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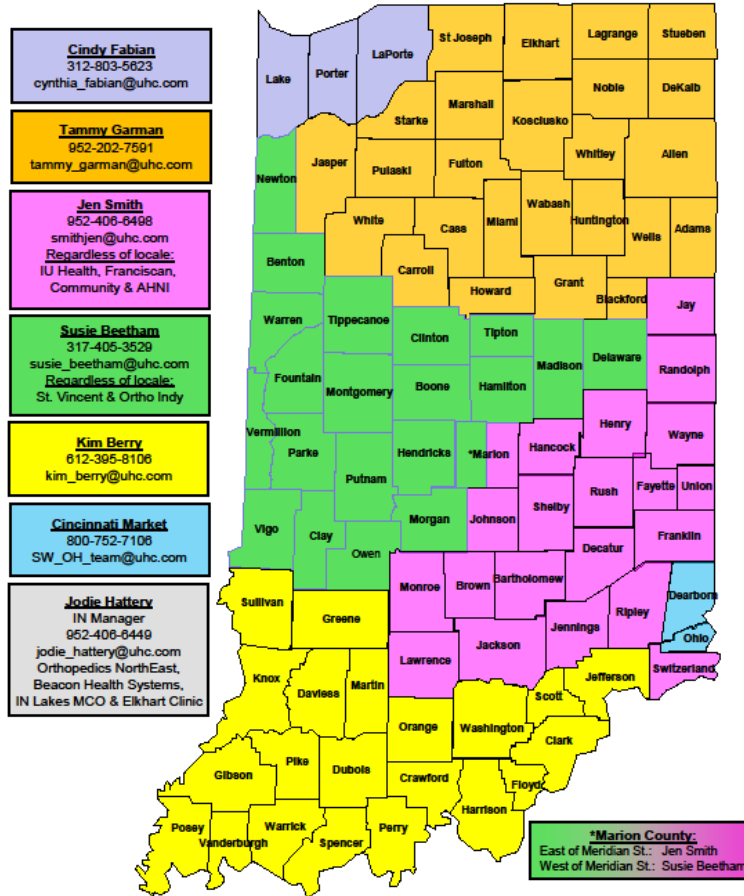
**UnitedHealthcare**

**IMGMA 2017**

# Indiana Advocates



UnitedHealthcare  
Indiana Physician Advocate Territory Map

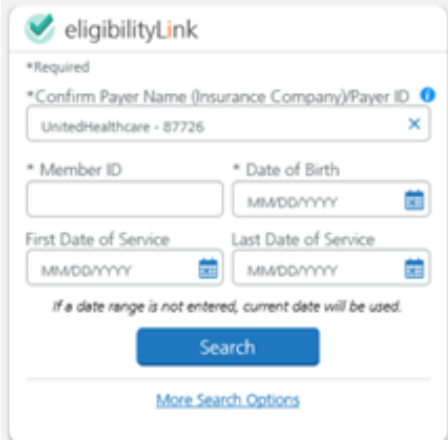


# Exciting changes are forthcoming!



# eligibilityLink

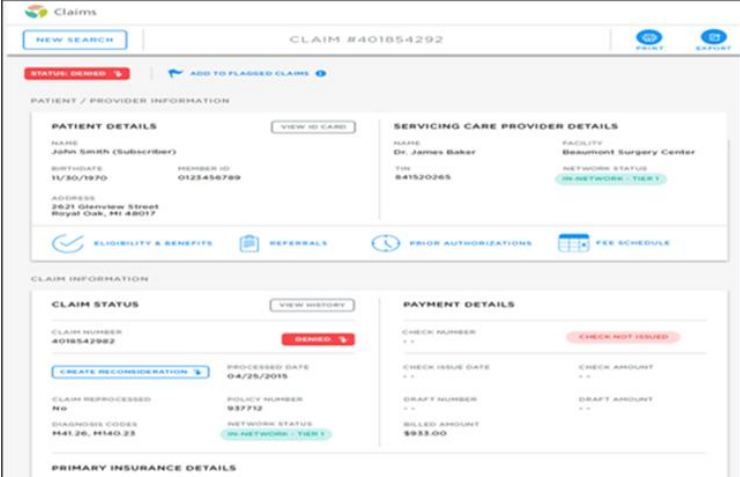
- Voluntary usage deployed on 1-18-17, forced usage deployed on 2-8-17
- Patient Eligibility & Benefits removed from UHCO
- Features
  - Primary tasks simplified, results consolidated into single page
  - Customizable settings, to fit your needs and workflow
  - Expanded benefit details, medical & therapy accumulators, gaps in care
  - View all effective policies, COB information, grace periods, ID cards
  - Easily manage prior authorizations, attachment capability
- Live WebEx training
  - UHCO > Tools & Resources > Training & Education
    - eligibilityLink & claimsLink
- UHC On Air
  - Select *Indiana*, select *Transition to eligibilityLink Tutorial*



