## UnitedHealthcare Indiana State Medical Association Commercial Payer Forum

June 6, 2014 Indianapolis







## **Optum Cloud Dashboard** CONNECT. EXCHANGE. EVOLVE.



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What is it?

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One website--Build a single platform to bring together multiple websites and incorporate new applications to simplify future transactions.

Electronic Attachments--Creating an application to allow the submission of attachments electronically for claim reconsiderations.

#### **Registration Process**

Access to UHCO will be suspended until Cloud registration is complete, during Q1-3

Password Owners and ID Administrators will register by logging on and visiting UnitedHealthcareOnline.com > User ID & Password Management > Optum Cloud Dashboard

After registering, Password Owners and ID Administrators will initiate registration for others in their organization.

Password Owners/ID Administrator must initiate the registration for <u>UnitedHealthcareOnline.com</u> standard users via the Provider Managed Security app.

Standard Users will receive an email invitation to finish their online registration, enabling them to access Optum Cloud Dashboard.

After the registration process is completed, the user is directed to Optum Cloud Dashboard.

Future access to <u>www.unitedhealthcareonline.com</u> should be initiated by clicking the "b Link" app button on your Optum Cloud Dashboard.



**OPTUM**<sup>™</sup> Cloud

UnitedHealthcare\*

#### **Features & Functionality**

## The initial roll out included the following applications (apps):

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**OPTUM**<sup>®</sup> Cloud

- Provider Managed Security
- Claim Reconsideration *with Attachments* Recently Added Applications:
- Claims Management
- Eligibility and Benefits



#### **Quick Reference Guides**

#### UnitedHealthcare

#### OPTUM Cloud

#### Claim Reconsideration with Attachment

QUICK REFERENCE

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OPTUM <sup>®</sup> Cloud		
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	Eligibility & Benefits Center	QUICK REFERENCE
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-Additional Quick Reference available on

UnitedHealthcare AOPTUM" Cloud

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Health Resources for Patients	Need help? Visit the <u>Help</u> section for step-by-ste		verview of available tools and information
National Provider Identifier			
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<ul> <li>Pharmacy Resources</li> </ul>		Website	
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Products & Services	Optum Cloud Dashboard*	and the second	and the second second
Reports	Optum Cloud Dashboard, the next evolution of our online tools, is a cloud-based website	Live WebEx Sessions (60 minutes)	View resources for Optum Cloud Dashboard features
<ul> <li>Training &amp; Education</li> <li>⇒ UnitedHealthcare Community Plan Resources</li> </ul>	where UnitedHealthcare will launch new features and functionality for physicians and health care professionals	Register Now for an instructor-led session held the 1st Tuesday of every month (Q&A afterward)	and functions
<ul> <li>Welcome Kit for New Physicians and Providers</li> </ul>	<ul> <li>During the live session you will:</li> <li>Walk through the Optum Cloud Dashboard registration process.</li> <li>Learn how to use the Provider Managed Security Application.</li> <li>Link Tax ID's to one user ID using UnitedHealthcareOnline.com Multi-TIN Access.</li> <li>View a demonstration of the Claim Reconsideration with Attachment Application.</li> </ul>	Register Now for an instructor-led session held the 3rd Wednesday of every month (Q&A afterward)	

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#### **Training Available**

UnitedHealthcare	OPTUM Cloud
Join us for a Special Webinar	
Learn about Optum™ Cloud Dashboard's newest fe Center and the Claims Management application.	atures: Eligibility & Benefits
Webinar sessions are offered on Wednesdays and Thursda and register now.	ys. View available dates and times
In this 30 minute instructor-led webinar, you will learn a	bout:
Eligibility & Benefits Center (for UnitedHealthcare, Un UnitedHealthcare Medicare Solutions, UnitedHealthcare W	
Check eligibility for all lines of business.	
Get in- and out-of-network benefit information for mos	UnitedHealthcare members.
Review Coordination of Benefits information.	
Select additional copay and coinsurance categories to d	splay.
Claims Management (for UnitedHealthcare, UnitedHeal UnitedHealthcare West)	thcare Medicare Solutions and
Flag claims to view them automatically each time you I	ogin,
View line level and claim level remark codes.	
Get a clear definition of payment allocation.	
There will be time at the end for questions and answers.	
No time for a webinar? You can also explore Optun your own.	Cloud Dashboard's features on
If you're not registered to use secure features on Optur the instructions for Standard Users or Administrators.	n Cloud Dashboard, please refer to
Use our Quick Reference Guides to learn more about av	allable applications.

