AAHAM

April 2023
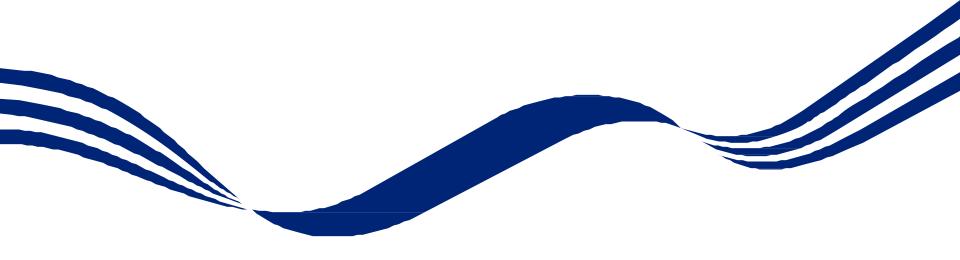
United
Healthcare

Agenda

1. Introductions
2. ID Card Changes
3. Portal Updates
4. Technology Enhancements
5. naviHealth
6. General Updates

Introductions

- Margaret Rocca – Manager, Provider Advocate Account Managers DE/DC/MD
  mrocca@uhc.com

- Traci Cross - Hospital Facility Advocate
  tcross@uhc.com

- Lori Muir - Hospital Facility Advocate
  lori_muir@uhc.com

- Amy Meister - Hospital Facility Advocate
  amy_meister@uhc.com

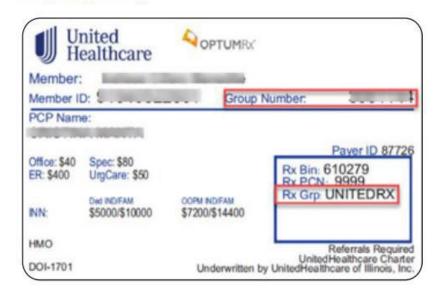# New ID Cards

ID Card Changes 2023-2024

- UnitedHealthcare is continuing a phased rollout of a new claims processing system as part of a multi-year plan to simplify your benefits, claims, payments and referral experiences with us.

- Beginning in April 2023, new cards started to hit the streets. We want you to be aware of some changes to member ID cards for fully insured and All Savers® plans that are part of this process.

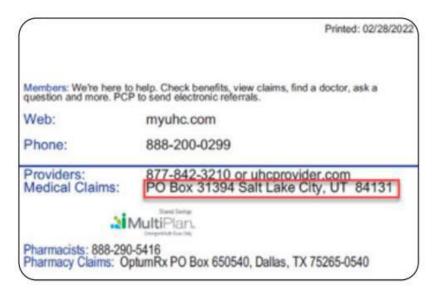- MAHP is targeted for September 2023

Key points: New member ID cards for fully insured plans

While these new member ID cards will look much the same, there are a few key differences (below) that are important to check during each member appointment. Review the details summary below:

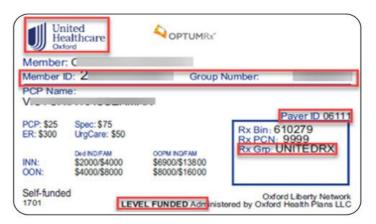**Details on fully insured member ID card changes:**

- **Group number:** While the group number will remain a 7-digit numeric sequence, the actual numbers will change on the new member ID cards

- **Rx Grp code:** This code is changing from "UHC" on the current member ID cards to "UNITEDRX" on the new cards

- **Medical claims address:** The mailing address for medical claims has changed from an Atlanta, GA, address to one in Salt Lake City, UT
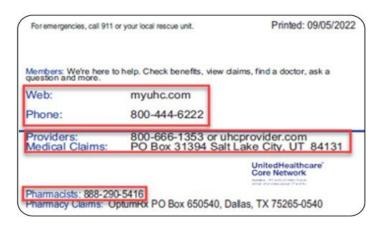
Key points: New member ID cards for transition of All Savers plans

Members on All Savers commercial health plans are transitioning to either UnitedHealthcare level-funded or Oxford level-funded plans. The new member ID cards (below) will look different and include key changes to member benefit and claims processing information. Review the details summary below.

Details on transitioning All Savers member ID card changes:

- **Logo:** Either a UnitedHealthcare or UnitedHealthcare/Oxford blended logo
- **Member ID:** New all-numeric sequence
- **Group number:** New UnitedHealthcare number
- **Payer ID:** 087726 for UnitedHealthcare and 06111 for UnitedHealthcare Oxford
- **Rx Grp code:** New code is UNITEDRX
- **Provider website:** UHCProvider.com
- **Provider phone number:** Now 877-797-8812 for UnitedHealthcare and 800-666-1353 for UnitedHealthcare Oxford
- **Medical claims address:** P.O. Box 31394, Salt Lake City, UT 84131-0375
- **Pharmacist phone number:** 888-290-5416

UHC Portal Tools

Document Library

As announced in UnitedHealthcare's Network News articles over the past several months, we will no longer mail overpayment and appeal decision letters to network health care professionals (primary and ancillary) and facilities.

