



Welcome to UnitedHealthcare Community Plan of Missouri



United
Healthcare®

Agenda

1. Overview
2. Prior Authorization and Notification
3. Claims Management
4. Care Provider Resources





UnitedHealthcare Community Plan overview

Mission and Vision

Our Mission

To help people live healthier lives and to help make the health system work better for everyone

Our Vision

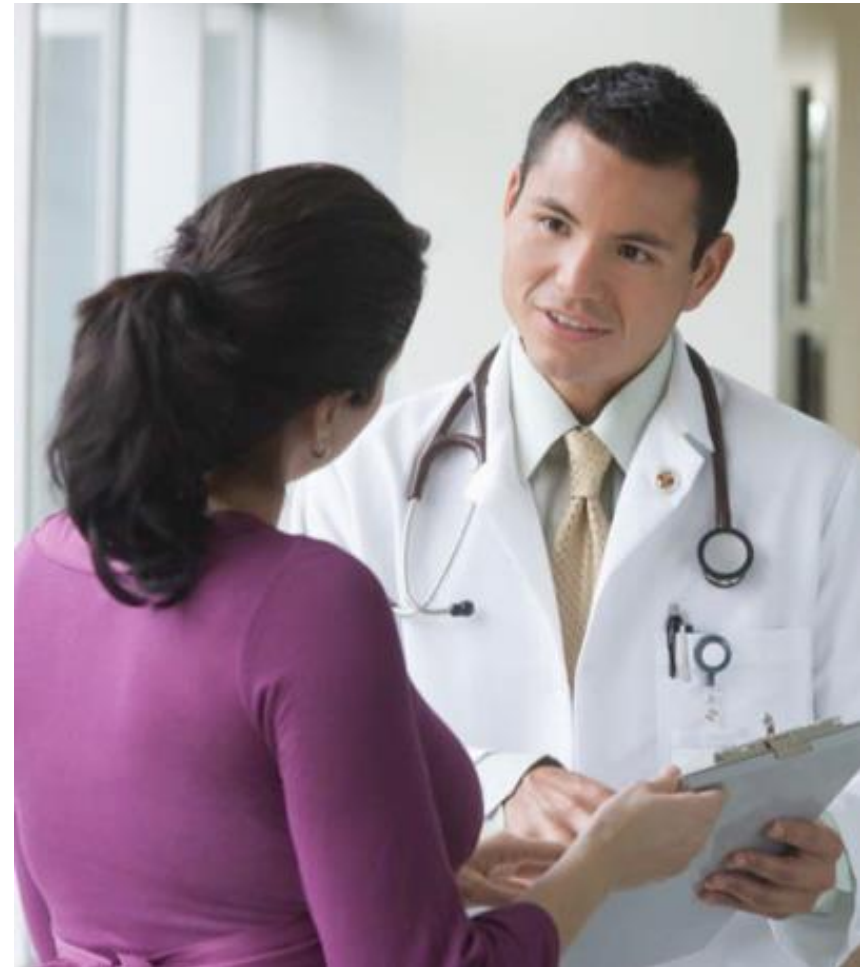
To be the premier health care delivery organization in the eyes of our state partners, providing health plans that meet the unique needs of our Medicaid members as well as our members in other government-sponsored health care programs; to be effective partners with physicians, hospitals and other health care professionals in serving their patients



Coverage

UnitedHealthcare Community Plan of Missouri covers Medicaid members under the MO HealthNet program.

UnitedHealthcare Community Plan serves members in all Missouri counties.



Managed Care Eligibility Groups

UnitedHealthcare Community Plan of Missouri covers Medicaid members in these eligibility groups:

- MO HealthNet for Families
- MO HealthNet for Kids
- MO HealthNet for Pregnant Women
- Transitional MO HealthNet
- Children receiving adoption subsidies
- Children in care and custody of the state
- Children receiving refugee assistance
- Children's Health Insurance Program



Verifying Eligibility and Benefits

Because member eligibility can vary by day, please verify eligibility and benefits before providing services.


You can check eligibility in several ways:

- Online: Visit the MO HealthNet portal at emomed.com.
- Online: Check member eligibility and review detailed benefits information using the Eligibility and Benefits tool on Link. To sign in to Link, go to **UHCprovider.com** and click on the Link button in the top right corner.
- Phone: Call Provider Services at 866-815-5334 or call the number on the back of the member's ID card.