The screenshot shows the eligibilityLink search interface. It features a search bar with a green checkmark icon and the text 'eligibilityLink'. Below the search bar, there are several required fields: '\*Required', '\*Confirm Payer Name (Insurance Company)/Payer ID' (with a dropdown menu showing 'UnitedHealthcare - 87726'), '\* Member ID', and '\* Date of Birth' (with a calendar icon). There are also fields for 'First Date of Service' and 'Last Date of Service', both with calendar icons. A note below these fields states: 'If a date range is not entered, current date will be used.' A blue 'Search' button is located at the bottom of the form, and a link for 'More Search Options' is at the very bottom.

# claimsLink

- Voluntary usage deploying on 4-5-17 and forced usage deploying on 4-26-17
- Claims & Payments being removed from UHCO
- Features
  - Expanded claim line level payment details, including clinical and reimbursement policy
  - Easily flag claims to monitor and follow up
  - Simplified denial management with electronic attachments, and status monitoring
  - Account recovery reconciliation
- Live WebEx training
  - UHCO > Tools & Resources > & Education
  - eligibilityLink & claimsLink



 The screenshot displays the claimsLink web application interface for a specific claim. At the top, it shows the "Claims" header and the claim number "CLAIM #401854292". Below this, there are navigation buttons for "NEW SEARCH", "PRINT", and "EXPORT". A red banner indicates the claim status is "DENIED".
   
 The main content area is divided into several sections:
 

- PATIENT / PROVIDER INFORMATION:**
  - PATIENT DETAILS:** Name: John Smith (Subscriber), DOB: 11/30/1970, MEMBER ID: 0123456789, ADDRESS: 2621 Glenview Street, Royal Oak, MI 48017. A "VIEW ID CARD" button is present.
  - SERVICING CARE PROVIDER DETAILS:** Name: Dr. James Baker, FACILITY: Beaumont Surgery Center, TEL: 841520265, NETWORK STATUS: IN-NETWORK, TEL 1.
- CLAIM INFORMATION:**
  - CLAIM STATUS:** CLAIM NUMBER: 401854292, PROCESSED DATE: 04/25/2015. A "VIEW HISTORY" button is present.
  - PAYMENT DETAILS:** CHECK NUMBER: ..., CHECK ISSUE DATE: ..., CHECK AMOUNT: ..., DRAFT NUMBER: ..., DRAFT AMOUNT: ..., BILLED AMOUNT: \$933.00. A "CHECK NOT ISSUED" banner is visible.
- PRIMARY INSURANCE DETAILS:** (Partially visible at the bottom)

 Navigation icons for "ELIGIBILITY & BENEFITS", "REFERRALS", "PRIOR AUTHORIZATIONS", and "FEE SCHEDULE" are located below the patient/provider information.

# My Practice Profile

- New application on Link which will allow you to update demographic information for your providers.
  - Name, address, phone number, specialty and acceptance of new patients, etc. can currently be updated
  - Directory indicators and other information in development
- Link users will receive the upgraded My Practice Profile app in phases through 2017. We'll send you a notification email when you have access to the upgraded app.
- Currently available to physician practices. Availability for hospitals and other facilities in development.
- You must have submission/updating rights to make changes to the demographic information for your practice. (Link Password Owners or ID Administrators determine who has access.)
- To learn more about using My Practice Profile, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Help > Link: Learn More > My Practice Profile & Attestation

# My Practice Profile Attestations

- Following CMS requirements, providers are required to attest to the accuracy of their demographic information each quarter (see page 10 of the 2017 Administrative Guide).
  - A 90 day “timer” will be reset each time an attestation is completed.
- Attestations must be completed using the upgraded My Practice Profile app on Link.
- Each person in your organization with access to view/update information in My Practice Profile will receive emailed reminders. In addition, there will be a reminder on My Practice Profile that tells your attestation deadline.
- If your practice has 30 or fewer care providers, you can complete your attestation by signing in to UnitedHealthcareOnline.com to access Link, then:
  - *Select My Practice Profile, Select Verify Demographic Info, Select Make Attestation Decision, Click I Attest.*

