



UnitedHealthcare Community Plan Heritage Health Overview

Heartland Health Alliance



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

Our Experience and Capabilities



UnitedHealthcare Community Plan partners with multiple states to operate Medicare plans and deliver Medicaid managed care services.

- As a **leading health benefits company**, we serve the economically disadvantaged, medically underserved and those without employer-funded coverage.
- We provide **innovative Medicaid managed care solutions** to help make health care more accessible and affordable.
- We **deliver local market support** for effective care management, strong partnerships, greater efficiency, improved clinical outcomes and adaptability in a changing market.

Nebraska Health Plan Facts

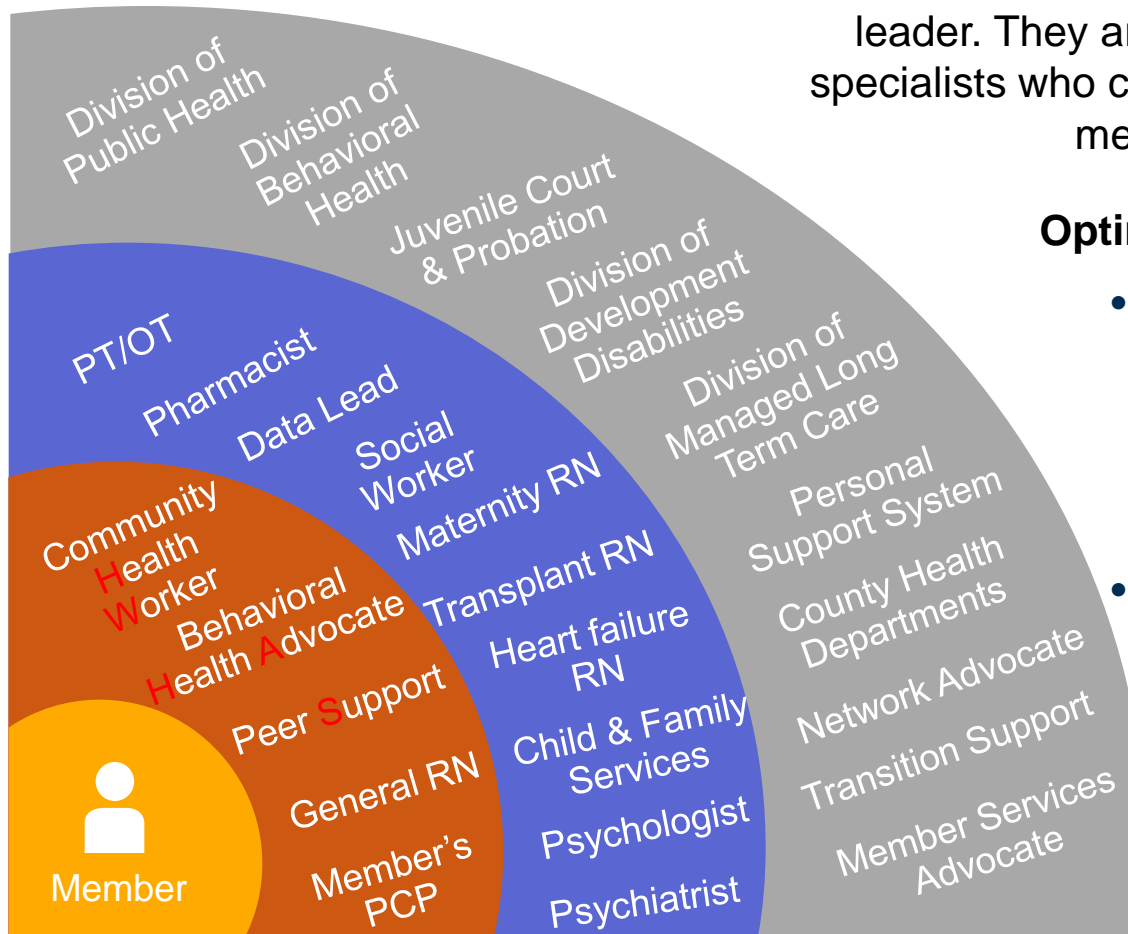
- UnitedHealthcare has offered health benefit plans to members in Nebraska since 1984. Currently we have more than:
 - 428,000 individuals covered in Nebraska
 - 380 employees and 66 contractors serving the Nebraska market
- UnitedHealthcare Community Plan of Nebraska began serving Medicaid clients in 1996 in three counties and added seven counties in 2010.
- UnitedHealthcare Community Plan of Nebraska has been accredited by the National Committee for Quality Assurance (NCQA) since Aug. 2005.

Behavioral Health Clinical Model

Six key principles for changing from traditional to integrated care:

1. Moving from a disease-centric model to a member-driven, medical-behavioral-social health model by taking collaborative team approach to deliver care using a standardized protocol
2. Treating members in a holistic manner with a member-driven treatment plan; helping members access community supports based on their strengths and preferences
3. Using clinical systems and claims platforms to address member needs across interdisciplinary care teams
4. Improving health outcomes and affordability by addressing multiple morbidities in patients with chronic clinical conditions
5. Improving screening and treatment of mental health and substance use disorder diagnoses
6. Providing care that is respectful and responsive to individual preferences and needs

Whole Person Care Team



The Whole Person Care team reports to one leader. They are supported by program specialists who can “flex” to quickly address member needs.

