UnitedHealthcare Community Plan of Indiana

Hoosier Care Connect Health Plan

Claims 101

Presented by Jodie Hattery, Vice President, Provider Market Operations

United Healthcare®

Agenda

- Medical/Behavioral Health
  - How to file a claim
  - How to dispute a claim
    - How to file a reconsideration

      a)Via UnitedHealthcare Provider Portal

      b)Via paper form
    - How to dispute the reconsideration decision
    - How to appeal the dispute decision
    - When to escalate to the Provider Advocate Team
- Vision
  - How to file a claim
  - How to dispute a claim
- Dental
  - How to file a claim
  - How to dispute a claim

Our Service Lines

- UnitedHealthcare

- Optum Behavioral Health

- March Vision

- UnitedHealthcare Dental

UnitedHealthare Medical
&
Optum Behavioral Health
Claims

MEDICAL & BEHAVIORAL

- Submit CMS 1500 Claim Form or UB-04 form, whichever is appropriate.
- Standard Timely Filing for Par Providers - 90 days from the date of service (DOS).
- Non-Contracted Providers Timely Filing – 180 days from DOS.
- Newborn Claims Timely Filing – 180 days from DOS.
- Secondary Claims Timely Filing – 90 days from date of Primary EOB for INN Providers & 180 for OON providers from the Primary EOB date.

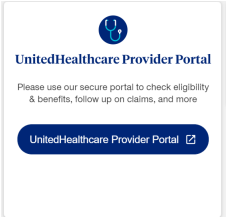
- **For electronic submission:**

  Payer ID 87726

- **Claims Mailing Address:**

  UnitedHealthcare Community Plan
  P.O. BOX 5240
  Kingston, NY 12402

- **Claim Submission Tool for Medical Professional claims (CMS 1500) on our UnitedHealthcare Provider Portal (formerly Link)**

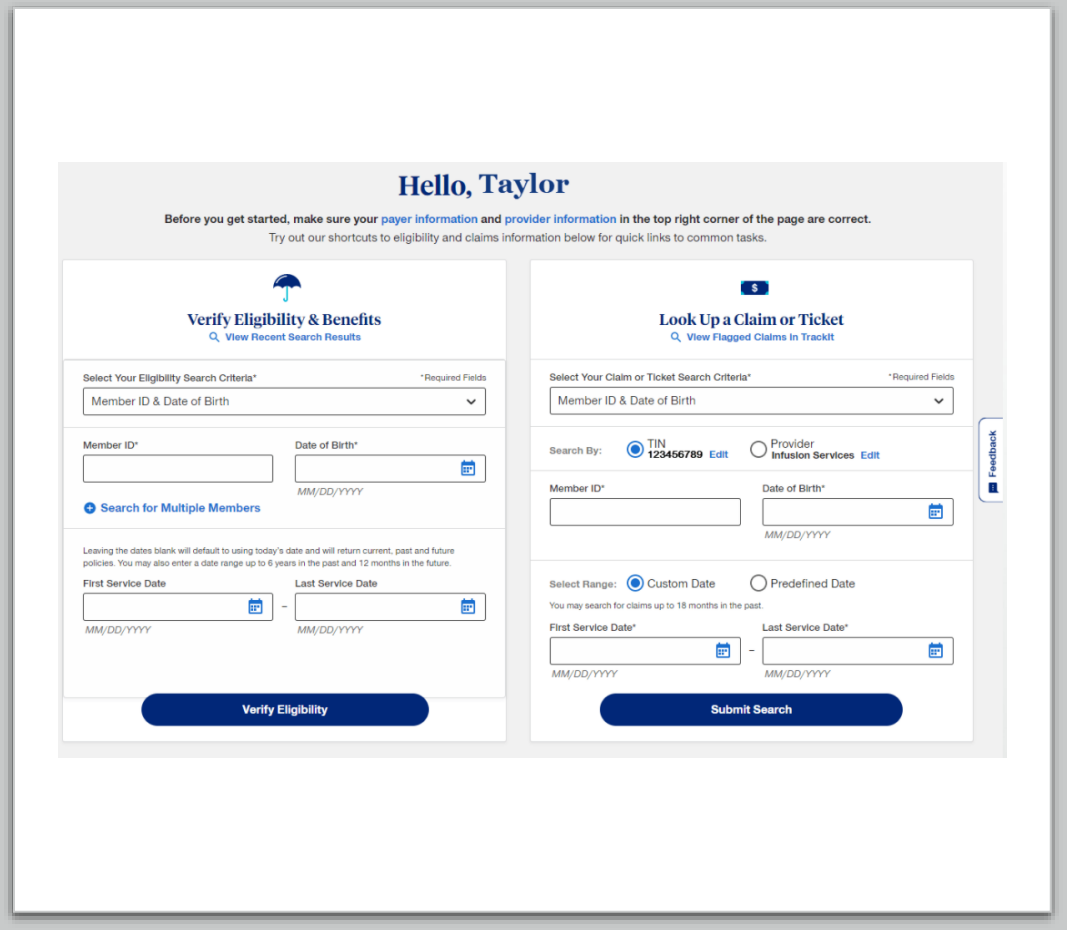


- **Behavioral Health Professional claims (CMS 1500) on our Provider Express-Indiana Portal**
  - **Click claim entry**

