
UnitedHealthcare Community Plan Heritage Health Overview

Heritage Health Behavioral Health Provider Webinar
July 29, 2016 from noon to 2 p.m.

Nebraska Health Plan Facts

- 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	139

Introduction to Optum

United Behavioral Health (UBH) was officially formed on February 2, 1997, via the merger of U.S. Behavioral Health, Inc. (USBH) and United Behavioral Systems, Inc. (UBS).

United Behavioral Health, operating under the brand Optum, is a wholly owned subsidiary of UnitedHealth Group. Optum is a health services business. You may see both UBH and Optum in our communications to you.

UnitedHealthcare Community Plan and Optum partner together to integrate behavioral and physical health for Heritage Health members in Nebraska, and provide coverage for mental health and substance use disorder services.

Our United Culture

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

Integrity.
Compassion.
Relationships.
Innovation.
Performance.

Honor commitments
Never compromise ethics

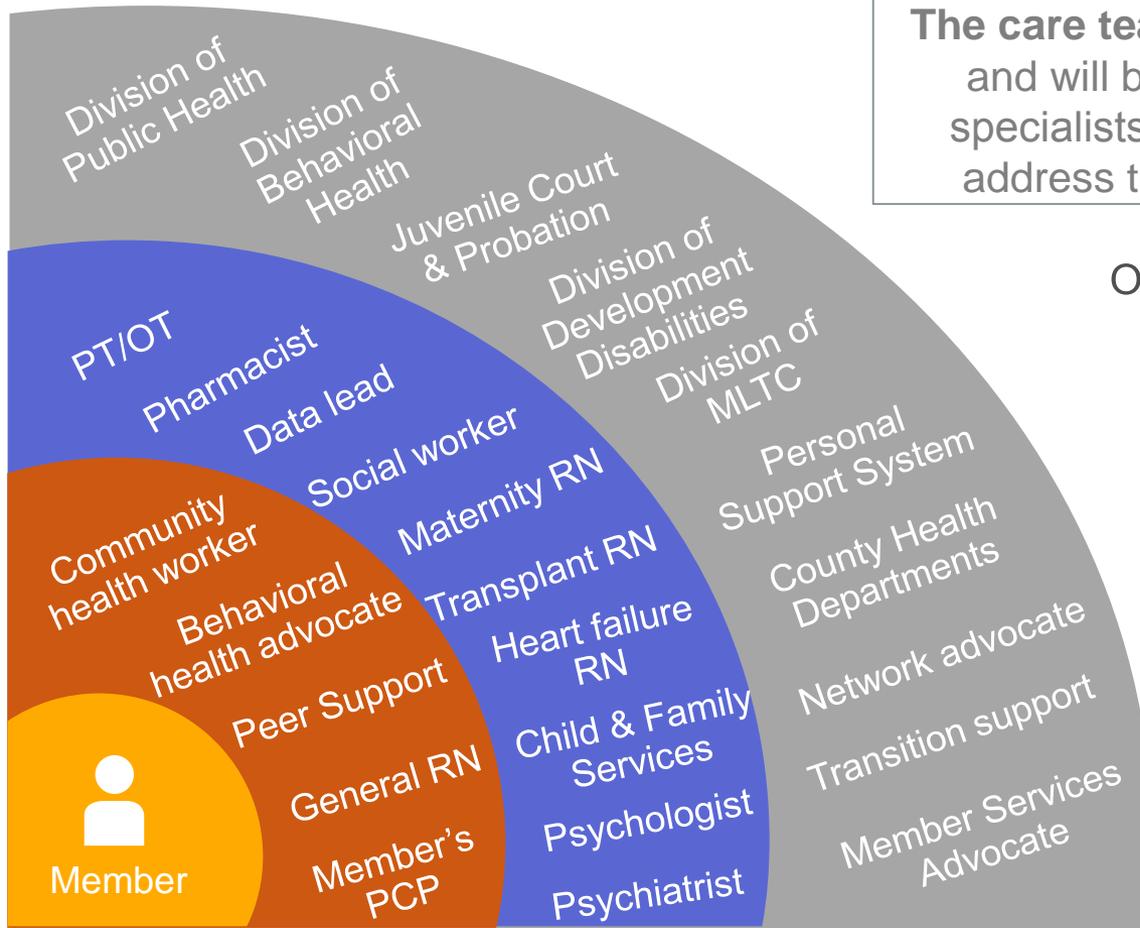
Walk in the shoes of people we serve
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence
in everything we do

Whole Person Care Team



The care team will report to one leader and will be supported by program specialists who can “flex” to quickly address the needs of the member

Optimal health and well-being

Whole person centered care

Whole person care focuses on how the physical, behavioral and social needs of a person are interconnected to maintain good health

Aligned to the delivery system

Care focused on supporting the physician to member relationship

Role of the Recovery & Resiliency Team

- Our Recovery & Resiliency (R & R) team will consist of certified peer support specialists and a recovery & resiliency manager
- This team will work with individuals and families to develop wellness, whole person care and recovery action plans of care, including community/social determinants connections
- Family peers/peers will act as conduits to R & R Services (peer support, development of a crisis/recovery plan, life planning activities, community connection, treatment options and more) and to other services as appropriate (legal, shelter, basic needs, etc.)
- Members of the Recovery & Resiliency team will provide a consultancy role to other physical and mental health providers

