
UnitedHealthcare Connected™
for +MyCareOhio
Connecting Medicare + Medicaid

What You Need to Know for May 1, 2014

Agenda

- **Introduction Connecting Medicare + Medicaid**
- **Member ID Cards**
- **Pharmacy Program**
- **United Behavioral Health**
- **Vision/Dental Care**
- **Home- and Community-Based Services Program**
- **Long-Term Care (or Skilled Nursing) Facility Benefits**
- **Care Coordination and Collaboration**
- **Prior Authorization Overview**
- **Claim Submission/Dispute/Reconsideration**
- **Online Access: Optum Cloud Dashboard**
- **Resources and Support**
- **Additional Training**
- **Questions and Answers**

NOTE:

**This information is current as of today.
For the most current version of this
presentation and ongoing updates,
please visit: UHConnected.com/OHIO**

Introduction: Connecting Medicare + Medicaid

An Integrated Care Delivery System that combines all benefits available through traditional Medicare and Medicaid programs, including long-term care, behavioral health and home and community based services into an integrated plan.

The Home and Community Based Services (HCBS) program was established as a waiver program for target populations, defined by the states, requiring a wider range of HCBS than normally covered under the state plan; and who are Medicaid recipients who would otherwise require long-term care in a managed facility as designated by the specific waiver.

Regular HCBS waivers must be limited to one of the following target groups or any subgroup thereof that the state may define:

- a) Aged or disabled, or both; or
- b) Mentally retarded or developmentally disabled, or both; or
- c) Mentally ill.

Introduction: Connecting Medicare + Medicaid

Patient (Person)-Centered Care is an approach and philosophy that always puts the person/member first. – where the uniqueness of each person is respected and honored.

Care Coordinators (sometimes referred to as Care Managers) work directly the member or family to identify the needs and desired outcomes of our member; and collaborates with the care management team to facilitate the member's prescribed treatment plans and recommended support services.

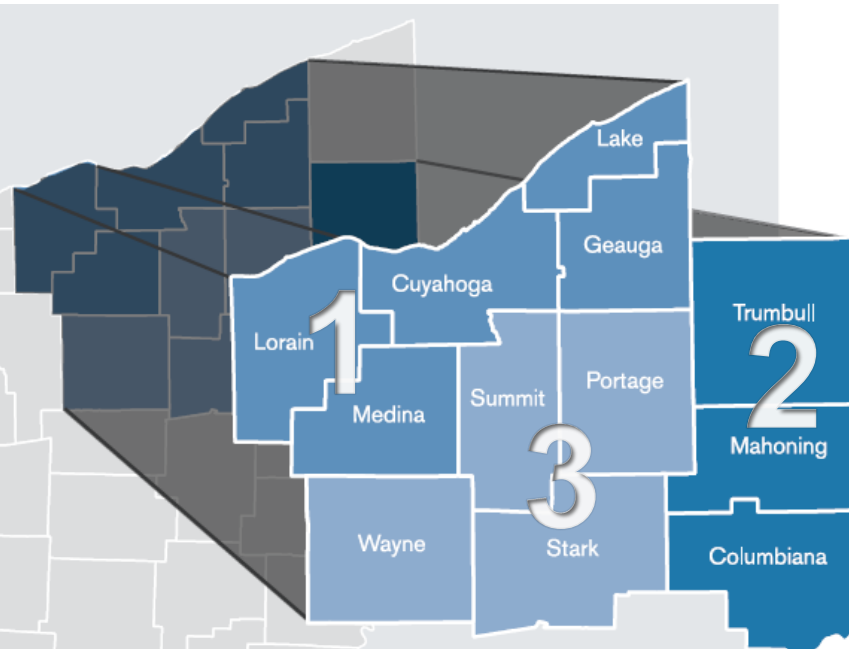
Three-Year Demonstration in cooperation with the Centers for Medicare and Medicaid Innovation.

Available to eligible individuals older than 18, who qualify for Medicaid, with Medicare Parts A, B & D and live in one of the multi-county demonstration regions.

