



# Welcome to UnitedHealthcare Community Plan of Missouri

# Agenda

- Overview
- Notification and Prior Authorization
- Claims Management
- Care Provider Resources

# UnitedHealthcare Community Plan Overview

# Mission and Vision

## Our Mission

To help people live healthier lives and to help make the health system work better for everyone

## 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; to be effective partners with physicians, hospitals and other health care professionals in serving their patients



UnitedHealthcare Community Plan of Missouri covers Medicaid members under the MO HealthNet program.

UnitedHealthcare Community Plan serves members in all Missouri counties.

# Managed Care Eligibility Groups

UnitedHealthcare Community Plan of Missouri covers Medicaid members in these eligibility groups:

- MO HealthNet for Families
- MO HealthNet for Kids
- MO HealthNet for Pregnant Women
- Transitional MO HealthNet
- Children receiving adoption subsidies
- Children in care and custody of the state
- Children receiving refugee assistance
- Children's Health Insurance Program (CHIP)

# Verifying Eligibility and Benefits

Because member eligibility can vary by day, please verify eligibility and benefits before providing services.

You can check eligibility in several ways:

- **Online:** Visit the MO HealthNet portal at **emomed.com**.
- **Online:** Check member eligibility and review detailed benefits information using the eligibilityLink tool on Link. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner.
- **Phone:** Call Provider Services at **866-815-5334** or call the number on the back of the member's ID card.

# Member ID Cards

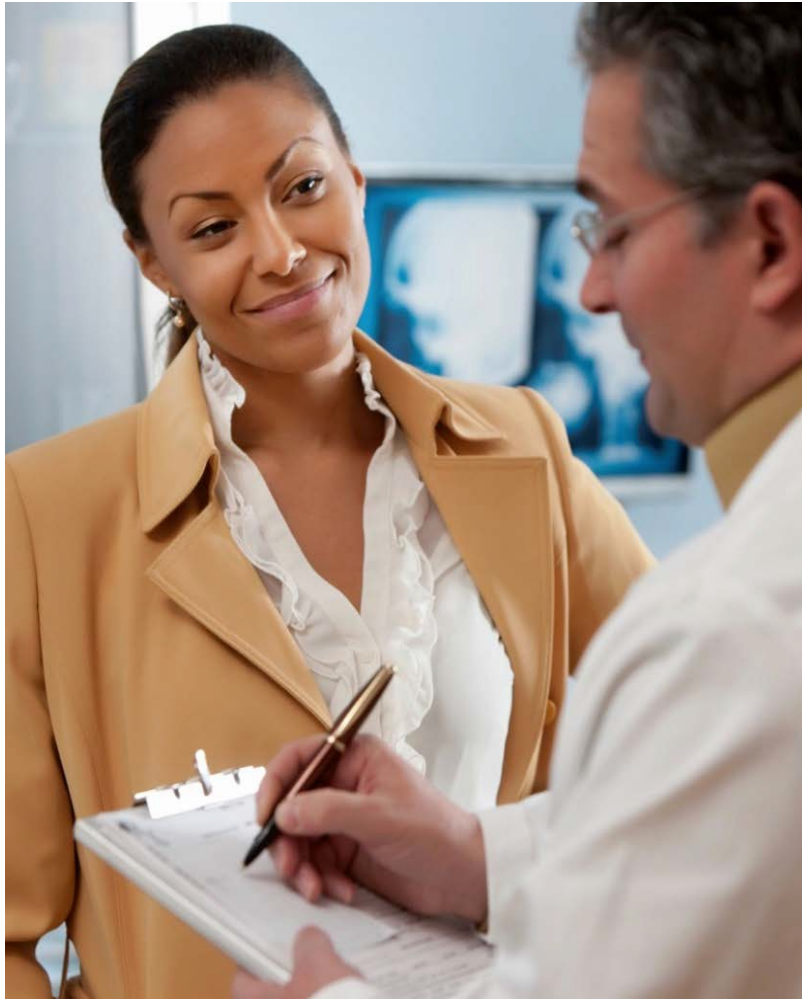
- Information on the member ID card can help you submit claims more efficiently and accurately.
- Be sure to check the ID card at each visit and copy both sides for your files.
- You can also view member ID cards online using the eligibilityLink tool on Link.



*Cards are for sample purposes only.*



# PCP Selection



- Each member selects a primary care provider (PCP) at enrollment. If a member doesn't select a PCP, we'll assign one.
- Members may change their PCP at any time by calling Member Services at the number on the back of their member ID card.
- Members don't need a referral before seeing another network physician or specialist.

# Pharmacy Benefits

- Most pharmacy claims for MO HealthNet Managed Care members are processed by the MO HealthNet Fee-for-Service Pharmacy Program.
- Pharmacy services include all injections and birth control devices administered in the physician's office or a private clinic setting.
- UnitedHealthcare Community Plan processes claims for:
  - Injection administrations, including Vaccines for Children administrations
  - Medications billed as part of an inpatient hospital or observation stay
- If you have questions on coverage, please contact MO HealthNet Pharmacy Services at **800-392-2161** or **573-751-6527**.

