Community Plan of Kansas billing update

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. This can, however, vary by contract. Please refer to your UnitedHealthcare participation agreement for your specific requirement.

Claims can be submitted in the following ways

- **Electronically** through an established claim clearinghouse — our electronic Payer ID is 96385
- **Electronically** through the UnitedHealthcare Provider Portal

  Go to **UHCprovider.com** and click Sign In in the upper right corner. Log in with your One Healthcare ID and password.
  - If you don't have an ID, go to **UHCprovider.com/access** to start the process

  In the portal, under Claims and Payments, select Claim Submission
  - Our **Claim Submission** self-paced training guide has step-by-step instructions on claim submissions
- **Electronically** through **KanCare Front End Billing**
- **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 form. Please mail paper claims to: UnitedHealthcare, P.O. Box 5270, Kingston, NY 12402

Visit the **UnitedHealthcare Community Plan of Kansas webpage** for more information about our claims, billing and payment processes.

National Provider Identifier billing requirements

The National Provider Identifier (NPI) number is required for most Kansas care providers. All care providers must be valid group NPI numbers.

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

United Healthcare

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

Avoid common claim errors

Use these tips to help avoid claim denials:

- Always submit the billing address provided on the credentialing paperwork in Box 33 of the CMS-1500 form. 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 number 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.

Claim payments

There are two options for receiving payment from UnitedHealthcare – ACH/direct deposit or virtual card payments. Both are facilitated by Optum Pay on behalf of UnitedHealthcare.

- ACH is recommended because it is the quickest form of payment available and there are no fees for the service
- If you don't enroll in ACH, in most instances you'll receive a virtual card payment from Optum Pay. VCPs are electronic payments using credit card processing technology. There is no requirement to share bank account information with VCPs.

Click to learn more about these **payment options.**

United Healthcare

Self-identified overpayment or refund requests

Overpayments on any UnitedHealthcare Community Plan account for the KanCare program should be submitted via check with the information below to: UnitedHealthcare, P.O. Box 5230, Kingston, NY 12401

Please also include the following information with your check so the refund is accurately credited to our system in a timely manner:

- Member's full name
- Member's Medicaid ID
- Date of service
- Amount original paid by UnitedHealthcare
- Amount overpaid
- Reason amount is considered overpaid
- Claim number and type (if available)
- Unique ID number, also known as the reference number from recovery letter (if available)
- Copy of UnitedHealthcare remit (if available)
- Care provider's tax ID number
- Name/number of person submitting refund in case we have questions

Visit the **UnitedHealthcare Community Plan of Kansas webpage** for more information about refunding care provider overpayments.

Claim correction

Submitted claims sometimes require corrections. A corrected claim replaces a previously processed or denied claim submitted in error. Corrected claims must be submitted within 365 days from the date of service.

- **To file a corrected claim electronically through the UnitedHealthcare Provider Portal:**

  Go to **UHCprovider.com** and click Sign In in the upper right corner. Log in with your One Healthcare ID and password

  – If you don't have an ID, go to **UHCprovider.com/access** to start the process

  Use the Look Up a Claim or Ticket section to find the claim you'd like to correct

  Scroll down to Act on Claim, then click Submit Corrected Claim

  – You'll be able to go to the Claims Submission Tool to make edits to your claim and resubmit

Our **Claims Interactive** self-paced training guide has step-by-step instructions for submitting a corrected claim.

- **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

United Healthcare

- **To file a corrected claim onpaper:**
  - You must use the original red and white CMS-1500 form
  - 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

Claim issues include overpayment, underpayment, denial, or original or corrected claim determination disputes. A claim reconsideration request is the quickest way to address concerns about whether the claim was paid correctly. This is an optional process available to you before filing a formal appeal.

Reconsideration requests must be submitted within 120 calendar days (+3 calendar days for mailing) from the remittance date. A reconsideration request can be submitted in one of the following ways:

- **Electronically** through the UnitedHealthcare Provider Portal

  Go to **UHCprovider.com** and click Sign In in the upper right corner. Log in with your One Healthcare ID and password.
  - If you don’t have an ID, go to **UHCprovider.com/access** to start the process

  Use the Look Up a Claim or Ticket section to find the claim

  Scroll down to Act on Claim, then click Create Claim Reconsideration
  - Review the details and enter your contact information
  - Add a New Comment to explain why you disagree with the initial claim decisions

Our **Claims Interactive** self-paced training guide has step-by-step instructions on submitting a reconsideration request.

- 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 3 calendar days from the remittance advice, explanation of payment or denial notice sent date to the submission time frame.
- 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.

United Healthcare

Claim appeal

If you don't agree with the outcome of an initial claim decision or a reconsideration request, you can submit a formal appeal. While you are not required to submit a reconsideration request before an appeal, doing so provides two opportunities for the claim decision to be reviewed.

You must submit appeals within 63 calendar days of the date on the remittance advice or reconsideration request decision. There are two ways to submit an appeal:

- **Electronically** through the UnitedHealthcare Provider Portal

  Go to **UHCprovider.com** and click Sign In in the upper right corner. Log in with your One Healthcare ID and password.