Introduction: Connecting Medicare + Medicaid

Our Service Area Includes these Counties

- Columbiana
- Cuyahoga
- Geauga
- Lake
- Lorain
- Mahoning
- Medina
- Portage
- Stark
- Summit
- Trumbull
- Wayne



Roll Out Dates

1. May 1, 2014
2. June 1, 2014
3. July 1, 2014

Member ID Cards

Dual Special Needs Plans:
Separate Medicaid and Medicare cards

County MONTGOMERY	Ohio Medicaid
Case/Category/Sequence 999999999/MA A/01	
Eligibility Begin Date 01/01/00	
Void After Date 01/30/00	
Ohio Department of Job and Family Services Consumer Hotline – 1-800-324-8680 or TDD 1-800-292-3572	

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JOHN DOE			
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX MALE	SAMPLE	
IS ENTITLED TO HOSPITAL (PART A)	EFFECTIVE DATE 01-01-2007		
MEDICAL (PART B)	01-01-2007		
SIGN HERE → _____			

MyCare Ohio:
One card for everything

UnitedHealthcare Community Plan		MyCareOhio Connecting Medicare+Medicaid
Health Plan (80840) 911-87726-04		
Member ID: 999999999		
Member: SUBSCRIBER M BROWN SR MMIS: 999999999999 PCP Name: DR. PROVIDER BROWN PCP Phone: (999)999-9999	Payer ID: 87726	MedicareRx Prescription Drug Coverage Rx Bin: 610097 Rx Grp: MMPOH Rx PCN: 8500
UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan) H2531 PBP# 001		

Printed: 05/25/11		
In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.		
Website:	MyUHC.com/CommunityPlan	
Member Services:	1-877-542-9236	TTY 711
Behavioral Health Crisis:	1-877-542-9236	TTY 711
Care Management:	1-877-542-9236	TTY 711
24 Hour Nurse Advice:	1-800-542-8630	TTY 711
For Providers:	1-800-600-9007	
Send claims to:	PO Box 8207, Kingston, NY, 12402-8207	
Eligibility Verification:	1-800-600-9007	Claim Inquiry: 1-800-600-9007
Pharmacy Claims:	OptumRx, PO Box 29045, Hot Springs, AR 71903	
Pharmacy Help Desk:	1-877-889-6510	

Member ID Cards

Ohio Medicaid :

County MONTGOMERY	Ohio Medicaid
Case/Category/Sequence 9999999999/MA A/01	
Eligibility Begin Date 01/01/00	
Void After Date 01/30/00	
Ohio Department of Job and Family Services Consumer Hotline – 1-800-324-8680 or TDD 1-800-292-3572	



MyCare Ohio: Medicaid Only

Front

Health Plan (80840) 911-87726-04		
Member ID: 999999999		
Member: SUBSCRIBER M BROWN SR MMIS: 999999999999	Payer ID: 87726	
PCP Name: DR. PROVIDER BROWN PCP Phone: (999)999-9999		
UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan) H2531 PBP# 001		

Back

Printed: 05/25/11	
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Eligibility Verification:	1-800-600-9007 Claim Inquiry: 1-800-600-9007
Pharmacy Claims:	OptumRx, PO Box 29045, Hot Springs, AR 71903
Pharmacy Help Desk:	1-877-889-6510

Pharmacy Program

UnitedHealthcare Connected™ for MyCare Ohio Rx Benefit Plan is a Three-Tier Formulary:

- **Tier1:** Generic* drugs – apply Low Income Cost Subsidy (LICS) copay on generic Medicare covered Part-D payable drugs
- **Tier2:** Brand** drugs – apply LICS copay on brand Medicare covered Part-D payable drugs
- **Tier3:** Over-the-counter (OTC) – Medicare covered Part-B drugs and diabetic supplies at \$0 copay – REQUIRES PRESCRIPTION

Medicaid benefit will not pick up LICS copay; the member is responsible for LICS copay.

You can access our Preferred Drug List (PDL) by going to:
UHCCommunityPlan.com > For Health Care Professionals >
OH > Pharmacy Program

*Generic drug defined as having an Abbreviated New Drug Application (ANDA) application with FDA.

**Brand drug defined as having New Drug Application (NDA) application with FDA.

Pharmacy Program

Treatment Transition and Prior Authorizations

- Our Transition Supply Strategy is designed to ease member transition to the new formulary by providing at least one transition fill with explicit communication outlining coverage change and options for changing prescription.
- New members of MyCare Ohio can obtain a 30-day *transition supply* of their current medications within their first 90 days of enrollment for drugs not covered or requiring prior authorization.
- Long Term Care facility (LTC) members of MyCare Ohio can obtain up to three fills of their current medications or up to 91-days supply within their first 90 days of enrollment for drugs not covered or requiring prior authorization.

