UnitedHealthcare®

Community Plan

Mississippi | Winter 2016

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For More Information

Call our Provider Services Center at **800-557-9933**

Visit **UHCCommunityPlan.com**

In This Issue...

We hope you enjoy the winter edition of Practice Matters. In this issue, you can read about eligibilityLink and claimsLink apps, virtual card payments, where to get pharmacy updates, and much more.

Use of Coding Modifiers

Billing for appendectomies, splenectomies, cholecystectomies and some other procedures can cause claims payment issues when a facility and a physician bill the same code on different claim forms – making it appear that the procedure was performed twice on an individual member. Please be sure to use proper coding modifiers to differentiate between facility and professional claims. The list of modifiers is available at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Reimbursement Policy > **Modifier Reference Policy**

Assessing Emergency Room Use

We recently sent letters to hospitals in our network to explain that we are reviewing claims for emergency department services for some members. The review is focused on assessing what is driving use of emergency department visits for care that appears to have been more appropriate for treatment in primary care settings; and to help ensure professional and facility charges support the care rendered.

When cases are identified for review, hospitals will be notified by letter and medical records may be requested. To prevent payment adjustments, be sure to send the requested files to the address indicated. Thank you.

A Note about Quality Care

When we became a contractor for Mississippi Medicaid, our goal was to facilitate access to high-quality, cost-effective health care for Medicaid members. Now that UnitedHealthcare's network of care providers has expanded to thousands throughout the state, we can identify care providers who best meet quality goals for our members who are your patients.

Where superior quality is available, UnitedHealthcare seeks to encourage access to these care providers. Quality is identified in a variety of ways, notably meeting Healthcare Effectiveness Data and Information Set (HEDIS) measures, completing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits, as well as appropriate testing & prescribing activities.

To help meet quality goals, UnitedHealthcare provides clinical practice consultants (CPCs) across Mississippi as resources for all medical practices. If you would like to work with a CPC, contact your Provider Advocate.

eligibilityLink and claimsLink Rollout Continues

We are introducing new and updated apps on Link – your gateway to UnitedHealthcare's online tools and resources. The eligibilityLink and claimsLink apps are built with newer technology and will offer enhanced design and features to help make the user experience more intuitive and time-saving – all based on care provider feedback.

These new apps will not launch to all UnitedHealthcareOnline.com users at the same time. Please watch your email inbox as the phased rollout of eligibilityLink and claimsLink continues. We will send you an email with information about webinar training sessions when you have access to the new apps.

The original Eligibility & Benefits, Claims Management and Claims Reconsideration apps have some popular features that are not yet built into eligibilityLink and claimsLink, so we

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will continue to have both sets of apps into 2017. We are working to add new enhancements that will match and go beyond the functions on the original Link apps. Once that happens, the Eligibility & Benefits, Claims Management and Claims Reconsideration apps will be retired.

If you have questions, please call **866-842-3278**, option **3**, 8 a.m. – 10 p.m. Eastern Time, Monday through Friday.

Virtual Card Payment Option Available for your Practice

Electronic Payments and Statements (EPS) offers electronic funds transfer (EFT) via direct deposit and electronic remittance advice (ERA). Now, you have the additional option of Virtual Card Payments (VCP) for UnitedHealthcare Commercial, UnitedHealthcare Medicare and UnitedHealthcare Community Plan.

VCP offers a secure electronic payment method that uses credit card-based payment technology. After enrollment, you'll receive a letter with a card number for your first payment (actual cards are not issued). For all subsequent payments, you'll receive an email notification only and you can process your payment with the same card number.

As with direct deposit, you'll no longer receive paper remittance advice and can access your information on the EPS website or enroll to receive 835 files for auto posting. User-friendly online remittance advice can be saved, viewed or printed to post payments manually. More information about payment posting is available at WelcometoEPS.com. You can also view a video to see how the website works or register for an instructor-led webcast.

VCP Compared to Direct Deposit

VCP and direct deposit both allow you to receive payments and remittances five to seven days faster than with paper and reduce your risk for lost, misrouted or stolen checks. Additionally, you may be able to eliminate lock box fees if you have any. The following table highlights the differences between direct deposit and VCP.

Direct Deposit

- No credit card processing fees from your merchant processor
- Money is deposited directly to the account(s) you designate.
- Payments and remittances can be separated by NPI and/or payer.
- UnitedHealthcare Community Plan cannot withdraw funds to recoup overpayments.
- An internet connection is required to access remittance advice.

VCP

- VCP has maximum payment and card balance amounts ($50,000; $100,000 respectively), which may cause some payments to be issued on paper.
- Credit card processing fees apply (confirm amount with your merchant processor).
- You will receive a separate card number for each UnitedHealthcare Community Plan that provides payments.
- There is no need to share your bank account information to receive VCP.
- You must have a credit card machine to process your payments and an internet connection to access your remittance advice.

To learn more or enroll, please visit **UnitedHealthcareOnline.com** > Quick Links > Electronic Payments and Statements. Or you can call **877-620-6194** to speak with an EPS representative.

Get Better Results for 270/271 Eligibility & Benefits Transactions

We understand the importance to care providers of obtaining eligibility and benefits information on our members who are your patients. That's why we're providing guidance to help you obtain such information more easily and get better results with your 270/271 Health Care Eligibility and Benefit Inquiry and Response transactions.

Our current search logic allows you to enter minimal information related to the member for the eligibility and benefits inquiry transaction (270). If we cannot locate a member, you may receive the following errors on an eligibility and benefits response transaction (271):

- AAA*Y*72 - Missing/Invalid Insured ID
- AAA*Y**73*C~AAA*Y**71*C - Invalid/Missing Name + DOB

To help ensure we are returning eligibility and benefits information for all our members, we recommend that you include the following information in the 270 inquiry transaction:

- Member ID
- Last Name
- First Name
- Patient Date of Birth
- Group Number (optional but highly recommended)

Using all of this information will help us to more readily identify members and eligibility and benefit details. If you have any questions, please contact EDI Support:

UnitedHealthcare Commercial UnitedHealthcare Medicare Solutions UnitedHealthcare Oxford UnitedHealthcare West	EDI issue reporting form or 800-842-1109
UnitedHealthcare Community Plan	EDI issue reporting form or ac_edi_ops@uhc.com or 800-210-8315

A Member's Right to Culturally Competent Care

When our members receive care that is culturally appropriate and respects their cultural and ethnic background and origins, it helps in identifying their care opportunities and improving their overall quality of care. Upon enrollment, information regarding a member's primary language is obtained and members may receive assistance in choosing a PCP who will meet their needs.

UnitedHealthcare Community Plan provides access to a language line for translation of communications for our non-English speaking members. The language line is available to help ensure that the cultural, ethnic and linguistic needs of our members are being met.

Where to Get Pharmacy Updates

Pharmacy updates are available at **Link** or by visiting UHCCommunityPlan.com > For Health Care Professionals > Mississippi > **Pharmacy Program**, where you can find:

- A list of covered pharmaceuticals, including restrictions and preferences
- Pharmaceutical management procedures
- Explanations on limits or quotas
- How to submit and support an exception request
- Generic substitution, therapeutic interchange and step-therapy protocols

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Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.

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