Most commercial and UnitedHealthcare Medicare Advantage plans – beginning September 23, 2022	UnitedHealthcare Community Plan (Maryland) - beginning May 5, 2023

Please note, this includes letters sent by Optum for payment accuracy reviews they perform on behalf of UnitedHealthcare. This does NOT include overpayment letters sent by any other vendor. Those letters will continue to be mailed.

Electronic Letters

Most claim, prior authorization, payment (including overpayment and appeal) letters and reports are in Document Library.

They are available the day they're generated, so all authorized users in your organization can view them right away.

Sign in at UHCprovider.com then select Documents & Reporting in the Provider Portal • If not yet registered, consult UHCprovider.com/access

Select Document Library Document library Electronic Letters | Document Library

Electronic Letters continued

Electronic Letters continued

Search Options:
   A. Basic (with 1 criterion from the dropdown menu)
   B. Advanced (with multiple criteria)
   C. Browse by Folder then subfolder(s)

Is Authorization Required?

Is Authorization Required?

NOTIFICATION/PRIOR AUTHORIZATION INQUIRY SEARCH

Notification or Prior Authorization is not required for the requested services

You are not required to submit a notification/prior authorization based on the information provided. The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. If you still wish to submit your request for review, please select the **Continue with Submission button below.**

Decision ID #:D3052002

The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

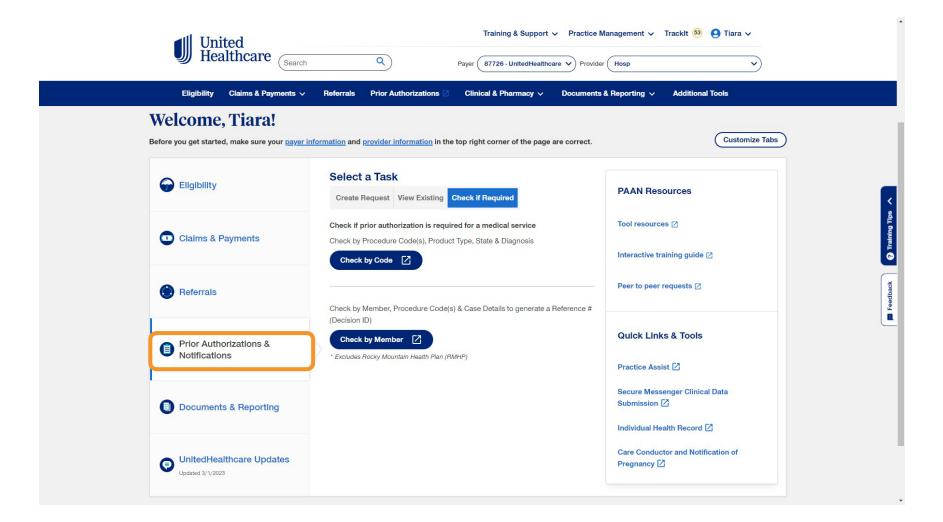+ Expand all   - Collapse all

- If a provider attempts to get a prior authorization and PAAN indicates no auth is needed, the provider will still get a determination number which would be Dxxxxx for reference.

- Decision numbers are not stored or archived on the Provider Portal.

- It is important for providers to make a note of these numbers in their practice management systems for reference especially in cases where they have been misinformed and services really do require authorization.

Technology Enhancements

Coming soon: Faster and easier online credentialing

In June 2023, all medical health care professionals in all states* will use Onboard Pro to begin the credentialing and contracting process with UnitedHealthcare. Onboard Pro will replace the Request for Participation (RFP) portal.

Onboard Pro is an easy-to-use tool found in the UnitedHealthcare Provider Portal. It integrates with the Council for Affordable Quality Healthcare (CAQH) ProView® and other state-specific credentialing applications. Onboard Pro will automatically retrieve most of your demographic and credentialing information from those applications and lets you know immediately if additional information is required. Your personal dashboard shows the real-time status of every enrollment request you've submitted.

To help you prepare for this transition:

1. Be sure to register with CAQH, update your attestation and expired documents, and authorize UnitedHealthcare to see your information
2. Create a One Healthcare ID to access the UnitedHealthcare Provider Portal, if you don't already have one
3. Explore Onboard Pro and start learning about the new process in our Onboard Pro interactive guide. The guide will be updated in June.

We heard you.

"What takes us half a day with other payers, took less than an hour with Onboard Pro."