Pharmacy Program

Treatment Transition and Prior Authorizations

- OptumRx Prior Authorization and Exception Review Helpdesk staff are trained to answer formulary questions, including formulary alternatives, prior authorization status and other prior authorization related questions.
- To obtain a prescription drug prior authorization, please call OptumRx Prior Authorization and Exception Review Help Desk at 800-711-4555.
- For Medicare-Medicaid Plans Part D Appeals,
Mail appropriate documentation to:

UnitedHealthcare Community Plan
Attn: Part D Standard Appeals
P.O. Box 6103
Cypress, CA 90630-9998

Or fax the forms to: 877-960-8235

Visit UHCCommunityPlan.com to obtain additional information about transition supply fills, prior authorization guidelines and formulary updates.

United Behavioral Health

- Our Behavioral Health (BH) provider network includes: MD/DO, PhD, LISW, LPCC, and APRN
- BH providers and facilities must have both a valid Medicare and Medicaid ID number
- All BH credentialing requirements can be found at:
ProviderExpress.com > *Our Network* > *Join our Network*
- For claims status, member eligibility and benefits please go to:
UnitedHealthcareOnline.com > *Claims & Payment*

For more information please call Behavioral Health Provider Information, 877-614-0484.

Vision/Dental Care

Vision Care

- Routine vision care provided by Block Vision

For more information please call Block Vision Provider Information at 866-819-4298.

Dental Care

- Routine dental care provided by DentaQuest
- Enrollment information can be found at: DentaQuest.com > *Dentists*

For more information please call DentaQuest Provider Information at 800-895-2017.

Home- and Community-Based Services Program

MyCare Ohio combines the supports and services of five Ohio HCBS waivers:

1. Ohio Home Care Waiver
2. Transitions II Carve out Waiver
3. PASSPORT
4. Choices Waiver
5. Assisted Living Waiver

HCBS Providers must have a Medicaid provider agreement with Ohio Department of Medicaid (ODM), either:

- Approved by ODM to provide services for an ODM HCBS Medicaid Waiver; or
- Certified by Ohio Department of Aging (ODA) to provide services for an ODA HCBS Medicaid Waiver

Patient Liability:

- Transition to MyCare Ohio Waiver – no change in collection
- New to MyCare Ohio Waiver – agreeable waiver service provider(s) to collect

If you have questions, please call Provider Services at 800-600-9007.

Home- and Community-Based Services Program

Transition of Care

The transition period applies to individuals who were enrolled on any of the previously listed Ohio Medicaid waivers *immediately* prior to enrolling on the MyCare Ohio Waiver.

In order to minimize service disruption, the members' existing service levels and providers will be maintained for a pre-determined amount of time, depending upon the type of service. The members' services and service providers will remain in place for a limited time, with some exceptions as follows:

Exceptions:

During the transition period, a change from the existing provider can occur in the following circumstances:

- The member requests a change,
- The provider gives appropriate notice of intent to discontinue services to a member, or;
- Provider performance issues are identified that could adversely affect a member's health and welfare

Long Term Care Facility Benefits

- Long-term care (LTC) facilities may be defined as institutions, such as **nursing homes** and **skilled nursing facilities** that provide healthcare to people who are unable to manage independently in the community, whether custodial or chronic care or short-term rehabilitative services.
- If a member has the full Medicare and Medicaid benefit with UnitedHealthcare, all LTC facility services reimbursable under Medicare will be covered with no co-insurance or copays.
- Services traditionally covered under Medicare should be billed separately from traditional Medicaid services.
- If the UnitedHealthcare Nursing Home Plan is already established in your facility, there should be no disruption in service.

Long Term Care Facility Clinical Benefits

The LTC Care Manager will be responsible for:

- Completing and updating the Comprehensive Assessment as appropriate
- Developing and maintaining the Care Plan
- Completing the assessment for repatriation as appropriate and communicating results to Care Management team for further action
- Making scheduled and unscheduled visits to medically manage the patient
- Reviewing overall medication regimen with the goal of reducing high risk medications.
- Identifying outpatient services (including Psychiatric) that may be required
- Following up after hospitalization to ensure a smooth transition back to the LTC facility; includes a new Comprehensive Bi-Psycho-Social Assessment, medication review, and hospital order review.
- Recommending member review for hospice eligibility.

