UnitedHealthcare Community Plan Heritage Health Overview

Heritage Health Provider Webinar

July 14, 2016 from 10:00 a.m. to noon

UnitedHealthcare®
Community Plan

Welcome and Agenda

UnitedHealthcare Community Plan

Agenda	Presenters
UnitedHealthcare Community Plan of Nebraska	Kim Manning, Director of Marketing and Community Outreach
Credentialing and Contracting	Jeremy Sand, Director of Network Strategy
Service Authorization	Barbara Palmer, RN, Director of Health Services Adam Proctor, MC, LPC, LIMHP, Behavioral Health Clinical Manager
Claims and Appeals Process	Jeremy Sand, Director of Network Strategy
Provider Resources	Jeremy Sand, Director of Network Strategy

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Mission and Vision

UnitedHealthcare Community Plan

Our Mission

Help People Live Healthier Lives

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. And to be effective partners with physicians, hospitals and other health care professionals in serving their patients.

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Our United Culture

UnitedHealthcare Community Plan

Our mission is to help people live healthier lives.
Our role is to make health care work for everyone.

Integrity.	Honor commitments Never compromise ethics
Compassion.	Walk in the shoes of people we serve and those with whom we work
Relationships.	Build trust through collaboration
Innovation.	Invent the future, learn from the past
Performance.	Demonstrate excellence in everything we do

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Nebraska Health Plan Facts

UnitedHealthcare Community Plan

- UnitedHealthcare has been operational in Nebraska since 1984
  - Total individuals covered – over 428,000
  - With more than 328 employees in Nebraska market
  - Over 74 contractors
- UnitedHealthcare Community Plan of Nebraska
  - The Health Plan began serving Nebraska Medicaid clients in 1996 in three counties and added seven additional counties in 2010
- UnitedHealthcare Community Plan of Nebraska has been accredited by the National Committee for Quality Assurance (NCQA) since Aug. 2005

NE Medicaid Statewide Network	
Hospitals	109
Primary Care Providers	1,289
Specialists	2,801
Allied Health	3,727
Federally Qualified Health Centers	10
Rural Health Centers	127

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

What is Credentialing?

UnitedHealthcare Community Plan

The UnitedHealthcare credentialing and recredentialing process is an industry-standard systematic approach to the collection and verification of a practitioner applicant's professional qualifications.

The credentialing process is based on NCQA standards and guidelines as outlined in the UnitedHealthcare Credentialing and Recredentialing Plan. To successfully complete the credentialing process, providers must meet the baseline criteria as applicable to the Division of Medicaid and Long-Term Care (MLTC) and their practicing specialty.

The Credentialing and Recredentialing plan is accessible via unitedhealthcareonline.com.

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Initiating Credentialing

UnitedHealthcare Community Plan

To initiate credentialing for UnitedHealthcare Community Plan Provider Network, please call our automated service line at 1-877-842-3210. Please be ready to provide your tax identification number (TIN) or social security number (SSN) and then follow the prompts:

- Health Care Professional Services > Credentialing > Request for Participation

If you have **specific questions, additional information is provided below:**

- Council for Affordable Quality Healthcare (CAQH) assistance is available online at www.caqh.org, by email at caqh.updhelp@acsgs.com, and by calling 1-888-599-1771
- Physical Health credentialing assistance is available online at www.unitedhealthcareonline.com or call 1-877-842-3210
- Behavioral Health credentialing assistance is available online at www.providerexpress.com or call 1-877-614-0484.
- Pharmacy credentialing assistance is available online at www.optumrx.com, or call 1-800-613-3591, or email pharmacycredentialing@optum.com.

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Steps to Complete the Process

UnitedHealthcare Community Plan

1. **Primary Source Verification:** After receiving a completed application, UHC will perform primary source verification to determine the accuracy of the individual health care practitioner qualifications.

2. **Committee Review:** The provider's request is presented to our credentialing committee to review and approve the application.

3. **Notification:** Once approved, the provider is notified in writing the credentialing committee's determination and effective date.

4. **Signed Contracts:** Participation in the UnitedHealthcare network requires an executed contract. Our network team works with the provider to obtain a contract signature and submit the Provider Ownership Disclosure Form for approval.

5. **Provider Contract Loaded:** The contract is loaded into our systems for claims payment and provider directory.

6. **Recredentialing** is required every three years.

