
UnitedHealthcare Community Plan Heritage Health Overview

Nursing Facility Provider Overview

Plan Overview

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.

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

Credentialing and Contracting

Credentialing and Contracting

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 nursing facility and physical health credentialing assistance, call 877-842-3210.
- For nursing facility and physical health contracting questions, call 866-331-2243. You can also email the Nebraska contracting team mailbox at Nebraska_PR_Team@uhc.com.
- For pharmacy credentialing assistance, call 877-633-4701, option 2 or email pharmacycredentialing@optum.com.
- For pharmacy provider questions, call 877-633-4701, option 2 or email provider.relations@optum.com.

Covered Benefits

Covered Benefits

The following services are covered:

- Short-term acute rehabilitation; requires service authorization
 - Long-term custodial care is not covered under managed care.
- In-home hospice and short-stay inpatient hospice
 - Inpatient hospice care is covered during a period of acute medical crisis and is limited to a maximum of 10 days per month.
 - Hospice inpatient respite care provided in a hospital inpatient setting or a nursing facility respite care setting, is short-term care provided when necessary to relieve the caregiver.
 - Hospice inpatient respite care is restricted to a maximum of five days per month, counting the day of admission but not the day of discharge.
- Pharmacy services provided to a member in a nursing home
- 60 sessions per fiscal year for of therapies provided in a nursing home
- Behavioral health therapy and medication management

Durable Medical Equipment (DME)

- Most DME is covered in the nursing facility per diem; separate payment is not available.
- However, some items are not considered to be part of the facility's Medicaid per diem. Payment must be made to care providers for them.
- For these items to be covered, the client's condition must meet the coverage criteria:
 - Non-standard wheelchairs, including power-operated vehicles
 - Wheelchair seating systems, including certain pressure-reducing wheelchair cushions required for permanent and full-time use
 - Air fluidized bed units and low air loss bed units
 - Negative pressure wound therapy
- Separate reimbursement to nursing facility providers for these items is based on the Medicaid fee schedule.

Prior Authorization

Service Authorization

- Physicians perform medical necessity reviews to authorize services.
- Short-term acute rehabilitation requires service authorization.
- To request authorization, please:
 - Call 866-604-3267
 - Fax 866-622-1428
 - Visit **UnitedHealthcareOnline.com > Notifications/Prior Authorizations**
- Prescribers may submit pharmacy prior authorization requests:
 - Phone: 800-310-6826
 - Fax: 866-940-7328

Discharge Planning

- We screen members for continuing care after treatment in an acute care facility. We help plan, schedule and arrange medically necessary care for the member.
- A concurrent review is conducted using Milliman Care Guidelines criteria.
- When medical necessity criteria is not met, the case is referred to a physician for determination.
- We may request information, documents or discussions with care management, such as clinical information on patients status and discharge planning.
- Discharges that require home care must be pre-certified by the agency or the facility discharge planner. To initiate discharge, please:
 - Call 866-604-3267
 - Fax 866-622-1428

Billing and Payments

Nursing Facility Billing Claims Submission

- To submit claims for Nursing Facility Billing:
 - Use a UB-04 form to submit claims for nursing homes inpatient services, long-term care facilities and hospice services.
 - The Present on Admission (POA) indicator is not required on skilled nursing facility claims.
 - Please see the Provider Manual for detailed instructions on completing a UB-04 form. You can find it at **UHCCommunityplan.com > For Health Care Professionals > Nebraska > Provider Manual.**

Claims Submission

- You have 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.

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**.

