



UnitedHealthcare Community Plan of Missouri



Agenda

- UnitedHealthcare Community Plan of Missouri
- Member Eligibility and Benefits
- Notification and Prior Authorization
- Claims Management
- Care Provider Resources

UnitedHealthcare Community Plan Overview

Mission and Vision



Our Mission

Our mission is 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



Beginning May 1, 2017, UnitedHealthcare Community Plan of Missouri will cover Medicaid members under the MO HealthNet program.

UnitedHealthcare Community Plan will serve members in all Missouri counties.

Managed Care Eligibility Groups

UnitedHealthcare Community Plan of Missouri will cover 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)

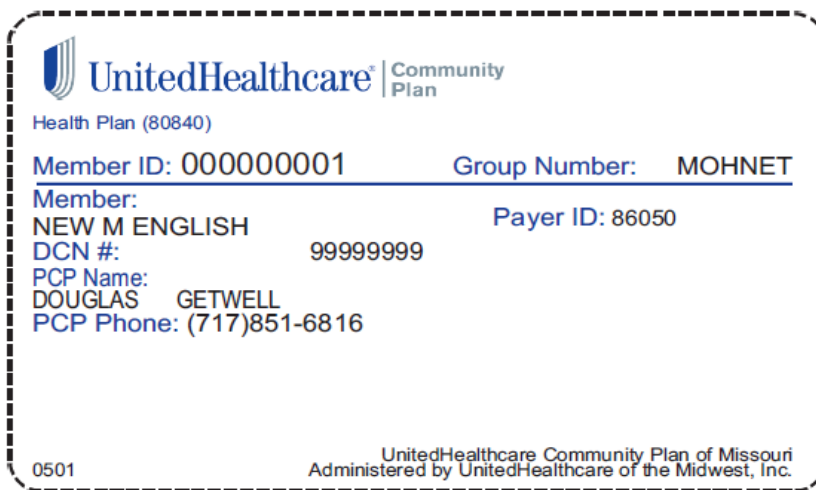
Verifying Eligibility and Benefits


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

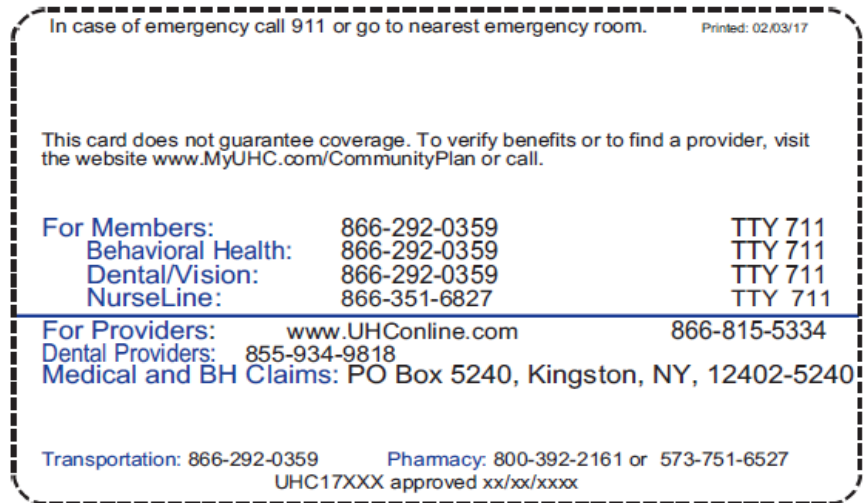
- Visit the MO HealthNet portal at: emomed.com
- Sign in to UnitedHealthcareOnline.com, then select the eligibilityLink app on your Link dashboard. If you don't have an Optum ID, go to UnitedHealthcareOnline.com and select "New User."
- Call Provider Services at 866-815-5334 or call the number on the back of the member's ID card.