MEDICAL

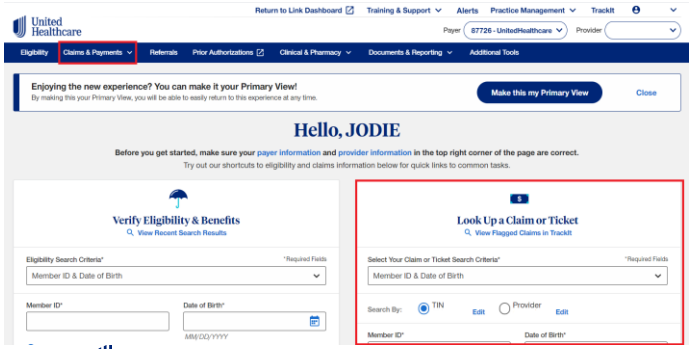
Claims and Eligibility

- Check claim status.
- Check member eligibility status.
- Start a claim reconsideration or appeal once claim has been located.
- Obtain electronic image of a member's Hoosier Care Connect Insurance Card.



MEDICAL

When Should You Submit a Claims Reconsideration?



You should submit a claims reconsideration request through the Claims tool when you believe a claim was paid incorrectly. Situations for reprocessing include, but are not limited to:

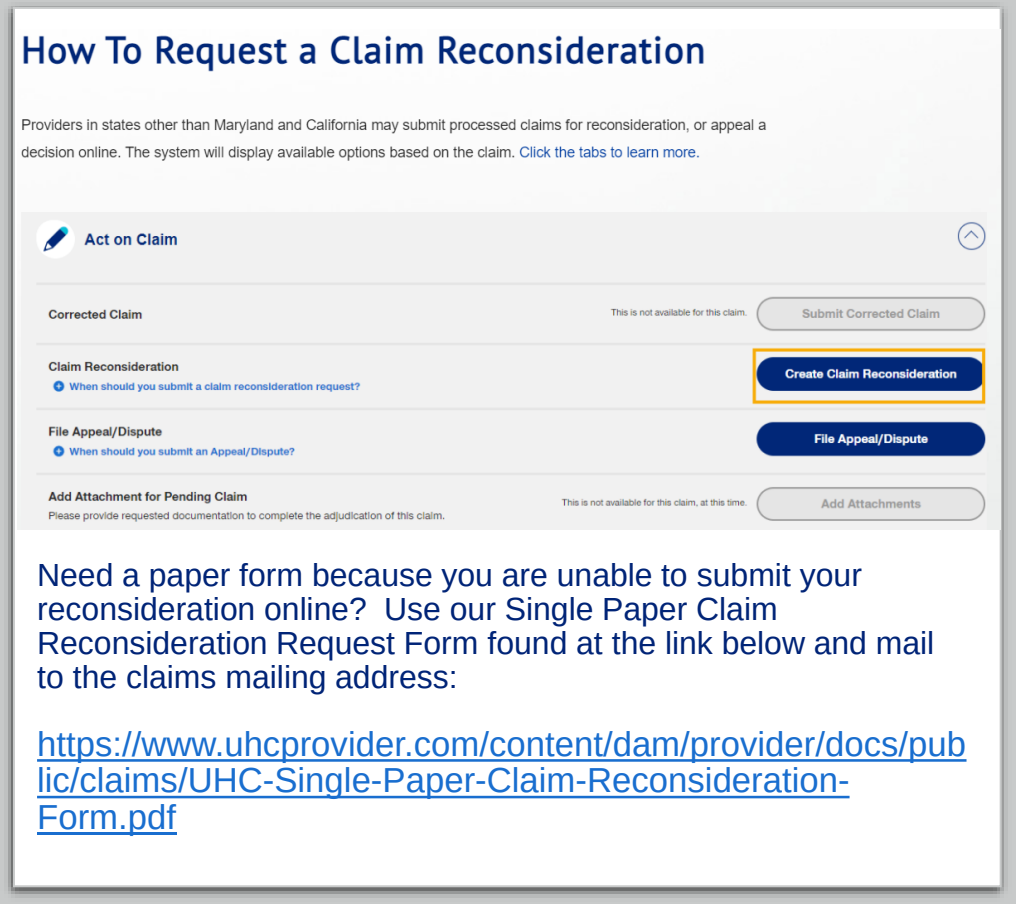
- Amount is different than what provider expected
- Claim was filed in a timely manner, but denied for timely filing
- Claim was denied for no authorization, when provider has an authorization number
- Difference in Coordination of Benefits (COB) information

MEDICAL

How do I Submit a Claims Reconsideration within the Claims Tool?