# My Practice Profile Resources

- [UnitedHealthcareOnline.com](#) > [Help](#) > [Link: Learn More](#) > [My Practice Profile & Attestation](#)
- [Care Provider Demographic Data Attestation FAQs](#) (also found on UHCO, [Link – Learn More](#))
- [Home](#) > [Tools & Resources](#) > [Training & Education](#)
  - Select *My Practice Profile*
  - Sessions last 30 minutes and are available on a bi-weekly basis
- UHC on Air
  - Select *Indiana*, select *Link My Practice Profile App Upgrade*



# Link Resources

- UHCO > Help > Link – Learn More
- UHCO > Tools & Resources > Health Information Technology > Link: Learn More
- QRG app on Link Dashboard for step by step instructions
- UHC On Air
- Live WebEx training
  - *UHCO > Tools & Resources > Training & Education*
    - *eligibilityLink & claimsLink*
    - *My Practice Profile*
    - *Link applications\* Claims Reconsideration, Eligibility & Benefits Center and Claims Management (use only until claimsLink rolls out)*



# Claim Dispute Resolution Process

# Claim Dispute Resolution Process



## 1. Submit a claim reconsideration form

- Link, remember to go to Claims Management to locate your claim
- Paper (least preferred method)

## 2. Contact your Provider Advocate

- Provide claim information

### Information needed to begin claim research:



- ✓ Email with a brief synopsis of steps taken to resolve the claim
- ✓ Ticket number from Link (PTPCR-XXXXXX)
  
- or...
  
- ✓ Email with a brief synopsis of steps taken to resolve the claim
- ✓ Claim reconsideration form and additional documents previously submitted (including the original or corrected claim)

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# Claim Dispute Resolution Process

## 3. Submit a request for formal appeal

- Prepare a written letter providing specific reasons on why you believe the claim is payable
- Attach new information not previously submitted
- Specific address for appeals
- 2<sup>nd</sup> level appeal accepted ONLY if new Information is received

[Click here](#) to locate UHC's Administrative Guide

Under the Administrative Guides section click on UnitedHealthcare Administrative Guide 2017 and see page 53.

<p><b>Claim Reconsideration, Appeals Process and Resolving Disputes</b></p> <p>Claim reconsideration does not apply to some states based on applicable state legislation (e.g., California or Colorado Commercial, excluding Individual Exchange benefit plans). Refer to Provider Dispute Resolution (CD, CR, and WR Commercial Plans) section for more information.</p> <p><b>Step 1 of a 2 Step Process: Claim Reconsideration</b> A processed claim in which you do not agree with the outcome of the original payment/corrected claim.</p> <p><b>Timeframe</b> You must submit your Claim Reconsideration within 12 months (or as required by law or your participation agreement) from the date of the original Explanation of Benefits (EOB) or Provider Remittance Advice (PRA) as required by law, together with a completed UnitedHealthcare Claim Reconsideration Request form.</p> <p><b>How to submit your Reconsideration</b> If you believe we understand you, the first step in addressing your concern is to submit a Claim Reconsideration Request.</p> <p><b>1. Online:</b> In the claim reconsideration application on Link. More information is available at: <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; Quick Links &gt; <a href="#">Link: Learn More</a>.</p> <p><b>2. Paper:</b> Print the form on <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; Tools &amp; Resources &gt; Forms &gt; Claims &gt; Paper Claim Reconsideration Form. Mail the form to the applicable address listed on the form instructions. Address may differ based on product. Please see applicable benefit plan supplement for specific contact information.)</p>	<p><b>Step 2 of a 2 Step Process: Claim Appeal (Post-Servive)</b></p> <p>(A second review in which you did not agree with the outcome of the reconsideration.) If you do not agree with the outcome of the Claim Reconsideration decision in Step 1, you may use the following Claim Appeal process.</p> <p><b>Timeframe</b> You must submit your appeal to us within 12 months (or as required by law or your participation agreement, from the date of the original Explanation of Benefits (EOB) or Provider Remittance Advice (PRA). The 2 step process described in the Claim Reconsideration and Appeal Process allows for a total of 12 months for timely submission and not 12 months for step 1 and 12 months for Step 2.</p> <p><b>What to Submit</b> Attach all supporting materials, such as member specific treatment plans or clinical records to the most appeal request, based on the reason for the request. Include information which supplements your prior adjustment submission that you wish include in the appeal review.</p> <p>Our decision will be rendered based on the materials available at the time of formal appeal review. If you are appealing a claim denied because filing was not timely:</p> <ul style="list-style-type: none"> <li>• Electronic claims - include confirmation we or one of our affiliates received and accepted your claim.</li> <li>• Paper claims - include a copy of a screen print from your accounting software to show the date you submitted the claim.</li> </ul> <p>All proof of timely filing must also include documentation that the claim is for the correct member and the correct date of service.</p> <p><b>When To Send Your Appeal (Address may differ based on product. Please see applicable benefit plan supplement for specific contact information):</b> UnitedHealthcare Provider Appeals P.O. Box 30387 Salt Lake City, UT 84130-0375</p>
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## Things to remember...