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Contracting

UnitedHealthcare Community Plan

If you have **specific contracting questions**, please contact us at the addresses below, mailboxes are reviewed daily:

- For Physical Health Provider questions, please call 1-866-331-2243 or email the Nebraska contracting team mailbox at Nebraska_PR_Team@uhc.com. For more information regarding the contracting process you can visit www.unitedhealthcareonline.com
- For Behavioral Health Provider questions, please call 1-877-614-0484 or email the Nebraska contracting team mailbox at neherhlth@optum.com. For more information regarding the contracting process you can visit www.providerexpress.com
- For Pharmacy Provider questions, please call 1-800-613-3591 or email the pharmacy contracting team mailbox at pharmacycontracts@optum.com. For more information online, visit www.optumrx.com

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Delegated Credentialing

UnitedHealthcare Community Plan

UnitedHealthcare may delegate responsibility for specific Credentialing and Recredentialing functions to another entity (Delegated Entity) while retaining the ultimate right to sign a Participation Agreement and manage participation in the Network.

Important Steps:

- **Preassessment of Delegated Entity**
  - Verification of Delegated Entity's certification by NCQA as applicable
  - Assessment of the Delegated Entity's ability to meet Credentialing standards
- **Credentialing Delegation Agreement**
- **Annual Evaluation**
- **Oversight and Review of Credentialing Reports**
- **Follow-up to Improve Compliance**
- **Network Participation Agreement**

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Pharmacy Credentialing

UnitedHealthcare Community Plan

Independent pharmacies begin the process with submitting a credentialing application that includes a complete Disclosure of Ownership and Control Interest Statement Form, credentials and applicable information.

The **credentialing application and contract packet are sent out** together with instructions for completion by the pharmacy.

All pharmacies are **credentialed pursuant to the administrator credentialing policy**.

The pharmacy contract is finalized after the application is reviewed to **verify proof of credentials**. Review includes, but is not limited to:

- Copy of current/valid state licenses (including DEA) with expiration dates
- Federal Tax ID permits
- Insurance showing adequate coverage
- Copy Wholesale Invoice/Drug Purchase Packing Slip
- NCPDP
- Ownerships and affiliations
- Attestations related to disciplinary actions, convictions, restrictions and any other adverse actions
- Most recent inspection date by the Board of Pharmacy
- Office of Inspector General (OIG) list of excluded individuals and entities

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Pharmacy Credentialing

UnitedHealthcare Community Plan

Pharmacies are credentialed to insure **compliance with professional standards** that include but not limited to:

- 100% point of service capability and ability to use electronic link
- Adequate hours of operation
- Maintain verifiable record of refill authorizations and signature logs
- Allowance of on-site audits
- Agree to comply with all Drug Utilization Review (DUR) and plan design parameters

The standard **turn around time for completion is 7 business days** or less.

All pharmacies are **re-credentialed at least every three years**.

Our contracts with chain pharmacies and Pharmacy Services Administrative Organizations (PSAO) delegate credentialing for all pharmacies within their organization. We contractually require the organization to maintain a credentialing program for itself and member pharmacies.

For pharmacy questions, please call 1-800-613-3591, or email pharmacycredentialing@optum.com.

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Helpful Hints for a Complete & Clean Application

UnitedHealthcare Community Plan

Application and Credentials Verification	Make sure to include in the Application or upload to CAQH the following: • Professional Liability Insurance face sheet • The Name, NPI, and hospital privileges of practitioner (or designated admitting practitioner) • Copy of the current DEA certificate or the Name and NPI of a practitioner who will write prescriptions
	Provider must grant UHC access to CAQH application
Credentialing Timeframes	• Credentialing timeframes takes approximately 30 days from receipt of complete application • For a status updated call 877-842-3210, select Credentialing > Medical > Get Status
Disclosure of Ownership	Disclosure of Ownership and Control Interest Forms can be completed and submitted online at ww.UHCCommunityPlan.com • Select For Health Care Professionals > NE > Provider Forms > Disclosure of Ownership and Control of Interest Form
	Forms must be completed for each of the following and include **Social Security Number** and **Date of Birth**: • Practice • Practitioner • Any managing employee(s)

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Prior Authorization

UnitedHealthcare Community Plan

- Prior authorizations may be needed to meet State or internal UHC requirements.
- Notification of a request for service is not a guarantee of payment. The care provider or facility requesting prior authorization will receive a written decision of clinical coverage determination based on medical necessity.
- If prior authorization is needed, a clinical coverage review will be conducted to determine if the service is medically necessary based on evidence-based clinical guidelines.
- After clinical review is completed, if clinical information submitted does not meet medical necessity guidelines the care provider will be offered a peer-to-peer review with the reviewing UnitedHealthcare physician.