Click **Create Claim Reconsideration** to start your reconsideration request or submit a corrected claim.

Providers have 90 days from the original EOB date to submit a Claim Reconsideration.

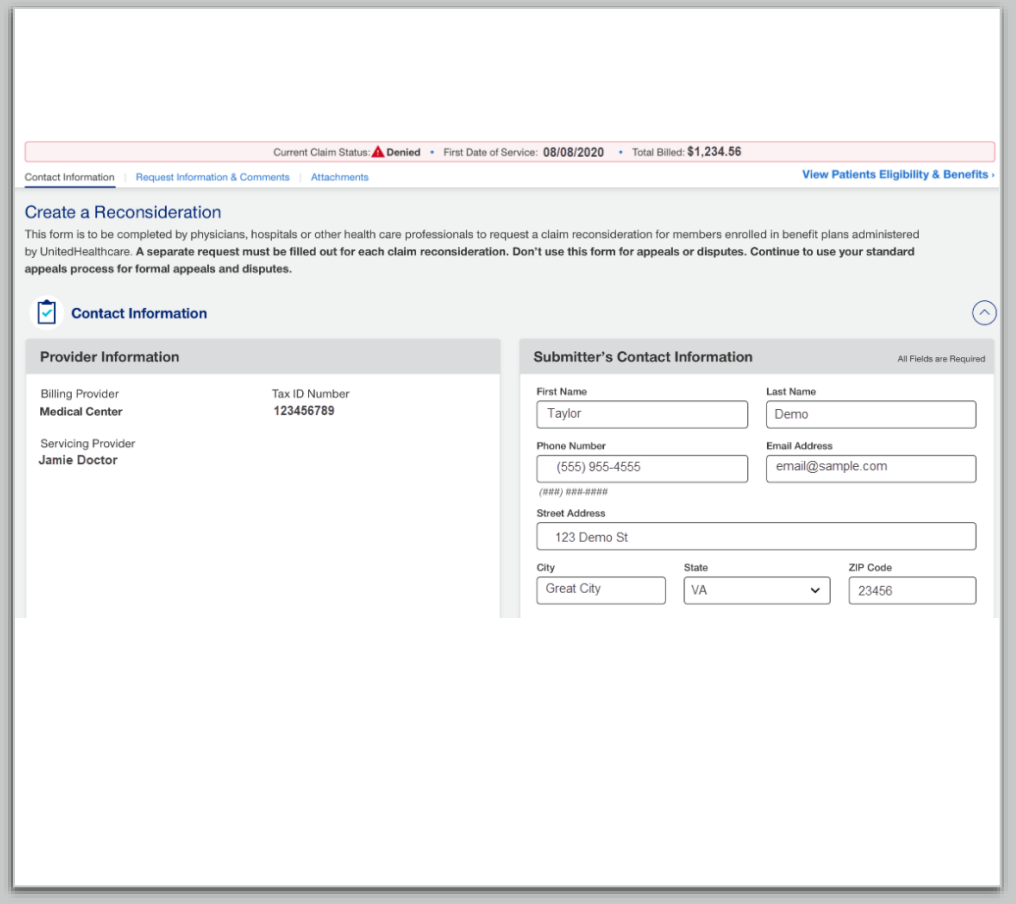


Need a paper form because you are unable to submit your reconsideration online? Use our Single Paper Claim Reconsideration Request Form found at the link below and mail to the claims mailing address:

https://www.uhcprovider.com/content/dam/provider/docs/public/claims/UHC-Single-Paper-Claim-Reconsideration-Form.pdf

MEDICAL

- Scroll down to review the details.
- Enter your contact information in the Submitter's Contact Information section.
- Once Submitted, document the “Ticket” number received.



