mental disorder, including adults with serious mental illness
- ✓ Chronic substance use disorder
- ✓ Serious and complex medical condition
- ✓ Disability determination based on Social Security Administration criteria

Medically Exempt Members

(Eligible for Medicaid State Plan) (cont.)

Physical, intellectual or developmental disability is defined as one that significantly impairs a member's ability to perform one or more of the following activities of daily living:

- ✓ Bathing and showering
- ✓ Bowel and bladder management
- ✓ Dressing
- ✓ Eating
- ✓ Feeding
- ✓ Functional mobility
- ✓ Personal device care
- ✓ Personal hygiene and grooming
- ✓ Toilet hygiene

Iowa's Managed Care Program

Most Iowa Medicaid members have coverage through a managed care organization (MCO) through the IA Health Link or *hawk-i* program.

✓ IA Health Link

- Provides comprehensive coverage for most Iowans eligible for Medicaid and those not eligible for *hawk-i* or fee-for-service programs

✓ *hawk-i*

- Provides coverage for uninsured children of working families

Network Services

We collaborate with the following types of care providers and health care vendors to offer comprehensive services to our members:

- ✓ Primary care providers
- ✓ Home- and Community-Based care providers
- ✓ Specialists
- ✓ Hospitals and other facilities such as skilled nursing
- ✓ OptumRx
- ✓ Optum Behavioral Solutions
- ✓ Optum Physical Health
- ✓ Superior Vision
- ✓ Hearing aid vendors

Care Coordination

Community-Based Case Managers help coordinate and identify care needs for members with the member's care team, which includes:

- The member or their representative
- Primary care provider
- Specialists and/or long term care providers

Community-Based Case Managers help members:

- Develop and maintain a Person-Centered Care Plan
- Help them with access to care providers
- Assess their individualized care needs
- Provide information to them about community-based services

For more information, please visit:

[UHCommunityPlan.com](https://www.uhcommunityplan.com) > For Health Care Professionals > Iowa > Provider Training > Our Coordinated Care

Verifying Member Eligibility

You can verify that your patient is a member of UnitedHealthcare Community Plan before providing services in the following ways:



Online:

- Sign in to UHCprovider.com using your Optum ID. You will be redirected to Link. If you don't have an Optum ID, you can register for one at UHCprovider.com > New User.
- Select the Eligibility & Benefits or the eligibilityLink apps and enter the member's name.



Phone:

- Call Provider Services at **888-650-3462**.

Prior Authorization and Clinical Information



Prior Authorization Requests

Submit prior authorization requests in the following ways:



Online:

- To submit or check the status of a prior authorization/notification request, go to UHCprovider.com > Prior Authorizations and Notification Resources OR the Prior Authorization and Notification app on Link.
- Radiology & Cardiology: UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Radiology](#) or [Cardiology](#)



Phone:

- Medical Prior Authorization Requests to **888-899-1680**.
- Medication Prior Authorization Requests **866-940-7328**.

For a list of all services requiring prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > [Iowa](#).

- For medical prior authorization request forms, choose Provider Forms.
- For medication-specific prior authorization request forms, choose Pharmacy Program.

Clinical Quality Programs

Our Clinical Practice Consultant (CPC) program includes registered nurses who serve as your point of contact and help you with the following:

- ✓ Healthcare Effectiveness Data and Information Set (HEDIS®) educational material and resources
- ✓ Claims-based reporting that identifies members who may be due for preventive care or disease management services
- ✓ Using our online educational tools to assist you with care management
- ✓ Medical record reviews

Prescribing Information

To help you prescribe cost-effective medications, we have the following resources:



- ✓ Preferred Drug List (PDL) available at: UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Pharmacy Program](#) tab.
- ✓ If you have questions about medications that require prior authorization call Provider Services at **888-650-3462**.

Transition Authorization

We'll honor standing prior authorizations for a minimum of 30 calendar days for acute outpatient services when a member is enrolled with UnitedHealthcare Community Plan.