- **Provider Advocates can only step in when a claim has failed the Customer Service model.** We must ask that you try to resolve the claim dispute via a claim reconsideration form as this is the first step in UHC's claim dispute resolution process.
- Submit a claim reconsideration via Link rather than calling Customer Service.
- You must submit your Claim Reconsideration and Formal Appeal within 12 months from the date of the Explanation of Benefits (EOB) or Provider Remittance Advice (PRA).



# Affiliate Plans

[Home](#) > [Tools & Resources](#) > [EDI Education for Electronic Transactions](#)  
 > [Payer List for UnitedHealthcare, Affiliates and Strategic Alliances](#)

## Claims Payer List for UnitedHealthcare, Affiliates and Strategic Alliances



Line of Business (LOB)	Brand Name / Plan Name or Region	Medical Payer ID	Dental Payer ID	Comments
Commercial	Arnett Health Plan	87726		former payer id 95440
Commercial	Harvard Pilgrim	04271		
Commercial	Harvard Pilgrim Passport Connect	87726		
Commercial	Neighborhood Health Partnership (NHP)	95123		
Commercial	Neighborhood Health Partnership (NHP)	96107		
Commercial	The Alliance	88461		
Commercial	UnitedHealthcare	87726		
Commercial	UnitedHealthcare / All Savers Alternate Funding	81400		
Commercial	UnitedHealthcare / All Savers Insurance	81400		
Commercial	UnitedHealthcare / Definity Health Plan	87726		former payer id 64159
Commercial	UnitedHealthcare / Empire Plan	87726		
Commercial	UnitedHealthcare / MAHP - MD IPA, Optimum Choice and MLH (formerly MAMSI)	87726		former payer id 52148
Commercial	UnitedHealthcare / Oxford	06111		
Commercial	UnitedHealthcare / UHIS-UnitedHealth Integrated Services	39026	39026	
Commercial	UnitedHealthcare / UnitedHealthcare Plan of the River Valley (formerly John Deere Healthcare)	87726	95378	former medical payer id 95378
Commercial	UnitedHealthcare / UnitedHealthcare StudentResources	74227		
Commercial	UnitedHealthcare / UnitedHealthcare West (UnitedHealthcare of CA, OK, OR, TX, WA and PacifiCare of AZ, CO, NV)	87726		former payer ids 95959, 95962, 95964, 95999
Commercial	UnitedHealthcare / UnitedHealthcare West Encounters (formerly PacifiCare)	95958		
Commercial	UnitedHealthOne / Golden Rule	37602		
Commercial	UnitedHealthOne / PacifiCare Life and Health Insurance Company	81400		
Commercial	UnitedHealthOne / UnitedHealthcare Life Insurance Company (formerly American Medical Security)	81400	CX001	
Medicaid, Dual SNP	UnitedHealthcare Community Plan / AZ (formerly Arizona Physicians IPA and APIPA)	03432		
Medicaid	UnitedHealthcare Community Plan / Children's Rehabilitative Services (CRS)	03432		former payer id 87726
Medicaid, Dual SNP	UnitedHealthcare Community Plan / DE, FL, HI, LA, MD, MS CAN, NM, OH, PA, RI, TX, WA, WI (formerly AmeriChoice or Unison)	87726		former payer ids 25175, 86003, 86049
Medicaid, CHIP only	UnitedHealthcare Community Plan / IA, hawk-i (formerly AmeriChoice of Iowa)	87726		former payer id 95378
Medicaid, Dual SNP	UnitedHealthcare Community Plan / KS (KaiCare)	96385		
Medicaid, MICHild	UnitedHealthcare Community Plan / MI (formerly Great Lakes Health Plan)	95467		
Medicaid, Dual SNP	UnitedHealthcare Community Plan / MS CHIP (formerly AmeriChoice MS - CHIP)	87726		former payer id 95378
Medicaid	UnitedHealthcare Community Plan / NE (formerly AmeriChoice NE, ShareAdvantage, and UnitedHealthcare of the Midlands)	87726		
Medicaid, Dual SNP	UnitedHealthcare Community Plan / NJ (formerly AmeriChoice NJ Medicaid, NJ Family Care, NJ Personal Care Plus)	86047		former payer id 86001
Medicaid, Dual SNP	UnitedHealthcare Community Plan / NY (formerly AmeriChoice by UnitedHealthcare, AmeriChoice NY Medicaid & Child Health Plus, AmeriChoice NY Personal Care Plus)	87726		former payer ids 86002, 86048
Medicaid	UnitedHealthcare Community Plan / SC (formerly Unison)	25175		claims with DOS prior to 10-1-2013
Medicaid, Dual SNP	UnitedHealthcare Community Plan / TN (formerly AmeriChoice TN: TennCare, Secure Plus Complete)	95378		
Medicaid, Dual SNP	UnitedHealthcare Community Plan / UnitedHealthcare Dual Complete (formerly Evercare)	87726		
Medicaid, Dual SNP	UnitedHealthcare Community Plan / UnitedHealthcare Long Term Care (formerly Evercare)	87726		
Medicare	AARP Hospital Indemnity Plans Insured by UnitedHealthcare Insurance Company	36273		
Medicare	AARP Medicare Supplement Plans Insured by UnitedHealthcare Insurance Company	36273		



