



Nebraska | Spring 2018

# practice**matters**



## For More Information

Call our Provider Services Center at **866-331-2243**

Visit **[UHCommunityPlan.com](http://UHCommunityPlan.com)**

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We hope you enjoy the spring edition of Practice Matters. In this issue, you can read about UHCCommunityPlan.com content transitioning to UHCprovider.com, enhancements to Electronic Data Interchange (EDI) claim status transactions, support for language services, and much more.

Important information for health care professionals and facilities

## UHCCommunityPlan.com Content Transitioning to UHCprovider.com

You told us you wanted provider content in one place and we heard you. **UHCprovider.com** is your new home for the latest news, policy information and access to Link self-service tools.

UHCprovider.com is the first step in bringing care provider content from multiple websites together in one place for your convenience. Content that was on UHCWest.com and UnitedHealthcareOnline.com was transitioned to UHCprovider.com in 2017.

This summer you'll also see the content now on **UHCCommunityPlan.com** move to UHCprovider.com. However, you'll be able to access those UHCCommunityPlan.com resources until late spring.

UHCprovider.com includes several features:

- 24/7 access to the Link self-service tool dashboard, including claims and payments, eligibility and benefits and prior authorizations.
- A predictive search function with filtering and sorting capabilities to help you find what you need faster and easier
- An easy-to-read design whether you're on a desktop computer, tablet or smart phone

Watch for more updates in the Summer 2018 edition of Practice Matters.

## Enhancements to Claim Status EDI Transactions (276/277)

On Jan. 1, 2018, UnitedHealthcare implemented several enhancements to Electronic Data Interchange (EDI) claim status transactions across all lines of business for commercial, Medicaid and Medicare. If you check the status of claims using your practice management system or hospital information system, you should see a significant increase in successful responses.

Here are some examples of the additional search logic we implemented to help find your claim:

- Allows you to search by:
  - Claim number
  - Member account number
- Allows us to identify:
  - NPI of the billing and rendering care provider
  - Member IDs that may have been submitted with spaces
  - Newborn claims

If your claim status responses are not reflecting any of the enhancements outlined here, please contact your software vendor or clearinghouse. They may need to activate this transaction in their system or yours. This information has been communicated to our trading partners. We also encourage you to share it with your software vendor or clearinghouse.



If you have questions, please contact UnitedHealthcare EDI Support at **800-842-1109** or **SupportEDI@uhc.com**, or go online and complete our **EDI Transaction Support Form**.

## Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual. Members receive these Member Rights and Responsibilities upon enrollment and are referred to their handbook every year to review them.



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Important information for health care professionals and facilities

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To see the Member Rights and Responsibilities, you can find the Provider Manual at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Nebraska > Provider Manual.

## Communication between PCPs and Specialists Is Key to Well-Coordinated Care

Primary care physicians (PCPs) and specialists share responsibility for coordinating care and communicating essential patient information on consultations, treatment plans and referrals. Lack of communication can negatively affect quality patient care.

Relevant information from the PCP to the specialist should include the patient's history, diagnostic tests and results, and the reason for referring the member to the specialist for a consultation. The specialist is responsible for timely communication of the results of consultations to the PCP, and ongoing recommendations and treatment plans.

This information exchange between care providers should be timely, relevant and accurate to facilitate ongoing patient management. With a consistent exchange of clinical information, the partnership between the PCP and specialist can be a critical factor in providing quality patient care.

## Get Updated Clinical Practice Guidelines

UnitedHealthcare Community Plan promotes the use of nationally recognized evidence-based clinical guidelines to support care providers in making decisions about health care. These guidelines are available for diabetes, asthma, perinatal care, preventive services, Attention Deficit Hyperactivity Disorder, depression and many other conditions.



Our Clinical Practice Guidelines are available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com). To view a complete list of the most current guidelines, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Nebraska > Clinical Practice Guidelines.

