

2018 Administrative Guide

**Physician, Health Care Professional, Facility
and Ancillary Provider**

KanCare Program

Chapter 2: Quick Reference Guide

Welcome to the UnitedHealthcare Community Plan provider manual. This up-to-date reference PDF manual allows you and your staff to find important information such as how to process a claim and submit prior authorization requests. This manual also includes important phone numbers and websites on the How to Contact Us page. Find operational policy changes and other electronic tools on our website at UHCprovider.com.

Click the Following Links to Access Different Manuals:

- [UnitedHealthcare Administrative Guide](#) for Commercial and Medicare Advantage member information. Some states may also have Medicare Advantage information in their Community Plan manual.
- A different Community Plan manual: go to UHCprovider.com. Click Menu on top left, select Administrative Guides and Manuals, then Community Plan Care Provider Manuals, select state.

Easily Find Information in This Manual Using the Following Steps:

1. Select CTRL+F.
2. Type in the key word.
3. Press Enter.

If available, use the binoculars icon on the top right hand side of the PDF to search for information and topics.

We greatly appreciate your participation in our program and the care you offer our members.

If you have questions about the information or material in this manual, or about our policies, please call Provider Services.

Important Information about the Use of This Manual

If there is a conflict between your Agreement and this care provider manual, use this manual unless your Agreement states you should use it, instead. If there is a conflict between your Agreement, this manual and applicable federal and state statutes and regulations and/ or state contracts, applicable federal and state statutes and regulations and/or state contracts will control.

UnitedHealthcare Community Plan reserves the right to supplement this manual to help ensure its terms and conditions remain in compliance with relevant federal and state statutes and regulations.

This manual will be amended as policies change.

Participation agreement

In this manual, we refer to your Participation Agreement as “Agreement”.

Effective January 1, 2019, all care providers (participating and non-participating) are required to be enrolled with the State of Kansas (and obtain a KMAP ID) in order to receive payment from UnitedHealthcare Community Plan. Additionally, for non-participating care providers, a non-participating care provider reimbursement agreement is required for each claim submitted.

Table of Contents

Chapter 1: Quick Reference Guide.....3

Kansas Medicaid Provider Quick Reference Guide

Our Claims Process

To help ensure Prompt Payment:

1 Review and copy both sides of the member's ID card. UnitedHealthcare Community Plan members receive an ID card containing information that helps you process claims accurately. These ID cards display information such as claims address, copayment information (if applicable), and telephone numbers such as those for member and provider services.

2 Notify Health Services of planned procedures and services on our Prior Authorization list.

3 Prepare a complete and accurate electronic or paper claim form (see "complete claims" at right). Complete a CMS 1500 (formerly HCFA) or UB-04 form.

4 Submit claims electronically: have your office software vendor make connection to our clearinghouse OptumInsight, enshealth.com. Be sure to use our electronic payer (ID 96385) to submit claims to us. For more information, contact your vendor or our Electronic Data Interchange (EDI) unit at 800-210-8315. You may also submit claims online using the LINK self-service tool at UHCProvider.com.

If you do not have access to internet services, you can mail the completed claim to:

UnitedHealthcare Community Plan
P.O. Box 5270
Kingston, NY 12402

A complete claim includes the following:

- Member's name, date of birth, address and ID number
- Name, signature, address and phone number of physician or care provider performing the service, as in your contract document
- National Provider Identifier (NPI) number
- Physician's or care provider's tax ID number
- CPT-4 and HCPCS procedure codes with modifiers where appropriate
- ICD-10 diagnostic codes
- Revenue codes (UB-04 only)
- Date of service(s), place of service(s) and number of services (units) rendered
- Referring physician's name (if applicable)
- Information about other insurance coverage, including job-related, auto or accident information, if available
- Attach operative notes for claims submitted with modifiers 22, 62, 66 or any other team surgery modifiers
- Attach an anesthesia report for claims submitted with QS modifier
- Attach a description of the procedure/service provided for claims submitted with unlisted medical or surgical CPT codes or experimental or reconstructive services (if applicable)

Injectable Drugs Provided in an Office/Clinic Setting

We are responsible for reimbursement of injectable drugs obtained in an office/clinic setting and to care providers providing both home infusion services and the drugs and biologics. We shall require that all professional claims contain NDC (National Drug Code) 11-digit number and unit information to be paid for home infusion and J codes. The NDC number must be entered in 24D field of the CMS-1500 Form or the LINO3 segment of the HIPAA 837 electronic form. Injectable drugs provided in the office/clinic setting, reimbursed by us, shall not be included in any pharmacy benefit limits established for pharmacy services. For vaccine information, please reference to Chapter 5, Medical Management, 5.22 Recommended Childhood Immunization Schedules.