  – If you don't have an ID, go to **UHCprovider.com/access** to start the process

  Use the Look Up a Claim or Ticket section to find the claim

  Scroll down to Act on Claim, then click File Appeal/Dispute

  – This button will only display if it is currently an option for the claim

  – Complete the questions on the screen

  – Review the information on the pre-populated appeal form, then click Submit

  Our **Claims Interactive** self-paced training guide has step-by-step instructions on submitting an appeal.

- **Mail:** Send a letter requesting a formal appeal. The letter must include the specific reason for denial as stated on the remittance or notice of action. You must also enclose all relevant documentation with the appeal request.
  UnitedHealthcare
  P.O. Box 31364
  Salt Lake City, UT 84131-0364

- **Note:** You can't submit for reconsideration after the appeal decision
  You must complete the UnitedHealthcare appeal process before you request an external independent third-party review or state fair hearing

External independent third-party review

Effective with denials dated Jan. 1, 2020, and after, if you disagree with the outcome of your UnitedHealthcare formal appeal, you can request an external independent third-party review. External independent third-party review (EITPR) is an optional process available to care providers only and the formal appeal must be completed prior to requesting an EITPR.

- The EITPR will be available to KanCare providers who have received a denial of authorization of a new health care service to a UnitedHealthcare member or a denial of a claim for reimbursement to the provider for a health care service to a UnitedHealthcare member.
- Provider requests for EITPR must be received by UnitedHealthcare within 63 calendar days from the date of the notice of appeal resolution. UnitedHealthcare will acknowledge receipt of your request, in writing, within 5 business days of receipt.
- EITPR will only review the same documentation submitted for the managed care organization (MCO) internal appeal, along with the medical necessity criteria applied, if applicable
- If providers wish to submit additional documentation, the state fair hearing process will need to be used
- EITPR has 30 calendar days to complete review and provide decision to the health plan and appellant
- If EITPR overturns the health plan decision, the MCO will be responsible for the cost of the EITPR review

United Healthcare

- If EITPR upholds health plan decision, the appellant will be responsible for the cost of the EITPR review
- Care providers still have state fair hearing rights if they disagree with the outcome of the EITPR
- EITPR submission:
- **To file a corrected claim electronically through the UnitedHealthcare Provider Portal:**

  Go to **UHCprovider.com** and click Sign In in the upper right corner. Log in with your One Healthcare ID and password

  - Download the EITPR request form at **UHCprovider.com > Health Plans by State > Kansas > Medicaid (Community Plan) > Provider Forms and References.** Complete the form and submit:
  - **By mail:** Attention: External Independent Third-Party Review 10895 Grandview Drive, Suite 200, Overland Park, KS 66210
  - **In person (8 a.m.–5 p.m. CT):** 10895 Grandview Drive, Suite 200, Overland Park, KS 66210
  - **By email (8 a.m.–5 p.m. CT): ks_eitpr@uhc.com**
- For more detailed information and submission requirements for EITPR, please refer to Chapter 15 of the care provider manual at **UHCprovider.com/en/admin-guides/cp-admin-manuals.html**

Online resources

UnitedHealthcare Provider Portal

A new and improved UnitedHealthcare Provider Portal has replaced Link as a secure way to manage claim- related tasks. It's easier than ever to verify patient eligibility and benefits, manage prior authorizations and notifications, check claims status, submit referral requests, access claim-related letters online, submit reconsiderations and appeals, view provider remittance advice (PRAs) and more.

To access the portal:

- If you already have a One Healthcare ID (formerly known as Optum ID), simply go to **UHCprovider.com** and click Sign In in the upper-right corner
- If you need to set up an account on the portal, follow **these steps** to register
- Learn more about the portal at **UHCprovider.com/portal**

UHCprovider.com

This **public website** is available 24/7 and does not require registration to access. You'll find valuable resources including administrative and plan-specific policies, protocols and guides, health plans by state, regulatory and practice updates, quality programs, efficiency reports and more.

UnitedHealthcare News

Bookmark the **UHCprovider.com/news webpage.** It's the home for updates across our commercial, Medicare Advantage and Community Plan (Medicaid) health plans. You'll find contractual and regulatory updates, process changes and reminders, program launches and resources to help manage your practice and care for patients.

Network News email briefs

Subscribe today to receive a regular summary of the latest news and policy and reimbursement updates that we've posted on our news webpage. You can customize your subscription to ensure that you only receive updates relevant to your state, specialty, and point of care.

These email briefs include:

- Monthly notification of policy and protocol updates, including medical and reimbursement policy changes
- Announcements of new programs and changes in administrative procedures
- Enhancements and additions to our suite of digital tools

Health care professional education and training

To help ensure you are reimbursed accurately, and patients have access to the care they need, we have developed a full range of training resources, including interactive self-paced courses and quick reference guides along with registration for instructor-led sessions. Topics include the digital solutions available on the UnitedHealthcare Provider Portal, plan and product overviews, clinical tools, state-specific training and much more.

View the training resources at **UHCprovider.com/training.** Content is updated frequently and is organized by categories to make it easy to find what you need.

Member website

Members can visit **UHC.com** > Member Resources for a variety of resources, including help in choosing a doctor, finding a copy of their health plan ID card, see cost estimates by type of service, condition, or provider, and more. Members can also register for an account to view their claims and benefits, check coverage and find network health care professionals.

PCA-1-21-04116-C&S-WEB_12072021

United Healthcare