Member ID Card

- Information on the member ID card can help you submit claims more efficiently and accurately.
- Be sure to check the ID card at each visit and copy both sides for your files.
- You can also view member ID cards online using the Eligibility and Benefits tool on Link.



 Health Plan (80840) 911-86050-02

Member ID: 001600012 **Group Number: MOHNET**

Member:
 REISSUE M ENGLISH **Payer ID: 86050**
 DCN #: 99999912
 PCP Name:
 DOUGLAS GETWELL
 PCP Phone: (717) 851-6816

S1803 MT ROSE AVE STE B3
 YORK, MO 174033051

0501 UnitedHealthcare Community Plan of Missouri
 Administered by UnitedHealthcare of the Midwest, Inc.

In case of emergency call 911 or go to nearest emergency room. Printed: 10/13/20

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.MyUHC.com/CommunityPlan or call.

For Members:	866-292-0359	TTY 711
Behavioral Health:	866-292-0359	TTY 711
Dental/Vision:	866-292-0359	TTY 711
NurseLine:	866-351-6827	TTY 711

For Providers: UHCprovider.com 866-815-5334
Dental Providers: 855-934-9818
Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240

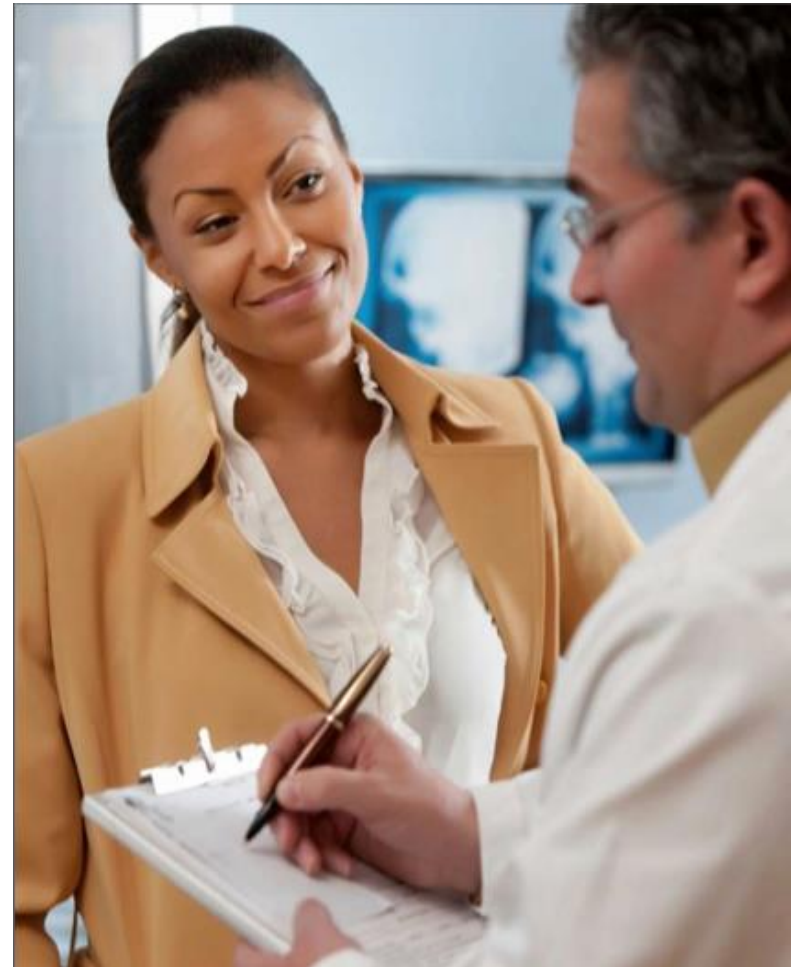
Transportation: 866-292-0359 **Pharmacy:** 800-392-2161 or 573-751-6527
 UHC19037 Approved 09/26/18

Sample member ID cards for illustration only. Actual information varies depending on payer, plan and other requirements.



Selection

- Each member selects a primary care provider (PCP) at enrollment. If a member doesn't select a PCP, we'll assign one.
- Members may change their PCP at any time by calling Member Services at the number on the back of their member ID card.
- Members don't need a referral before seeing another network physician or specialist.



Pharmacy Benefit

- Most pharmacy claims for MO HealthNet Managed Care members are processed by the MO HealthNet Fee-for-Service Pharmacy Program.
- Pharmacy services include all injections and birth control devices administered in the physician's office or a private clinic setting.
 - UnitedHealthcare Community Plan processes claims for:
 - Injection administrations, including Vaccines for Children administrations
 - Medications billed as part of an inpatient hospital.
- If you have questions on coverage, contact MO HealthNet Pharmacy Services at 800-392-2161 or 573-751-6527.