Long Term Care Facility Billing – Medicare

Service Level	Rev Code	Payment Method	Rate
Skilled Nursing Service	Revenue Code 0022 with applicable HIPPS Rate Code(s)	RUGS	100% of CMS RUG PAYMENT
Covered Outpatient Services	Applicable Revenue Code and CPT/HCPCS Codes	Per Unit via CMS	96% of CMS RUG PAYMENT

Long Term Care Facility – Medicare Coinsurance

- No direct crossover of co-insurance claims for MyCare OHIO members from Original Medicare who have Original Medicare as their Medicare carrier.
- Initially, all LTCs should submit claims for Medicare co-insurance to the Medicaid plan. Electronic submission is preferable when available, use billing software to enter the amounts from the Medicare Explanation of Benefits (EOB).
- Information entered from the Medicare EOB should always match the claim submitted to the Medicaid plan to avoid denials.
- Always include the UnitedHealthcare member ID and group number on every claim.

NOTE: TO HELP ENSURE PROPER PROCESSING DO NOT USE THE STATE MEDICAID ID OR SOCIAL SECURITY NUMBER.

Patient Liability: LTC and HCBS Claim Payments

- The LTC is responsible for collecting the patient liability (PL) amount.
- Providers and facilities must indicate the amount of PL on their claims for long-term care facility services in the value code amount field with a value code of 31.
- UnitedHealthcare will deduct the amount of the PL reported by the state on the 834 eligibility file from the charge billed by the provider.
- Patient liability deductions will not be prorated when providers bill claims more frequently than monthly.
- The full PL amount will be deducted from claims until the full amount is met. However, PL will be prorated if the member was not in the facility for the full month.

Patient Liability: LTC Claim Adjustment Process

- **Retroactive changes to PL:** Automatic adjustments will be made based on State retroactive reports on the 834 eligibility file without any provider intervention through an internal adjustment process.
- **Provider Disputes:** Should the provider dispute the claim deduction based on the 834 file, they can submit a reconsideration request with the PL amount expected, with a copy of the ODM Form 9401 supporting the assertion. If we cannot adjust the claim, we will contact provider directly.

NOTE: Electronic submission is available via the Optum Cloud.

Long Term Care Facility Billing – Medicaid Inpatient Service Category



Service Level	Rev Code	Payment Method	Rate
Residential Care day excludes PA1 and PA2 Acuity Level	Revenue Code 0101	Per Diem	100% of Medicaid Per Diem
Residential Care days for PA1 and PA2 Acuity Level	Revenue Code 0220	Per Diem	100% of nursing facility flat rate
Hospice Room and Board	Revenue Code 0658	Per Diem	95% of Medicaid Per Diem

Rate Changes

- The state of Ohio may update nursing facility rates periodically throughout the year. Providers will be paid at the rate in effect on the date of services.
- We will *proactively* reprocess any claims paid incorrectly due to delays in system updates or retroactive rate change by the state – no claim reconsideration requests required.

Medicaid – LTC Hospice Services

All payments for MyCare Ohio nursing facility residents on hospice with UnitedHealthcare's Medicaid benefit will be made directly to the hospice provider with the exception of the custodial room and board.

Payment for the daily residential room and board in a nursing facility will be paid directly to the nursing facility at 95% of their daily rate when billed with a 0658 revenue code.

Medicaid – LTC Respite Services

Service Level	Rev Code	Payment Method	Rate
Respite Care Services	Revenue Code 0663 and HCPCS Code H0045	Per Diem	100% of Medicaid Per Diem

Facility Reimbursement: Respite

Respite care is the admission of an individual to a nursing facility in order to provide respite to an in-home caregiver to whom the individual is expected to return following the brief respite stay

- Nursing facilities can receive reimbursement for MyCare Ohio members with UnitedHealthcare’s Medicaid benefit not accessing a Medicare Part A benefit for skilled care.
- Providers bill revenue code 0663 and HCPCS H0045 and receive 100% of the Medicaid daily rate.

