

UnitedHealthcare Dual Complete Plans to Transition to New Enrollment and Claims Payment System in Five States

Frequently Asked Questions

Key Points

- On Jan. 1, 2018, UnitedHealthcare Dual Complete®, Dual Special Needs Plan (DSNP), will start using a new enrollment and claims payment system.
- Changes will affect medical and behavioral care providers who treat members in Florida, Ohio, Texas, Washington, and Wisconsin.
- You'll use a new care provider ERA payer identification (ID).
- Members will receive a new ID card which will include a new member ID number and group number.
- Mailing addresses for paper claims and claims adjustments will change.

Overview

Starting Jan. 1, 2018, UnitedHealthcare Dual Complete Dual Special Needs Plan (DSNP), will start using a new enrollment and claims payment system to help streamline our administrative and claims processes. To help you and your staff know what to expect, please use this frequently asked questions (FAQ) document. There are several key changes that will affect you and your patients - who are members of these plans:

- We'll issue new member ID cards with new member ID and group ID numbers.
- The Provider Services phone number will change.
- If you send in paper claims or claims adjustments by mail, the address will change.

If you have additional questions after reading this FAQ, please contact your Provider Advocate or call the new Provider Services phone number listed below for your state:

- Florida - 866-842-4968
- Ohio - 866-944-3488
- Texas - 866-944-4983
- Washington - 866-944-4984
- Wisconsin - 800-396-1942

Frequently Asked Questions and Answers

New Member ID Cards and Processing Information for Medical and Behavioral Health Claims

Q1. Will members receive a new member ID card?

A1. Yes. Members enrolled in UnitedHealthcare Dual Complete plans in Florida, Ohio, Texas, Washington and Wisconsin will receive a new member ID card, which will include a new ID number and group number. Details are listed by state:



Florida

In Florida, UnitedHealthcare offers several DSNP plans that classify members as:

- Full Dual Medicaid Beneficiaries
- Qualified Medicare Beneficiaries (QMB)
- Partial

Members in these DSNP plans will have new ID cards with a new nine digit member ID number.

Following are the group and plan-specific numbers:

Group numbers: H1045-039 and H1045-040:

- FLSNPHF1 or FLSNPHF2 - Full Dual
- FLSNPHQ1 or FLSNPHQ2 - QMB
- FLSNPHP1 or FLSNPHP2 - Partial

Group numbers: R7444-012 and R7444-013:

- FLSNPPF1 or FLSNPPF2 - Full Dual
- FLSNPPQ1 - QMB
- FLSNPPP1 - Partial

Ohio and Texas

- Member ID cards will have a new nine digit member ID number and an alphanumeric group number.

Washington and Wisconsin

- Members ID cards will have a new nine digit member ID number and an alpha-only group number.

Q2. Will I need to submit claims with the member's new ID number?

A2. Yes. You will use the new member ID number and group number for claims with dates of service on or after Jan. 1, 2018.

Q3. Will claims be processed based on dates of services (DOS)?

A3. Yes. Claims submitted with DOS up to Dec. 31, 2017 will be processed using our existing claims payment system. Claims with DOS on or after Jan 1, 2018 will be processed using the new enrollment and claims payment system.

New Mailing Address for Paper Claims and Claim Adjustments

Q4. Is the mailing address for mailing in paper claims or claim adjustments going to change?

A4. Yes. Behavioral and medical care providers who send in paper claims or claim adjustments for dates of service on or after Jan. 1, 2018 will use a new mailing address, which are listed by state. For your convenience, we're listing the current mailing address for paper claims or claims adjustments. Continue using the current mailing address through Dec. 31, 2017.

Florida - New Mailing Address

UnitedHealthcare Community Plan
P.O. Box 31350
Salt Lake City, Utah 84131-0350

Current Mailing Address
UnitedHealthcare
P.O. Box 31365
Salt Lake City, Utah 84131

Ohio - New Mailing Address
UnitedHealthcare Community Plan
P.O. Box 8207
Kingston, NY 12402-8207

Current Mailing Address
UnitedHealthcare
P.O. Box 31362
Salt Lake City, Utah 84131

Texas - New Mailing Address
UnitedHealthcare Community Plan
P.O. Box 5270
Kingston, NY 12402-5270

Current Mailing Address
UnitedHealthcare
P.O. Box 31362
Salt Lake City, Utah 84131

Washington - New Mailing Address
UnitedHealthcare Community Plan
P.O. Box 31361
Salt Lake City, Utah 84131-0361

Current Mailing Address
UnitedHealthcare
P.O. Box 31362
Salt Lake City, Utah 84131

Wisconsin - New Mailing Address
UnitedHealthcare Community Plan
P.O. Box 5280
Kingston, NY 12402-5280

Current Mailing Address
UnitedHealthcare
P.O. Box 31362
Salt Lake City, Utah 84131

ERAs, Payer ID and Remittances Advice Changes

Q5. Will the Electronic Remittance Advice (ERA) Payer ID Number change?

A5. Yes. If you haven't done so already, contact your billing software or clearinghouse vendor to update your ERA Payer ID, so you can continue receiving your ERAs. Listed below are the ERA Payer ID numbers by state:

- Florida, Ohio, and Washington: ERA Payer ID update to 04567
- Texas ERA Payer ID update to TEX01
- Wisconsin ERA Payer ID update to WID01

Q6. Will the Claims Payer ID Number change?

A6. No. Continue using the Claims Payer ID number 87726 for claim submissions.

Q7. UnitedHealthcare used to send claims letters to let me know about missing information or inaccuracies with my claims submissions. Will claims letters continue to be used?

A7. No. Remittance Advices will replace claims letters and will outline what is missing or if the claim you submitted has inaccurate information and can't be paid.

Q8. Will the Remittance Advice have enhancements?