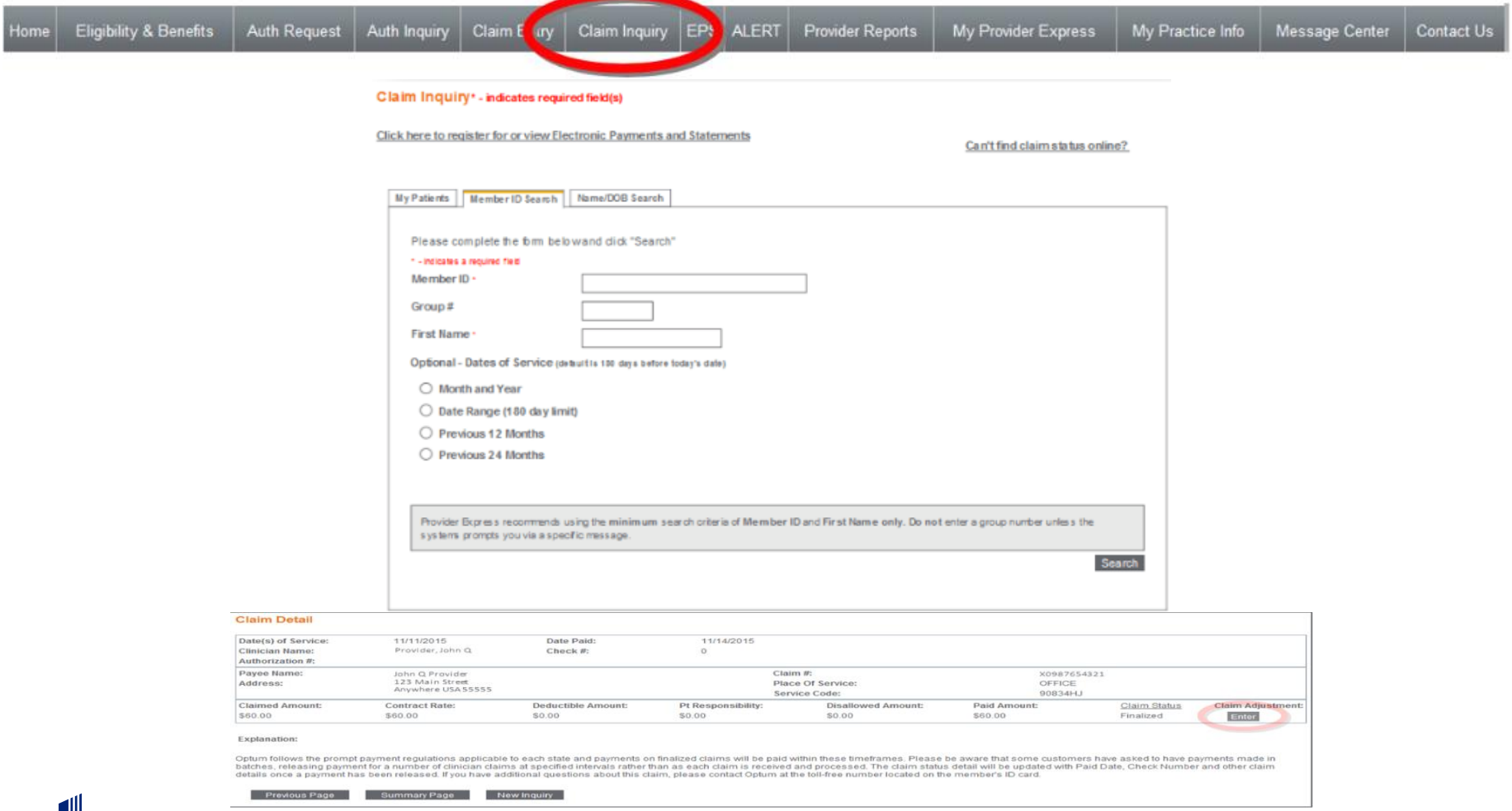
BEHAVIORAL

How do I Submit a Claims Reconsideration?

Securely login to Provider Express

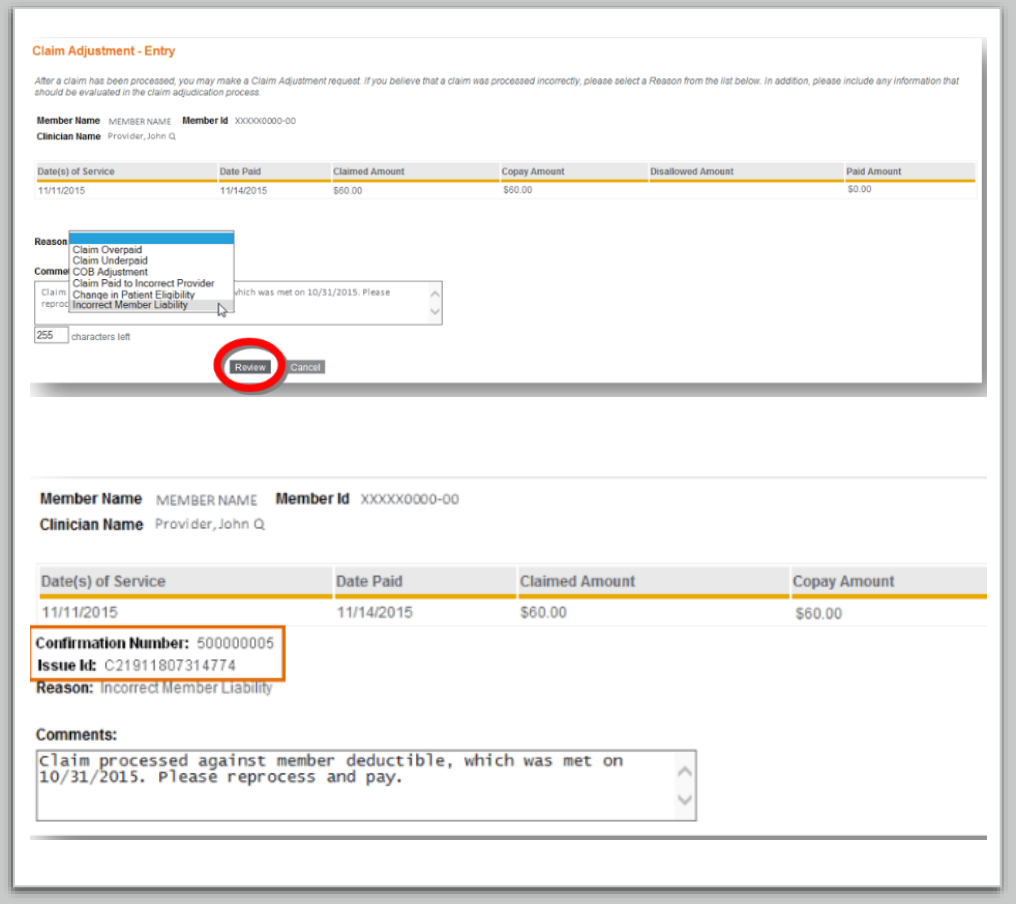
- Claim Inquiry
- Search for claim
- Click “Enter” under claim adjustment