Long Term Care Facility Billing – Medicaid Reserve Days Category

Service Level	Rev Code	Payment Method	Rate
LTC Facility hospital leave day excludes PA1 and PA2 Acuity Level	Revenue Code 0185 (prior year occupancy rate equal to or greater than 95%)	Per Diem	50% of Medicaid Per Diem
LTC Facility hospital leave day excludes PA1 and PA2 Acuity Level	Revenue Code 0185 (prior year occupancy rate less than 95%)	Per Diem	18% of Medicaid Per Diem
LTC Facility therapeutic leave day excludes PA1 and PA2 Acuity Level	Revenue Code 0183 (prior year occupancy rate equal to or greater than 95%)	Per Diem	50% of Medicaid Per Diem

Long Term Care Facility Billing – Medicaid Reserve Days Category

Service Level	Rev Code	Payment Method	Rate
LTC Facility therapeutic leave day excludes PA1 and PA2 Acuity Level	Revenue Code 0183 (prior year occupancy rate less than 95%)	Per Diem	18% of Medicaid Per Diem
LTC Facility leave days for PA1 and PA2 Acuity Level	Revenue Code 0189 (prior year occupancy rate equal to or greater than 95%)	Per Diem	50% of Medicaid Per Diem
LTC Facility leave days for PA1 and PA2 Acuity Level	Revenue Code 0189 (prior year occupancy rate less than 95%)	Per Diem	18% of Medicaid Per Diem

Care Coordination and Collaboration

The Care Management Team will be made up of our providers and the Care Coordinator, who will be the primary contact between the member and all participating providers.

Care Management Team can include:

- Member/Patient
- Member's family member, caregiver, neighbor, etc.
- MyCare Ohio *Care Coordinator*
- *Waiver Service Coordinator*, if appropriate
- *Primary Care Provider*
- Specialists, i.e., therapist, pharmacist, etc.
- HCBS Providers as applicable, i.e., barber, housekeeper, etc.

The **Community Care Platform** is an online space where all UnitedHealthcare *Connected* for MyCare Ohio providers can share vital information/feedback creating a 360 degree member profile to include member's status, care plan and objectives. Continue to check UHCConnected.com/Ohio > Resources for additional information.

Providers may refer members for Care Coordination by calling 800-508-2581

Prior Authorization Overview

- The presence or absence of a procedure or service on the list does not define whether or not coverage or benefits exist for that procedure or service. A facility or practitioner must contact UnitedHealthcare *Connected* for prior authorization.
- All prior authorization requests for physical and behavioral health, physical, occupational and speech and language therapy should be directed to the UnitedHealthcare *Connected* Prior Authorization Department at 800-366-7304.
- Requests for pharmacy prior authorization/exception review can be made through OptumRx PA/ Exception Review Helpdesk at 800-711-4555.

If you have questions, please call Provider Services at 800-600-9007.

Claim Submission

- Electronic claims are submitted to 87726 payer ID.
- Individual claims can be submitted via UnitedHealthcareOnline.com.
- Paper claims should be mailed to:
UnitedHealthcare Community Plan of Ohio
P.O. Box 8207
Kingston, NY 12402-8207

If you have questions, please call Provider Services at 800-600-9007.

Claims: Dispute and Reconsideration

Dispute Overview

- UnitedHealthcare *Connected* Policy requires that the dispute, with required documentation, must be received within **60 days of the original denial notice**.
- Failure to request a claims dispute within the 60 days is deemed a waiver of all rights to further administrative review.
- A claim dispute must be in writing and state with particularity* the factual and legal basis and the relief requested, along with any supporting documents (e.g., claim, remit, medical review sheet, medical records, correspondence, etc.).

*Particularity usually means a chronology of pertinent events and a statement as to why the provider believes the action by UnitedHealthcare of Ohio was incorrect.

Claims*: Dispute and Reconsideration

Claim Dispute Submission

- Disputed claims *without* paper attachments can be submitted at UnitedHealthcareOnline.com.
- Disputed claims *with* paper attachments can be submitted on the Optum Cloud Dashboard.
- Claim Dispute Mailing Address:
UnitedHealthcare Community Plan of Ohio
P.O. Box 31364
Salt Lake City, UT 84131-0364

*This information relates to medical and behavioral claims specifically

Claim Reconsideration Submission

- Claim Reconsideration can be submitted on the Optum Cloud Dashboard.

