Building a positive relationship with providers is critical to a smooth transition to managed care. We are here to help you better serve our members!

- Introduction
- Contacts at UnitedHealthcare Community Plan of Iowa
- Claims Submission
- Online Services
- How to Escalate Issues
Introduction – Who are we?

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

We manage:

- hawk-i
- Iowa Wellness
- Iowa Medicaid
- Family Planning
- Seven Home and Community-based Services waiver programs

Contracting with MCOs

In order to ensure appropriate reimbursement for covered services, it is important to outreach and contract with the MCOs.

1. Enroll with Iowa Medicaid Enterprise
2. Outreach to contracting departments at the MCOs
   - https://dhs.iowa.gov/ime/providers/MCO-contact-info
3. Execute contract
   - MCO contracts with DHS place strict requirements around many aspects of the contract language
### MCO Contact Information

| **UnitedHealthcare Community Plan of Iowa** | Existing Providers: Contact your current contract manager  
Phone: 1-888-650-3462 |
| --- | --- |
| **LTSS Network Contracting Staff** | Email: iowacommunitynetwork@uhc.com  
| **Case Management** | Email: IA_LTSS@uhc.com  
Fax Number: 1- 844-738-8847 |

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### UHC Advocate Staff in Iowa

**Iowa Provider Advocates for Providers of Long Term Services and Supports for Home and Community-based Services.**

Contact Information:
- Iowa Northern: 715-883-0706 - dotti_tulloch@uhc.com
- Iowa Central: 515-245-1190 - kate_bonham@uhc.com
- Iowa Southern: 319-556-2782 - lori_eisenhauer@uhc.com
- Midwest: 920-284-0474 - lori_eisenhauer@uhc.com
- West: 507-222-2387 - tami_telford@uhc.com

**Telephone:** 715-883-0706 - iowa_p Advocate@uhc.com

**Fax:** 319-556-0199 - walt@uhc.com

**Website:** [www.uhccommunityplan.com](http://www.uhccommunityplan.com)
Next Steps

The MCOs strive to improve quality of and access for members and promote accountability for outcomes. In order to do so, it is vital we have a positive working relationship with providers.

1. Understand MCO’s resources available to you
   - Training opportunities
   - Dedicated contract managers / provider advocates
   - Online tools (e.g. websites, provider web portals)
   - Care coordination and case management tools
2. Understand prior authorization requirements
3. Understand claims and billing requirements

Other Training Options

We encourage you to take advantage of the many training opportunities at UnitedHealthcareOnline.com

- Reference guides
- Video tutorials
- Facilitator-led webinars
Care Coordination - UHC

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 UHCCommunityPlan.com > For Health Care Professionals > Iowa > Billing Guides and References > Our Coordination of Care

Facility Transitions

Our members who are your residents will not move to another facility or residence unless:

The member or member representative:

- Specifically requests a transfer
- Provides written consent based on quality or other concerns
- Has needs better addressed at another facility

You:

- Consider discharging a member due to non-payment of the patient liability and have contacted us
- Choose not to contract within our network
Community-Based Case Managers

Each member in your facility is assigned a Community-Based Case Manager who visits at least quarterly to observe:

- Physical and emotional condition
- Physical environment
- Satisfaction with services and care
- Upcoming appointments
- Falls and any resulting injuries
- Concerns or questions from the member or member’s representative

Interdisciplinary Care Team

Community-Based Case Managers coordinate communication within the interdisciplinary care team which include:

- Participants chosen by the member
- Member’s family and/or legal representative
- Member’s primary care provider
- Nursing facility staff
- Health home care coordination staff, behavioral health specialists and other specialists
Authorizations

MCOs are required to follow IME guidelines for covered services. However, they may set their own Prior Authorization requirements.

- Review MCO provider manuals for Prior Authorization (PA) requirements
- Confirm with MCO how to request PA
  - Web portal
  - Fax
  - Phone
- UHC Authorizations

Authorizations - UHC

Faxing Prior Authorization Requests

Fax: Acute Medical Fax: 888-899-1680

Fax forms are located at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Forms >
- Prior Authorization Faxed Request Form
  OR
- Prescription Drug Prior Authorization Request Form
dax 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 UHCCommunityPlan.com > For Health Care Professionals > Iowa (link).
Notification Requirements

Please notify us of the following situations.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Timeframe to notify UnitedHealthcare Community Plan</th>
<th>Notification Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member admission request to your facility</td>
<td>As soon as possible</td>
<td>Online or Fax (see slide notes for details)</td>
</tr>
<tr>
<td>Facility discharging member</td>
<td>Immediately</td>
<td>Community-based Case Manager</td>
</tr>
<tr>
<td>Facility case conference</td>
<td>One week prior to conference</td>
<td>Community-based Case Manager</td>
</tr>
<tr>
<td>Any change in a condition impacting the member’s eligibility for nursing facility services</td>
<td>As soon as possible</td>
<td>Community-based Case Manager</td>
</tr>
<tr>
<td>Decision to discharge member</td>
<td>As soon as possible</td>
<td>Member and/or Member representative; Community-based Case Manager</td>
</tr>
</tbody>
</table>

Prescribing Information - UHC

Each MCO is responsible for monitoring the Pharmacy benefit for their members. MCOs must follow State PDL and PA requirements.