Providers have 90 days from the original EOB date to submit a Claim Reconsideration.



BEHAVIORAL

- Select a reason from the dropdown.
- Select “Review.”
- Review details and add necessary comments on next screen explaining why a reconsideration is being requested.
- Select “Submit.”
- Once Submitted, document the “Confirmation Number” and “Issue ID.”



MEDICAL & BEHAVIORAL

What if I don't agree with the outcome of my Claim Reconsideration?

- Per the Administration Guide, Par Providers must adhere to the following filing limits from the date of the ***original*** processing/denial date to dispute a claim:

  1) Reconsideration – 90 Days from original denial

     1.5) Send to Advocate or SNF Claims Teams

  2) Formal Dispute – 60 Days from reconsideration

  3) Formal Provider Grievance – 120 Days from the failed Dispute (must include additional or new information)

MEDICAL & BEHAVIORAL

What if I don't agree with the outcome of my Claim Reconsideration?

MEDICAL ADVOCATE TEAM

- If you are a health system or provider with a dedicated Claims/Internal Advocate, please email to that dedicated Advocate.
- If you do not have a dedicated Claims/Internal Advocate, utilize the claims template and email to: centralprteam@uhc.com.
- If you need the claims template and instructions, you can request those from the Central PR Team via email at centralprteam@uhc.com .

SKILLED NURSING FACILITY CLAIMS TEAM

- Send unresolved SNF claims to: snfprteam@optum.com.

MEDICAL & BEHAVIORAL

What is the next step in the Dispute Process?

- If you still disagree with the outcome of your claim after the Advocate team has escalated, your next step is to file a formal dispute.
- Must be submitted within 60 days from the failed reconsideration
  - Mail to:
    - UnitedHealthcare Community Plan of Indiana,
      Attn: Appeals and Grievances Unit
      PO Box 31364
      Salt Lake City, UT 84131-0364
  - Submit within the Claims Tool on our UnitedHealthcare Provider Portal

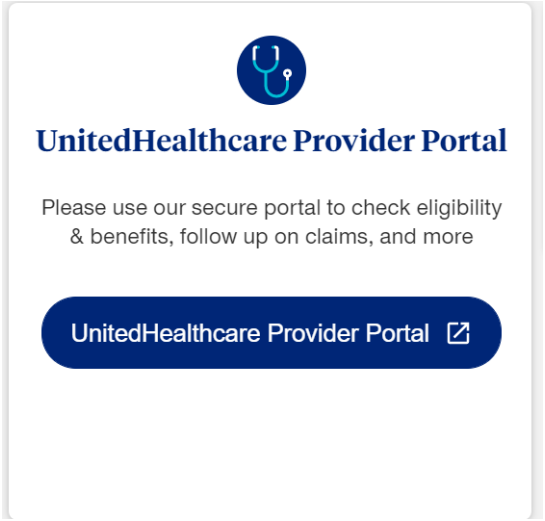
MEDICAL & BEHAVIORAL

What if I still disagree?