A8. Yes. The Remittance Advice for dates of service on or after Jan. 1, 2018 will include:

- Clearer explanation codes
- Enhanced summary of overpayments/payments recovered

If you are signed up to receive ERAs, you'll receive both paper and electronic remittance advices for 31 days after your first payment. For example:

- If your first payment is Jan. 15, you'll receive ERAs and paper remittance advices until Feb. 15, and only ERAs thereafter.

For electronic remittance advices, you can view, save and print a paper version at UHCprovider.com > Claims and Payment Resources > Electronic Payments & Statements (EPS).

For paper remittance advices, you can view save and print a duplicate version on UHCprovider.com > Claims and Payment Resources > claimsLink Self-Service Tool.

Access EFT payment and remittance advice information only if enrolled in Electronic Payments & Statements (EPS) through optumhealthfinancial.com > Log In > View Payments.

Q9. With the change to the new claims and payment system, will I receive multiple Remittance Advice (RAs)?

A9. Yes. You will receive two Remittance Advices (RAs) if claims were paid out of both the current enrollment and claims and payment system and the new enrollment claims and payment system.

- For dates of service prior to Dec 31, 2017, RAs will come from the current claims and payment system.
- For dates of service starting Jan. 1, 2018, RAs will come from the new claims and payment system.

Claims Processing Rules and Coding Guidelines

Q10. Will facility and professional claim types have upgrades?

A10. Yes We'll process claims according to Medicare coverage and billing rules for facility and professional claim types. United Healthcare policies related to these claim processing rules are available at:

- UHCprovider.com > Menu > Policies, Protocols and Guides > UnitedHealthcare Medicare Advantage Reimbursement Policies.
- Detailed policy information for the Centers for Medicare & Medicaid Services (CMS) is available within the various manuals at cms.gov.
- You can find Medicare Local Coverage Determination/National Coverage Determination policies through the CMS website searching their [Medicare Coverage Database](#).

Q11. Will I need to follow the National Correct Coding Initiative (NCCI)?

A11. Yes. UnitedHealthcare Dual Complete Plans follow National Correct Coding Initiative guidelines and other applicable coding guidance from CMS including but not limited to the Official ICD-10-CM Guidelines for Coding and Reporting.

Q12. Will I need to process crossover claims?

A12. No. You won't need to bill twice for Florida, MyCareOhio counties, Texas and Wisconsin, Medicaid members with coverage under UnitedHealthcare Dual Complete.

- The claim will automatically crossover for processing under the member's Medicaid benefit.
- The claim should appear in our claims and payment system within two business days from the date the Medicare PRA/ERA is issued.
- If Medicare does deny the claim, then it will be processed for payment under Medicaid. You won't need to resubmit the claim for processing.
- Important Exception: Washington care providers will need to bill the state for the Medicaid claims processing.

Prior Authorizations

Q13. Where can I get information about prior authorization?

A13. You can view the prior authorization list of services online. The 2018 prior authorization list will be available Dec. 23, 2017. To view go to UHCprovider.com/priorauth

Q14. What changes should I expect when submitting prior authorization requests?

A14. For services that need prior authorization and span over Jan. 1, 2018, you'll receive two authorizations numbers:

- For dates of service prior to Dec. 31, 2017, the authorization number and claims payment will be issued through the existing claims payment system.
- Authorization numbers for services rendered on and after Jan. 1, 2018 will be issued and the claims paid through our new enrollment and claims payment system.

Online Resources

Q15. Which website should I use to perform secure transactions and view reports?

A15. Use UHCprovider.com to perform secure transactions and reports that require secure access for UnitedHealthcare members. You can:

- View patient eligibility and benefits
- Check the status of a claim
- Submit a claim reconsideration
- Florida care providers can also submit referrals online.

To access Link go to UHCprovider.com and click on the Link button in the top right corner.

To submit a single CMS-1500 claim form, go to UHCprovider.com/claims. The following reports are also available at UHCprovider.com/reports:

- PCP Panel Report
- Capitation (CAP) Reports
- Claim Trends
- Provider Profile
- EPSDT
- Preventive Health Measures

Q16. If I am a Behavioral Health care provider, will I still have access to ProviderExpress.com?

A16. Yes. You can continue using ProviderExpress.com for:

- Eligibility & Benefits (log in required)
- Claim Entry (login required)
- Claim Inquiry (login required)
- Provider Demographic Changes (login required)
- Best Practice Guidelines
- Levels of Care Guidelines
- Network Manual
- Training and Webinars
- Coordination of Care
- Electronic Data Interchange (EDI) information

Q17. Can I use referralLink?

A17. Only Florida care providers can use the referralLink app on Link to check status of referrals for patients who are UnitedHealthcare Dual Complete HMO members. To access the app, sign in Link by going to UHCprovider.com, then clicking on the Link button in the top right corner. Then select the referralLink app on your Link dashboard. Learn more at UHCprovider.com/referralLink.

Q18. If I'm not enrolled in Electronic Payment & Statements (EPS), how can I get started? ?

A18. You can enroll in EPS through www.welcometoeps.com and click Enroll Now.

You will need:

- Bank account information for direct deposit
 - Note: claim adjustments will not be deducted from your account.
- Either a voided check or a bank letter to verify bank account information.
- A copy of your organization's W-9 form.

Enrolling in EPS has several benefits to you, including:

- Receiving claims payments by direct deposit.
- Accessing your explanations of benefits (EOBs) online or via 835 ERA files.

We're Here To Help

If you have questions, please contact your Provider Advocate, or call Provider Services at the new numbers listed below:

- Florida: 866-842-4968
- Ohio: 866-944-3488
- Texas: 866-944-4983
- Washington: 866-944-4984
- Wisconsin: 800-396-1942