# Medicare Advantage Products



# 2017 Medicare Group Numbers



Plan Name	Group IDs
<p><b>AARP MedicareComplete *Focus (PPO)</b>                      *FOCUS – is a Lutheran (Fort Wayne) based PPO – any provider with a Medicare amendment with us is automatically in-network for this plan EXCEPT any provider employed by Parkview – these members also DO have out of network benefits.</p>	67007 and 67008
<p><b>AARP MedicareComplete **Profile (HMO)</b>                      **PROFILE – is a Parkview (Fort Wayne) based HMO – any provider with a Medicare amendment with us is automatically in-network for this plan EXCEPT any provider employed by Lutheran – these members do NOT have out of network benefits.</p>	00700 and 00701
<p><b>AARP MedicareComplete Plan 1 (HMO)</b>                      This plan does not have Out of Network coverage</p>	00702, 00703, 00704, 00705, 00709, 00710, 00721, 00722, 00739, 00740, 00742 and 00743
<p><b>AARP MedicareComplete Plan 2 (HMO)</b>                      This plan does not have Out of Network coverage</p>	00712, 00713, 00714, 00720, 00723 and 00741
<p><b>AARP MedicareComplete Choice (PPO)</b>                      This plan has In and Out of Network coverage</p>	67001, 67017, 67018, 67024, 67025, 67194 and 67195

**\*\*Indiana Medicare Advantage plans do not require referrals.\*\***



# Passport

- What is Passport?

Passport is a benefit for our Medicare Advantage members that allows members to receive covered services outside of their **home service area** for up to nine consecutive months when traveling. Covered services must be provided by UnitedHealthcare Medicare-contracted providers in participating service areas. Members only pay their usual copayment or coinsurance when their Passport is activated.

- How can I tell what the “Home Service Area” is?

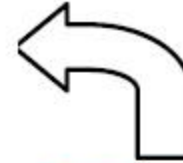
If a member presents an AARP Medicare Complete Card with a group number that begins with something other than a “6” or “007”, they have an out of state plan and must activate their Passport benefit in order to receive services in Indiana at their in-network benefit level.

- What happens if the Passport is not activated?

Claims will process out of network applying a higher co-pay and/or co-insurance.