Value-Added Program Benefit

UnitedHealthcare Community Health Plan offers members the following benefits:

- Asthma care: Hypoallergenic mattress cover and pillowcases
- Enhanced non-emergency transportation
- Quit For Life: Tobacco cessation services
- JOIN for ME: Childhood obesity program
- Healthy First Steps: Rewards pregnant women and new moms for prenatal and postpartum visits and well-child visits. Also offers advice and support during pregnancy and after delivery.
- Healthify: Web-based tool for social services referrals to help members connect to community resources
- NurseLine: Talk to a registered nurse 24/7 for health questions and answers.
- Electronic Breast Pumps: Eligible to receive one breast pump per lifetime. Member can request up to 30 days before their due date and up to six weeks after delivery.
- Boys & Girls Club: School-aged members can join at no cost in certain areas.
- KidsHealth: Reliable information for kids and teens about health topics.



Transportation Benefit

To help members access care, we offer non-emergency medical transportation:

- The benefit includes unlimited trips to and from methadone clinics. It also includes Women, Infants and Children service locations, inpatient behavioral health or family therapy and pharmacies following a covered service appointment.
- Non-emergency medical transportation is also available for members in some medical eligibility codes that don't normally cover transportation. These codes are 08, 52, 57, 64, 73-76 and 97.
- Members can arrange transportation in two ways:
 - Phone: Call UnitedHealthcare Community Plan of Missouri Member Services at 866-292-0359.
 - Online: Visit mtm-inc.net.





Prior Authorization and Notification

Requesting Prior Authorization

View a list of services requiring prior authorization at UHCcommunityplan.com >
For Health Care Professionals > Missouri > Prior Authorization and Notification Referrals

You can request prior authorization in one of the following ways:

- Notify or request prior authorization:

EDI: Transactions 278

Link: UHCprovider.com/paan > Prior Authorization and Notification tool on Link

- Phone: Call 800-366-7304, Monday through Friday, 8 a.m. to 5 p.m. (except for state-designated holidays)



Prior Authorization Response Times

- Schedule procedures as far in advance as possible.
- Request prior authorization at least 14 calendar days before the planned service date.
- A decision for standard/non-emergency requests will be provided within 36 hours of receiving clinical information.
- Decisions for urgent requests will be rendered within 24 hours.
- If we need additional information, response times may vary for standard/non-emergency requests.
- If you are emergency room staff, requesting a non-emergency service, please call to initiate prior authorization.
- Prior authorization is a medical necessity review, but authorization doesn't guarantee payment.



Radiology & Cardiology Prior Authorization Requirements

To view the evidence-based clinical guidelines and a list of the Radiology and Cardiology codes requiring prior authorization, please visit UHCprovider.com/radiology or UHCprovider.com/cardiology

You can request authorization for radiology and cardiology services by:

- Phone: Call 866-889-8054, Monday through Friday, 7 a.m. to 7 p.m.
- Online: UHCprovider.com/radiology or UHCprovider.com/cardiology and select the *Prior Authorization and Notification App*

We'll provide a decision for standard/non-emergency requests within 36 hours from the receipt of all clinical information and no later than 14 days from the authorization request. Decisions for urgent requests will be rendered within 24 hours.



Radiology & Cardiology Prior Authorization Requirements

Prior authorizations are not required for cardiac or radiology procedures performed in the following places of service:

- Emergency room
- Observation unit
- Urgent care facility
- Inpatient stay (except for EP implants)

- Exception: Electrophysiology implants (e.g. pacemakers) require authorization when performed in an inpatient setting.



Clinical Coverage Review Process

We may request additional clinical information to determine medical necessity.

- If the information is not provided within the requested time frame, the request for authorization will be denied.
- If medical necessity criteria is not met for a prior authorization request, we will issue a clinical denial. Both you and your patient will receive a denial notice with the option to appeal.
- If you'd like to request a peer-to-peer review following a denial, the phone number and time frame will be included on the denial letter.



Hospital Notification

Hospitals and facilities are responsible for admission notification for inpatient services.