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Prior Authorization* (sample list)

UnitedHealthcare Community Plan

- Inpatient Hospitalization Services
- Psychiatric Acute and Sub-Acute Inpatient Care
- Psychiatric, Substance Use and co-occurring Adult Residential Services and Youth Residential Services (i.e. Psychiatric Residential Treatment Facility, Therapeutic Group Home)
- Durable Medical Equipment (DME)
- Behavioral Health Partial Hospitalization/Day Treatment/Intensive Outpatient
- Diagnostic Testing (i.e. Radiology and Cardiology)

- Psychological Testing
- Electroconvulsive Therapy
- Bariatric Surgery
- Transplant Services
- Assertive Community Treatment (ACT)
- Community Support and Psychosocial Day Rehab
- Psychiatric Crisis Stabilization Services
- Home Health & Hospice
- Prescriptions

*List is not inclusive of all services.

For prior authorization call 1-866-604-3267 or for more information visit:
http://www.uhccommunityplan.com/health-professionals/ne.html

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Prescribing Information

UnitedHealthcare Community Plan

To manage cost effective prescriptions beginning Jan. 1, 2017, we will have:

- A Preferred Drug List (PDL) will be located at UHCCommunityPlan.com > For Health Care Professionals > Nebraska > Pharmacy Program tab
- A prior authorization information line. Call our provider services at 1-800-310-6826 to speak to the Prescriber Help Desk
- Additional information available on our website:
  - Formularies
  - Prior authorization lists
  - 72-hour emergency drug availability
  - Prescriber Reference Guide

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Claims Submission Process

UnitedHealthcare Community Plan

- How to submit:
  - Submit Electronically
    - Accepting several clearinghouses including: Web MD ENVOY, Medavant, and ENSHealth
  - www.UnitedHealthcareOnline.com
    - Secure portal to view eligibility, submit prior authorization request and submit claims for Medicaid members
  - Paper claims may be submitted to the following address:
    - UnitedHealthcare • PO Box 31365 • Salt Lake City, UT 84131
- What to include:
  - Submit claims with member's subscriber ID number
  - Use Payer ID number 87726 for all Community Plan claims

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Electronic Payments & Statements (EPS)

UnitedHealthcare Community Plan

- With EPS, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online
  - Lessens administrative costs and simplifies bookkeeping
  - Reduces reimbursement turnaround time
  - Funds are available as soon as they are posted to your bank account
- To receive direct deposit and electronic statements through EPS, please enroll at myservices.optumhealthpaymentservices.com. The following information needed:
  - Bank account information for direct deposit
  - Either a voided check or a bank letter to verify bank account information
  - A copy of your practice's W-9 form
- If you are already signed up for EPS, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan of Nebraska
- *For more information, please call 866-842-3278, option 5 or go to www.UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements*

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Appeals Process

UnitedHealthcare Community Plan

- Provider may appeal any decision regarding authorization or provision of services that may include an adverse determination on type or level of service, suspended authorization or timely responses
- Appeals can be made by calling or writing the Customer Service Center within 90 calendar days from the date on the MCO's Notice of Action.
  - National A&G Service Center • PO Box 31365 • Salt Lake City, UT 84131
  - Phone: 866-331-2243
- All comments or documents considered in the appeal will need to be sent in writing
- Expedited appeal decisions can be requested, resulting in a 72 hour turnaround time, if there is a risk to the patient's health
- Provider has a right to receive a copy of the rule used to make the decision

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Online Provider Resources

UnitedHealthcare Community Plan

- Link
  - Your gateway to UnitedHealthcare online tools and resources
  - *www.UnitedHealthcareOnline.com > Link Sign In > sign in with your Optum ID*

- UnitedHealthcare Community Plan Website
  - Documents specific to UnitedHealthcare Community Plan of Nebraska, including:
    - Administrative Guide
    - Reimbursement & Clinical Policies
  - *www.UHCCommunityPlan.com > For Health Care Professionals > Select Your State > Nebraska*