Role of the Care Navigators

- The care navigator helps members with SPMI, complex behavioral health, and co-morbid medical conditions connect with needed services and resources
- Care navigators collaborate and partner with individuals in the development of a comprehensive plan of care which coordinates the following:
 - Therapeutic services (therapy, medication management)
 - Community and psychosocial supports (education/support regarding illness, coordination with support system, other supportive services)
 - Coordination of care between physical and behavioral health providers and clinicians
 - Recovery and Resiliency Services (peer support, development of a crisis/recovery plan, life planning activities)
 - Other services as appropriate (legal, shelter, basic needs, etc.)
 - For members with SPMI:
 - Tailored engagement to support whole person treatment/medication follow up
 - Development of a communication strategy for coordination between family, service providers and community service organizations
 - Individualized communication about service gaps

Prior Authorization Process

Request Via Phone

- Provider calls 1-866-604-3267
- Provider selects the Mental Health/Substance Use Option
- Provider services representative confirms eligibility/benefit questions
- Call is transferred to Behavioral Health Care Advocate to complete the prior authorization

Request Via Portal

- Provider logs in to www.unitedhealthcareonline.com
- Provider verifies member eligibility through the portal
- Provider enters authorization request on the portal
- Authorization request information received by a Behavioral Health Care Advocate
- Behavioral Health Care Advocate calls provider back to complete authorization process

***Please do not fax in authorization requests unless instructed to do so**

Telemental Health (TMH) Capabilities

Experienced in managing the delivery of behavioral services to consumers through the use of Telemental Health (TMH) capabilities and technology



Continue to Grow

53 Providers

Integration of physical, behavioral sites to enhance access

TMH Network service providers collaborate with PCP offices and hospitals to provide access to originating sites across the state

53 Locations

Compliant with State, Federal and HIPAA Regulations

Video conference capabilities required to be HIPAA-compliant, real-time audio/video technology that meets Federal and State privacy and security requirements

Leverage state of the art technology to enhance member experience

TMH services enhance the network by increasing access to appointments with skilled, Nebraska licensed clinicians, while reducing wait time and travel expenses

Ease in locating

TMH are listed in the provider directory on the member portal, [Live and Work Well](#)

Personal Choice

The use of TMH services supports member choice and augments access to behavioral health services



Joining our Behavioral Health Network

- If you have received a letter inviting you to join the behavioral health network, please complete the materials that were attached and return them per the instructions in the letter. If you did not receive a letter but want to join the behavioral health network, please complete the following process:
 - **Clinicians** complete the Network Participation Request Form (NPRF) online on providerexpress.com
 - Clinicians also complete the CAQH universal application online at www.caqh.org
- Additional required application materials will be distributed once the NPRF has been received:
 - Signed Optum Provider Agreement
 - Disclosure of Ownership form
- **CMHCs, FQHCs, Agencies and Groups:**
 - For agencies that employ licensed professional staff to render services under the umbrella of the agency, Optum will execute group contracts with the agency as the contracting entity
- **Facilities:**
 - Facility level contracting applies to levels of care such as Acute Inpatient, Residential Services, Partial Hospitalization Programs, or Intensive Outpatient (IOP)
 - Please contact Optum Provider Relations with any of your credentialing or contracting questions at 1-877-614-0484 or neherhlth@optum.com

Currently Contracted Providers

- Providers who are contracted with Optum and participate in the UHC network will not need to sign a new contract to participate in Heritage Health. You will automatically be added to the UHC network under Heritage Health.
- A notification letter was sent in March 2016 to in network providers with the Medicaid Regulatory Appendix amending the contract and Fee Schedule.
- An updated Medicaid rate fee schedule will be distributed to the network prior to 1/1/2017 based on revisions to the fee schedule.
- If you did not receive the notification letter with regulatory appendix and rates please contact us at neherhlth@optum.com to request the information be resent to you.

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.

- NE BH Provider Advocates:
 - Jessica Wykert-
jessica.wykert@optumcom
 - Tracy Gandara-Moore-
tracy.gandara-moore@optum.com
- 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



Claims Submission Process

- 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
- Electronic Payments and Statements:
 - For information, please call 866-842-3278, option 5 or go to www.UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements

Provider Resources

- 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

Contact Information

Prior Authorization	United at 866-604-3267
Claims Paper Submission	Mail paper claims to: United Healthcare PO Box 31365 Salt Lake City, UT 84131
Electronic Claim Submission	Through Link or via EDI clearing house Payor ID 87726
Claims Status	Customer Service Center at 866-331-2243 Web portal at Link
Claims Appeals Eligibility Verification Customer Service	United Behavioral Health Appeals and Grievances PO Box 30512 Salt Lake City, UT 84130-0512 View eligibility online at Link
Update Practice Information	providerexpress.com or via 877-614-0484

Contacts-Please call with questions

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