Optimal health and well-being:

- Whole person care focuses on maintaining good health by addressing a member’s interconnected physical, behavioral and social needs.
- Care plans also help support the member-care provider relationship.

Common Member Health Risk Factors

Disease Prevalence

- High rates of infant mortality, HIV, substance abuse and other issues
- Multiple chronic conditions

Communication Barriers

- Limited education; poor health care literacy
- Spanish and non-English speaking households

Transient

- Often lack a working telephone or permanent mailing address
- Lack of reliable transportation to appointments
- Homeless or living in shelters and other community facilities

Limited Access to Care

- Inconsistent Medicaid eligibility
- Lack of a medical home; reliance on safety net providers

Lack of Personal Support Network

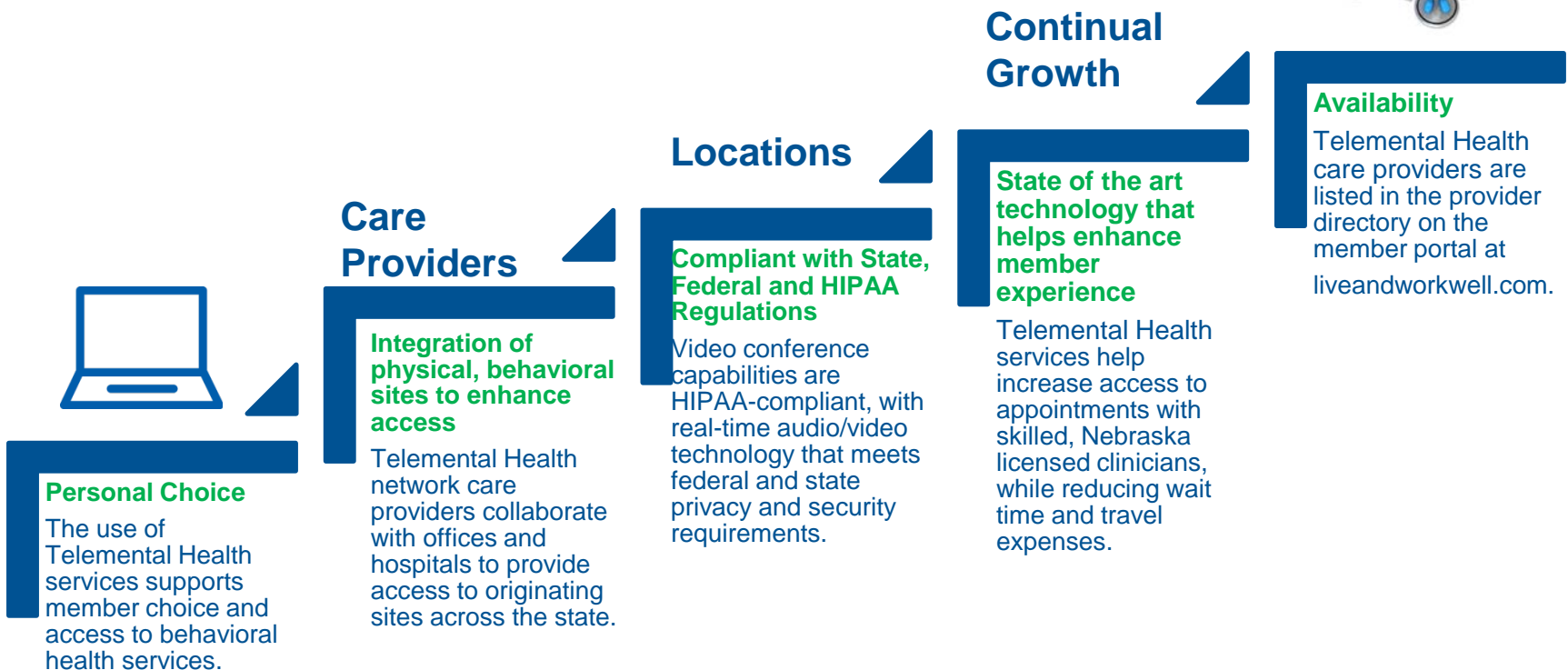
- Reliance on community services and government programs, such as shelters, food banks, WIC or food stamps
- Personal support network varies by age and health status

Inconsistent Patterns of Care Utilization

- Reduced access to care and preventive services
- Emergency rooms substituted for primary care substitute

Telemental Health Capabilities

UnitedHealthcare Community Plan helps manage the delivery of behavioral services through the use of Telemental Health capabilities and technology.