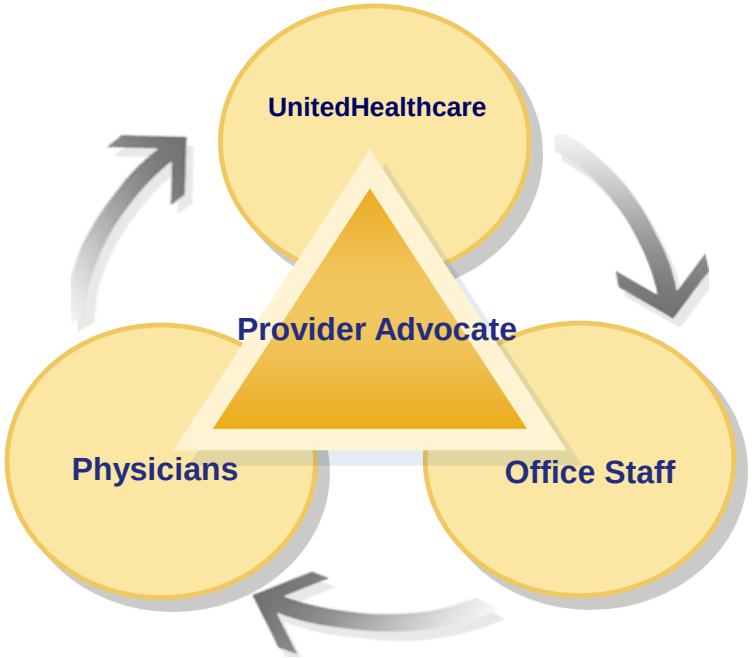
- UnitedHealthcare Online
  - Resources including:
    - Claim submission
    - Advance notification
    - Prior authorization guidelines
    - Member eligibility
  - *www.UnitedHealthcareOnline.com*

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Provider Relations Service Model

UnitedHealthcare Provider Advocates are an important resource when you have questions or issues to resolve. They are your single point of contact across all lines of business and benefit plans to help make your interactions with us easier and more efficient

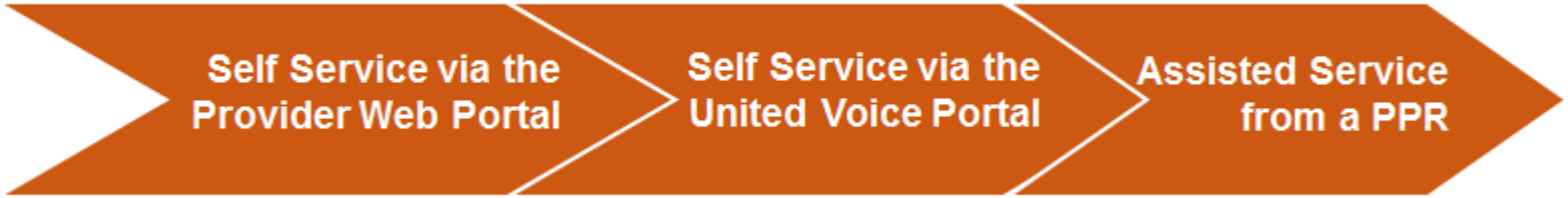
- A UnitedHealthcare navigational specialist
- Product expert
- Externally focused – interacts with the providers and has a direct line of sight to the challenges experienced by local practices.
- Relationship manager – builds collaborative working relationships and communicates changes to providers in a timely way



Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Provider Relations Service Model

UnitedHealthcare Community Plan



Options for Interaction

Access the self-service options available 24 hours a day via Link at www.unitedhealthcareonline.com

Call the Voice Portal for self-service information at 1-866-331-2243

Call Customer Care 1-866-331-2243 to speak with a Provider Phone Representative

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Contacts – Please contact us with your questions

UnitedHealthcare Community Plan

Name	Title	Phone	Email
Kathy Mallatt	Chief Executive Officer	402.445.5591	kmallatt@uhc.com
Michael Horn, MD	Chief Medical Officer	402.445.5586	michael_horn@uhc.com
Jeanne Cavanaugh, PharmD	Director, Pharmacy	248.331.4277	jeanne_m_cavanaugh@uhc.com
Adam Proctor, MC, LPC, LIMHP	Behavioral Health Clinical Manager	402.445.5618	adam_proctor@uhc.com
Barb Palmer, RN	Director, Clinical Services	402.445.5671	barbara_palmer@uhc.com
Cyndi Margritz, RN	Director, Quality	402.445.5526	cynthia_margritz@uhc.com
Jeremy Sand	Director, Network Strategy	402.445.5587	jeremy_sand@uhc.com
Jean Scharfenkamp	Network Contracting Manager	402.445.5312	jean_scharfenkamp@uhc.com
Deb Koopmans	Provider Advocate	952.406.5161	deb_koopmans@uhc.com
Connie Duncan	Director, Provider Services, Optum Behavioral Health	612.632.5349	connie.g.duncan@optum.com
Alison Scheid	Senior Network Manager, Optum Behavioral Health	612.632.6788	alison.scheid@optum.com
Jim Elliston	Chief Financial Officer	402.445.5616	jim_elliston@uhc.com
Heather Johnson	Health Plan Performance Manager	402.445.5711	heather_a_johnson@uhc.com
Kim Manning	Director, Marketing and Community Outreach	402.445.5580	kim_b_manning@uhc.com

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.