# Passport

## UNITED HEALTH PASSPORT



**AARP** | MedicareComplete<sup>SM</sup>  
through UnitedHealthcare

Health Plan (80840) 911-06111-07

Member ID: 999999999-99    Group Number **99999**

Member:  
**SUBSCRIBER BROWN**

PCP Name:  
**PROVIDER BROWN**

PCP Phone: (999) 999-9999

Copay: Office/ Spec/ ER  
SXX/ SXX/ SXX

H0752 PBP# 002

Payer ID  
87726

**MedicareRx**  
Prescription Drug Coverage

RxBin: 610007  
RxPCN: 9999  
RxGrp: COS

**AARP MedicareComplete (HMO)**



## Where can I get more info?

[www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)

[Home](#) > [Tools & Resources](#) > [Products & Services](#) > [Medicare](#) > [HMO, POS & PPO](#)  
> [2016 UnitedHealth Passport Benefit](#)



### 2016 UnitedHealth Passport® – Health Care Benefit While Traveling

With UnitedHealth Passport, members can get up to nine months of non-emergency health care when traveling. Passport is offered with no additional monthly premium as part of many of our 2016 MedicareComplete® individual plans and UnitedHealthcare Group Medicare Advantage Plans.

Our UnitedHealth Passport travel benefit allows members in eligible plans to receive non-emergency covered services at the in-network copayment or coinsurance when traveling outside their home service area. Services include preventive care and applicable optional supplemental benefits for up to nine consecutive months of travel.

Coverage is available in certain areas within the United States. When receiving care from a participating Passport care provider, members pay the same network copay or coinsurance they would have if they had received care within their home service area.

Following are answers to frequently asked questions that can help care providers:

- Understand the Passport benefit
- Verify your participation with Passport
- Confirm member eligibility
- Collect the applicable network copay or coinsurance
- View the complete list of counties and states where Passport is available

#### Frequently Asked Questions

##### **Q1. Why should health care providers encourage members to use Passport?**

- A. If you know an eligible member will be traveling, please ask them to activate and use their Passport benefit to help ensure consistent coverage for routine care while on the road.

##### **Q2. How do eligible members use their Passport benefit?**

- A. Members must activate their Passport coverage, ideally before traveling, by calling the Customer Service number on the back of their UnitedHealthcare member ID card from 8 a.m. to 8 p.m., local time, seven days a week. If the member has not activated their Passport benefit, the care provider may, but is not required to, help facilitate activation by calling Customer Service.

If the member is traveling to a Passport service area, Customer Service will:

- Provide names and telephone numbers of participating care providers in the travel destination area, and
- Inform the member of any authorization and/or prior notification requirements that may apply.

When members return home, they must call Customer Service to deactivate Passport coverage. If the member does not return home within nine months of activating the program, or does not deactivate the program within nine months, the member will be alerted they may be disenrolled from their current Medicare Advantage plan.

Members who have not activated Passport but have been receiving services within the Passport service area, may be responsible for those costs at out-of-network or out-of-area levels, as

# Medicare Resources

[Home](#) > [Tools & Resources](#) > [Medicare](#)

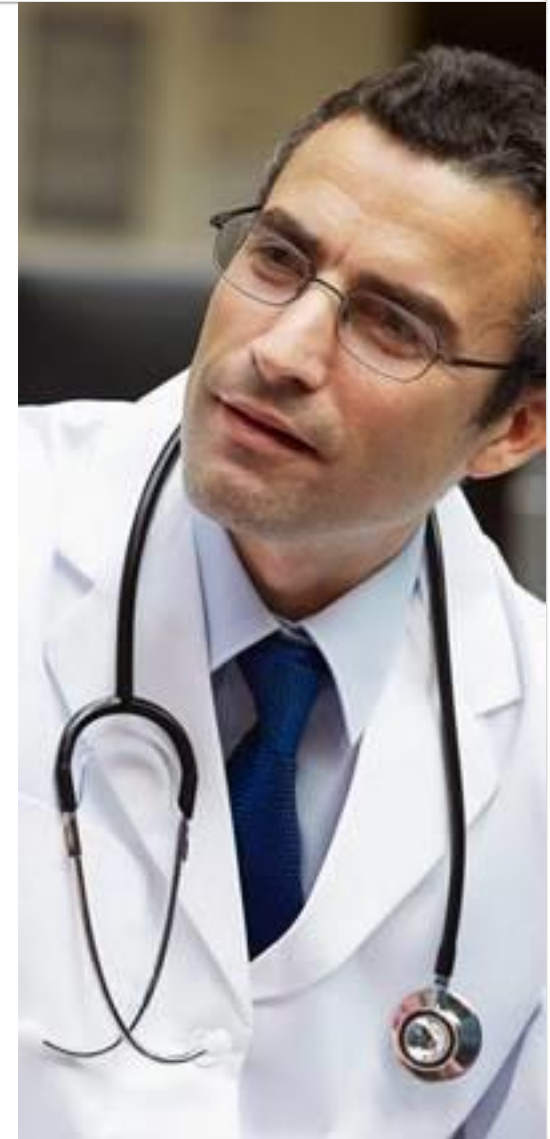
- HMO, POS and PPO info
- PATH (Star ratings and HEDIS measures)
- PPO - Group Retiree
- PFFS (Private Fee-For-Service)
- Waiver of Liability info for non-contracted Medicare providers