## Helping Nebraska Youth: A Foster Parent Makes a Difference

More than 9,000 youth are in Nebraska's foster care system. Most enter the system carrying little more than the clothes on their backs. If they can collect any personal belongings, they're often given only a trash bag to carry them. Foster parent Alberto Cervantes, a UnitedHealthcare outreach specialist, noticed the problem and asked UnitedHealthcare Community Plan of Nebraska to help.

Together Alberto and UnitedHealthcare Community Plan of Nebraska presented a donation of 2,200 duffel bags for Nebraska youth in foster care. Several organizations worked with us to distribute the bags, including PromiseShip, KVC Behavioral Healthcare, CEDARS Children and Family Services, Compass, and Nebraska Department of Health & Human Services.

Pictured below: Kathy Mallatt, left, CEO of UnitedHealthcare Community Plan of Nebraska, and Health E. Hound hand a duffel bag to Dave Newell, President and CEO of PromiseShip



## Check out the 2018 Nebraska Provider Manual

Looking for the latest version of the UnitedHealthcare Community Plan of Nebraska Provider Manual? It's been updated for 2018 and includes new topics like:

- The transition of UnitedHealthcareonline.com to UHCprovider.com.
- Updated billing requirements for claims
- PreCheck MyScript pharmacy information
- The updated review process for Restrictive Services
- Updated information on claims resubmissions and corrected claims
- Additions to the Appeals and Grievance chapter, including a timeline table



You can find the updated Provider Manual at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Nebraska > Provider Manual.

## Provider Identification Number Requirements

We strive to process your UnitedHealthcare Community Plan claims as promptly as possible. One way you can help us do so is by including all relevant information on your claims, including a valid billing National Provider Identifier (NPI) number, a rendering/attending Provider NPI and relevant Taxonomy code.

All care providers must have an NPI number to be reimbursed for services to UnitedHealthcare Community Plan members, and every paper and electronic claim must include it. Without this information, claim payment may be denied or delayed.



These claim submission requirements meet the billing instructions outlined by the Nebraska Department of Health and Human Services at [DHHS.ne.gov](http://DHHS.ne.gov) > Medicaid & Long Term Care > Provider Information > Physician Handbooks.

The billing instructions indicate that provider taxonomy information should be supplied in box 33b on CMS-1500 (HCFA) forms and in box 81cc.a on CMS-1450 (UB-04) forms.

- CMS-1500 (HCFA): 471-000-62 Nebraska Medicaid Billing Instructions for Physician, Laboratory, and Ambulatory Surgical Center (ASC) Services
  - Box 33b. OTHER ID#:
    - Effective 01/01/2012, enter the 10-digit Taxonomy Code of the Billing Provider, as reported to Nebraska Medicaid.
    - Visit [DHHS.ne.gov](http://DHHS.ne.gov) > (search for 471-000-62).
- CMS-1450 (UB-04): 471-000-83 Nebraska Medicaid Billing Instructions for Hospital Services
  - Box 81cc.a Taxonomy Code of the Billing Provider
  - Effective 01/01/2012, enter the 10-digit Taxonomy Code of the Billing Provider, as reported to Nebraska Medicaid.
  - Visit [DHHS.ne.gov](http://DHHS.ne.gov) > (search for 471-000-83).



If we can answer any questions for you, please call Provider Services at **866-331-2243**. Thank you.

## Reminder: Change in Nebraska Crossover Reimbursement

The Division of Medicaid and Long-Term Care (MLTC) changed its payment methodology for dual eligible Medicare/Medicaid crossover claims, effective for dates of service on or after July 1, 2017. To help you understand the change, we wanted to clarify the reimbursement process.

Under the change, Medicaid will pay the lesser of the Medicare or Medicaid allowable amount. For example, if the Medicare allowed amount for a claim is \$100, the Medicaid allowed amount is \$75 and Medicare has already paid \$80, assuming 20 percent coinsurance, Medicaid would pay \$0. If the Medicaid allowed amount were instead \$85, then Medicaid would pay \$5 for this claim.

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## Important information for health care professionals and facilities

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To find out more, please see the **Nebraska DHHS Provider Bulletin PB-17-18 Medicare Crossover Payment Change**.

