Medicare-Medicaid Plan Orientation for Nursing Facilities in Harris County, TX

UnitedHealthcareConnected (Medicare-Medicaid Plan)

PCA-1-001056-02192016_04202016

TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

UnitedHealthcare®
Community Plan

Agenda:

- ✓ Overview
- ✓ Services
- ✓ Member Eligibility
- ✓ Admission Notifications
- ✓ Prior Authorization
- ✓ Claims and Billing
- ✓ For More Information

Introduction

UnitedHealthcare Connected (Medicare-Medicaid Plan) is a federal-state partnership in Harris County, Texas, that offers integrated benefits for members residing in nursing facilities.

To better serve individuals eligible for both Medicare and Medicaid, the Centers for Medicare & Medicaid Services (CMS) and the State of Texas Health and Human Services Commission (HHSC) have established a federal-state partnership to implement the Texas Dual-Eligible Integrated Care Demonstration, which went into effect on Sept. 1, 2015, and will continue through Dec. 31, 2018.

UnitedHealthcare® Community Plan

Quality Initiative

Goals of the Texas Dual-Eligible Integrated Care Demonstration:

- Serve members within a model of care that focuses on integration and coordination
- A single point of accountability for the delivery, coordination and management of Medicare and Medicaid services
- Streamline the process for care providers
- Improve quality and individual experiences accessing care for members
- Promote independence of the member in the community

Services

Accessible Care

Care providers are legally required to adhere to the Americans with Disabilities Act (ADA) standards, which govern access and usability of facilities by individuals with disabilities.

ADA-required accommodations for those living with hearing, visual, cognitive and psychiatric disabilities include:

- Waiting room and exam room furniture that meet the needs of all patients, including those with physical and non-physical disabilities
- Accessibility along public transportation routes or ample parking offered
- Clear signage through facilities (e.g. color and symbols signage)

Culturally Considerate Care

Members have the right to receive services without bias related to culture, race, ethnic background or religion.

We offer resources to help support diverse patient populations and accommodate culturally competent care for our members, including member communications in a number of languages.

We also offer interpreter hearing impaired services and person-to-person interpretation services:

- For Interpreter Services, call **1-888-887-9003**
- For Hearing Impaired Services, call **1-888-887-9003** (TDD/TTY)
- For person-to-person interpretation services in your location, please contact Alliance, which offers interpreter services to our members at **1-713-776-4700**, Monday through Friday, 8 a.m. to 5 p.m.

UnitedHealthcare Community Plan

Culturally Considerate Care cont'd

If you are unable to provide treatment, counseling or referral services to a member due to personal biases, religious grounds or a moral conflict, please contact Customer Service at **1-888-887-9003** so we can direct the member to alternate care.

UnitedHealthcare® Community Plan

Service Coordinator Team

The core of UnitedHealthcare Connected (Medicare-Medicaid Plan) is the service coordination for care the member receives using person-centered planning focused on their individual needs.

Each member has a Service Coordinator assigned to them by UnitedHealthcare Community Plan who serves as a liaison among their caregivers including:

- Primary care physician (PCP)
- Member's representative (selected by the member)
- Specialist
- Pharmacist
- Nursing Home Facility – Long Term Care

To make referrals and/or coordinate services, call 1-888-887-9003.

UnitedHealthcare® Community Plan

Service Coordinator Team cont'd

The following chart lists the team members and their respective roles:

Team Member	Role
Service Coordinator	Team coordinator manages care plan and interacts with all members of the team.
Member or their representative	Participates in development of the care plan the member will follow
Primary Care Physician	Coordinates the member's care and consults with specialists as needed
Specialist	Provides specialty care (e.g., cardiac care, behavioral health)
Long Term Services and Support	Delivers service and communicates back to the team
Pharmacist	Fills prescriptions and other medication therapy prescribed for the member
Nursing Facility Long Term Care	Provides custodial care for members as appropriate and assesses their potential to return home

CommunityCare Online Tool

Our electronic coordination care planning tool is accessible by the member and their service coordination team. To access this tool, go to Link. To access Link go to UnitedHealthcareOnline.com and sign in to Link.

Features include access to:

- ✓ Plans of care
- ✓ Authorizations
- ✓ Test and screening results
- ✓ Email communication with care team

UnitedHealthcare® Community Plan

Behavioral Health Tools & Resources

To refer members for mental health or substance use disorder assessment or treatment, including 23-hour crisis intervention or for an appointment, call **1-866-302-3996**.

The following resources are available to you when treating our members:

- **Behavioral Health Assessment Tools** through Optum Behavioral Health's website, ProviderExpress.com > Clinical Resources > Clinical Tools and Quality Initiatives > Clinical Toolkits.

