

# 2018 Administrative Guide

Physician, Health Care Professional, Facility and Ancillary  
KanCare Program  
Chapter 18: Frequently Asked Questions

## Welcome to UnitedHealthcare Community Plan

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](http://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](http://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”.

# Table of Contents

Chapter 18: Frequently Asked Questions..... 2

## Chapter 18: Frequently Asked Questions

### Frequently Asked Questions

#### What is your claims process?

To help ensure prompt payment:

- 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.
- Notify Health Services of planned procedures and services on our Prior Authorization list.
- Prepare and complete an accurate CMS-1500 or UB-04 form.
- To submit claims electronically: have your office software vendor or clearinghouse make connection to our clearinghouse, OptumInsight. If you do not have office software, you may also submit your claims directly to us at no cost via [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com). Be sure to use our electronic payer ID, 96385 to submit claims to us. For more information, contact your vendor or UnitedHealthcare Community Plan Support Services at 800-210-8315 or [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com).

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

**UnitedHealthcare**  
**PO Box 5270**  
**Kingston, NY 12401**

#### What does a “complete claim” include?

A complete claim includes the following:

- Patient's name, date of birth, address and ID number
- Name, signature, address and phone number of physician or provider performing the service, as in your contract document
- National Provider Identifier (NPI) number
- Physician's or 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

- Attached operative notes for claims submitted with modifiers 22, 62, 66 or any other team surgery modifiers
- Attached anesthesia report for claims submitted with QS modifier
- Attached description of the procedure/service provided for claims submitted with unlisted medical or surgical CPT codes or experimental or reconstructive services (if applicable)

For injectable drugs provided in an office/clinic setting: The Health Plan shall be responsible for reimbursement of injectable drugs obtained in an office/clinic setting and to providers providing both home infusion services and the drugs and biologics. The Health Plan 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 the 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 the Health Plan, shall not be included in any pharmacy benefit limits established for pharmacy services.

For vaccine information, please reference the Recommended Childhood Immunization Billing Schedules in Chapter 4 of the administrative guide.

## Why do I need to include an NPI on my claims?

Federal regulations and many state agencies require the use of your National Provider Identifier (NPI) on all electronic and paper claim submissions.

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 provider name, address, and TIN. If you have not yet applied for and received your NPI, please do so immediately by visiting [nppes.cms.hhs.gov](https://nppes.cms.hhs.gov). If you have not yet provided your NPI to us, please do so immediately by visiting [UHCprovider.com](https://UHCprovider.com). Downloadable forms are available on the website for you to submit this information to us.

## How can I contact UnitedHealthcare Community Plan?

### [UHCprovider.com](https://UHCprovider.com)

Verify member eligibility, check status of claims, and submit claims and claims reconsideration requests online. Member and claim status can also be verified through EDI transactions. For additional details, contact UnitedHealthcare Community Plan EDI Support Services at 800-210-8315 or [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com).

### **Provider Services: 877-542-9235**

This is an automated system. Please have your National Provider Identifier and Tax ID numbers or the member ID ready, or hold to speak to a representative.

The call center is available to:

- Answer general questions
- Verify member eligibility
- Check status of claims
- Ask questions about your participation

- Notify us of demographic and practice changes
- Request information regarding credentialing

### **Contracting/Provider Relations Department**

For updates to your demographics and contract discrepancies, please contact your Provider Relations Representative. Also contact your UnitedHealthcare Community Plan Contracting/Provider Relations Department for questions regarding:

- Changes in provider information, including group or clinic name, address, telephone number, Medicaid number or federal Tax ID Number.
- If you open or close a practice location.
- If your clinic has reached capacity and you are closing your panel.
- Contract administration issues.
- Credentialing and recredentialing issues.
- Reimbursement issues, fee schedules or coding questions.
- Specific information about UnitedHealthcare Community Plan's policies and procedures.
- Training for billing and claim submission.

The Contracting/Provider Relations staff is responsible for:

- Developing and maintaining a comprehensive provider network.
- Monitoring provider adherence to the appointment availability and accessibility standards.
- Assisting providers with any problems or concerns that they might have in providing UnitedHealthcare Community Plan members with services.
- Providing clarification of UnitedHealthcare Community Plan and Centers for Medicaid and Medicare Services policies, regulations and procedures.
- Assisting providers with the complaints and appeals processes.
- Conducting new provider orientation sessions, in-service training to existing providers and annual provider workshop training sessions for all contracted providers.
- Distributing a quarterly provider newsletter and other special provider bulletins as needed including the results of the provider satisfaction surveys.

### **Prior Authorizations: 866-604-3267**

For a complete and current list of services requiring prior authorizations, go to [UHCprovider.com/KScommunityplan](https://UHCprovider.com/KScommunityplan) or call 866-604-3267. Submit your prior authorization requests at [UHCprovider.com](https://UHCprovider.com) or via fax to 866-943-6474 for Acute or 877-950-6887 for LTC/LTSS.

### **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

## **OptumRx - Pharmacy Services**

Pharmacy Help Desk: 877-305-8952

Customer Service (Provider): 800-711-4555

Customer Service (Member): 866-218-7398

Pharmacy Preferred Drug List (PDL): [UHCprovider.com](https://www.uhcprovider.com), or for a copy of the PDL, call 877-542-9231.

## **Pharmacy Prior Authorizations**

[UHCCommunityPlan.com](https://www.uhccommunityplan.com)

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

**Pharmacy Prior Notification Forms:** [UHCprovider.com](https://www.uhcprovider.com)

**Network Pharmacy Locator:** [UHCprovider.com](https://www.uhcprovider.com)

## **Formal Claim Appeals Mailing Address**

UnitedHealthcare

Attention: Formal Claim Appeals

PO 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 8 p.m. Our interactive voice response (IVR) telephone system is available to members 24 hours a day, seven days a week; our nurse triage hotline is available through our IVR for health-related issues.

## **What are your notification requirements?**

Notify Health Services within the following time frames:

### **Emergency Inpatient Admission**

Within 48 hours of an emergency or urgent admission.

### **After Ambulatory Surgery**

Within 48 hours of an inpatient admission after ambulatory surgery.

### **Non-Emergency Care (except maternity)**

At least five business days prior to non-emergency, 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.

### **Does a UnitedHealthcare Community Plan member need a referral to visit an emergency room (ER)?**

No. UnitedHealthcare Community Plan members who have an emergency medical condition should go immediately to the closest ER at the nearest hospital. A referral is not needed for the member to use the ER.

### **Does each person in a UnitedHealthcare Community Plan member's family have to have the same doctor?**

No. Family members may pick their own Primary Care Physician (PCP).

### **Do UnitedHealthcare Community Plan members make their appointments directly with my office?**

Yes. UnitedHealthcare Community Plan members should call their PCP's office to make an appointment. The PCP's name and phone number are shown on the member's health care ID card.