Helpful Links

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Home > Tools & Resources > Health Information Technology > Optum Cloud Dashboard

Home > Help > Optum Cloud Dashboard





- Call the Optum Cloud Dashboard Help Desk at: 855-819-5909
- Email: OptumCloudSupport@optum.com
- Training: Home > Tools & Resources > Training & Education



### **Claim Resolution Process**

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- 1) You must submit your Claim Reconsideration within 12 months from the date of the Explanation of Benefits (EOB) or Provider Remittance Advice (PRA).
- 2) If you do not agree with the outcome of the Claim Reconsideration decision send to your Provider Advocate.
- 3) If decision is still upheld you may submit a formal appeal request to:

UnitedHealthcare Provider Appeals P.O. Box 30559 Salt Lake City, UT 84130-0575

 You must submit your appeal to us within 12 months (or as required by law or your participation agreement), from the date of the Explanation of Benefits (EOB) or Provider Remittance Advice (PRA). Attach all supporting materials such as Customer-specific treatment plans or clinical records to the formal appeal request, based on the reason for the request. Include information which supplements your prior adjustment submission that you wish to have included in the appeal review.

\*\*\*\*\*\*Please note: Provider Advocates cannot submit claim inquiries on claims with dates of service greater than 18 months.\*\*\*\*\*\*\*

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## **Claim Resolution Process**

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A Claim Reconsideration request is typically the quickest way to address any concern you have with how we processed your claim. With a Claim Reconsideration request, we review whether a claim was paid correctly, including if your provider information and/or contract are set up incorrectly in our system, which could result in the original claim being denied or reduced.

There are several ways to submit a Claim Reconsideration Request.

 Submit an electronic Claim Reconsideration Request with attachments on <u>Cloud.Optum.com</u> (preferred method).

By using this method, you can:

- Reduce the overall turnaro und time for the request.
- Receive immediate confirmation and a unique tracking number to show we received your request.
- · Check submission status throughout the process.

To learn more, view the Optum Cloud Quick Reference Guide.

- If you are a registered user on <u>UnitedHealthcareOnline.com</u>, use Electronic Claim Reconsideration for submissions without attachments.
  - You'll be notified that your request was received.

View the <u>Claim Reconsideration Quick Reference Guide</u> for more information.

- 3. Paper Claim Reconsideration Request forms can be downloaded from:
  - UnitedHealthcare online.com <u>Claim Reconsideration</u>
    - o Paper Claim Reconsideration instructions (will add hyperlink to the combined document)
  - <u>uhcwest.com</u>
     >Library>choose your state>Resource Center>Claim Reconsiderations

Where to send the paper Claim Reconsideration Requests:

- For United Healthcare/United Healthcare West, if your request for a claim reconsideration is for a commercial or Medicare member, send the paper Claim Reconsideration Requests to one of the following:
  - the address on the Explanation of Benefits (EOB) or the Provider Remittance Advice (PRA)
  - > the claim address on the back of the member's ID card
- For United Healthcare Empire Plan, send to: P.O. Box 1600 Kingston, NY 12402-1600
- For United Healthcare Community Plan, if your request for a claim reconsideration is for a Medicaid/Chip member, go to:
- Community Plan Claim Reconsideration Mailing Addresses

# Information needed to begin claim research:

- ✓ Copy of the claim form including:
  - ✓ Member name
  - ✓ Member ID
  - ✓ Member DOB
  - ✓ Date of service
  - ✓ Claim amount
  - ✓ Tax ID

### and...

- ✓ Brief synopsis of steps taken to resolve the claim
  - and...

 Claim reconsideration form and additional documents previously submitted

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or...

✓ Ticket number from Optum
 Cloud (PTPCR-XXXXXX)

or...