If you have questions about the claim dispute process, call Provider Services at 800-600-9007.

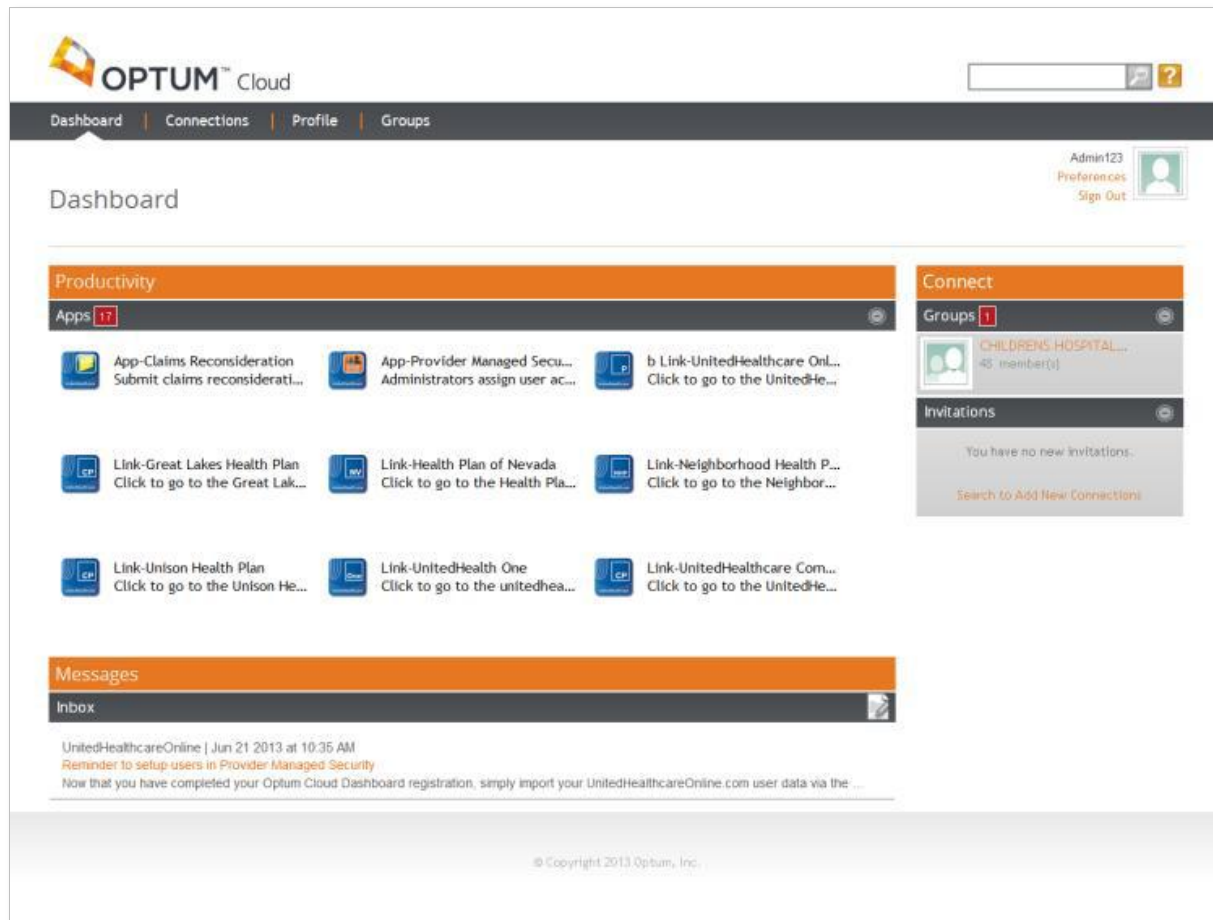
Online Access: Optum Cloud Dashboard

Optum Cloud Dashboard is a secure website for providers to access all UnitedHealthcare websites. Through Optum Cloud Dashboard you can **submit claims with attachments.**

To access Optum Cloud Dashboard:

- Contact your password owner (the person who approved your access to UnitedHealthcareOnline.com) or ID administrator to register and begin your set-up process.
- Registration assistance is also available through the Optum Cloud Support Center at 855-819-5909 (Monday through Friday, 7 a.m. to 9 p.m. CST).
- Live, online trainings are available the first Tuesday and third Wednesday of each month. You can register by going to: UnitedHealthcareOnline.com > *Quick Links* > *Optum Cloud Dashboard* then click **Webcast Seminars** to register.