Member ID Cards

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

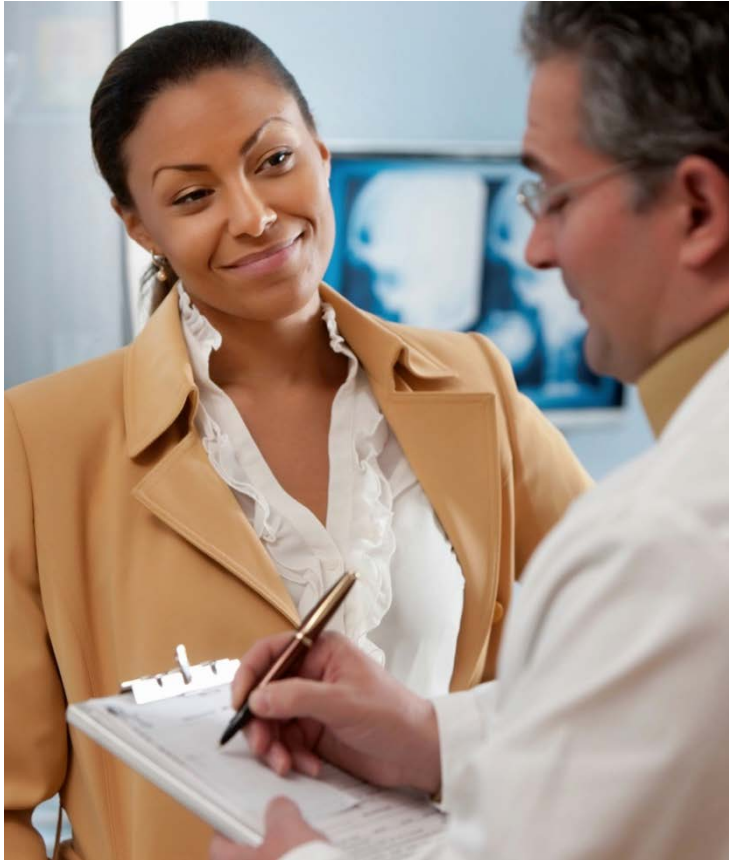



 Health Plan (80840)
Member ID: 000000001 **Group Number: MOHNET**
Member:
 NEW M ENGLISH **Payer ID: 86050**
DCN #: 99999999
PCP Name:
 DOUGLAS GETWELL
PCP Phone: (717)851-6816
 0501 UnitedHealthcare Community Plan of Missouri
 Administered by UnitedHealthcare of the Midwest, Inc.



In case of emergency call 911 or go to nearest emergency room. Printed: 02/03/17
 This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.MyUHC.com/CommunityPlan or call.
For Members: 866-292-0359 TTY 711
Behavioral Health: 866-292-0359 TTY 711
Dental/Vision: 866-292-0359 TTY 711
NurseLine: 866-351-6827 TTY 711
For Providers: www.UHConline.com 866-815-5334
Dental Providers: 855-934-9818
Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240
Transportation: 866-292-0359 **Pharmacy:** 800-392-2161 or 573-751-6527
 UHC17XXX approved xx/xx/xxxx

PCP Selection



- Each member selects a primary care provider (PCP) at enrollment. If a member does not select a PCP, UnitedHealthcare Community Plan will assign one.
- Members may change their PCP at any time by calling Member Services.
- The PCP Panel Roster is available on UnitedHealthcareOnline.com.
- Members don't need a referral before seeing another in-network physician or specialist.

Pharmacy Benefits

- Most pharmacy claims for all 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 will process 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

UnitedHealthcare Community Health Plan also 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
- Recreational program memberships
- 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 to deliver social services referrals

Transportation Benefits

To help members access care, Medical Transportation Management provides 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: 73-76, 97, 08, 52, 57 and 64.
- Members can arrange transportation by calling UnitedHealthcare Community Plan of Missouri Member Services at **866-292-0359** or visiting **mtm-inc.net**.

Prior Authorization and Notification

Requesting Prior Authorization

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

You can request Prior Authorization in one of the following ways:

- Using your Optum ID to access Link and select **UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission.**
- Fax a request form to **844-881-4772.**
- Call **800-366-7304**, Monday – Friday, 8 a.m. – 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 doesn't guarantee payment.