How to Contact Us

UHCprovider.com

Verify member eligibility, check status of claims, submit claims and claims reconsideration requests

Provider Services 877-542-9235

This is an automated system. Please have your National Provider Identifier number and your Tax ID or the Member ID ready, or you may hold to speak to a representative. Representatives are available from 8 a.m. to 5 p.m. CT. The call center is available to:

- Answer general questions
- Ask questions about your participation
- Verify member eligibility
- Notify us of demographic and practice changes
- Check status of claims
- Request information regarding credentialing

Provider Services ks.provider.requests@uhc.com

This email inbox is intended to be used solely for communications that do not contain unencrypted Protected Health Information (PHI). Email messages and any documents containing PHI are protected by various state and federal laws including 45 C.F.R. Part 164. No emails or documentation should be sent to this inbox that contain PHI unless the communication is encrypted. Examples of PHI include a member's name, date of birth, any detail regarding their medical condition including diagnoses and any other combination of identifiable information.

Prior Authorization

For a complete and current list of services requiring prior authorizations, go to UHCCommunityPlan.com or call 866-604-3267. Fax your prior authorization request to 866-943-6474 for Acute or 877-950-6887 for LTC/LTSS or submit your prior authorization online at UHCprovider.com.

Case Management/Care Coordination

LTC Care Coordination 877-542-9235

Medical Care Coordination 877-542-8997

Maternity Care

Healthy First Steps Maternity Case Management Referrals 800-599-5985
OB Risk Assessment Forms Fax to 877-353-6913

Optum Rx-Pharmacy Services

Pharmacy Help Desk 877-305-8952

Customer Service (Provider) 800-711-4555

Pharmacy Preferred Drug List (PDL)

UHCCommunityPlan.com

Pharmacy Prior Authorizations/Notification Forms

UHCCommunityPlan.com

Phone 800-310-6826 Fax 866-940-7328

Network Pharmacy Locator

UHCCommunityPlan.com

Vision Services

MARCH Vision Care

Phone 844-506-2724 or [eyeSynergy® providerseyesnergy.com](http://eyeSynergy.providerseyesnergy.com)

Monday – Friday, 8 a.m. – 5 p.m. PT.

Dental Services

UnitedHealthcare Community Plan Provider Services Telephone Number 855-878-5372.

Hours of Operation Interactive Voice Response (IVR) System 24 hrs a day, 7 days a week.

Customer Service

Representatives available Monday through Friday 8 a.m. to 5 p.m. CST.

Non-Emergent Medical Transportation

Reservations must be scheduled at least three business days prior to the member's appointment or make a reservation request at member.logisticare.com. Discharges and urgent trips can be scheduled 24 hours a day. To schedule a ride, contact LogistiCare at 877-796-5847. Hours of Operation Monday-Friday 8 a.m. to 8 p.m.

Language Line interpretation services are available in many languages through the care provider and member customer service centers.

Kansas Medicaid Provider Quick Reference Guide

Other Important Information

To help ensure Prompt Payment:

For additional information on filing Claims Reconsideration, please refer to Chapter 15 in the Provider Administration Guide.

Payment Reconsideration Address

UnitedHealthcare Community Plan
P.O. Box 5270
Kingston, NY 12401

Formal Claims Appeal Mailing Address

(to be used when the outcome of Payment Reconsideration Request does not meet expectation)
UnitedHealthcare Community Plan
Attention: Formal Claim Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

Member Services

877-542-9238
Member Service Representatives are available to answer member calls Monday through Friday from 8 a.m. to 6 p.m. CT. Our interactive voice response (IVR) telephone system is available to members 24 hours a day, 7 days a week; our nurse triage hotline is available through our IVR for health-related issues.

Behavioral Services

Members have statewide access for routine behavioral health services. In general, out-of-state behavioral services are limited to specific emergency services. Due to the proximity of several cities in neighboring states, there is an exception allowing for access to routine services for members living near the border. Care providers may contact the Provider Service Center at 877-542-9235 for information on referring members for behavioral health services.