## Reviews Help Ensure Members Receive Proper Care

UnitedHealthcare Community Plan of Nebraska performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available in the **Provider Manual** at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Nebraska > Provider Manual.

A care provider reviews all cases in which the care does not appear to meet our guidelines. Decisions regarding coverage are based on the appropriateness of care and service and on existence of coverage. We don't provide financial or other rewards to our care providers for issuing denials of coverage or for underutilizing services.



If you have questions about the process, please contact **Provider Services at 866-331-2243**.

## Understanding the Correct EPSDT Referral Indicator Codes

At UnitedHealthcare Community Plan, we want to work with you to get your claims processed promptly and accurately. One way we can collaborate together for faster claim reimbursement is by helping ensure each claim contains the correct information. Using the right codes and modifiers can help you avoid claim denials while expediting payment of your claims.

The Nebraska Department of Health & Human Services (DHHS) requires care providers to use specific Early Periodic Screening, Diagnosis and Treatment (EPSDT) codes when billing well-child preventive services for members younger than 21. To help you submit your claims with the right information, we've provided a summary of their guidelines:



- **CPT codes 99381 through 99395** should be submitted with an EP modifier. Include the appropriate referral indicator in box 24H as indicated on the CMS-1500 form.
- **For electronic claims submission**, include the modifier in the CRC segment in the 2300 loop of the 837 professional file.
- The **required EP modifiers** are:
  - AV: Patient refused referral
  - S2: Patient is currently under treatment for diagnostic or corrective health problem
  - NU: No referral given
  - ST: Referral to another provider for diagnostic or corrective treatment

Claims submitted without the correct referral indicator codes will be denied, so please use this summary as a reference when submitting your claims.



If you'd like more information on the requirements for DHHS Health Check (EPSDT) Referral Indicator Codes, visit [DHHS.ne.gov/medicaid/Documents/471-000-533-13.pdf](http://DHHS.ne.gov/medicaid/Documents/471-000-533-13.pdf).

Important information for health care professionals and facilities

## A Member's Right to Culturally Competent Care

We continuously work to identify gaps in care related to member's language and cultural needs. To help reduce those gaps and improve culturally competent care, we wanted to remind you that UnitedHealthcare Community Plan's members have a right to receive care that is culturally appropriate and respects their cultural and ethnic background and origins.

Upon enrollment, we collect information regarding a member's primary language. These members may receive assistance in choosing a PCP who will meet their needs. UnitedHealthcare Community Plan also provides access to a language line for translation of communications for our non-English speaking members. The language line helps ensure that our members' cultural, ethnic and linguistic needs are being met.

 If you need assistance in communicating with one of our members you may call customer service for assistance at **800-641-1902**.

## Where to Get Pharmacy Updates

Our pharmacy updates can help you find a range of useful information, including:

- A list of covered pharmaceuticals, including restrictions and preferences
- Pharmaceutical management procedures
- Explanations on limits
- How to submit and support an exception request
- Generic substitution, therapeutic interchange and step-therapy protocols
- Educational resources related to drug utilization review programs and statistics

 To see the latest updates, visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Select your state > **Pharmacy Program**.



You can also call Provider Services with any pharmacy questions or needs at **877-842-3210**. Remember to get a tracking number for future reference.

## Case Managers Help Members with Complex Needs

The UnitedHealthcare Community Plan Case Management program is a holistic approach to caring for members with complex needs, especially those with chronic conditions. Our goal is to provide our community members with the resources necessary to maintain the highest functional status possible.

Here's what our case managers can provide to your eligible patients:

- Telephone contact with members and home visits
- Health education and educational materials
- A health assessment with stratification of diagnosis and severity of condition and psychosocial needs
- Referral to community resources
- Assistance with medical transportation
- Arrangements for durable medical equipment and ancillary services
- Outreach to members to help them keep appointments
- Work with members to identify and address barriers to seeking health care and following their medical treatment plan of care



For more information or to make a referral, call our referral line at **800-508-2581**.



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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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