 ✓ Reference number obtained from Customer Service which is a 15-digit number beginning with the letter C **UnitedHealthcare Navigate** 

### **UnitedHealthcare Navigate**<sup>®</sup>

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#### **An Introduction for Physicians**



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## **UnitedHealthcare Navigate**

## What is UnitedHealthcare Navigate?

- Primary care-focused product suite
- Plan design options for choice and flexibility
- Referrals to network specialists
- Broad national network with narrowed networks in some states
- Efficient care & lower costs



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## **Navigate At-a-Glance**

UnitedHealthcare Navigate Product Options	Benefit Levels	Network Physician with prior referral	Network Physician without prior referral	Non-Network provider
UnitedHealthcare Navigate	Network Only Benefit; Single Tier Benefits	Network Benefits	No Coverage* <sup>&amp;</sup> **	No coverage except for Emergency Care*
UnitedHealthcare Navigate Balance	Network Only Benefit; Single Tier Benefits	Network Benefits	Lower Network** Benefits	No coverage except for Emergency Care*
UnitedHealthcare Navigate Plus	Network and Non Network Benefits; Three Tiered Benefit	Network Benefits	Lower Network** Benefits	Non Network Benefits



For example, a patient with Navigate Balance may have a \$30 co-pay to see a network specialist with a referral and also have a choice to see a network specialist without a referral for a higher co-pay amount of \$75;

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\*Member is responsible for the billed amount (subject to exceptions for which applicable law does not allow a referral requirement).

\*\*Member is responsible for charges incurred for visits to an In Network Physician <u>other than their PCP</u> without a referral.

Note: Member will incur a higher co-pay for Urgent Care versus PCP visits



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

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**Navigate Health Care ID Cards** 

## **Navigate - Patient Eligibility**

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Patient Eligibility & Benefits	s Claims	s & Payments No	otifications/Prior Authorization	s	Tools & Resources	Clinician Resources
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	Subscriber Number	1000	Effective Date;		09/01/2012	Submit Claims
Adult Health Risk Assessment	Group Number Product:	-	Termination Date Funding Status:		Not Avsilable	Check Claim Status
UnitedHealthOne	Insurance Type:	Commercial	Eligible for Language	Assistance	Not Avanable No	
	Electronic Payer ID:	87728	Verbal Language Prefe			
Referral Reminders	Member's Primar	Atlanta. GA 30374-0809	is patient for specialty care to	a participat	ing physician	
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#### TIP! Submit demographic changes on UnitedHealthcareOnline.com

## **Navigate Referral Requirements**

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PCP makes electronic referrals to each network specialist



20

#### **Routine Referrals**

- PCP or covering physician with same TIN must submit electronic referral
- Six visits allowed per referral
- Valid up to six visits or six months, whichever comes first
- Any claim from specialist TIN is subtracted from number of visits within same date range

#### **Standing Referrals**

- For long-term treatment of chronic conditions
- 99 visits allowed per referral
- Valid up to 99 visits or six months, whichever comes first
- PCP can issue additional referrals after visits are used or referral expires





## **Navigate Referral Requirements**

Referrals required to see network specialists only



#### **Eligible Services NOT Requiring a Referral**

- Network Obstetrician/Gynecologist
- Routine refractive eye exam from a network provider<sup>1</sup>
- Mental health/substance use disorder services with network
   behavioral health clinicians

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- Services from physicians in the same tax ID number (TIN) as the member's PCP
- Services from a pathologist, radiologist or anesthesiologist
- Services rendered in any emergency room or network urgent care center or convenience clinic
- Physician services for emergency/unscheduled admissions<sup>2</sup>
- Any services from inpatient consulting physicians
- Any non-physician type services
  - Outpatient lab, x-ray, or diagnostics.
  - Physical therapy, DME, home health, prosthetic devices or hearing aids
  - Or rehab services with the exception of manipulative treatment and vision therapy performed by physician

<sup>1</sup> One exam every two years is a standard benefit in fully insured medical coverage.

<sup>2</sup> Unscheduled admissions require standard notification after the patient is admitted, as described in the Administrative Guide.