- If you still disagree with the outcome of your formal dispute, you may file a Formal Provider Grievance.
- Formal Provider Grievance must be submitted within 120 days from the failed Formal Dispute (Must include additional or new information).
- Mail to:
- UnitedHealthcare Community Plan of Indiana
  Attn: Appeals and Grievances Unit
  PO Box 31364
  Salt Lake City, UT 84131-0364
- Submit within Claims on our UnitedHealthcare Provider Portal for medical claims or Provider Express Indiana for BH claims

MEDICAL

Administrative Provider Resources



- Education resources for submitting claims is available on our provider website.
- Claim system configuration follows Federal and Indiana Medicaid claims billing guidelines.
- Accept paper or electronic claim submissions.
  - Link to file **professional** claims with United Healthcare **UHCprovider.com/claims**

March Vision Claims

VISION

How to file March Vision Care claims

- Use our convenient online provider portal: eyeSynergy.com.
- Submit claims electronically or via paper claim using the standard1500 Claim Form.
- Standard Timely Filing for Participating Providers - 90 days from the date of service (DOS).
- Non-Contracted Providers Timely Filing - 90 days from DOS.

- **Online provider portal: eyeSynergy.com**

eyeSynergy®

- **For electronic submission:**

  Payer ID 52461

- **Claims Mailing Address:**

MARCH® Vision Care
6601 Center Drive West, Suite 200
Los Angeles, CA 90045

VISION

How do I Submit a Claim Reconsideration?

Providers have 60 days from the original EOB date to submit a Claim Reconsideration.

United Healthcare | MARCH Vision Care

Provider Dispute Resolution Process

1. Providers have sixty (60) calendar days to file an informal dispute. This must be in writing (paper, portal, email, etc.), not taken over the phone.
2. We have thirty (30) calendar days to respond or request additional information.
3. If the dispute is not resolved to your satisfaction, you will have sixty (60) calendar days after the end of the thirty (30O calendar day period to submit a formal appeal. The appeal must be in writing.
4. The appeal review is conducted by a panel of one (1) or more individuals selected by the MCO.
5. The panel's written determination must be issued within forty-five (45) calendar days. Failure to respond within forty-five (45) calendar days shall have the effect of an approval.

Please submit your request by mail to:

MARCH® Vision Care
Attention: Claims Appeals
6601 Center Drive West, Suite 200
Los Angeles, CA 90045

You can also use our online form to submit electronically from the following link:

https://forms.marchvisioncare.com/Forms/PDR

UnitedHealthcare Dental Claims

DENTAL

How to file Dental claims

- Timely filing
  - All claims, including secondary claims, should be submitted within 90 days from the date of service for participating providers or within 180 days from the date of service for non-contracted (Out of Network) providers.

- **Electronic Claims**
  - Electronic claims processing requires access to a computer and usually the use of practice management software.
  - Electronically generated claims can be submitted through a clearinghouse or directly to our claims processing system via the internet.
  - UnitedHealthcare Community Plan partners with electronic clearinghouses to support electronic claims submissions.
  - If you wish to submit claims electronically, contact your clearinghouse to initiate this process.
- While the payer ID may vary for some plans, the Payer ID for **Community Plan members is GP133**.
- Please refer to the Important Addresses and Phone Numbers section for additional information as needed.
- Electronic submission is secure as the information being transmitted is encrypted.
- Call **1--877-897-4941** for more information regarding electronic claims submission.

DENTAL

How to file Dental claims

- **HIPAA-Compliant 837D file**
  - The 837D is a HIPAA-compliant EDI transaction format for the submission of dental claims.
  - This transaction set can be used to submit health care claim billing information, encounter information or both, from providers of health care services to payers via established claims clearinghouses.

DENTAL

How to file Dental claims

- Paper Claims
- Refer to the Quick Reference Guide for addresses and phone number information.
- 100% of all clean paper claims will be paid or denied within 30 days of receipt.
- 100% of all clean electronic claims will be paid or denied within 21 calendar days of receipt.

- **Paper claims**
  - **UnitedHealthcare Dental Claims**

    PO Box 781

    Milwaukee, WI 53201
  - Paper claims must be submitted on an American Dental Association (ADA) Dental Claim Form (2012 version or later).
  - Claims filed on incorrect forms will be returned.
  - Claims must be legible.
    - Computer-generated forms are recommended.
    - Additional documentation and radiographs should be attached, when applicable. (Such attachments are required for pre-treatment estimates and for the submission of claims for complex clinical procedures).

DENTAL

How to file Dental Corrected Claims

- **Corrected claim process**
  - Providers who receive a claim denial and need to submit a corrected claim should submit a corrected claim and appropriate documentation, if necessary, to:
    - **Corrected Claims**

      P.O. Box 481

      Milwaukee, WI 53201
  - The determination of a corrected claim request will be provided via a remittance statement within 30 days of receipt.

DENTAL

How do I dispute how a dental claim was processed/denied?