Sample Member ID Cards

UnitedHealthcare Community Plan
Health Plan (60840) 911-96385-07 Group Number: KSKCMD
Member: 99999993122 Payer ID: 96885
REISSUE ENGLISH
DOB: 02/04/1947
PCP Name: GETWELL
PCP Phone: (620)852-3550
Effective Date: 06/16/2013
Copays: \$0
COPT

Administered by UnitedHealthcare of the Midwest, Inc.
In an emergency go to nearest emergency room or call 911.
www.uhc.com/memberidcard

This card does not guarantee coverage. To verify benefits or to file a provider, call the website.

For Members: 877-542-9238
NurseLine: 855-575-0136
Behavioral/Dental/Vision/Transposition(reservation): 877-542-9238
For Providers: UHCprovider.com 877-542-9235
Medical Claims: PO Box 5270, Kingston, NY, 12402-5270 877-542-9238
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

UnitedHealthcare Community Plan
Health Plan (60840) 911-96385-07 Group Number: KSKCMD
Member: 99999993122 Payer ID: 96885
REISSUE ENGLISH
DOB: 02/04/1947
PCP Name: GETWELL
PCP Phone: (620)852-3550
Effective Date: 06/16/2013
Copays: \$0
COPT

Administered by UnitedHealthcare of the Midwest, Inc.
In an emergency go to nearest emergency room or call 911.
www.uhc.com/memberidcard

This card does not guarantee coverage. To verify benefits or to file a provider, call the website.

For Members: 877-542-9238
NurseLine: 855-575-0136
Behavioral/Dental/Vision/Transposition(reservation): 877-542-9238
For Providers: UHCprovider.com 877-542-9235
Medical Claims: PO Box 5270, Kingston, NY, 12402-5270 877-542-9238
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

Children's Mercy Pediatric Care Network (CMPCN)

Resources are available for care providers [Pediatric Care Network Provider Resources](#). These resources include reference guides, forms, and frequently asked questions.

UnitedHealthcare Community Plan
Health Plan (60840) 911-96385-07 Group Number: KSKCMD
Member: 99999993122 Payer ID: 96885
REISSUE ENGLISH
DOB: 02/04/1947
PCP Name: GETWELL
PCP Phone: (620)852-3550
Effective Date: 06/16/2013
Copays: \$0
COPT

Administered by UnitedHealthcare of the Midwest, Inc.
In an emergency go to nearest emergency room or call 911.
www.uhc.com/memberidcard

This card does not guarantee coverage. To verify benefits or to file a provider, call the website.

For Members: 877-542-9238
NurseLine: 855-575-0136
Behavioral/Dental/Vision/Transposition(reservation): 877-542-9238
For Providers: UHCprovider.com 877-542-9235
Medical Claims: PO Box 5270, Kingston, NY, 12402-5270 877-542-9238
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

UnitedHealthcare Community Plan
Health Plan (60840) 911-96385-07 Group Number: KSKCMD
Member: 99999993122 Payer ID: 96885
REISSUE ENGLISH
DOB: 02/04/1947
PCP Name: GETWELL
PCP Phone: (620)852-3550
Effective Date: 06/16/2013
Copays: \$0
COPT

Administered by UnitedHealthcare of the Midwest, Inc.
In an emergency go to nearest emergency room or call 911.
www.uhc.com/memberidcard

This card does not guarantee coverage. To verify benefits or to file a provider, call the website.

For Members: 877-542-9238
NurseLine: 855-575-0136
Behavioral/Dental/Vision/Transposition(reservation): 877-542-9238
For Providers: UHCprovider.com 877-542-9235
Medical Claims: PO Box 5270, Kingston, NY, 12402-5270 877-542-9238
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

Notify Health Services Within the Following Time Frames:

For all notifications, please call
866-604-3267 or fax 866-943-6474

Emergency Inpatient Admission
Within one business day of an emergency or urgent admission.

After Ambulatory Surgery
Within one business day of an inpatient admission after ambulatory surgery.

Non-Emergency Care (except maternity)
At least five business days prior to non-emergent, non-urgent hospital admissions and/or outpatient services.

**Return calls from Health Service
Coordinators and Medical Directors and
provide complete health information within
one business day.**

Compliance

National Provider Identification (NPI)

Federal regulations and many state agencies require the use of your National Provider Identifier, NPI, on all electronic and paper claim submissions. Therefore, you must include a valid NPI on all claims submitted to us for payment. To assist us in expediting this process, please also include your care provider name, address, and TIN. If you have not yet applied for and received your NPI, please do so immediately by visiting npes.cms.hhs.gov. If you have not yet provided your NPI to us, please do so immediately by visiting UHCprovider.com. Downloadable forms are available on the website for you to submit this information to us.



