

Home- and Community-Based Services Care Provider Billing Guide

Please use this billing guide to help you quickly identify what you need to do when working with us in various billing situations. If you have any questions about anything in this guide, please contact your Home and Community-Based Services (HCBS) Provider Advocate.

Claim Submission Options

We must receive all information necessary to process a claim no more than 180 days from the date of service; however, this can vary by contract. Please refer to your UnitedHealthcare Participation Agreement for your specific requirement. You can submit claims in the following ways:

- **Electronically** through an established claim clearinghouse – our electronic payer ID is 96385.
- **Electronically** through UHCprovider.com using the claimsLink tool. To access claimsLink, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.
 - Once you receive your UnitedHealthcare Provider ID, create an Optum ID to access the Claim Submission tool.
- **Electronically** through [KanCare Front End Billing \(KMAP\)](#)
- **Electronic Visit Verification (EVV)**: Most in-home HCBS services require the use of EVV.
 - Claims are billed through AuthentiCare: [Authenticare User Manual](#)
- **Paper**: You must use the original red and white CMS 1500. Please mail paper claims to UnitedHealthcare, P.O. Box 5270, Kingston, NY 12402.

National Provider Identifier (NPI) Billing Requirements

NPI is required for most Kansas care providers. All care provider identifiers must be valid group NPI numbers.

- Atypical care providers aren't required to have an NPI; however, if a group NPI is on record with UnitedHealthcare, it must be submitted on claims.

Client Obligation

The HCBS client obligation is the payment amount the KanCare Clearinghouse determines HCBS participants must contribute toward the services they receive from contracted HCBS care providers.

- You'll receive monthly reports listing the members and the amount of the client obligation to collect from each member.
- The client obligation amount is withheld from paid claims and published on the remittance as coinsurance.
- We also notify members of their client obligation amount.

Avoiding Common Claim Errors

Use these tips to help avoid claims denials:

- Always submit the billing address provided on the credentialing paperwork in box 33 of the CMS 1500. To verify the billing address on file with UnitedHealthcare, please contact your HCBS Provider Advocate.
- When using Place of Service 11, include the group NPI in the rendering care provider NPI field.
- Bill date spans consistent with the authorization date spans to avoid claim payment issues.
- Don't overlap calendar months when billing claim dates of service.

Third Party Liability (TPL)

Most HCBS codes are considered non-covered regardless of health insurance carrier and won't require proof of non-coverage before billing UnitedHealthcare. For a complete list of codes see the [Third-Party Liability Noncovered Procedure Code List](#) posted on the KMAP Provider page.

Electronic Payments & Statements (EPS)

Electronic Payments & Statements (EPS) is the single tool to receive electronic funds transfer (EFT) and electronic remittance advice (ERA).

- Receive claim payments by direct deposit or Virtual Card Payment (VCP) five to seven days faster than paper.
- Access Explanations of Benefits (EOBs)/Provider Remittance Advices (PRA) online or using 835 ERA files.
- Receive email notification when payments are deposited to your designated account.
- View or print remittance advice and post payments manually to your practice management system or auto-post using the 835 ERA file.
- [EPS Resources](#)
- [EPS Enrollment Instructions](#)

Self-identified Overpayment or Refund Requests

If you want to refund an overpayment on any UnitedHealthcare Community Plan account for the KanCare program, please submit a check to the following address: UnitedHealthcare, PO Box 5230, Kingston NY 12401.

- To help ensure we accurately credit the refund, checks should be accompanied with the following information: Member's full name; member's Medicaid ID; date of service; amount original paid by UnitedHealthcare; amount overpaid (must match check); reason amount is considered overpaid; claim number; UID from recovery letter (if applicable); copy of UnitedHealthcare remit; care provider's Tax ID# and name/number of person submitting refund.
- You can find information about what needs to accompany refund checks at [UHCprovider.com > Menu > Health Plans by State > Kansas > Medicaid \(Community Plan\) > Provider Forms](#).

Claim Correction

If you determine that there's an error on the original claim, either based on an internal review or how the claim was processed, you have 365 days from the remittance date to submit a corrected claim.