Informal Objections and Formal Appeals
PO Box 1391
Milwaukee, WI 53201

- **Appealing a denied claim payment**

- Providers have the right to appeal a claim payment that is fully or partially denied. UnitedHealthcare will follow state and Federal guidelines in the management of the appeals process, including 405 Indiana Administrative Code (IAC) 1-1.6.
- Providers may submit an Informal Objection within 60 days of the adverse claim determination ("claim denial"). This Informal Objection must be submitted in writing at the address below. The Informal Objection will be reviewed and resolved within 30 days.
- If providers are not satisfied with the resolution to the Informal Objection, providers may submit a Formal Appeal in writing within 60 days of the Informal Objection to the same address below. The Formal Appeal will be reviewed and resolved within 30 days.

DENTAL

Tips for successful Dental claim resolution

- Do not let claim issues grow or go unresolved.
- Call Provider Services if you can’t verify a claim is on file.
- Do not resubmit validated claims on file unless submitting a corrected claim with the required indicators.
- File adjustment requests and claims disputes within contractual time requirements.
- If you must exceed the maximum daily frequency for a procedure, submit the medical records justifying medical necessity. If you have questions, call Dental Provider Services.

DENTAL

Tips for successful Dental claim resolution – Con't

- UnitedHealthcare Community Plan is the payer of last resort. This means you must bill and get an EOB from other insurance or source of health care coverage before billing UnitedHealthcare Community Plan.
- Secondary claims must be received within 365 days from the date of service, even if the primary carrier has not made payment.
- When submitting appeal or reconsiderations requests, provide the same information required for a clean claim. Explain the discrepancy, what should have been paid and why.

Meet Your Advocate Teams

Your Medical Network Provider Advocate Team

Cindy Fabian
Manager,
Provider Advocacy
312-803-5623
cynthia_fabian@uhc.com

Lori Reeder
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Zakiya Cooper
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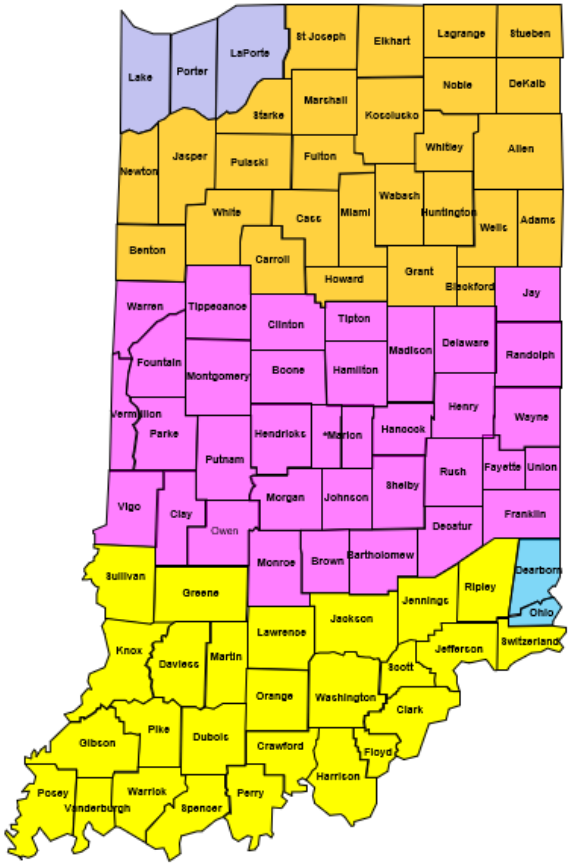
Kim Berry
Sr Provider Advocate
612-395-8106
kim_berry@uhc.com

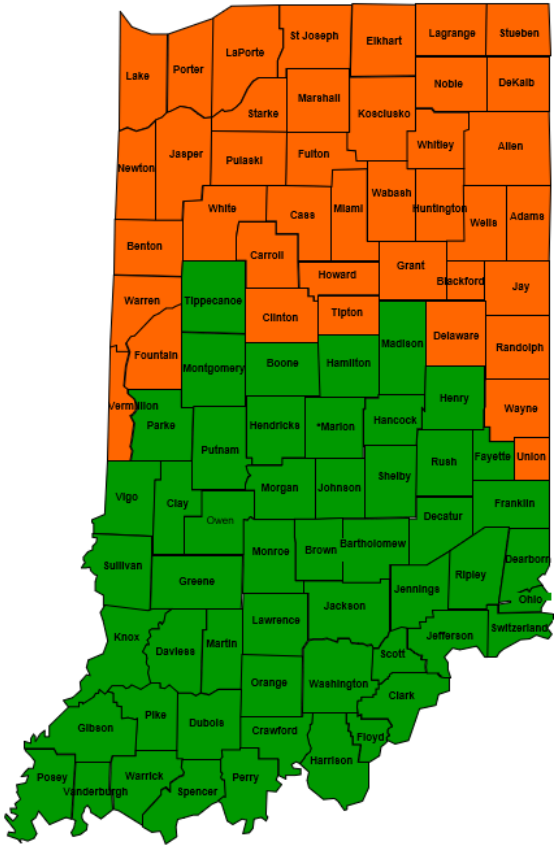


Jodie Hattery
VP, Provider Market Ops
952-406-6449
jodie_hattery@uhc.com

Your Skilled Nursing Provider Engagement Team

Stephen Price
Provider Engagement Rep
612-474-7315
Stephen.a.price@optum.com

Tiffany Cashion
Sr Provider Engagement Rep
317-352-6578
Tiffany.Cashion@optum.com