# Navigate




## Important Info to Know:

- Members select a PCP to manage care
  - Referrals are required for services provided by physicians outside of the PCP's TIN.
- **Referrals must be submitted electronically via the portal**
- No retro referrals
- Members are financially responsible when claims process without a referral
  - Responsibility percentage differs by benefit plan.



# Navigate Health Care ID Cards



 **UnitedHealthcare**<sup>®</sup>

Health Plan (80840) 911-87726-04

Member ID: 123456977      Group Number: 123456

Member:  
SUBSCRIBER G WHITEAADAH


PCP:  
JAMES TESTDOCTORE  
PCP Phone: (804) 288-9999

LAB  
LABCORP

Office: \$30      ER: \$50  
UrgCare: \$30      Spec: \$40

ABC COMPANY, INC.  
Sample Card

Payer ID 87726

 Rx Bin: 610014  
Rx Grp: UHEALTH

0501      UnitedHealthcare Navigate Balanced  
Administered by UnitedHealthcare Insurance Company



This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call **Referrals required for certain services.**

For Members: [www.myuhc.com](http://www.myuhc.com)      866-314-0335  
Care24:      888-887-4114  
Mental Health:      800-815-8958

For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 877-842-3210  
Medical Claims:



Pharmacy Claims: PO BOX 14711, LEXINGTON KY 40512  
For Pharmacists: 800-922-1557      Members: 877-842-6048





This sample ID card is for illustration only.  
Actual information varies depending on payer, plan and other requirements.

# Additional Resources

For specific product information and Navigate resources please visit [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)

[Home](#) > [Tools & Resources](#) > [Products & Services](#) > [UnitedHealthcare Navigate®](#)











## Tools & Resources

- [Navigate Frequently Ask Questions for Wisconsin](#) 
- [Navigate Frequently Asked Questions](#)  
- [Navigate Quick Reference Guide](#) 
- [Navigate Quick Reference Guide Wisconsin](#) 
- [Navigate Training Overview](#)

## HealthSelect<sup>SM</sup> of Texas

- [HealthSelect of TX Frequently Asked Questions](#) 
- [HealthSelect of TX Audio Training](#) 

## Quick Reference Guides and Tutorials

- [Capitation Detail File User Guide](#) 
- [EC915 Eligibility Reference Guide](#) 
- [Health Insurance Exchanges: Three-Month Grace Period](#) 
- [Marketplace Exchange 2017 Guide for Care Providers](#) 
- [Referral Status Quick Reference](#)  
- [Referral Submission & Status Tutorial](#)
- [Referral Submission Quick Reference](#)  
- [Reports Quick Reference](#) 
- [Roles Function Quick Reference](#) 

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Doc#: UHC1926x\_20130313



# Preventive Care

- Preventive Care Services Coding Guideline Summary (commercial)
  - [Home](#) > [Tools & Resources](#) > [Policies, Protocols and Guides](#) > [Medical & Drug Policies and Coverage Determination Guidelines - Commercial](#)
- Medicare Advantage Annual Wellness, Welcome to Medicare and Preventive Screening Guidelines
  - [Home](#) > [Tools & Resources](#) > [Medicare](#) > Reference Materials > 2017 Medicare Advantage Preventive Services Coding Guidelines

# Reminders!

- Utilize Link for claim reconsiderations, claims status and eligibility & benefits rather than calling Customer Service
  - Register for WebEx trainings on Link
  - Reach out to your dedicated Advocate for assistance if a claim reconsideration fails the UHC service model
- Sign up for the Network Bulletin on UHCO
- Attend our 2<sup>nd</sup> annual Provider Information Expo later in 2017
  - Invites will be delivered via email
- Access UHC On Air app via Link to watch videos and learn more about UHC processes, products and tools

# Questions?

