UnitedHealthcare Connected for MyCareOhio

Connecting Medicare + Medicaid

What You Need to Know
Agenda

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• Home- and Community-Based Services Program
• Pharmacy Program
• United Behavioral Health
• Vision/Dental Care
• Physical Health Benefits
• Long-Term Care or Skilled Nursing Facility Benefits
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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 with 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.

This is a **Demonstration** in cooperation with the Centers for Medicare and Medicaid Services.

**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
Member ID Cards

Dual Special Needs Plans:
Separate Medicaid and Medicare cards

MyCare Ohio:
One card for everything

UnitedHealthcare
Community Plan

Ohio Medicaid

County: MONTGOMERY
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: 1-800-324-8880
or TDD 1-800-292-3572

Medicare

NAME OF BENEFICIARY
JOHN DOE
MEDICARE CLAIM NUMBER: 000-00-0000-A
SEX: MALE
IS ENTITLED TO: HOSPITAL (PART A) 01-01-2007
MEDICAL (PART B) 01-01-2007
SIGN HERE
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.
**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
Home- and Community-Based Services

- Adult Day Health Services
- Alternative Meals Service
- Assisted Living Services
- Choices Home Care Attendant
- Chore Services
- Community Transition
- Emergency Response Services
- Enhanced Community Living Services
- Home Care Attendant
- Home Delivered Meals
- Homemaker Services

- Home Medical Equipment and Supplemental Adaptive and Assistive Devices
- Home Modification Maintenance and Repair
- Independent Living Assistance
- Out of Home Respite Services
- Personal Care Services
- Pest Control
- Nutritional Consultation
- Social Work Counseling
- Waiver Nursing Services
- Waiver Transportation
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 > Select Your State - 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.
Physical Health Benefits

Physical Health includes:

- Physical Therapy
- Occupational Therapy
- Speech and Language Therapy
- Chiropractic Treatment

- Eligibility must be verified on the dates of service through UnitedHealthcareOnline.com > Patient Eligibility & Benefits > Patient Eligibility or by calling Provider Services

- In-network services may require referral or prior authorization

- All out-of-network services require prior authorization

- The Optum utilization review process/clinical submission form is not required at this time.

- To access your fee schedule online, visit MyOptumHealthPhysicalHealth.com

For more information please call Provider Services at 800-600-9007.
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.
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 Long-Term Care (LTC) 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
<table>
<thead>
<tr>
<th>Service Level</th>
<th>Rev Code</th>
<th>Payment Method</th>
<th>Rate</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Service (Part A)</td>
<td>Revenue Code 0022 with applicable HIPPS Rate Codes</td>
<td>Resource Utilization Guides (RUG)</td>
<td>100% of CMS RUG Payment</td>
<td>Required</td>
</tr>
<tr>
<td>*Rehabilitation Services Inpatient (Part B)</td>
<td>Applicable Revenue Code and CPT/HCPCS Codes</td>
<td>CMS Multiple Procedure Payment Reduction (MPPR)</td>
<td>96% of CMS MPPR Rate</td>
<td>None</td>
</tr>
<tr>
<td>Rehabilitation Services Outpatient (Part B)</td>
<td>Applicable Revenue Code and CPT/HCPCS Codes</td>
<td>CMS MPPR</td>
<td>96% of CMS MPPR Rate</td>
<td>None</td>
</tr>
</tbody>
</table>

*Facility staff must seek approval from an Optum Nurse Practitioner for inpatient rehabilitation services. No authorization number is required to submit a claim.
## Skilled Nursing Facility Short-term Convalescent Stay for Waiver Members - Medicaid

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Rev Code</th>
<th>Payment Method</th>
<th>Rate</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Convalescent Stay excludes PA1 and PA2</td>
<td>Revenue Code 0160</td>
<td>Per Diem</td>
<td>100% of Medicaid per diem</td>
<td>None</td>
</tr>
<tr>
<td>Short-term Convalescent Stay for PA1 and PA2</td>
<td>Revenue Code 0169</td>
<td>Per Diem</td>
<td>100% of facility flat rate</td>
<td>None</td>
</tr>
</tbody>
</table>

This information applies to waiver members only.
### Skilled Nursing Facility Long-term care (LTC) and Hospice Room & Board Medicaid

#### Service Level

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Rev Code</th>
<th>Payment Method</th>
<th>Rate</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care day excludes PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0101</td>
<td>Per Diem</td>
<td>100% of Medicaid Per Diem</td>
<td>None</td>
</tr>
<tr>
<td>Residential Care days for PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0220</td>
<td>Per Diem</td>
<td>100% of nursing facility flat rate</td>
<td>None</td>
</tr>
<tr>
<td>Hospice Room and Board</td>
<td>Revenue Code 0658</td>
<td>Per Diem</td>
<td>95% of Medicaid Per Diem</td>
<td>None</td>
</tr>
</tbody>
</table>