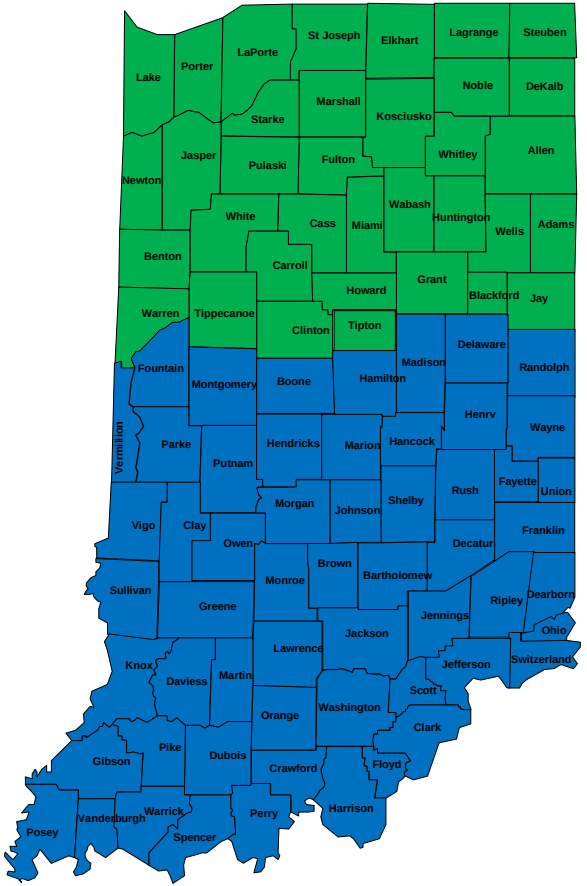


Lynette Gatewood
Manager,
Provider Engagement
952-246-4983
Lynette.Gatewood@optum.com

Your Optum Behavioral Health Advocate Team

Belen Stewart
Provider Advocate
Behavioral Health
612-632-5962
Belen.Stewart@optum.com

David Hoover
Senior Provider Advocate
Behavioral Health
763-330-7588
David_Hoover@optum.com



Your Optum Behavioral Health ABA Advocate

Nacole Thompson
Provider Advocate
ABA Therapy- all counties
952-406-6449
Nacole.Thompson@optum.com

Your March Vision Advocate

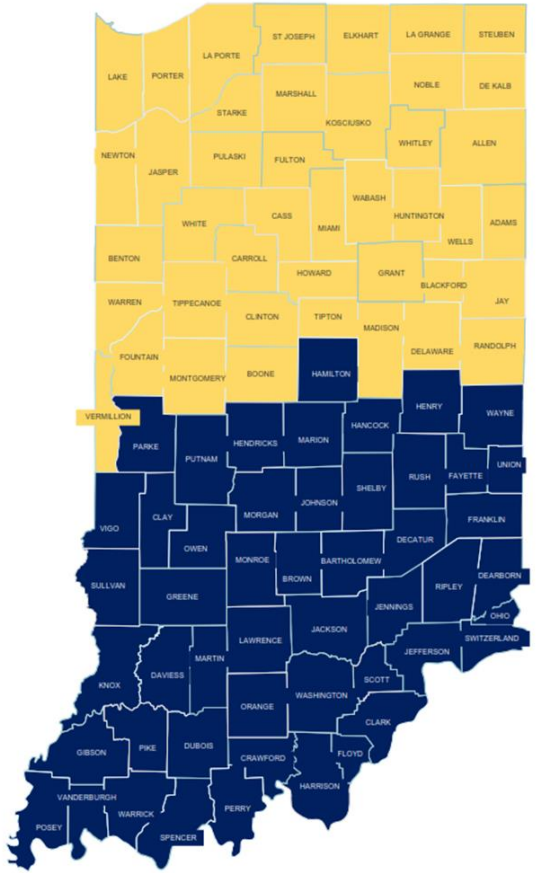
Cassandra Pattison
Sr. Provider Relations Advocate
210-474-5592
Cassandra_Pattison@uhc.com

(Cassandra covers all Indiana counties)

Your Dental Advocate Team

Catrice Campbell
Provider Advocate
763-283-4522
catrice_campbell@uhc.com

Paul Curry III
Provider Advocate
952-202-2072
paul_curry@uhc.com



Questions & Answers

Thank you

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