# Value-Added Program Benefits

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UnitedHealthcare Community Health Plan offers members the following benefits:

- Asthma Care: Airwaze and hypoallergenic mattress cover and pillowcases
- Enhanced non-emergency transportation
- Quit For Life: Tobacco cessation services
- JOIN for ME: Childhood obesity program
- Baby Blocks: Rewards pregnant women and new moms for prenatal and postpartum visits and well child visits
- My Money: Wellness rewards program
- Healthify: Web-based tool for social services referrals

# Transportation Benefits

To help members access care, we offer non-emergency medical transportation.

- The benefit includes unlimited trips to and from methadone clinics. Women, Infants and Children service locations, inpatient behavioral health or family therapy and pharmacies following a covered service appointment.
- Non-emergency medical transportation is also available for members in some medical eligibility codes that don't normally cover transportation. These codes are 08, 52, 57, 64, 73-76 and 97.
- Members can arrange transportation in two ways:
  - **Phone:** Call UnitedHealthcare Community Plan of Missouri Member Services at **866-292-0359**.
  - **Online:** Visit **mtm-inc.net**.

# Prior Authorization and Notification

# Requesting Prior Authorization

View a list of services requiring prior authorization at **UHCCommunityPlan.com > For Health Care Professionals > Missouri > Advanced Notification/Prior Authorization List.**

You can request prior authorization in one of the following ways:

- **Online:** Submit prior authorization requests online using the Prior Authorization and Notification tool on Link. Sign in to Link by going to [UHCprovider.com](https://UHCprovider.com) and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Fax:** Fax a request form to **844-881-4772**.
- **Phone:** Call **800-366-7304**, Monday – Friday, 8 a.m. to 5 p.m. (exception: state-designated holidays)

You can find prior authorization request forms at **UHCCommunityPlan.com > For Health Care Professionals > Missouri > Provider Forms > Prior Authorization Fax Request Form.**

# Prior Authorization Response Times

- Please schedule procedures as far in advance as possible.
- Request prior authorization at least **14 calendar days** before the planned service date.
- A decision for standard/non-emergency requests will be provided within **36 hours** after we receive clinical information.
- Decisions for urgent requests will be rendered within **24 hours**.
- If we need additional information, response times may vary for standard/non-emergency requests.
- If you are emergency room staff, requesting a non-emergency service, please call to initiate prior authorization.
- Prior authorization is a medical necessity review, but authorization doesn't guarantee payment.

# Radiology/Cardiology Prior Authorization Requirements

To view evidence-based clinical guidelines and a list of radiology/cardiology codes requiring prior authorization, please visit **UHCCommunityPlan.com > For Health Care Professionals > Missouri > Cardiology/Radiology.**

You can request authorization for radiology and cardiology services by:

- **Phone:** Call **866-889-8054** Monday through Friday, 7 a.m. to 7 p.m.
- **Online:** Use the Prior Authorization and Notification tool on Link. Sign in to Link by going to [UHCprovider.com](https://UHCprovider.com) and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.

We'll provide a decision for standard/non-emergency requests within **36 hours** from the receipt of all clinical information and no later than **14 days** from the authorization request. Decisions for urgent requests will be rendered within **24 hours**.



# Radiology/Cardiology Prior Authorization Exemptions

Prior authorizations are **not required** for cardiac or radiology procedures ordered through an:

- Emergency room treatment visit
- Observation unit
- Urgent care facility
- Inpatient stay
- **Exception:** Electrophysiology implants like pacemakers require authorization in an inpatient setting.

# Clinical Coverage Review Process

We may request additional clinical information to determine medical necessity.

- If the information is not provided within the requested timeframe, the request for authorization will be denied.
- If medical necessity criteria is not met for a prior authorization request, we will issue a clinical denial. Both you and your patient will receive a denial notice with the option to appeal.
- If you'd like to request a peer-to-peer review following a denial, the phone number and timeframe will be included on the denial letter.

Hospitals and facilities are responsible for admission notification for inpatient services.

- Notification of planned admission should be provided at least 14 business days prior to admission. If admission is scheduled less than five business days in advance, the notification should be provided upon scheduling.
- Notification of an emergency or urgent admission, or an inpatient admission after ambulatory surgery, must be received within one business day.
- To find out more about submitting Admission Notifications electronically, please visit our Electronic Admission Notifications (278N) page at **UHCprovider > Menu > Resource Library > Electronic Data Interchange Transactions > 278: Hospital Admission Notification.**

# Claims Management

# Claims Submission

You have several options for filing claims. Our general timely filing guideline is 90 days from date of service. Please check your participation agreement to confirm your limit.