Radiology/Cardiology Prior Authorization Requirements

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

You can request authorization for radiology and cardiology services by:

- Using your Optum ID to access Link and select **UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization - Submission OR Radiology Notification & Authorization - Status.**
- Calling **866-889-8054** Monday – Friday, 7 a.m. to 7 p.m.

We will 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 Requirements (cont.)

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 will require authorization in an inpatient setting.

Clinical Coverage Review Process

If we need additional clinical information to determine medical necessity, we'll ask you to provide it.

- 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.

Hospital Notification

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 1 business day.
- To find out more about submitting Admission Notifications electronically, please visit our Electronic Admission Notifications (278N) page at **UnitedHealthcareonline.com >Tools & Resources > EDI Education for Electronic Transactions > Electronic Admission Notifications.**

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 timely filing limit.

- CMS-1500 claims only: UnitedHealthcareOnline.com > Claims & Payments > Claim Submission
- 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.
- 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**.
- To submit paper claims, please send them to:
UnitedHealthcare Community Plan of Missouri
PO Box 5240
Kingston, NY 12402-5240

Service Model for Issue Resolution

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

- Use the Claim Reconsideration application on Link at UnitedHealthcareOnline.com.
- Call Provider Services at 866-815-5334 or call the number on the back of the member's ID card.
- Submit a paper claim reconsideration request, using the Claim Reconsideration Request Form.

The Claim Reconsideration Request Form is available at UnitedHealthcareOnline.com > Tools & Resources > Forms.

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 claims reconsideration application on Link at UnitedHealthcareOnline.com.
- Any requested additional information can be submitted using the claims management application 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 Request Form to the address on the explanation of benefits (EOB).

Service Model for Escalated Issues

You have several options for filing a formal appeal such as:

- Online: Use the Claims Management or ClaimsLink application on Link at **UnitedHealthcareOnline.com**.
- Fax: **801-994-1082**
- Mail:
UnitedHealthcare
Grievances and Appeals
PO Box 31364
Salt Lake City, UT 84131-0364

Our Provider Advocates are available to assist you in navigating our processes.

There is a one year timely filing limit, from the date of the first EOB, to complete all steps in the reconsideration and appeal process.

Electronic Payments & Statements (EPS)

Enrolling for EPS offers multiple benefits:

- You'll receive faster reimbursement through electronic funds transfers (EFT)
- Explanation of Benefits (EOBs) are delivered online
- Lessens administrative costs and simplifies bookkeeping

To receive enroll for 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.

If you're already signed up for EPS, you'll automatically receive UnitedHealthcare Community Plan direct deposit and electronic statements.



For more information, call 866-331-2243 or visit UnitedHealthcare.com
> Quick Links > Electronic Payments and Statements.

Resources

Online Provider Resources

UnitedHealthcare offers many resources such as:

- The Network Bulletin newsletter
- Training resources
- Tools to verify eligibility and benefits
- Apps to check claim status and submit corrected claims and appeal requests

Sign into **UnitedHealthcareOnline.com** using your Optum ID to access Link.

UnitedHealthcare Community Plan of Missouri resources include:

- Provider Manuals
- Prior authorization requirements
- Reimbursement and clinical policies
- Practice Matters newsletter

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

Contracted Vendor Resources

UnitedHealthcare Dental/Dental Benefits Provider (DBP)

- Call Provider Services at 855-434-9239 or Member Services at 866-292-0359
- Visit [UHCProviders.com](https://www.uhcproviders.com)

MARCH Vision Care

- Call Provider Services at 844-616-2724 or Member Services at 866-292-0359
- Visit [Marchvisioncare.com](https://www.marchvisioncare.com)

Optum Behavioral Health

- Call Provider Services at 866-815-5334
- Visit [ProviderExpress.com](https://www.providerexpress.com)

Medical Transportation Management

- Call 866-292-0359
- Visit [MTM-inc.net](https://www.mtm-inc.net)

Network Management Resources



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**.

Provider Relations Support

To contact the Missouri Provider Relations team, email **Missouri_PR_Team@uhc.com**.

Need to contact the Kansas Provider Relations team? Email **Kansas_PR_Team@uhc.com**.

Missouri providers in these counties can email the Kansas Provider Relations team for assistance as well: 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?