- ✓ This applies to in-and-out-of-network care providers treating the following members:
 - Members transitioning from one managed care organization to another
 - Members new to Iowa Medicaid

Preventive Services

We encourage you to do the following:

- ✓ Provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and other preventive health care services
- ✓ Screen members treating their behavioral health needs
- ✓ Make sure members or their representative(s) have informed choice in their treatment options:
 - Reading materials at a 6th grade reading level that are in the member's native language and in large print
 - Translator services as needed

Billing and Claims Information



Billing the Member

Some members will owe money for services and will have to pay up front with a copay before receiving treatment:

- ✓ You will know if they owe a copay when you check eligibility
- ✓ You may bill the member for their portion
- ✓ Members may tell you they're unable to pay the copay
- ✓ Please do not deny care or services to any member because of inability to pay the copay



If you have questions about a member's financial responsibility, call
Provider Services at **888-650-3462**.

Claims and Payments

There are two ways to submit a claim for payment:



Online:

UHCprovider.com > Claims & Payments or the claimsLink and EPS apps on Link. Sign in with your Optum ID. You'll be redirected to Link after you sign in. If you don't have an Optum ID, you can register for one at UHCprovider.com > New User.

Use payer ID 87726. Submit new claims within 180 days of the date of service (or per your contract with us). If you need to correct a claim, you may submit a corrected claim within 365 days from the date of service.



Mail:

UnitedHealthcare Community Plan
Attn: Claims
P.O. Box 5220
Kingston, NY 12402-5220

Claims Adjustments and Reconsiderations



Online Option

If you believe a claim was processed incorrectly, use our claims reconsideration app available on Link.

To access the app on Link, sign in to UHCprovider.com using your Optum ID. You'll be redirected to Link after you sign in.

If you don't have an Optum ID, you can register for one at UHCprovider.com > New User.

You must submit a claim reconsideration **within 365** days from the date of payment or denial.

Claims Adjustments and Reconsiderations



Paper Option

Reconsideration request forms are available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Forms](#).

Mail the paper form to:

UnitedHealthcare Community Plan

P.O. Box 5220

Kingston, NY 12402-5220

If you have questions, please call Provider Services at **888-650-3462**.

Claims Resolution Dispute Process

If you have a claim dispute, please use the process outlined in the Claims chapter of the Provider Administrative Manual.

- ✓ The process is generally completed within 30 calendar days.
- ✓ It could take up to 60 days, depending on the complexity of the claims being reviewed.

The Provider Administrative Manual is available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > UnitedHealthcare - IA Health Link Provider Manual. The paper form is available on the website under [Provider Forms](#).

Mail or fax your dispute form to:

UnitedHealthcare Community Plan
P.O. 31364
Salt Lake City, UT 84131

Fax: **801-994-1082**

Electronic Payments & Statements

Enroll in Electronic Payments & Statements (EPS) to receive direct deposit payment of your claims and access online provider remittance advices.

If you're not already enrolled or to learn more, go to:
[My services.optumhealthpaymentservices.com](https://myservices.optumhealthpaymentservices.com) and
Click [How to Enroll](#).

Resources



Resources

Provider Services:

- Can help with all general and specific needs, for example:
 - Eligibility questions, prior authorization, language interpreters, scheduling rides for members, referrals to specialists, behavioral health referrals, claims corrections, contacting a Community-based Case Manager and more.
- Call **888-650-3462**

Link is your gateway to UnitedHealthcare's online self-service tools, including:

- Eligibility and benefits
- Claims management
- CommunityCare

To access these tools and apps on Link, sign in to UHCprovider.com using your Optum ID. You'll be redirected to Link after you sign in. If you don't have an Optum ID, you can register for one at UHCprovider.com > New User.

Resources

Provider Advocates can help with:

- Escalated claims issues
- Training needs aside from those available online

Staff contact maps are available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Information to help you find:

- Physician/Ancillary/Hospital Advocates
- Behavioral Health Advocates
- Home-and Community-Based Services Advocates
- Skilled Nursing Facility/Nursing Facility Advocates

Other resources:

- Sign up for the Network Bulletin to receive important policy updates at UHCprovider.com > Menu > Resource Library > News & Network Bulletin.

Thank You.