- A **PCP Behavioral Health Toolkit** is available at UHCCommunityPlan.com > For Health Care Professionals > TX > Bulletins > Provider Reference Guides > PCP Behavioral Health Toolkit.

- **ProviderExpress.com User Guide** is at ProviderExpress.com > Training > Provider Express Technical Guide.

UnitedHealthcare® Community Plan

Long Term Services and Supports

UnitedHealthcare Connected (Medicare-Medicaid Plan) members, who are eligible and choose to return to community living, also have access to the following Long Term Services and Supports:

- Personal attendant services
- Adult day health care services
- Adult day foster care
- Home and/or vehicle modifications
- Home-delivered meals
- Assisted living or residential care
- Respite care
- Employment assistance services
- Emergency response services
- In-home habilitation

UnitedHealthcare® Community Plan

Member Eligibility

Verifying Eligibility

Please verify member eligibility before providing services.

- Use the Eligibility & Benefits application on Link to check member eligibility. To access Link, go to UnitedHealthcareOnline.com, and sign in to Link to access the Eligibility & Benefits application.
- Run the Medicare Common Working File, as you normally would.
- Call Customer Service at **1-888-887-9003**.

UnitedHealthcare® Community Plan

Verifying Eligibility cont'd

Provider Relations Advocate and Service Coordinators cannot verify member eligibility for services.

We recommend printing and saving the eligibility verifications of members for your records.

UnitedHealthcare® Community Plan

Member Eligibility Changes

Members can change their membership monthly by calling Maximus, the Medicare and Medicaid Broker which UnitedHealthcare Community Plan uses, at 1-800-964-2777. Please verify the member's eligibility at least once a month.

The member may enroll in one of the following:	The member may disenroll from:
UnitedHealthcare Connected (Medicare-Medicaid Plan)	Traditional Medicare
Another managed care organization's MMP	Our MMP
Traditional Medicare	Any MMP

UnitedHealthcare® Community Plan

Admission Notifications

Skilled Nursing Mandatory Admission Notification

We require notification of the skilled nursing admission for each member to skilled nursing facilities from the community, hospital and/or nursing facility settings.

Please call 866-604-3267 when a UnitedHealthcare Connected (Medicare-Medicaid Plan) member is admitted to your facility.

Notification of admission should occur within 24 hours after an actual weekday admission or by 5 p.m. local time on next business day if 24-hour notification occurs on a weekend or federal holiday.

Please save the admission notification reference number along with the date and time that you provided us the admission notification.

UnitedHealthcare® Community Plan

Admission Notification Options

Online:

Use the Eligibility & Benefits application on Link for advance notification. To access Link, go to UnitedHealthcareOnline.com, sign in to Link and choose the Eligibility & Benefits application.

Phone:

866-604-3267

If you have an Optum CarePlus Nurse Practitioner (NP) in your facility, the NP will provide the admission notification for long term care residents needing a skilled stay on your behalf. Please note that the Service Coordinator for UnitedHealthcare Community Plan cannot provide admission notification. The skilled nursing facility is responsible for providing us with the notification.

UnitedHealthcare® Community Plan

Resources Utilization Group (RUG) Score

- As of Nov. 1, 2015, network skilled nursing facilities receive payment using the Resource Utilization Groups (RUG) methodology according to your contract.
- Billing follows the traditional Medicare Healthcare Common Procedure Coding System (HCPCS) codes and units
- Payment information is as follows:
  - Network care providers – 100 percent of Medicare reimbursement
  - Out-of-network care providers – The lesser of the billed amount or 100 percent of Medicare.

The RUG for a skilled nursing stay is derived from the Minimum Data Set (MDS), per Medicare guidelines.

UnitedHealthcare Community Plan

Skilled Nursing Three-Day Requirement Waived

The requirement of a three day hospital stay prior to coverage of skilled care in a skilled nursing facility is waived for members who are:

- Enrolled in an MMP
- Transitioning enrollment to traditional Medicare from MMP
- Transitioning enrollment to MMP from traditional Medicare*

In the event of an enrollment/status discrepancy in Medicare eligibility, please maintain a copy of the Medicare Common Working File

***Please notify us as soon as possible when you learn that a member is enrolling in UnitedHealthcare Connected (Medicare-Medicaid Plan) by calling our Service Coordination Hotline at 1-800-349-0550.**

UnitedHealthcare® Community Plan

Skilled Nursing Medical Necessity

The length of a skilled nursing stay is based on medical necessity. The following details are required with an admission notification for a skilled nursing stay:

- Member name & health plan ID
- Facility name and Tax Identification Number (TIN) or National Provider Identifier (NPI)
- Admitting or attending physician and TIN or NPI
- Admitting diagnosis or ICD-10-CM
- Actual admission date and time (needs to match the UB-04 claim)
- Documentation to support medical necessity

Prior Authorization

Part B Rehabilitation Therapy Considerations

Part B Guidelines include rehabilitation therapies of physical, occupational and speech.