## **Navigate Referral Submission**

#### Patient Eligibility & Benefits **Claims & Payments** Notifications/Prior Authorizations Tools & Resources **Clinician Resources** Home > Notifications/Prior Authorizations > Referral Submission 7 Help Printer Friendly Page Referral Submission Referral Submission 8 6 8 Referral Status Patient Name: BOB PATIENT Notification/Prior Authorization Referral Submission **Eligibility Details** Deductibles & Out of Pocket Copays & Coinsurance Additional Benefits Information Required Inquiry Patient Information Notification/Prior Authorization Eligibility for: BOB PATIENT View Patient's ID Card Relationship: Employee Eligible for Language Assistance: No Status Subscriber #: 000000001 Effective Date: 05/01/2012 Verbal Language Preference: 704335 **Termination** Date Written Language Preference: Group #: Notification/Prior Authorization Submission Product Insurance Type: Commercial **Referring Physician Information** Radiology Notification 8 hours Service Type: Referral Authorization - Submission & Status SALLY PHYSICIAN Tax ID: 721356674 Name: 10 MAIN RD MONT GOMERY, AL 36106 2694 Address: OptumRx Prior Authorization **Referral Details** Submission & Status Retroactive referrals \*Type Of Referral: Type Of Referral are not accepted O Yes O No \*Other Insurance Coverage. Cardiology Notification & Authorization - Submission & Start Date: (Referral valid for 6 months past the Start Date) \*Number Of Visits: Status (mm/dd/www) \*Specialist information is required. Select the SPECIALIST SEARCH button to search for and select a specialist. Specially Drug Prior Authorization Submission 8 SPECIALIST SEARCH Status (Medicare Part B) "Diagnosis Code: Q. 2. 9 \*Procedure Code: 2 Comments:

#### **Referral Submission**

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- Electronic referrals required to notify UHN
- Available 24/7
- Effective immediately
- Viewable online within 24 hours
- Printer friendly Referral Confirmation
- User profiles must have access to referral screen

Referral Status and Submission Online Tutorial available under Help

SUBMIT



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You can find more information, FAQ's, Quick Reference Guides & interactive tutorials at:

<u>www.unitedhealthcareonline.com</u> > Tools & Resources > Products & Services > UnitedHealthcare Navigate

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Doc#: UHC1926x\_20130313



## Measuring Patient Care: Medicare Star Ratings

## Patient Care Opportunity Reports PCOR

## UnitedHealthcare®

### • What is a PCOR Report?

- A tool that provides clear and actionable information for physician groups and organizations to use to identify their patients' adherence status.
- The report uses UHC pre and adjudicated claims and other supplemental data to provide clinical and Part D information on members, either assigned or attributed to a PCP, in the group that have at least one open or closed care opportunity for the reporting year.
- The report is generated monthly and shows progress at the member level as "gaps" are closed throughout the year. Reports are also now available directly from UnitedHealthcareOnline.com and instructions are printed on the cover page of the reports.



## Patient Care Opportunity Report PCOR

## UnitedHealthcare®

## **Sample Patient Care Opportunity Report**

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## Patient Care Opportunity Report PCOR

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## How do I access our reports via UHConline?

Accessing Your Reports Online

- 1. Log into your UnitedHealthcareOnline.com account
- 1.1. For new user registration, visit UnitedHealthcareOnline.com, click the "New User" link in the upper right corner and follow the prompts. If you have questions about registration, call 866-UHC-FAST (866-842-3278), and select Option 2
- 2. Click on Clinician Resources
- 3. Click on Performance Measurement and Reporting
- 4. Click on Physician Performance and Reporting
- 5. Click on Reporting to access your reports
- 5.1 If this is the first time you are accessing your reports, enter your Program Identifier access pin: 012A34

5.2 If you are unable to access your reports for any reason, please contact the Resource Center at 866-270-5588 from 8 a.m. to 7 p.m. (CST), Monday through Friday.

# The Patient Assessment Form HQPAF

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- Another option available to our Primary Care Physicians to help close these open care opportunities is the HQPAF form. Providers are reimbursed \$75 for each HQPAF form completed, submitted and accepted.
- The goal of the PAF program is to help ensure that these patients receive a complete and comprehensive health assessment at least once per year. The PAF program also supports a variety of CMS quality programs, including HEDIS and the Star Quality Rating system.
- Correctly completed forms submitted with the appropriate signed documentation will be reimbursed a one-time administrative fee for each comprehensive patient evaluation per calendar year. This reimbursement is solely to compensate you for any professional time and administrative costs you have incurred by participating in this program.