- **To file a corrected claim electronically through Link: claimsLink tool:**
 - Follow steps outlined in the Link - claimsLink Claim Reconsideration/Corrected Claims Quick Reference Guide.
 - Choose Reason Request = Submission of a corrected Claim
 - Follow the next steps, as prompted, i.e., New Comment, Attachments, etc.
 - Use the Comments field to clearly explain in detail what you're expecting with the corrected claim.
 - Attach a corrected CMS 1500 to the request. Write "CORRECTED" on the face of the claim. Add resubmission code "7" and the UnitedHealthcare original claim number in Box 22. Use code "8" to void the claim.
 - Monitor the status by following the steps outlined in the claimsLink Claim Reconsideration/Corrected Claims Quick Reference Guide.

- **To file a corrected claim electronically through the KMAP front-end billing option:**
 - Create a new blank professional claim on KMAP. Users can't edit the existing incorrect claim.
 - Enter the UnitedHealthcare original claim number from the remittance advice in the Timely Filing Override ICN Field.
 - Provide all the correct claim information and submit as a new claim.

- **To file a corrected claim on paper:**
 - You must use the original red and white CMS 1500.
 - Write "CORRECTED" on the face of the claim. In box 22, enter resubmission code "7" (replacement request) or "8" (void request) and the UnitedHealthcare original claim number in the Original Ref. No. field.
 - Mail corrected claims to: UnitedHealthcare, P.O. Box 5270, Kingston, NY 12402.
 - Allow up to 30 days for corrected claim to be processed when submitted by paper.

- **To correct an EVV/AuthentiCare claim:**
 - If the EVV claim was already released, please follow one of the above corrected claim processes.

Claim Reconsideration

If you filed the claim correctly, but it didn't pay as expected, you can submit a claim reconsideration to request a review of the claim.

- You must submit your reconsideration within 120 calendar days from the date of the remittance advice (RA), explanation of payment (EOP) or denial notice.
- You can submit reconsideration requests in the following ways:
 - **Electronically:** UHCprovider.com using the claimsLink tool. Follow the steps outlined in the claimsLink Claim Reconsideration/Corrected Claims Quick Reference Guide.
 - **Phone:** 877-542-9235
 - **Paper:** Use the Single Paper Claim Reconsideration Request Form available on UHCprovider.com. Send your request to UnitedHealthcare, PO Box 31350, Salt Lake City, UT 84131-0350.
- Monitor the status by following the steps in the claimsLink Claim Reconsideration/Corrected Claims Quick Reference Guide.
- You can terminate the reconsideration process and file an appeal within 60 calendar days of the date of the RA, EOP or denial notice – or no later than 60 calendar days from the date of the reconsideration resolution notice. We add an additional three calendar days from the remittance advice, explanation of payment or denial notice sent date to the submission timeframe.
- You don't need to complete the reconsideration process before you request an appeal. You can submit an appeal to UnitedHealthcare instead of submitting the reconsideration or after you receive the reconsideration resolution notice.

Claim Appeal

If you don't agree with the outcome of a claim, you can submit a formal appeal.

- You must submit appeals within 60 calendar days of the date on the remittance advice, explanation of payment or denial notice.
- Your request must state "formal appeal." State the specific reason for denial as stated on the remittance or notice of action and enclose all relevant documentation with the appeal request.
- You can't submit reconsideration after the appeal decision.
- You can submit appeals electronically using the claimsLink Self-Service tool. Send written requests by regular mail to: UnitedHealthcare, Attention: Formal Grievances and Claim Appeals, P.O. Box 31364, Salt Lake City, UT 84131-0364.
- You must complete UnitedHealthcare's appeal process before you request a State Fair Hearing.

Online Resource

UHCprovider.com is home for the latest news, policy information and access to Link self-service tools for care providers. **Link** is the gateway to online self-service tools such as claimsLink, eligibilityLink, Prior Authorization & Notification and UHC on Air.

- **Claims, Billing and Payment:** Manage the submission of claims and receipt of payments using claimsLink.
- **Eligibility and Benefits:** Verify member eligibility, determine benefits, view care plans and more using eligibilityLink.
- **Prior Authorization & Notification:** Check the status of HCBS prior authorizations with the Prior Authorization & Notification tool.
- **Health Plans by State:** Use the menu and select "Kansas" from the drop down. For the Community Plan (Medicaid), click "Go to UHCCommunityPlan.com." Find information such as the KanCare Program Administrative Guides, claim and member information, newsletters, bulletins, provider forms and value-added member benefits.
- **Resource Library:** Links to the latest UnitedHealthcare news, information on joining our network, helpful tips for using Link self-service tools and training resources available including live instructor-led sessions or recorded webinars.
- **Latest UnitedHealthcare Provider News:** Check the main landing page for the latest care provider news.