- Evaluations may be performed by any professional in the listed disciples without an authorization; however, treatment of these services requires prior authorization.
- Therapists who provide rehabilitation services at nursing facilities are responsible for prior authorization requests and service billing.
- In facilities with an Optum CarePlus, the NP will submit prior authorization requests for these services for the long term care residents that they manage. The rendering therapist will still need to do the billing.

Part B Rehabilitation Therapy Considerations cont'd

- Claims without necessary prior authorization will be denied for payment.
- Denials may be sent to the therapist and to the member who resides in the nursing facility outlining the reason for denial and information on how to appeal.

Prior Authorization Requests for Part B Services

Following are the ways to submit requests for prior authorization:

Online:

To submit an authorization request online, use the Eligibility & Benefits application on Link. To access Link go to UnitedHealthcareOnline.com, sign in to Link, then choose the Eligibility & Benefits application.

OR

Go to UHCCommunityPlan.com > For Health Care Providers > TX > Provider Forms > Standard Prior Authorization form: Texas Department of Insurance.

Phone:

866-604-3267

Fax:

Send a completed prior authorization request form to 877-940-1972 .

UnitedHealthcare® Community Plan

Claims and Billing

Submitting Claims

Claims may be submitted online or by mail. Claims submitted online are adjudicated in real time.

Online:
To submit an a claim online, use the Claims Management application on Link. To access link, go to UnitedHealthcareOnline.com, sign in to Link, then choose the Claims Management application. User Payer ID 87726.

Please submit corrected claims per your contract with us by mail.

Mail:
UnitedHealthcare Community Plan
P.O. Box 30760
Salt Lake City, UT 84130-0760

UnitedHealthcare® Community Plan

Clearing House

Office Ally is a full service clearinghouse that offers direct data entry and claim uploads from your practice management system.

You may use a clearing house of your choice. UnitedHealthcare Community Plan works with Office Ally to provide basic claims services to our network care providers at no cost. Additional services through Office Ally are available for a fee.

You may contact Office Ally directly at **1-360-975-7000** or by email: Officeally.com.

UnitedHealthcare Community Plan

Filing deadlines for Medicare Part A or Part B

In-network

- Initial Claim: Must be received within 95 days from data of service.
  - Clean claims are processed within 30 days of being received.

- Part A Coinsurance Claims:
  - Insurance Claim: Must be received within 365 days of date of service.

Adjusted/corrected, reconsideration, or disputed claims are due 120 calendar days from timely processed claim.

Out-of-network

We process unit rate clean claims (room and board) within 30 days of receipt. They are subject to 95 percent reimbursement. Part A or Part B claims are reimbursed at 100 percent of RUGs or billed charges, whichever is less.

Skilled Nursing Special Billing Considerations

- A three midnight hospital stay is waived for skilled events.
- You need to complete the Minimum Data Set (MDS) using Medicare guidelines and following the Medicare assessment schedule of 5-day, 14-day, 30-day, 60-day and 90-day assessments, as well as off-cycle assessments.
- Consolidated billing rules apply.
- Claims will need to be split between a skilled stay and custodial stay.
- Part B claims will need to be on separate claims from skilled or room and board claims.

Rejected Claims

We apply an enhanced level edits to professional (837p) and institutional (837i) claims submitted electronically to most UnitedHealthcare and affiliate payer IDs.

This can result in a rejected claim. Rejections are not the same as claim denials. A claim is rejected when it was not accepted either by the clearinghouse or payer.

A denied claim was received for processing and payment but denied. Be sure to check electronic claim reports from the clearinghouse and the payer to identify rejected claims. Correct and submit claim rejections electronically.

To see a complete list of enhanced edits, visit UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Transactions > EDI Claim Edits.

UnitedHealthcare® Community Plan

Adjustments and Claims Reconsiderations

If you believe a claim was processed incorrectly, you may use the claims management tool to validate claims payment and submit an electronic request for reconsideration. Use the Claims Reconsideration application* on Link.

Request a reconsideration for a claim before pursuing an appeal.

*If a state or federal program has specific provider dispute or appeal rights, then items received through Link will be handled and reported as a dispute or appeal. The appropriate acknowledgement and closure notices will be sent according to state or federal requirements. By submitting a Claim Reconsideration request, UnitedHealthcare acknowledges that providers remain eligible to file Claim Reconsideration, resubmissions, disputes or appeals per their participation agreement and/or the administrative guide. If this application conflicts with your participation agreement and/or the administrative guide, the agreement/guide governs. Please review your participation agreement and/or the administrative guide to understand all available Claim Reconsideration, resubmission or appeals remedies. The Claim Reconsideration application is not yet available for: TRICARE West, UMR, Midwest Security Life Insurance Company, Neighborhood Health Partnership, OneNet PPO, UnitedHealthOne, and UnitedHealthcare Community Plan of Nevada.