- **Online:** Use the Claims Submission tool on Link. To access Claims Submission, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com, then select the Claim Submission tool on your Link dashboard.
- **Clearinghouse of your choice:** If you receive 835 Electronic Remittance Advice (ERAs) through a vendor, please ask them to enroll you for the 835 through OptumInsight.
- **Mail:** To submit paper claims, please send them to:  
UnitedHealthcare Community Plan of Missouri  
P.O. Box 5240  
Kingston, NY 12402-5240

Use Payer ID 86050 for electronic submissions. For more information on electronic submissions, please contact your vendor or call Electronic Data Interchange (EDI) at **800-842-1109**.

If you disagree with the outcome of a claim determination, your first step is to submit a claim reconsideration request in one of the following ways:

- **Online:** Use the claimsLink tool on Link. To access the app, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com, then select the claimsLink tool on your Link dashboard.
- **Phone:** Call Provider Services at 866-815-5334 or call the number on the back of the member's ID card.
- **Mail:** Submit a paper claim reconsideration request, using the Claim Reconsideration Request Form. The Claim Reconsideration Request Form is available at **UHCprovider > Menu > Claims, Billing and Payment > Single Paper Claim Reconsideration Request Form.**

Be sure to obtain a tracking number for future reference. This will be an 18-digit number beginning with SF or a PTPCR number from Link.

# Submitting Corrected Claims Online

- To submit a corrected claim online, use the claimsLink tool on Link.
- When correcting or submitting late charges on 837 institution claims, use bill type “xx7, Replacement of Prior Claim.”
- Do not submit corrected or additional information charges using bill type “xx5, Late Charge Claim.”

# Submitting Corrected Claims by Mail

- If submitting by mail, check box #4 “Resubmission of a corrected claim” on the Claim Reconsideration Request Form.
- Complete the Comments section, explaining which 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 with the Claim Reconsideration Form to the address on the explanation of benefits (EOB.)



# Escalated Issues

There's a one-year timely filing limit to complete all steps in the reconsideration and appeal process.

You have several options for filing a formal appeal:

- **Online:** Use the claimsLink tool on Link.
- **Fax:** Fax your appeal to **801-994-1082**.
- **Mail:** Send your appeal to:

UnitedHealthcare  
Grievances and Appeals  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

Your Provider Advocate can assist you in navigating our processes.

# Electronic Payments & Statements (EPS)

EPS offers multiple benefits:

- You'll receive faster reimbursement through electronic funds transfers (EFT).
- Explanations of Benefits are delivered online.
- You'll have fewer administrative costs and simplified bookkeeping.

To receive enroll in EPS, you'll need:

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

Visit [myservices.optumhealthpaymentservices.com](https://myservices.optumhealthpaymentservices.com) to enroll.

**Once you're signed up for EPS, you'll receive UnitedHealthcare Community Plan direct deposit and electronic -statements.**



For more information, call 866-331-2243 or visit [UHCprovider.com](https://UHCprovider.com) > Menu > Claims, Billing and Payments > Enroll in Electronic Payments & Statements.

# Resources

# Online Resources

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Visit **UHCprovider.com** for many resources such as:

- The *Network Bulletin* newsletter
- Training resources
- Tools to verify eligibility and benefits, check claim status, submit corrected claims, request prior authorization and more

UHCCommunityPlan.com resources include:

- Care provider manuals
- Prior authorization requirements
- Reimbursement and clinical policies
- The *Practice Matters* newsletter

Visit **UHCCommunityPlan.com > For Health Care Professionals > Missouri.**

# Other Resources

## UnitedHealthcare Dental: Dental Benefits Provider

- **Phone:** Call Provider Services at 855-434-9239.

## MARCH Vision Care

- **Phone:** Call Provider Services at 844-616-2724.
- **Online:** Visit [Marchvisioncare.com](https://marchvisioncare.com).

## Optum Behavioral Health

- **Phone:** Call Provider Services at 866-815-5334.
- **Online:** Visit [ProviderExpress.com](https://ProviderExpress.com) > **Clinical Resources**.

## Medical Transportation Management

- **Phone:** Call 866-292-0359.
- **Online:** Visit [MTM-inc.net](https://MTM-inc.net).



To apply to join the UnitedHealthcare Community Plan network or check your credentialing status, call Provider Services at **877-842-3210**.

Need to make demographic changes to your practice information?  
Call **877-369-1302**.

You can also email the Network Management Team at **[mo\\_network\\_mgmt@uhc.com](mailto:mo_network_mgmt@uhc.com)**.

# Provider Relations Support

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To contact the Missouri Provider Relations team, email **missouri\_pr\_team@uhc.com**.

To contact the Kansas Provider Relations team, email **kansas\_pr\_team@uhc.com**.

Missouri providers in the following counties can email the Kansas Provider Relations team for assistance: Andrew, Atchison, Bates, Buchanan, Caldwell, Clay, Carroll, Cass, Clinton, Daviess, De Kalb, Harrison, Henry, Holt, Gentry, Grundy, Jackson, Johnson, Lafayette, Livingston, Linn, Nodaway, Mercer, Platte, Ray and Worth.

# Questions?