– Jenny and Debbie, Riverview Health

Questions?

- **For help with One Healthcare ID:** Call UnitedHealthcare Web Support at providertechsupport@uhc.com or **866-842-3278**, option 1, 7 a.m.–9 p.m. CT, Monday–Friday
- **For help with contracts or credentialing:** Please email the Network Management Resource team at networkhelp@uhc.com
- **For more information, visit** Onboard Pro

*Previously, Onboard Pro was only used by medical health care professionals, practices and health systems when adding new practitioners to an existing contract. The expansion of Onboard Pro to individuals and small practices that do not have a current contract with UnitedHealthcare does not apply to medical health care professionals who want to be contracted for a UnitedHealthcare Community Plan (Medicaid) in Arizona or Texas. Additionally, medical groups under a delegated credentialing arrangement (delegated groups) are excluded from this process and should continue to submit through their normal process for delegated entities.

PCA-1-22-03856-PO-NEWS_03102023

Chat With Us

1. Chat with a live service advocate when you sign into the portal (on the Contact Us page).

2. They can help resolve your questions about claims, credentialing, prior authorizations and even member benefits.

3. Claim support may be limited by member state.

4. Download a transcript of the chat conversation

Early Warning System

- UnitedHealthcare has implemented an internal process to identify real-time denial trends.

- We are monitoring shifts in denial rates using long term (last 12 months) and short term (last 3 months) historical data across all lines of business *(excludes affiliates.)*

- Allows advocates to communicate, via phone or email, trending denial issues as they occur to aid facilities/physicians to update systems if appropriate.

NaviHealth

NaviHealth
Hospital discharge transfers to SNF/Rehab – Medicare members

- Members who admit to SNF, AIR, LTAC

- Delegation is for Medicare Part A benefit only

- Product lines included:
  - Medicare Advantage
  - Dual Eligible Special Needs Plan (DSNP) – Excludes DC DSNP
  - Chronic Special Needs Plans (CSNP)
  - Medicare Component of Fully Integrated Dual Eligible (FIDE)

- Admissions to SNF are <u>expected to have a preservice authorization</u>
- Provider Portal – nH access

- Hours of Operation for Pre-Service Authorization

  - Monday – Friday 8:00am-8pm ET / 7:00am-7:00pm CT / 5:00 am-5:00 pm PT
  - Saturday and Sunday 11:00 am-7:00 pm ET / 10:00am-6:00pm CT / 8:00am-4:00pm PT

nH Access

naviHealth
Part of Optum® Home & Community Care

nH Access
Multi-Facility User Setup

Important: All facilities and New Users will be required to assign a Facility Administrative User (FAU). To complete this form, please **here** and send the completed form to **support.nhaccess@navihealth.com**.

You are welcome to submit the Facility Administrative User and New User forms together!

For more information regarding the Facility Administrative User process, please see the FAQ **here**

How to Complete the New User Form:

Step 1 - Enter Facilities: Go to the **"Site Information"** tab. Complete all fields (columns A-L) for each location or facility being requested.
- **"Site Name"** is the Name of the Facility or Location being requested.
- **"Site Administrator Name and Email"** is the Facility Administrative User for the site.

Step 2 - Enter Users: Go to the **"User Information"** tab. Each row to be completed with each user's information.
- Please ensure the FAU is listed on the User Information tab if requesting to be provisioned
- **Please note**: Every user listed on this tab will receive access to every site listed on the **"Site Information"** tab.

General Updates

CMS outpatient place of service

UnitedHealthcare will reimburse CPT and HCPCS codes when reported with an appropriate place of service (POS). UnitedHealthcare aligns with The Centers for Medicare & Medicaid Services (CMS) POS Code set, which are two-digit codes submitted on the CMS 1500 Health Insurance Claim Form or its electronic equivalent to indicate the setting in which a service was provided.

- Applies to Commercial, Medicare and Medicaid line of business
- CMS code changes effective January 1, 2023
- Place of service 22
- UHC updated system 3/2023
- Claims projects are underway to capture coding update

For additional information, please refer to UHCprovider.com and search *"Procedure and Place of Service Policy, Professional"*

New Claim ID Numbers

You may see new claim numbers beginning with "R". This is a result of claims being continuously loaded throughout the day.

- Currently applies to Individual & Family Plans product.

- Other products will move at a time to be determined.

- Example: R23Exxxxxxxx

Molecular Testing

- Z-codes already in use for Medicare since 2021

- Commercial products will add molecular codes.

- Reimbursement policy announcing the change will be published on May 1 with an August 1 effective date.
  - *Molecular Pathology Policy, Professional and Facility*

- We will issue ACE edit warnings to alert you of a potential problem.

- Palmetto GBA manages the registration and will have the details on their web portal starting May 1.

- www.dexzcodes.com