UnitedHealthcare® Community Plan

Appeals

Members may appeal a prior authorization decision before delivery of the service and within 60 days of the denial.

You may represent members in the appeal process as long as we receive written correspondence from the member designating you as the representative.

You may send an appeal for a claim after a service is delivered within 120 days of the denial at the following address:

UnitedHealthcare Community Plan Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

UnitedHealthcare® Community Plan

Appeals cont'd

Directions to file an appeal are included in our notice of denial. An expedited appeal is available for Part D denials within 72 hours of our receipt of the appeal.

UnitedHealthcare® Community Plan

Billing Members

You may not bill a member for any reason for covered service charges with the exception of Applied Income, where applicable.

If a claim is denied or not paid in full, the appeals process is available for you. If you have a Provider Relations Advocate, they are available to help you in appealing claims.

Fraud, Waste and Abuse

Please report any fraud, waste or abuse that you see. The following federal and state laws support the reporting of fraud, waste and abuse.

Federal False Claims Act
The Federal False Claims Act permits any person who knows of fraud against the U.S. Government to file a lawsuit on behalf of the government against the person or business that committed the fraud.

Texas False Claims Act
Holds liable a person who presents a claim for payment under the Medicaid program for a product or service that was rendered by an unlicensed provider or has not been approved by a health care practitioner.

Whistleblower Act
Protects any employee who is fired, demoted, threatened, harassed or otherwise discriminated against by their employer because the employee investigates, files or participates in a lawsuit.

UnitedHealthcare® Community Plan

Fraud, Waste and Abuse cont'd

Health and Human Services Office of Inspector General
Call **1-800-436-6184** or Visit
oig.hhsc.state.tx.us
Select Report Waste, Abuse and Fraud

Or

UnitedHealthcare Community Plan
Call **1-888-887-9003** or

Write: UnitedHealthcare Community Plan
Attn: Compliance, Suite 800
4141 Southwest Freeway
Sugar Land, TX 77478

UnitedHealthcare® Community Plan

For More Information

Contacts

Provider Contact Information	
Customer Service	1-888-887-9003
Service Coordination Hotline	1-800-349-0550
Provider Relations	1-866-858-3546 Fax: 1-800-984-6585 e-mail: Nhpra3@optum.com
Eligibility	
UnitedHealthcare Community Plan	1-877-842-3210
Texas Medicaid & Healthcare Partnership	1-800-925-9126
MAXIMUS Health and Human Service Programs	1-800-964-2777
Prior Authorization	
Health Services	1-866-604-3267 Fax: 877-940-1972 UnitedHealthcareOnline.com

UnitedHealthcare® Community Plan

Contacts cont'd

Claims and Payment	
Texas Medicaid & Healthcare Partnership Billing (Long Term Care Portal)	TMHP.com
UnitedHealthcare Community Plan Billing (Code: 87726)	UnitedHealtchCareOnline.com (See Claims & Payments)
UnitedHealthcareOnline.com Help Desk	1-866-842-3278
Refunds and Overpayments	UnitedHealthcare Community Plan P.O. Box 740804, Atlanta, GA 30374-0800
Fraud and Abuse Hotline	1-888-887-9003
Member and Provider Complaints and Appeals	UnitedHealthcare Community Plan P.O. Box 31364 Salt Lake City, UT 83131-0364
UnitedHealthcare Community Plan	14141 Southwest Freeway, Ste. 800 Sugar Land, TX 77478 UHCCommunityPlan.com

UnitedHealthcare® Community Plan

Resources

Provider Manual
For more information, please see the UnitedHealthcare Connected (Medicare-Medicaid Plan) Administrative Manual located at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Manuals. There you will find information about:

- Prior Authorizations
- E-prescribing
- Care Provider Roles and Responsibilities
- Care Provider Demographic Changes
- Complaints and Appeals

Resources cont'd

FAQs

Frequently Asked Questions are available at HHSC.tx.us. > Medicaid > Managed Care > Dual Eligible Project > Dual Demo FAQ's (PDF).

Newsletters

Sign up for our Network Bulletin: The best way to stay up to date on important changes or additions by visiting Link at UnitedHealthcareOnline.com > Tools & Resources > News & Network Bulletin. Also visit UHCCommunityPlan.com > For Health Care Providers > Texas > Newsletters > Practice Matters.

UnitedHealthcare® Community Plan

Questions & Thank you