



Medicaid Modernization:

Introducing UnitedHealthcare Community Plan

2015/2016

Agenda:

- ✓ Who we are
- ✓ How we can help you
 - Member Services
 - Provider Services
- ✓ Where to go for resources and support
 - Billing
 - Helpful tools

Presentation Overview

All the programs currently available to your patients will remain the same. During this transition and always, take advantage of the online resources we have to help you.



- ✓ Verify eligibility
- ✓ Request authorizations
- ✓ Obtain reimbursement for your services
- ✓ Work with UnitedHealthcare Community Plan managed care

Member Services

Overview of UnitedHealthcare Community Plan

Effective April 1, 2016, UnitedHealthcare Community Plan of Iowa will manage care for Iowans with developmental disabilities, chronic medical conditions and/or low incomes.

We manage:

- ✓ *hawk-i*
- ✓ Iowa Wellness
- ✓ Iowa Marketplace Choice
- ✓ Family Planning
- ✓ Seven Home and Community-based Services waiver programs

Waiver Services

We provide services to seven Home and Community-Based Service (HCBS) waiver programs:

- 1 AIDS/HIV
- 2 Brain Injury
- 3 Elderly
- 4 Children's Mental Health
- 5 Health and Disability
- 6 Intellectual Disability
- 7 Physical Disability

Long-Term Services and Supports

We provide the following Long-Term Services and Supports (LTSS):



- ✓ Adult Day Care
- ✓ Consumer Directed Attendant Care
- ✓ Counseling Services
- ✓ Home Delivered Meals
- ✓ Home Health Aide
- ✓ Homemaker Services
- ✓ Nursing Care
- ✓ Respite
- ✓ Consumer Choices Option

Network Services

We collaborate with the following providers to offer comprehensive services to our members:



- ✓ UnitedHealthcare Community Plan network of providers (acute care, specialists, durable medical equipment, facilities and hospitals)
- ✓ OptumRx
- ✓ Optum Behavioral Solutions
- ✓ Superior Vision
- ✓ EPIC Hearing Healthcare

Care Coordination

Community-based Case Managers identify needs:



Develop and maintain
a Person-Centered
Care Plan



Facilitate access
to care



Assesses each member to
customize care



Coordinate
services

For more information about our Person-centered Planning and Home Health Homes, visit UHCommunityPlan.com > For Health Care Professionals > Iowa > [Billing Guides and References](#) > Our Coordination of Care

CommunityCare

An online coordination care-planning tool accessible to members and the service coordination team.



Allows the member to coordinate their:

- ✓ Care plan
- ✓ Approved authorizations
- ✓ Medication list
- ✓ Test and screening results
- ✓ E-mail communication with care team

Healthy Behaviors



Iowa Health and Wellness Plan members will have their monthly contribution waived when they successfully:

- ✓ Complete a health risk assessment
- ✓ Get a wellness exam (annual physical) from their health care provider.

Otherwise, members pay monthly to maintain their coverage.

Medically Exempt

Members with the following disorders may choose between the Iowa Wellness Plan and the Medicaid State Plan:

Iowa
Wellness
Plan

OR

Medicaid
State
Plan

- ✓ Disabling mental disorder, including adults with serious mental illness
- ✓ Chronic substance use disorder
- ✓ Serious and complex medical condition
- ✓ Disability determination based on Social Security Administration criteria

Medically Exempt (con't)

Members with the following disorders may choose between the Iowa Wellness Plan and the Medicaid State Plan:

Physical, intellectual or developmental disability that significantly impairs his or her ability to perform one or more of the following activities of daily living:

- Bathing and showering
- Bowel and bladder management
- Dressing
- Eating
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene and grooming
- Toilet hygiene

Medicaid State Plan benefits offer more comprehensive coverage.

Provider Services

Easy Access to Eligibility and Authorization

Online:



- ✓ Quick access to eligibility information
- ✓ If an authorization is necessary, you will receive an Immediate pop up. Follow the link to complete the prior authorization request in our minimal click format.

