



Claim Submission Process Training

For Individual Consumer-Directed Attendant Care Providers



Topics

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Submitting claims correctly is important so we can reimburse you promptly and for the services you provide to UnitedHealthcare Community Plan members through the Iowa Medicaid Home- and Community-Based Services (HCBS) waiver program.

This presentation includes:

- Information and resources to help when you bill for services
- Specific instructions to use when you submit a claim
- Important fields to make sure are completed on the CMS-1500 form
- Online and phone resources

Accessing Online Self-Service Tools

Online Self-Service Tools

Link's self-service tools can quickly provide what you may need for UnitedHealthcare Community Plan and other UnitedHealthcare members – without the extra step of calling for information.

Use Link to perform secure online transactions such as:

- Checking member eligibility and benefits
- Managing claims
- Submitting a request for prior authorization

You can capture screenshots of your activity or record reference numbers for better documentation.

We offer webinars for using Link self-services tools. To learn more about using Link, please visit UHCprovider.com/Link.

New User Instructions

If you're new to UnitedHealthcare Community Plan's network or haven't registered to use Link self-service tools, click the New User button in the top right corner of UHCprovider.com.

We offer 30-minute training sessions on how to register for Link. The session also includes instructions on how to use the Link Security tool for user ID and password management. To register for a training session:

- Go to UHCprovider.com > Resource Library > Training.
- Scroll to Link Registration and Multi-TIN Access Training.
- Then, click the blue registration button.
- You'll be redirected to the training session registration page, which includes the time, day and date of the next training session.
- Fill in the registration form.
- Click the Register button.

Billing the Member

Billing the Member (Client Participation)

- Some members will owe money for services, also known as client participation.
- Iowa Medicaid mails client participation information to you and to the member when they determine the amount members must pay for services
- To verify eligibility and determine the member's client participation, use the eligibilityLink tool on Link. To access the tool, go to UHCprovider.com/eligibility.

If client participation is required:

- You may bill the member for their portion.
- We'll deduct the member's amount from the first claim we receive for processing every month, and the following claim if needed on a "first in/first out" basis. Please don't deny care or services to any member because of their inability to pay.
 - Notify us if you are considering not providing services to a member because they can't pay.
 - If you have questions, please call Provider Services at **888-650-3462**.

Claim Submission Forms

Accessing the CMS-1500 Form

If you're using the CMS-1500 form to submit a claim, use the Claim Submission tool on Link to access the form.

- Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner.
- Select the Claim Submission tile on your Link dashboard.
- After completing step 2, the CMS-1500 form will automatically appear for you to complete.

You can review the CMS-1500 form instructions at dhs.iowa.gov > Provider Services > Claims and Billing > Claim Forms and Instructions > [CMS-1500 Claim Form Instructions](#).

CDAC Forms

Here's how to access the Claim for Targeted Medical Care (TMC) and Daily Service Record forms:

- Go to UHCprovider.com/IAprovider > Provider Forms and Reference Guides > Iowa Department of Human Services Forms > [Claim for Targeted Medical Care Form](#) and [Consumer-Directed Attendant Care \(CDAC\) Daily Service Record](#).
- For Daily Service Record instructions, go to UHCprovider.com/IAprovider > Provider Forms and Reference Guides > Reference Guides > [Consumer-Directed Attendant Care Daily Service Records Billing Instructions](#).
- To access the TMC instructions, go to dhs.iowa.gov > Provider Services > Claims and Billing > Claim Forms and Instructions > [Targeted Medical Care 470-2486 Claim Form Instructions](#).

Daily Service Record Logs

- Complete Daily Service Record logs each day you provide services to a member.
- Please keep Daily Service Records a minimum of five years from the date of the last claim submission, even if you're no longer providing services.
- Use the list of approved CDAC services in the member's care plan to bill for services you provide.
- Please don't bill for services for times when a member isn't under your direct care.

Claim Submission

Submit online, mail or fax the CMS-1500 or the TMC form to us.



Mail:

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



Fax:

801-994-1224
On your fax cover sheet, include:
UnitedHealthcare Community Plan
Attn: RMO Office



Online:

- Sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.
- Select the Claim Submission tile on your Link dashboard.
- Follow the prompts to complete your online submission.

Claim Submission Tips

Claim Submission Tips

- Before providing and billing for services:
 - You and the person you're helping must complete the [HCBS Consumer-Directed Attendant Care Agreement](#) and get it approved by the case manager or DHS service worker.
 - After the initial agreement is completed, the member must update the agreement annually.
 - HCBS must be requested through the member's Community-Based Case Manager (CBCM) and be part of the member's care plan.
- When you do submit a claim, make sure it includes:
 - The member's name and date of birth
 - The member's Medicaid ID number
 - Your provider national provider identifier (NPI) number
- On TMC claim forms, you may use your atypical NPI number or Social Security number.
- On CMS-1500 claim forms, don't include an NPI number that starts with the letter X. Instead, leave that field on the claim form blank.

Claim Submission Tips (Cont.)