Online Access: Optum Cloud Dashboard



The screenshot displays the Optum Cloud Dashboard. At the top left is the 'OPTUM Cloud' logo. A navigation bar contains 'Dashboard', 'Connections', 'Profile', and 'Groups'. On the right, a search bar and a user profile for 'Admin123' with 'Preferences' and 'Sign Out' options are visible. The main content area is titled 'Dashboard' and is divided into three primary sections: 'Productivity', 'Connect', and 'Messages'. The 'Productivity' section shows 'Apps 17' and lists several application tiles with icons and brief descriptions, such as 'App-Claims Reconsideration' and 'App-Provider Managed Security'. The 'Connect' section shows 'Groups 1' with a tile for 'CHILDRENS HOSPITAL...' (45 member(s)) and an 'Invitations' section stating 'You have no new invitations.' with a 'Search to Add New Connections' link. The 'Messages' section shows an 'Inbox' with a message from 'UnitedHealthcare-Online | Jun 21 2013 at 10:35 AM' regarding 'Reminder to setup users in Provider Managed Security'. A footer at the bottom center reads '© Copyright 2013 Optum, Inc.'

Resources and Support

Important Phone Numbers

Provider Services	800-600-9007
Prior Authorization	800-366-7304
Care Management	800-508-2581
UnitedHealthcare Nat'l Credentialing Center	877-842-3210
OptumRx Pharmacist	877-889-6510
OptumRx PA/Exception Review	800-711-4555
Behavioral Health Provider Information	877-614-0484
Member Services Monday-Friday 7 a.m. to 8 p.m. EST	877-542-9236 - TTY 711
24/7 Nurses LineSM	800-542-8630
Available 24 hours a day, seven days a week	TTY 800-855-2880

Resources and Support

Important Addresses

Plan Website	UHCConnected.com/OHIO
Medical Claims	P.O. Box 8207, Kingston, NY 12402-8207
Medical Claim Dispute	Community Plan of Ohio P.O. Box 31364, Salt Lake City, UT 84131-0364
Pharmacy Claims	OptumRx P.O. BOX 29045, Hot Springs, AR 71903
MMP Part D Appeals	Part D Standard Appeals P.O. Box 6103, Cypress, CA 90603-8235 Fax: 877-960-8235

Member Eligibility, Claim Status and Reference Materials

UnitedHealthcareOnline.com > *Tools and Resources* > *UnitedHealthcare Community Plan Resources*

Credentialing

UnitedHealthcare National Credentialing Center: 877-842-3210

Resources and Support

Resource for Health Plan Assignment:

Medicaid Information Technology System: OHMITS.COM

Ohio Medicaid Provider Fee Schedule:

Medicaid Information Technology System: OHMITS.COM

ODM Hotline – Medicaid Consumer Information:

800-324-8680, Monday - Friday 7 a.m. to 8 p.m. and Saturdays 8 a.m. to 5 p.m.
or online at [Ohio Medicaid Consumer Hotline](https://OhioMedicaidConsumerHotline.com) (OhioMH.com).

Important Email Address

ICDSProvider@uhc.com

Resources and Support

This Presentation

UHCConnected.com/OHIO > *Provider Training*

Member Eligibility, Claim Status and Reference Materials

UnitedHealthcareOnline.com > *Tools and Resources* > *UnitedHealthcare Community Plan Resources*

MyCare Ohio Additional Information and Materials

UHCConnected.com/OHIO > *Resources*

Where do I find:

Go to:

Demographic, fee schedule, and contract details?

Network Account Manager

General information?

Provider Advocate

Additional Training

Over the coming weeks, additional training will be available to help facilitate the transition to this new Medicare-Medicaid plan. We will be covering diverse topics, including:

- ADA Requirements/Compliance
- Cultural Competency
- Provider Manual Overview
- Team-Based Care Management: Introducing the Community Care Platform

Materials documenting the UnitedHealthcare Connected for MyCare Ohio health plan can be found at UHCConnected.com/Ohio.

Thank you!

NOTE:

This information is current as of today.
For the most current version of this presentation visit:
UHCConnected.com/OHIO under *Provider Training*