



Nebraska Heritage Health Training for Behavioral Health Providers

NABHO Presentation



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

Network Participation and Prior Authorizations

Joining Our Network

If you received a letter inviting you to join the network, please complete any attached materials and return them according to the letter instructions.

If you did not receive a letter but want to join the network, please complete:

- The Network Participation Request Form (NPRF) at providerexpress.com
- The CAQH universal application online at caqh.org

Additional application materials will be distributed once the NPRF has been received:

- Signed Optum Provider Agreement
- Disclosure of Ownership Form

For more information regarding the UnitedHealthcare Community Plan contracting process, visit Providerexpress.com >Join Our Network.

Prior Authorization Process

Request By Phone

- Call 866-604-3267.
- Select the Mental Health / Substance Use option.
- A provider service representative confirms eligibility and answers benefit questions.
- The call is transferred to a behavioral health care advocate to complete the prior authorization process.

Request By Portal

- Log in to UnitedhealthcareOnline.com > Notifications/Prior Authorizations.
- Verify member eligibility.
- Enter authorization request.
- The request is received by a behavioral health care advocate.
- The advocate calls the care provider back to complete the authorization process.

Please only submit the following authorizations request via fax: the MRO Request Form, Certificate of Need (PRTF) and LAI Buy and Bill Form.

Prior Authorization for Behavioral Health Services

Several behavioral health services require prior authorization.

- Inpatient Mental Health and Substance Use Services, including Residential Services
 - H0012, H0018-HF, H0018-HH, H0019, H0019-TT, H2013, H2018-HK, H2018-TG, H2020, H2034, T2033, T2048
- Partial Hospitalization and Day Treatment Services
 - H2012, H2012-52, H2012-HB, H2027
- Intensive Outpatient Services
 - H2014, S9480, H0015
- Community Treatment Aide Services
 - H0036
- Assertive/Alternative Community Treatment (ACT) Services
 - H0040, H0040-52
- Electroconvulsive Therapy
 - 90870
- Psychological Testing
 - 96101, 96101-52
- Risk Assessment for Youth who Sexually Harm and Addendum
 - H2000, H2000-SK
- Functional Behavioral Assessment (FBA)
 - G0409

Behavioral Health Programs

ALERT Program

Members are identified based on:

- Claims data
- Service combinations
- Frequency and/or duration that is higher than expected

A licensed care advocate contacts care provider to:

- Review service eligibility
- Review the treatment plan/plan of care
- Review the case against applicable medical necessity guidelines

Potential outcomes:

- The case is closed. The member is eligible, treatment plan/plan of care is appropriate and care is medically necessary.
- The plan is modified; current care is not evidence based but there is an agreement to correct.
- A Referral to Peer Review. The member appears ineligible for service; treatment does not appear to be evidence based; duration/frequency of care does not appear medically necessary.

Practice Management Program

Instead of requiring precertification for routine and community-based outpatient services, we oversee service provision through our practice management program.

Program Components

- Regular and comprehensive claims data analysis
 - Service/diagnostic/age distribution
 - Proper application of eligibility criteria
 - Appropriate frequency of service/duration of service
- Outreach to discuss any potential concerns from claims analysis
- Potential outcomes from discussion could include:
 - No additional action necessary
 - Audit including record review
 - Corrective Action Plan (CAP)
 - Targeted precertification as part of CAP

Resources

Online Provider Resources

- **Link:** Your gateway to UnitedHealthcare online tools and resources
 - Submit claims
 - Review advance notification
 - Find prior authorization guidelines
 - Verify member eligibility
- Sign in to UnitedHealthcareOnline.com to access Link.

- **UnitedHealthcare Community Plan**
 - Tools and guides for UnitedHealthcare Community Plan of Nebraska, including:
 - Administrative Guide
 - Reimbursement & Clinical Policies
 - Visit **UHCommunityPlan.com** > **For Health Care Professionals** > **Select Your State** > **Nebraska**

- **Provider Express**
 - National Optum Provider Manual
 - Guidelines for level of care, coverage determination and best practices
 - Provider education resources, including webinars and FAQs
 - Visit ProviderExpress.com

Claims 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	UnitedHealthcareOnline.com > Claims & Payments > Claim Submission Via EDI clearinghouse – use Payor ID 87726
Claims Status	866-331-2243
Claims Appeals Eligibility Verification Customer Service	United Behavioral Health Appeals and Grievances P.O. Box 30512 Salt Lake City, UT 84130-0512
Update Practice Information	Visit ProviderExpress.com or call 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
Roxanne Turner	Compliance Officer	402.445.5318	roxanne.turner@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

Contacts (cont.)

	Title	Phone	Email
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
Alison Scheid	Director, Provider Relations Optum	612.632.6788	alison.scheid@optum.com
Tracy Gandara Moore	Provider Advocate Optum	763.732.6060	tracy.gandara-moore@optum.com

Thank You