Prior Authorization Requirements

- Prior authorizations may be required for some services to meet UnitedHealthcare Community Plan or state requirements.
- After a care provider requests prior authorization, a clinical coverage review will determine if the service is medically necessary based on evidence-based clinical guidelines.
- The care provider or facility will receive a written decision of clinical coverage determination based on medical necessity.
- If the clinical information submitted does not meet medical necessity guidelines, the care provider will be offered a peer-to-peer review with the reviewing UnitedHealthcare physician.
- Prior authorizations may be requested by:
 - Calling **866-604-3267**
 - Visit **UnitedHealthcareOnline.com > Notifications/Prior Authorizations**

Our pharmacy resources include:



- A prior authorization information line. Call Provider Services at **800-310-6826** to speak to the Prescriber Help Desk.
 - A Preferred Drug List (PDL) and other resources such as:
 - Formularies
 - Prior authorization lists
 - 72-hour emergency drug availability
 - Prescriber Reference Guide
 - Maximum Allowable Cost program overview
- Visit **UHCCommunityPlan.com > For Health Care Professionals > Nebraska > Pharmacy Program.**

Credentialing

To initiate credentialing for UnitedHealthcare Community Plan Provider Network, please call our automated service line at **877-842-3210**.

You'll need to provide your tax identification number (TIN) or social security number (SSN) and then follow the prompts: Health Care Professional Services > Credentialing > Request for Participation.

If you have **specific contracting questions**, please contact us:

- For physical health credentialing assistance, call **877-842-3210**.
- For pharmacy credentialing assistance, call **877-633-4701, option 2** or email pharmacycredentialing@optum.com.
- For behavioral health credentialing, call **877-614-0484** or visit providerexpress.com.
- For Council for Affordable Quality Healthcare (CAQH) assistance, please call **888-599-1771** or email caqh.updhelp@acsgs.com.

Contracting

If you have **specific contracting questions**, please contact us:

- For physical health contracting questions, call **866-331-2243**. You can also email the Nebraska contracting team mailbox at [Nebraska PR Team@uhc.com](mailto:Nebraska_PR_Team@uhc.com).
- For pharmacy provider questions, call **877-633-4701, option 2** or email provider.relations@optum.com.
- For Behavioral Health Provider questions, please call **877-614-0484** or email the Nebraska contracting team mailbox at neherhlth@optum.com. For more information on the contracting process, visit providerexpress.com.

Claims Submission

- There are several options for submitting claims.
 - **Electronically:** We accept several clearinghouses including Web MD ENVOY, Medavant, and ENSHealth.
 - **Online:** Visit UnitedHealthcareOnline.com
 - Secure portal to view eligibility, submit prior authorization request and submit claims for Medicaid members
 - **Paper:** Please mail claims to the following address:
 - UnitedHealthcare • PO Box 31365 • Salt Lake City, UT 84131
- Be sure to include the member's ID number on claims and use Payer ID number 87726 for all UnitedHealthcare Community Plan claims.
- We will use crossover agreements to pay claims for dual eligible members.

Pharmacy Claims Information

- Pharmacy Point of Sale
 - The pharmacy claims system adjudicates the pharmacy claim at the point of sale.
 - Pharmacy claims processing identifiers (effective Jan. 1,17)
 - Process ID (BIN): 610494
 - Processor Control Number (PCN): 4444
 - Group: ACUNE
- The Nebraska Medicaid program defines the PDL.
- The Point of Sale claim processing system provides claim reject messages such as “prior authorization required” or “exceeds quantity limit” to help the pharmacist resolve the denial.
- Waiving Copayments
 - To encourage members to adhere to medication schedules, UnitedHealthcare Community Plan will waive copayments on covered pharmacy services.
- For claims assistance, please call **877-231-0131**.

Electronic Payments & Statements (EPS)

- With EPS, you receive electronic funds transfer (EFT) for claim payments and your EOBs are delivered online.
 - Lessens administrative costs and simplifies bookkeeping
 - Reduces reimbursement turnaround time
 - Funds are available as soon as they are posted to your bank account
- To receive direct deposit and electronic statements through EPS, please enroll at **myservices.optumhealthpaymentservices.com** with the following information:
 - Bank account information for direct deposit
 - Either a voided check or a bank letter to verify bank account information
 - A copy of your practice's W-9 form
- If you are already signed up for EPS, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan of Nebraska.
- For more information, please call **866-842-3278, option 5**, or go to **UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements**.

Provider Relations Service Model

Self service using Link and
UnitedHealthcareOnline.com

Self service using Provider
Services

Assisted service from
Provider Advocate

1

Access self-service options available 24 hours a day: Sign in to UnitedHealthcareOnline.com to access Link.

2

Call **866-331-2243** for:

- Self-service options
- Provider representatives available through Customer Care

3

Contact the Provider Advocate team at Nebraska_PR_Team@uhc.com

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**

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
Timothy Langdon	Compliance Officer	402.445.5443	timothy_langdon@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
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
Robert Steffens	Encounter Data Quality Coordinator	952.931.6477	rsteffens@uhc.com

Thank You