- Notification of planned admission should be provided at least 14 business days prior to admission. If admission is scheduled less than five business days in advance, the notification should be provided upon scheduling.
- Notification of an emergency or urgent admission, or an inpatient admission after ambulatory surgery, must be received within one business day.
- To find out more about submitting Admission Notifications electronically, please visit our Electronic Admission Notifications (278N) page at UHCprovider.com/paan > Menu > Resource Library > Electronic Data Interchange Transactions > EDI 278N: Hospital Admission Notification.





Claims Management

Claims Submission

You have several options for filing claims. Our general timely filing guideline is 90 days from date of service. Please check your Participation Agreement to confirm your limit.

- Online: Use the Claims Submission tool on Link. To access Claims Submission, sign in to Link by clicking on the Link button in the top right corner of **UHCprovider.com**. Then select the Claim Submission tile on your Link dashboard.
- Clearinghouse of your choice: If you receive 835 Electronic Remittance Advice through a vendor, please ask them to enroll you for the 835 through OptumInsight.
- Mail: To submit paper claims, send them to:
UnitedHealthcare Community Plan of Missouri
P.O. Box 5240
Kingston, NY 12402-5240

Use Payer ID 86050 for electronic submissions. For more information on electronic submissions, please contact your vendor or call Electronic Data Interchange (EDI) at 800-842-1109.



Issue Resolution

If you disagree with the outcome of a claim determination, your first step is to submit a claim reconsideration request in one of the following ways:

- Online: Use the claimsLink tool on Link. To access the tool, sign in to Link by clicking on the Link button in the top right corner of **UHCprovider.com**. Then, select the claimsLink tile on your Link dashboard.
- Phone: Call Provider Services at 866-815-5334 or call the number on the back of the member's ID card.
- Mail: Submit a paper claim reconsideration request, using the Claim Reconsideration Request Form. The Claim Reconsideration Request Form is available at **UHCprovider.com** > Menu > Claims, Billing and Payments > Claim Reconsideration Form – Single Claim.

Be sure to obtain a tracking number for future reference. This will be an 18-digit number beginning with SF or a PTPCR number from Link.



Submitting Corrected Claims Online

- To submit a corrected claim online, use the claimsLink tool on Link.
- When correcting or submitting late charges on 837 institution claims, use bill type “xx7, Replacement of Prior Claim.”
- Do not submit corrected or additional information charges using bill type “xx5, Late Charge Claim.”
- Timely filing limit for corrected claim or service was denied is 365 days from original paid date.



Submitting Corrected Claims by Mail

- If submitting by mail, check box no. 4 “Resubmission of a corrected claim” on the Claim Reconsideration Request form.
- Complete the Comments section, explaining which data elements have been corrected and why.

The accounting software information must also include proof that the claim is for the correct patient and the correct visit.

• Proof of timely filing could also include other insurance carrier's denial/rejection, EOB, letter indicating terminated coverage, not a plan participant, etc.

- 2. Previously denied / closed for "Additional Information" (provide description and/or requested documents)
- 3. Previously denied / closed for "Coordination of Benefits" information (attach primary carrier's EOB)
- 4. Resubmission of a corrected claim (explain correction below)
- 5. Previously processed but contracted rate applied incorrectly resulting in over/underpayment (explain below)
- 6. Resubmission of "Prior Notification Information" (including notification information)
- 7. Resubmission of "Bundled claim" (including all supporting information)
- 8. Other (explain below)

Please include what you are expecting from UnitedHealthcare to close UnitedHealthcare's portion of this claim in your practice management system, including dollar amount if possible.

Comments:

If, after you have received a response upon completion of the Claim Reconsideration process, you still do not agree with the outcome of the claim reconsideration you may submit a letter of appeal and receipt of a response from UnitedHealthcare. To submit a formal appeal, submit a letter outlining your dispute, any supporting documentation, including our response to the reconsideration request, and the date your reconsideration stage was completed to:

- Send the claim with the Claim Reconsideration form to the address on the Explanation of Benefits.



Escalated Issues

There's a one-year timely filing limit to complete all steps in the reconsideration and appeal process.

You have several options for filing a formal appeal:

- Online: Use the claimsLink tool on Link.
- Fax: Fax your appeal to 801-994-1082.
- Mail: Send your appeal to:
UnitedHealthcare
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

Your Provider Advocate can assist you in navigating our processes.



Electronic Payments & Statements

Electronic Payments & Statements (EPS) offer multiple benefits:

- You'll receive faster reimbursement through electronic funds transfer.
- Explanations of Benefits are delivered online.
- You'll have fewer administrative costs and simplified bookkeeping.