#### Rate Changes

- The state of Ohio will update nursing facility rates in January and July. 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 - claim reconsideration requests are not required.
# Skilled Nursing Facility Reserve Days - LTC Medicaid

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Revenue Code</th>
<th>Payment Method</th>
<th>Rate</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC Facility hospital leave day excludes PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0185 (prior year occupancy rate equal to or greater than 95%)</td>
<td>Per Diem</td>
<td>50% of Medicaid per diem</td>
<td>None</td>
</tr>
<tr>
<td>LTC Facility hospital leave day excludes PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0185 (prior year occupancy rate less than 95%)</td>
<td>Per Diem</td>
<td>18% of Medicaid per diem</td>
<td>None</td>
</tr>
<tr>
<td>LTC Facility therapeutic leave day excludes PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0183 (prior year occupancy rate equal to or greater than 95%)</td>
<td>Per Diem</td>
<td>50% of Medicaid per diem</td>
<td>None</td>
</tr>
</tbody>
</table>

Reserve days are limited to 30 days per calendar year.
### Skilled Nursing Facility Reserve Days – LTC Medicaid (cont’d)

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Rev Code</th>
<th>Payment Method</th>
<th>Rate</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC Facility therapeutic leave day excludes PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0183 (prior year occupancy rate less than 95%)</td>
<td>Per Diem</td>
<td>18% of Medicaid Per Diem</td>
<td>None</td>
</tr>
<tr>
<td>LTC Facility leave days for PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0189 (prior year occupancy rate equal to or greater than 95%)</td>
<td>Per Diem</td>
<td>50% of Medicaid Per Diem</td>
<td>None</td>
</tr>
<tr>
<td>LTC Facility leave days for PA1 and PA2 Acuity Level</td>
<td>Revenue Code 0189 (prior year occupancy rate less than 95%)</td>
<td>Per Diem</td>
<td>18% of Medicaid Per Diem</td>
<td>None</td>
</tr>
</tbody>
</table>

Reserve days are limited to 30 days per calendar year.
Long Term Care Facility – Medicare Coinsurance

• No direct crossover of co-insurance claims for Original Medicare members with MyCare Ohio who have Original Medicare as their Medicare carrier.

• Initially, all long-term care facilities should submit claims for Medicare co-insurance to UnitedHealthcare Community Plan. Electronic submission is preferable. When available, use billing software to enter the amounts from the UnitedHealthcare Community Plan Explanation of Benefits (EOB).

• Information entered from the Medicare EOB should match the claim submitted to the Medicaid plan to avoid denials.

• Benefit information is required to determine any impacts for Part B and bad debt claims.

• Always include the UnitedHealthcare member ID and group number on every claim.

To help ensure proper processing, do not use the state Medicaid ID or social security number.
Skilled Nursing Facilities - Patient Liability/Lump Sums

Nursing Facilities

- The nursing facility is responsible for collecting any patient liability (PL) and/or lump sum (LS) amounts.
- Facilities must indicate the amount of PL and/or LS on their claims for long-term care facility services as follows:
  - LS and PL are reported on the UB-04 in field 39 with a value code of 31. If submitting electronically, submit at Loop 2300: HI – Value Information: HI01-2-H112-2 (value code), H101-5-H112-5 (value amount).
- We will deduct the amount of the PL reported by the state to the health plan via the 834 eligibility file regardless of the charge billed by the provider.
- PL and LS deductions will not be pro-rated when providers bill claims more frequently than monthly.
- The full LS (if applicable) and PL amounts will be deducted from claims until the full amount is met; PL and LS 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.

• Through the MyCare Ohio Long Term Care Collaborative, a standardized patient liability adjustment reporting spreadsheet was developed for use by facilities and health plans. The adjustment worksheet may also be used to bring PL discrepancies to the attention of the health plan.
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.
**Skilled Nursing Facility Respite Care for Waiver & Non-Waiver Members - Medicaid**

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Rev Code</th>
<th>Payment Method</th>
<th>Rate</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Care Services Non-Waiver</td>
<td>Revenue Code 0663</td>
<td>Per Diem</td>
<td>100% of Medicaid per diem</td>
<td>Required</td>
</tr>
<tr>
<td>Respite Care Services Waiver</td>
<td>Revenue Code 0663 and HCPCS code H0045</td>
<td>Per Diem</td>
<td>100% State rate</td>
<td>Required</td>
</tr>
</tbody>
</table>

