



# Introduction to UnitedHealthcare Community Plan

For Nursing Facilities Serving  
Long Term Care Members

# Agenda:

- ✓ UnitedHealthcare Community Plan and our members
- ✓ How we can help
  - Community-Based Case Managers
  - Additional Resources
- ✓ Resources
  - Billing and Claims
  - Payments
  - Online Resources
  - Helpful Tools

# Overview

UnitedHealthcare Community Plan of Iowa manages care for Iowans receiving long-term care in nursing facilities.



UnitedHealthcare Community Plan Provider Services is your single point of contact: **888-650-3462**

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



# Diversity Consideration

**Our members live as independently as possible. They may have special health needs, be financially disadvantaged or from different cultures. Help ensure we:**

- ✓ Honor members' beliefs
- ✓ Are sensitive to cultural diversity
- ✓ Communicate in a way they understand
- ✓ Use language interpretation and document translation services



# Facility Transitions

**Our members who are your residents will not move to another facility or residence unless:**

**The member or member representative:**

- ✓ Specifically requests a transfer
- ✓ Provides written consent based on quality or other concerns
- ✓ Has needs better addressed at another facility

**You:**

- ✓ Consider discharging a member due to non-payment of the patient liability and have contacted us
- ✓ Choose not to contract within our network

# Community-Based Case Managers

Each member in your facility is assigned a Community-Based Case Manager who visits at least quarterly to observe:

- ✓ Physical and emotional condition
- ✓ Physical environment
- ✓ Satisfaction with services and care
- ✓ Upcoming appointments
- ✓ Falls and any resulting injuries
- ✓ Concerns or questions from the member or member's representative

# Interdisciplinary Care Team

**Community-Based Case Managers coordinate communication within the interdisciplinary care team which include:**

- ✓ Participants chosen by the member
- ✓ Member's family and/or legal representative
- ✓ Member's primary care provider
- ✓ Nursing facility staff
- ✓ Health home care coordination staff, behavioral health specialists and other specialists



# Person-Centered Care Planning

## Community-Based Case Managers:

- ✓ Participate in your care planning process for the member
- ✓ Advocates for the member, as needed
- ✓ Encourages and supports the member by:
  - Providing necessary information to support their care plan
  - Helping make informed decisions





# Community Transition

**Transition assessment includes, at minimum, the member's desire and ability to transition to the community and identification of any possible risks.**

**We develop a transition plan with the member and representative to work towards a successful, sustainable transition.**

# Money Follows the Person Rebalancing Demonstration (MFP)

The Iowa Department of Human Services currently operates an MFP grant providing opportunities for individuals in Iowa to move out of nursing facilities and into their own homes in the community of their choice.

MFP assistance is available to individuals with a diagnosis of an intellectual disability or brain injury who have lived in a nursing facility for at least three months.

# Post Transition Monitoring

**We continue to support members who transition back into the community with in-person visits:**

- ✓ Two days after transition
- ✓ Every two weeks for the first two months after discharge
- ✓ Once per month for the first year after transition

More frequent contact may occur based on assessment of the member's needs and risk factors.

# Long Term Services and Support

We will help members access Long Term Services and Support (LTSS) benefits, which may include:

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



# Review of Services

**Quality assurance includes annual on-site facility visits to evaluate how the placement and services meet the member's needs**

We will notify you of the preliminary results during an exit conference.



# Network Requirements

Effective April 1, 2016 – Mar. 31, 2018, long term care members in your nursing facility who enroll for benefits may remain residents in your facility for up to two years, even if your facility is not contracted in our provider network.

**We re-credential every three years.**

# Notification Requirements

Please notify us of the following situations.

Situation	Timeframe to notify UnitedHealthcare Community Plan	Notification Process
Member admission request to your facility	As soon as possible	Online or Fax (see slide notes for details)
Facility discharging member	Immediately	Community-based Case Manager
Facility case conference	One week prior to conference	Community-based Case Manager
Any change in a condition impacting the member's eligibility for nursing facility services	As soon as possible	Community-based Case Manager
Decision to discharge member	As soon as possible	Member and/or Member representative; Community-based Case Manager

# Verifying Member Eligibility

Please verify your resident is a member of our health plan before admission for new residents and on a regular basis for existing residents by:

- ✓ Visiting Link online at [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) and see Eligibility & Benefits
- ✓ Calling Provider Services at **888-650-3462**





# Prior Authorization Requirements

**Please obtain prior authorization before providing services for:**

- ✓ Some prescriptions as noted on our website
- ✓ Durable Medical Equipment

For the list of drugs requiring prior authorization, prior authorization request forms and the Iowa Preferred Drug List and Recommended Drug list, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Pharmacy Program.

For a list of durable medical equipment requiring prior authorization, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Billing and Reference Guides.