# The Patient Assessment Form HQPAF

## UnitedHealthcare®

Sal	mple HQP/		
		Health Pla	nn Logo
Healthcare Quality	Patient Assessm	ent Form	
The Hesithcare Quality Patient Assessment Form (HQ guestions, piece contact 1-977-751-9207.	FAF) program is developed and administered by Q	plant todigiti on the nalf of Health Plant	LRet
Instructions			
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	nic Pancrealtis (577.1)		
Dabetic Neuropathy Diao	eles Melitus (250.00), Peripheral Autonomic: rotativ (596.54)		
	(Natrix (335.24) nic Pain (335.29)		
	ny of Smoking (V 15.82), Clabeles Melitis		
	1.00), Arterlos doreros is-Coronary (414.00) ic Florosis (277.0)		
Note: Additional information and reference links on		he PAF instructions	
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## **Questions?**



### **Preventive Care Information**

## Information can be found on <u>www.unitedhealthcareonline.com</u> and following the pathway below:

<u>Home</u> > <u>Tools & Resources</u> > <u>Policies, Protocols and Guides</u> > <u>Medical & Drug Policies and Coverage</u> <u>Determination Guidelines</u>

\*\*\*It is important to follow our Preventive Care Services Coding Guidelines Summary for instructions on proper CPT/ICD-9 coding combinations & criteria to ensure proper processing under the members preventive benefits.

#### Р

- ・ Panniculectomy and Body Contouring Procedures ト
- ・ <u>Pectus Deformity Repair</u> ト
- ・ <u>Plagiocephaly and Craniosynostosis Treatment</u> ト
- \* Platelet Derived Growth Factors for Treatment of Wounds
- ・ Pneumatic Compression Devices ト
- Polysomnography and Portable Monitoring for Evaluation of Sleep Related Breathing Disorders 🤸

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- ・ Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain ト
- Preterm Labor: Identification and Treatment
- Preventive Care Services
- Preventive Care Services Coding Guideline Summary
- ・ Private Duty Nursing ト
- ・ Prolotherapy for Musculoskeletal Indications ト
- ・ Propranolol Treatment for Infantile Hemangiomas: Inpatient Protocol ト
- Prosthetic Devices and Wigs 🕹
- Proton Beam Radiation Therapy

## **Incident To**

# Information can be found on <u>www.unitedhealthcareonline.com</u> and following the pathway below:

Home	Tools & Resources	Policies, Protocols and Guides	Medicare Advantage Reimbursement Policies
			•

\*\*\*UnitedHealthcare does not currently have an "Incident To" policy that applies to our commercial plans.

- INDEPENDENCE iBOT 4000 Mobility System (NCD 280.15) ≻
- ・ Implantable Automatic Defibrillators (NCD 20.4) ト
- ・ Implantation of Anti-Gastroesophageal Reflux Device (NCD 100.9) ト

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Incident To Services ト

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### **Important Updates**

Lab Bill Type 141 Claims Project:

- Commercial claims project has been completed
- Medicare claims will be re-processed over the next 10 weeks due to the high volume of claims that require re-processing

Denials for no NDC

- Edit has been turned off that was causing the denials
- Incorrectly denied claims will be re-processed
- Any Refund Requests were stopped and reversed
- An NDC is only required for drugs/biologics that do not have a specific J code.

Therapy Claims denying for "Not Meeting Vision Therapy LCD"

- Issue has been identified
- Still working on a fix
- Once the fix is implemented a National claims project will ensue and all incorrectly denied claims will be re-processed.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Doc#: UHC1926x\_20130313

## **Questions?**

Questions should be directed to your Provider Relations Advocate:

UnitedHealthcare

Northern IN: Jodie Hattery	jodie_hattery@uhc.com	260-490-7191
Central IN: Jenifer Smith	jenifer_m_smith@uhc.com	317-405-3502
Southern IN: Molly Clemons	<u>molly_f_clemons@uhc.com</u>	502-241-9915
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