Phone:



- ✓ Call Provider Services at **888-650-3462** for eligibility

Faxing Prior Authorization Requests

Fax:



Acute Medical Fax: **888-899-1680**

Fax forms are located at UHCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Forms](#) >

- Prior Authorization Faxed Request Form

OR

- Prescription Drug Prior Authorization Request Form fax to **866-940-7328**. (Or see the [Pharmacy Program](#) tab for some drug-specific forms.)

See the complete listing of what requires prior authorization online at UHCommunityPlan.com > For Health Care Professionals > [Iowa \(link\)](#).

Clinical Quality

Our Clinical Practice Consultant (CPC) program includes registered nurses who serve as your point of contact and help you with the following:



- ✓ Healthcare Effectiveness Data and Information Set (HEDIS[®]) educational material and resources
- ✓ Claims-based reporting that identifies members who may be due for preventive care or disease management services
- ✓ Using our online educational tools to assist you with member management
- ✓ Medical record reviews

CommunityCare

An electronic coordination care-planning tool. Lets everyone on the care team get real-time information to assist with coordination of care.

Accessible information includes:

- ✓ Care plan
- ✓ Authorization requests
- ✓ Medication list
- ✓ Test and screening results
- ✓ Gaps in care reporting
- ✓ E-mail communication

Member access is different than the provider access.

Prescribing Information

To manage cost effective prescriptions, we:



- ✓ Preferred Drug List (PDL) is located at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Pharmacy Program](#) tab.
- ✓ See the authorization section of this presentation for prior authorization information or call our provider services at **888-650-3462** to speak to the prescriber help desk.

Online Prescribing Information

Visit Iowa UnitedHealthcare Community Plan website for the following specific prescribing information:



- ✓ Preferred Drug List
- ✓ Network pharmacies
- ✓ Formularies
- ✓ Prior authorization lists
- ✓ 72-hour emergency drug availability
- ✓ **Prescriber Reference Guide: What You Need to Know**

Transition Authorization

Effective April 1, 2016, we will honor standing prior authorizations for a minimum of 90 calendar days for acute outpatient services when a member becomes enrolled into our health plan, whether or not you are a provider in our network.

Quality Care

As a care provider in our network, we support you in your provision of quality services to your patients who are our members. As you:

- ✓ Provide treatment, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and other preventive health care services
- ✓ Screen for behavioral health needs. Remember to please maintain the same office hours for our members as for your other patients
- ✓ Ensure members, or their representative(s) have informed choice in their treatment options, this includes materials that members can read (6th grade reading level, in their language, large print, etc.) and a translator as appropriate.

Doing Business with Us

We're here for to work with you.

Remember to be currently enrolled as an Iowa Medicaid provider in order to deliver services to our members.

Our Advocates are available to assist you in navigating our processes to better serve our members.

Our Mission is to Help People Live Healthier Lives.

Billing

Billing the Member

Some members will owe money for services and will have to pay up front with a co-payment before receiving treatment.

- ✓ You will know if they owe a co-payment when you check for eligibility
- ✓ You may bill the member for their portion
- ✓ Members may tell you they are unable to pay the co-payment. You may not deny care or services to any member because of his or her inability to pay the co-payment



Call Provider Services at **888-650-3462** if you have questions about a member's financial responsibility. Always check for a third-party liability before submitting claims.

Claims and Payments

There are two ways to submit a claim for payment:



Online:

UnitedHealthcareOnline.com > secure login > Claims & Payments.
Use payer ID 87726. Submit correct claims within 90 days of the date of service (or per your contact with us).



Mail:

UnitedHealthcare Community Plan
P.O. Box 5220
Kingston, NY 12402-5220

Adjustments and Reconsiderations



Adjustments:

If you believe a claim was processed incorrectly, you may use our claims management tool on our website to request for reconsideration. For assistance, please call **888-650-3462**.