**Respite Care**
A respite nursing facility stay means an individual is admitted to a nursing facility to provide relief to in-home caregivers. The admitted individual is expected to return home following their nursing facility brief stay.
Patient Liability: Home- and Community-Based Services (HCBS) Claim Payments

- Patient Liability (PL) amounts collected should be reported on line 29 of the CMS 1500 Claim form.
- Lump Sum amounts do not apply to HCBS.
- HCBS care providers are responsible for collecting PL as follows:

<table>
<thead>
<tr>
<th>Provider/Waiver of Origin</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living</td>
<td>Provider collects PL from patient</td>
</tr>
<tr>
<td>PASSPORT/CHOICES</td>
<td>AAA collects PL</td>
</tr>
<tr>
<td>Ohio Home Care or Traditions Waiver</td>
<td>Designated provider on the waiver plan will collect PL from patient</td>
</tr>
<tr>
<td>ICDS Waiver provider who did not become a waiver provider until after enrollment with MyCare</td>
<td>PL collected by the provider designated on the waiver service plan</td>
</tr>
</tbody>
</table>
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.
Prior Authorization Overview (cont’d.)

• Medicare- and Medicaid-covered services must be provided according to the rules set by Medicare and Ohio Medicaid. Services must be a plan benefit and medically necessary.

• The prior authorization list for MyCare Ohio can be found in the **MyCare Provider Manual** at UHCCommunityPlan.com > Health Care Professionals > Select Your State - Ohio > UnitedHealthcare Connected.

If you have questions, please call Provider Services at 800-600-9007.
Prior Authorization Overview for Waiver Services

- If you are providing waiver services to a MyCare Ohio member, you will need to contact the member’s Care Manager to prior authorize these services.

- The Care Manager will add these services to the member’s Waiver Service Plan (WSP) - this acts as the authorization.

- The information you submit on the waiver claim must match the information listed on the member’s WSP.

- To help ensure timely claims processing and avoid issues with authorization, please work closely with the Care Manager to help ensure the services you are providing are listed correctly on the WSP.
Prior Authorization – Frequently Asked Questions

Q1. If a SNF receives authorization for a long-term stay for a UnitedHealthcare Connected member, and the resident is sent to the hospital, do we need a new authorization if the patient returns to a long-term, non-skilled facility?

   A. Yes, notification of re-admission is required.

Q2. If the resident has a Medicare Part A stay and is now going to be long-term, do we need a new authorization once the skilled facility authorization timeframe ends? Or, do we use the current authorization?

   A. No, you do not need a new authorization. However, we will need to know when the skilled nursing facility stay ends and the custodial one begins to ensure proper payment. Notification is required.

Q3. Do we need to continue requesting authorization for coinsurance days if the resident has coverage through Medicare Part A and UnitedHealthcare Community Plan?

   A. No, that is not necessary.

If you have questions, please call Provider Services at 800-600-9007.
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**
Standard Issue Resolution Process for Claims

Use the self-service options available 24-hours-a-day on UnitedHealthcareOnline.com and Link. To access Link, sign in to UnitedHealthcareOnline.com using your Optum ID.

- **Handle claims reconsideration, claims status and claim disputes via:**
  - UnitedHealthcareOnline.com > Claims & Payments > Claim Status
  - Link > Claims Management

- Electronic claims are submitted to payer ID 87726.

- Mail paper claims 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.
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 Reconsideration

Reconsideration Overview

• The first level of resolution is to contact Provider Services at **800-600-9007**.

• If that does not resolve the claim issue, use the self-service options available 24-hours-a-day on UnitedHealthcareOnline.com and Link.

• Paper reconsideration request forms and the Claim Reconsideration Quick Reference Guide are located at UnitedHealthcareOnline.com > Claims & Payments > Claims Reconsideration

• Mail reconsideration forms to:
  **UnitedHealthcare Community Plan of Ohio**
  P.O. Box 8207
  Kingston, NY  12402-8207
Dispute Overview

• UnitedHealthcare Connected policies require that the dispute, with required documentation, be received within the timeline specified in the provider’s agreement.

• If you do not request a claims dispute within the specified timeline, it is considered a waiver of your rights to further administrative review.

• You must submit a claim dispute in writing and state with particularity* the factual and legal basis and the relief requested, along with any supporting documents.