To receive enroll in EPS, you'll need:

- Bank account information for direct deposit
- A voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

Visit myservices.optumhealthpaymentservices.com to enroll.

Once you're signed up for EPS, you'll receive UnitedHealthcare Community Plan direct deposit and electronic statements.



For more information, call 866-331-2243 or visit UHCprovider.com > Menu > Claims, Billing and Payments > Enroll in Electronic Payments & Statements.





Care Provider Resources

Online Resources

Visit **UHCprovider.com** for many resources such as:

- The *Network Bulletin* newsletter
- Training resources
- Tools to verify eligibility and benefits, check claim status, submit corrected claims, request prior authorization and more

UHCcommunityplan.com resources include:

- Care provider manuals
- Prior authorization requirements
- Reimbursement and clinical policies
- The *Practice Matters* newsletter

Visit UHCcommunityplan.com > For Health Care Professionals > Missouri.



Other Resources

UnitedHealthcare Dental: Dental Benefits Provider

- Phone: Call Provider Services at 855-434-9239.

MARCH Vision Care

- Phone: Call Provider Services at 844-616-2724.
- Online: Visit marchvisioncare.com.

Optum Behavioral Health

- Phone: Call Provider Services at 866-815-5334.
- Online: Visit providerexpress.com > Select Country > Clinical Resources.

Medical Transportation Management

- Phone: Call 866-292-0359.
- Online: Visit MTM-inc.net.

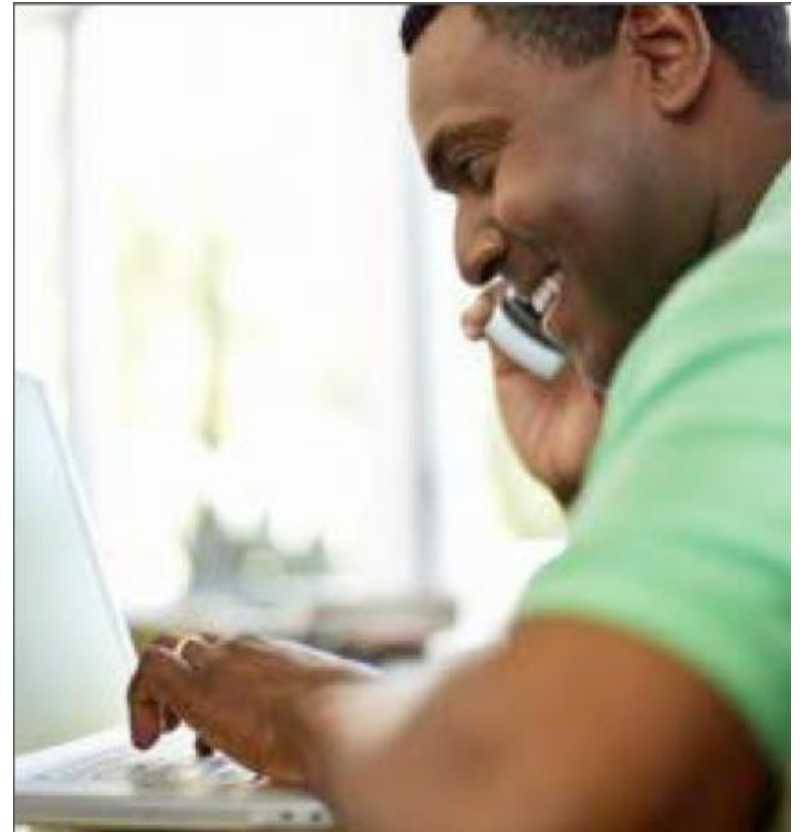


Network Management Resources

To apply to join the UnitedHealthcare Community Plan network or check your credentialing status, call Provider Services at **877-842-3210**.

Need to make demographic changes to your practice information? Call 877-369-1302.

You can also email the Network Management team at mo_network_mgmt@uhc.com.



Provider Relations Support

To contact the Missouri Provider Relations team, email missouri_pr_team@uhc.com.

To contact the Kansas Provider Relations team, email kansas_pr_team@uhc.com.

Missouri providers in the following counties can email the Kansas Provider Relations team for assistance: Andrew, Atchison, Bates, Buchanan, Caldwell, Clay, Carroll, Cass, Clinton, Daviess, De Kalb, Harrison, Henry, Holt, Gentry, Grundy, Jackson, Johnson, Lafayette, Livingston, Linn, Nodaway, Mercer, Platte, Ray and Worth.





Questions?



Thank you.