- 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.
Prescription Drug Prior Authorization and 72-hour Emergency Prescriptions

Phone: 866-650-3462
Online: UHCCommunityPlan
Fax: 866-940-7328.

72-hour Emergency Prescriptions
When a member needs immediate medication and a prior authorization is required, but not obtained, the pharmacy may submit an emergency 72-hour prescription. (May only be used one time per member per drug in an emergency situation.)

The emergency request applies to all drugs requiring a prior authorization when:
✓ Non-preferred drug is listed on the prescription drug list
✓ Drug is subject to clinical edits
✓ Prior authorization cannot be approved within 24 hours

Key Considerations:
✓ Member liability (e.g. co-payments, client participation)
✓ Acceptable billing methodology (e.g. EDI, web portal, paper claims)
✓ EFT & ERA set up
✓ Adjustments & Recoupments
✓ Claims Appeals

In order to ensure appropriate reimbursement for covered and rendered services, it is important to be contracted with the MCOs.
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

Check with the MCO’s Provider Services department if you have questions about a member’s financial responsibility. Always check for a third-party liability before submitting claims.

Claim Submission

Submit your long-term care/institutional claims to us within 90 days of the date of service. If we request additional information to process a claim, you will have 90 days from the request date to provide the information.

Payor ID: 87726

For more information, visit UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Transactions.

Clearinghouses facilitate the transfer of electronic transactions between payers and physicians, health care professionals or facilities. Many health care professionals choose to submit electronic transactions to UnitedHealthcare through a clearinghouse. Clearinghouses offer multi-payer solutions, batch transactions and direct data entry. Most clearinghouse users also have a practice management or hospital information system that may be maintained by a separate software vendor, but it’s not a requirement before using the services of a clearinghouse.

Some clearinghouses to consider:

- Allscripts
- Practice Insight
- Availity
- Office Ally
- Relay Health
- Navicure
- Emdeon
- Med Assets
- OptumInsight
Accessing LINK -

Welcome to UnitedHealthcareOnline.com
A resource for physicians and other health care professionals.

Link: Your New Gateway For UnitedHealthcare's Online Tools
• Get the information you need with fewer clicks.
• Link replaces Optum Cloud Dashboard
• Use Your Optum ID to sign in to Link and UnitedHealthcareOnline.com

Learn more about Link
Sign In  New User

Features include:
• Quickly and easily search for covered members
• Review prior authorization/advance notification requirements, cost share amounts and benefit coverage details
• Access Medicare Gaps in Care information for UnitedHealthcare Medicare Solutions members
• View detailed benefits information for multiple plans in a single application
• See benefits and coverage limits based on provider participation status
• Export or print data

Eligibility and Benefits Application

Use the Eligibility & Benefits app to check member eligibility and review detailed benefits information, including prior authorization/advance notification requirements and cost share amounts.

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Claims & Payments - UHC

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

Electronic Payments & Statements - UHC

Electronic payments and statements help to streamline the claims and reimbursement process. Confirm EFT & ERA requirements with each MCO.

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

Go to myservices.optumhealthpaymentservices.com and click How to Enroll (link).
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.

Provider Service Center

Call Provider Services at 888-650-3462 for automated service anytime for the following tasks:

☑ Review claims status
☑ Verify member eligibility and benefits
☑ Make demographic changes
☑ Arrange for a value added service, translator or transportation for a member
☑ Find your Provider Advocate

To speak with an operator, call Monday through Friday, 7:30 a.m. to 6 p.m. CT. (excluding federal holidays).
New Provider Checklist - UHC

- Register with 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

UHCCommunityPlan.com: Reference Guides and More

- Quick Reference Guide: important contact information, including phone numbers, and websites, listed in this presentation
- Coordination of care information
- Home and Community-Based Services and Long Term Services and Support Guideline
- Behavioral Health Toolkit
- Abuse, Neglect, Critical Incident, and Exploitation Reference Guide
- Alerts
- Provider Newsletter (Practice Matters)
- Reimbursement Policies
- Provider Administrative Manual
- Pharmacy Information
- Forms
- Training Opportunities
Questions? Thank You.