- Make sure your bill matches what's authorized in the member's care plan.
 - Use whole units to match the service provided because we aren't able to process claims with partial units.
 - Don't submit claims before the end of the month in which you provide the service
 - Always use diagnosis code Z76.89 to show a diagnosis for reimbursement.
 - Use valid and complete Healthcare Common Procedure Coding System (HCPCS) code.
 - Make sure to include all required data elements for each HCPCS code.
 - Follow the timely filing requirements:
 - New claim submissions: 180 days from date of service
 - Corrected claims: 365 days from date of service
 - Claim reconsideration requests: 365 days from date of denial or payment
- We process claims within 30 business days from the date of receipt.

CMS-1500 Form

- There are required boxes on the CMS-1500 claim form. On the online version, if a box isn't highlighted or doesn't automatically populate the information, it's not a required box.
- When you finish completing the online version of the CMS-1500 form, click **Submit** at the bottom of the screen.
 - If you get a warning that an NPI number wasn't entered, select **Cancel** to continue to complete the claim submission.
 - If you select **Continue**, you'll be directed back to the form and will need to add an NPI number.

Claim Reconsideration, Correction and Disputes

Claim Reconsideration

If you believe a claim was processed **incorrectly**, you can request reconsideration using our claimsLink app on Link or mail in the claim reconsideration form. The claim reconsideration form is available at UHCprovider.com/IAprovider > Claims and Payments > Claim Reconsideration > [UnitedHealthcare Community Plan Claim Reconsideration Form](#).



Online:

To request reconsideration using claimsLink, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.



Mail:

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

Claim Correction

If you made an **error** on a claim form you submitted, you may correct and resubmit it using our claimsLink tool or mail in the claim reconsideration form.

On the claim reconsideration form:

- Select the checkbox for “Resubmission of a corrected claim.”

On the new claim form:

- Write “corrected” at the top of the claim form and make sure it shows what you corrected from the original claim submission.
- Submit both forms together when completed.



Online:

To request reconsideration using claimsLink, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.



Mail:

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

Claim Disputes

If you need to dispute a claim, go to UHCprovider.com/IAprovider > Claims and Payments > Claim Administrative Disputes/Appeals > [UnitedHealthcare Community Plan Claim Dispute Form](#).

Mail or fax your claim dispute form to us.



Mail:

UnitedHealthcare Community Plan
Attention: Grievance and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364



Fax:

801-994-1082

Payment Information

EPS (Direct Deposit)

Enroll in Electronic Payments & Statements (EPS) to:

- Receive funds electronically, up to seven days faster than a paper check
- Access your funds as they're posted to your account
- View Explanation of Benefits and Provider Remittance Advices

Download the enrollment form at myservices.optumhealthpaymentservices.com > How to Enroll. To complete the form, you'll need:

- Your bank account information for direct deposit
- A voided check or a letter from your bank that includes the bank routing number and your account number
- A copy of your W-9 form

Mailing EPS (Direct Deposit) Form

You can send completed paper forms and documentation by mail or fax to:



Mail:

Optum EPS

Attn: Processing Manager

P.O. Box 30777

Salt Lake City, UT 84130-0777



Fax:

844-207-6458

Tax Information

Earnings from CDAC services may be considered taxable income. Please make sure you are meeting tax code requirements.

- You are required to report payments received from UnitedHealthcare Community Plan to the Internal Revenue Service.
- You will receive a 1099 form every year in January or February from UnitedHealthcare if you were paid \$600 or more in a year.
 - The form will list all payment received in the previous year.
- UnitedHealthcare doesn't withhold taxes from your payment.
- Please consult with a tax advisor for further information.

Care Provider Resources and Contact Information

Care Provider Resources

We offer online information and resources at UHCprovider.com/IAprovider, including:

- Billing and reference guides
- Claims and member information
- Claim reconsideration and appeals
- Electronic data interchange
- Provider forms
- Provider training

CDAC Resources

To learn more about submitting CDAC claims, please go to:

- Claim Submission Quick Reference Guide at UHCprovider.com > Menu > Resource Library > Link Self-Service Tools > Claim Submission Tool > Submit a Claim > [Claim Submission Quick Reference](#).
- Claim Submission Instruction Guide for Individual CDAC Services Providers at UHCprovider.com/IAprovider > [Bulletins](#).

Contact Information

Provider Services: **888-650-3462**

- Get help with questions you have about member eligibility and benefits, claim status, demographic changes, and prior authorization requests.
- The menu doesn't recognize atypical NPI numbers. Say "I don't know" to speak to a representative.
- Representatives are available 7:30 a.m. to 6 p.m. Central Time, Monday through Friday.

Provider Advocates can:

- Help you with escalated inquiries such as claims issues
- Support you with training needs aside from our online resources
- Meet with you in person for support

To find your Provider Advocate, use the HCBS Provider Advocate Map available at UHCprovider.com/IAprovider > Provider Advocate Contact Information, Maps & Resources > [Home and Community Based Services \(HCBS\) Provider Advocate Map](#).

Thank you.

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