# Prescription Drug Prior Authorization and 72-hour Emergency Prescriptions



Phone: **888-650-3462**



Online: UHCommunityPlan

Fax: **866-940-7328.**

## 72-hour Emergency Prescriptions

When a member needs immediate medication and a prior authorization is required, but not obtained, the pharmacy may submit an emergency 72-hour prescription. (May only be used one time per member per drug in an emergency situation.)

The emergency request applies to all drugs requiring a prior authorization when:

- ✓ Non-preferred drug is listed on the prescription drug list
- ✓ Drug is subject to clinical edits
- ✓ Prior authorization cannot be approved within 24 hours



# Report Incidents of Fraud, Waste and Abuse

Detailed information that you need to know is posted to our website [UHCommunityPlan.com](http://UHCommunityPlan.com). Please take a moment to familiarize yourself and staff about these important issues and how to report them.

- ✓ Critical Incidents
- ✓ Fraud, Waste and Abuse
- ✓ Abuse, Neglect and Exploitation

# Billings and Claims

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# Liability

## Member Financial Liability

If a member has a financial liability, we will notify you by sending a provider remittance report.

## Third Party Liability

Always check for third-party liability, such as Medicaid, prior to submitting claims. For more information see [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > [Provider Administrative Guide](#)



# Claim Submission

**Submit your long-term care/institutional claims to us within 180 days of the date of service. If we request additional information to process a claim, you will have 180 days from the request date to provide the information.**

Payer ID: 87726

For more information, visit [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > EDI Education for Electronic Transactions.

# Electronic Payments and Statements

Enroll in electronic payments and statements (EPS) to receive direct deposit payment of your claims and access online provider remittance advices.



Go to [myservices.optumhealthpaymentservices.com](https://myservices.optumhealthpaymentservices.com) and click [How to Enroll](#).

To learn more about electronic payments and statements, visit [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com)



# Rejected Claims

**Check electronic claim reports to identify rejected claims.  
Rejections are not the same as denials.**

- ✓ A rejected claim was not accepted either by the clearinghouse or payer
- ✓ A denied claim was received and denied as a claims reconsideration
- ✓ Correct and submit claim rejections electronically.



# Adjustments and Reconsiderations



## Adjustments:

If you believe a claim was processed incorrectly, please call **888-650-3462**.



## Reconsiderations:

You may submit a claims reconsideration request at [unitedhealthcareonline.com](https://www.unitedhealthcareonline.com) through Link(see Claims Reconsideration) or

Submit by mail using the Reconsideration Request Form on our website.

# Resolution of Issues



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.



- Mail or fax your dispute paperwork
- We generally complete the review within 30 calendar days

# Helpful Tools

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# Provider Service Center



Call Provider Services at **888-650-3462** for automated service anytime for the following tasks:

- ✓ Review claims status
- ✓ Verify member eligibility and benefits
- ✓ Make demographic changes
- ✓ Arrange for a value added service, translator or transportation for a member
- ✓ Find your Provider Advocate

To speak with an operator, call Monday through Friday, 7:30 a.m. to 6 p.m. CT. (excluding federal holidays).

# Online Resources

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# UnitedHealthcareOnline.com: Tools

Use the online tools on [UnitedHealthcareOnline.com](https://www.unitedhealthcare.com) and Link to::



- ✓ Determine member eligibility and benefits
- ✓ Request prior authorizations
- ✓ Submit claims
- ✓ Check claims status
- ✓ Submit a claim reconsideration
- ✓ Register a change in demographics
- ✓ Attend trainings

# UnitedHealthcareOnline.com: Training

We encourage you to take advantage of the many training opportunities at [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com)



- ✓ Reference guides
- ✓ Video tutorials
- ✓ Facilitator-led webinars

# UHCCommunityPlan.com: Reference Guides and More

UHCCommunityPlan.com > For Health Care Providers > Iowa

- ✓ Quick Reference Guide: important contact information, including phone numbers, and websites, listed in this presentation
- ✓ Coordination of care information
- ✓ Home and Community-Based Services and Long Term Services and Support Guideline
- ✓ Behavioral Health Toolkit
- ✓ Abuse, Neglect , Critical Incident, and Exploitation Reference Guide
- ✓ Alerts
- ✓ Provider Newsletter (*Practice Matters*)
- ✓ Reimbursement Policies
- ✓ Provider Administrative Manual
- ✓ Pharmacy Information
- ✓ Forms
- ✓ Training Opportunities



# Iowa Department of Human Services website: Medicaid Policy and Updates



To access the Medicaid Policy Provider Manual, go to:  
dhs.iowa.gov > Provider and Partners > Rules and Policies >  
[Provider Manuals](#)

To see updated news and information from the Iowa  
government website, go to dhs.iowa.gov > [News & Initiatives](#)



# Your Dedicated Provider Advocate



Call Provider Services at **888-650-3462** or go to [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Iowa or to find your Provider Advocate.

**Questions? Thank You.**

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