Reconsiderations:

You may submit a claims reconsideration request online at UnitedHealthcareOnline.com > Link > Claims Reconsideration **or**

Mail a Reconsideration Request Form on our website at UHCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Forms](#).

Claims Resolution Dispute Process



If you are not satisfied with the outcome of a claim reconsideration request, you may submit a formal claims dispute using the process outlined in your provider manual, which you may review on our website at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Administrative Manual](#).



You may mail or fax your dispute form*. We generally complete the review within 30 calendar days. However, depending on the nature of the review, a decision may take up to 60 days from the receipt of the claim dispute.

The paper form and a description of our dispute process are located at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Provider forms](#).

Electronic Payments & Statements

Go to myservices.optumhealthpaymentservices.com and click [How to Enroll \(link\)](#). To learn more about EPS, visit our website.



Enroll in our electronic payments & statements (EPS) to receive direct deposit payment of your claims and access online provider remittance advices.

HELPFUL TOOLS – Phone and Web

Provider Services Center



Call Provider Services at **888-650-3462** for automated service anytime for the following tasks. Operators are available Monday through Friday, 7:30 a.m. to 6 p.m. CT. (excluding Federal holidays).

- ✓ Claims status
- ✓ Verify member eligibility and benefits
- ✓ Make demographic changes
- ✓ Arrange for a value added service
- ✓ Member Translator services
- ✓ Transportation for a member
- ✓ Find your provider advocate

Online Resources

UnitedHealthcareOnline.com and Link will allow you to do the following online:



- ✓ Determine member eligibility and benefits
- ✓ Request prior authorizations
- ✓ Submit claims
- ✓ Check claims status
- ✓ Submit a claim reconsideration
- ✓ Register a change in demographics (changes in address, name, services, etc.)
- ✓ Attend trainings (including continuing education courses)

Training



We encourage you to take advantage of the many training opportunities at [UnitedHealthcareOnline.com](https://www.unitedhealthcare.com)

- ✓ Reference guides
- ✓ Video tutorials
- ✓ Facilitator-led webinars

Medicaid Policy and Updates



To access the Medicaid Policy Provider Manual, go to: dhs.iowa.gov > Provider Services > Rules and Policies > [Provider Manuals](#).

For Updates visit dhs.iowa.gov > Medicaid > Provider Services > Tools, Training and Initiatives > Medicaid Tools for Providers > Iowa Medicaid Portal Access (IMPA) > [Informational Letter Sign up](#).

For Newsletters visit dhs.iowa.gov Go to [News & Initiatives](#).

Medicaid-specific Information is centralized

For Information specific to UnitedHealthcare Community Plan, frequent UHCommunityPlan.com > For Health Care Professionals > [Iowa](#).

- ✓ Reference guides
- ✓ Provider Alerts to inform you about important claims or circumstances about which you need to know.
- ✓ Provider newsletter (*Practice Matters*)
- ✓ Reimbursement policies
- ✓ Provider administrative manual
- ✓ Pharmacy information
- ✓ Forms
- ✓ Training opportunities

Reference Guides and Fact Sheets

Our Quick Reference Guide and Fact Sheets provide you information to help you care for our members.



- ✓ Quick Reference Guide: important contact information, including phone numbers and websites listed in this presentation
- ✓ Coordination of care
- ✓ HCBS/LTSS guidelines
- ✓ PCP Behavioral Health Screening Toolkit
- ✓ Abuse, Neglect and Exploitation: Mandated Reporters
- ✓ Critical Incident Reporting

New Provider Checklist



- ✓ Register with [UnitedHealthcareOnline.com](https://www.unitedhealthcareonline.com)
- ✓ Sign up for provider newsletter *Network Bulletin* at [UnitedHealthcareOnline.com](https://www.unitedhealthcareonline.com)
- ✓ Register with Link
- ✓ Register with Electronic Data Interchange Support Services (EDISS)
- ✓ Apply for Electronic Payment and Statements
- ✓ Get to know the Community-based Case Manager(s) for your patients and your Provider Advocate

Questions? Thank You.