* “Particularity” means a chronology of pertinent events and a statement as to why the provider believes the action by UnitedHealthcare of Ohio was incorrect.
Medical and Behavioral Claim Disputes

Claim Dispute Submission

• Disputed claims *without* paper attachments can be submitted at UnitedHealthcareOnline.com.
• Disputed claims *with* paper attachments can be submitted on Link.
• Claim dispute mailing address:
  UnitedHealthcare Community Plan of Ohio
  P.O. Box 31364
  Salt Lake City, UT  84131-0364

If you have questions about the claim dispute process, please reference your UnitedHealthcare Connected for MyCare Ohio Provider Manual or call Provider Services at 800-600-9007.
Link Overview

- Link is your new gateway to UnitedHealthcare's online tools.
- Link includes many of the same applications as Optum Cloud Dashboard, but with a new interface that can help make your work measurably faster and easier.*

* Based on ongoing usability studies using keystroke-level modeling when comparing Link to UnitedHealthcareOnline.com and Optum Cloud Dashboard.
Sign In to UnitedHealthcareOnline.com to Access Link
Use Your Optum ID to Sign In

- Recover your username
- Reset your password
- Register for an Optum ID if you don’t already have one
What’s on Link?

Applications on Link include:
- Eligibility & Benefits
- Claims Management
- Claims Reconsideration

Access other UnitedHealthcare websites:
- UnitedHealthcareOnline.com
- UHCWest.com
- UHCCommunityPlan.com
- And more
Link Resources

To learn more about Link, please visit the Link resources page at UnitedHealthcareOnline.com > Quick Links > Link: Learn More.
Electronic Payments & Statements (EPS)

EPS is available for UnitedHealthcare Connected™ for MyCare Ohio. With EPS, you can receive electronic funds transfer (EFT) for claim payments, and online delivery of your Explanation of Benefits.

EPS can help you by:

• Lessening administrative costs and simplifying bookkeeping
• Reducing reimbursement turnaround time
• Making funds available as soon as they are posted to your account

To start receiving direct deposit and electronic statements through EPS, enroll at http://welcometoeeps.com/. Here’s what you’ll need:

• Bank account information for direct deposit
• Either a voided check or a bank letter to verify your bank account information
• A copy of your W-9 form

For more information, please call 866-842-3278, option 5, or go to UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements.
## Resources and Support

### Important Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services</td>
<td>800-600-9007</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>800-366-7304</td>
</tr>
<tr>
<td>Case Management</td>
<td>800-508-2581</td>
</tr>
<tr>
<td>UnitedHealthcare Nat’l Credentialing Center</td>
<td>877-842-3210</td>
</tr>
<tr>
<td>OptumRx Pharmacist</td>
<td>877-889-6510</td>
</tr>
<tr>
<td>OptumRx PA/Exception Review</td>
<td>800-711-4555</td>
</tr>
<tr>
<td>Behavioral Health Provider Information</td>
<td>877-614-0484</td>
</tr>
<tr>
<td>Member Services</td>
<td>877-542-9236</td>
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<tr>
<td>Monday-Friday 7 a.m. to 8 p.m. EST</td>
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<tr>
<td>24/7 Nurses Line</td>
<td>800-542-8630</td>
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<tr>
<td><strong>Available 24 hours a day, seven days a week</strong></td>
<td><strong>TTY 800-855-2880</strong></td>
</tr>
</tbody>
</table>
## Resources and Support

### Important Addresses

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Website</td>
<td>UHCCConnected.com/OHIO</td>
</tr>
<tr>
<td>Medical Claims</td>
<td>P.O. Box 8207, Kingston, NY 12402-8207</td>
</tr>
</tbody>
</table>
| 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 > Select option 5 then option 1
## Resources and Support

### Resource for Health Plan Assignment:

Medicaid Information Technology System: [OHMITS.COM](http://OHMITS.COM)

### Ohio Medicaid Provider Fee Schedule:

Medicaid Information Technology System: [OHMITS.COM](http://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](http://OhioMH.com).

### Important Email Address

ICDSSProvider@uhc.com
## Resources and Support

### This Presentation

[UHCCConnected.com/OHIO](https://UHCCConnected.com/OHIO) > Provider Training

### Member Eligibility, Claim Status and Reference Materials

[UHCCConnected.com](https://UHCCConnected.com) > Tools and Resources > UnitedHealthcare Community Plan Resources

### MyCare Ohio Additional Information and Materials

[UHCCConnected.com/OHIO](https://UHCCConnected.com/OHIO) > Resources

### Where do I find:  
Go to:

| Demographic, fee schedule, and contract details? | Network Account Manager |
| General information? | Provider Advocate |
Questions and Answers

Thank you.

Information current as of day presented. For information updates, please visit: UHCConnected.com > OHIO > Provider Training