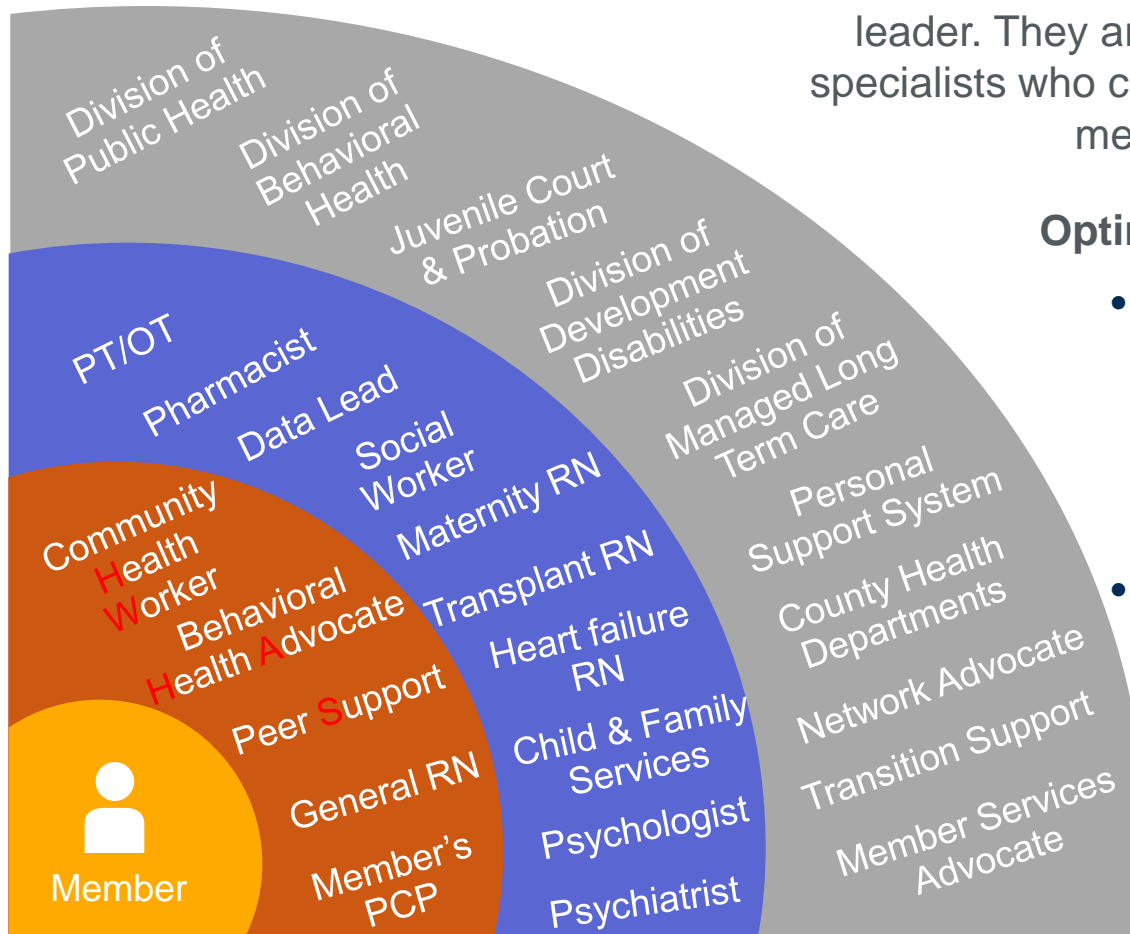
Behavioral Health

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.

Pharmacy

Nursing Facility Pharmacy

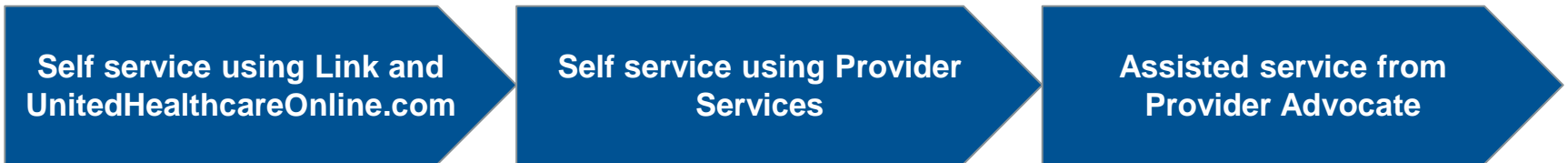
- The Preferred Drug List (PDL) is defined by Medicaid Managed Long Term Care.
- The PDL requires prior authorization for certain medications.
- Pharmacies receive notification of prior authorization and edit requirements through pharmacy point of sale messaging.
- The point of sale claim processing system provides detailed messages to pharmacies on claim rejects, regarding quantity limits, prior authorization requirements and more, to help the pharmacy identify and resolve the reason for the denial .
- To view the PDL, visit: **UHCommunityPlan.com > For Health Care Professionals > Nebraska > Pharmacy Program.**

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 01.01.17)
 - Process ID (BIN): 610494
 - Processor Control Number (PCN): 4444
 - Group: ACUNE
- **The Nebraska Medicaid program defines the PDL.**
- **Waiving Copayments**
 - To encourage members to adhere to medication schedules, UnitedHealthcare Community Plan will waive copayments on covered pharmacy services.

Resources

Provider Relations Service Model



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**

Thank You