NCHFMA Health Insurance Institute

April 2023

April 25, 2023

United Healthcare®

Agenda

Introductions and our Mission

NC Community Plan

Doing Business with UHC/ Provider Advocacy

Digital Solutions

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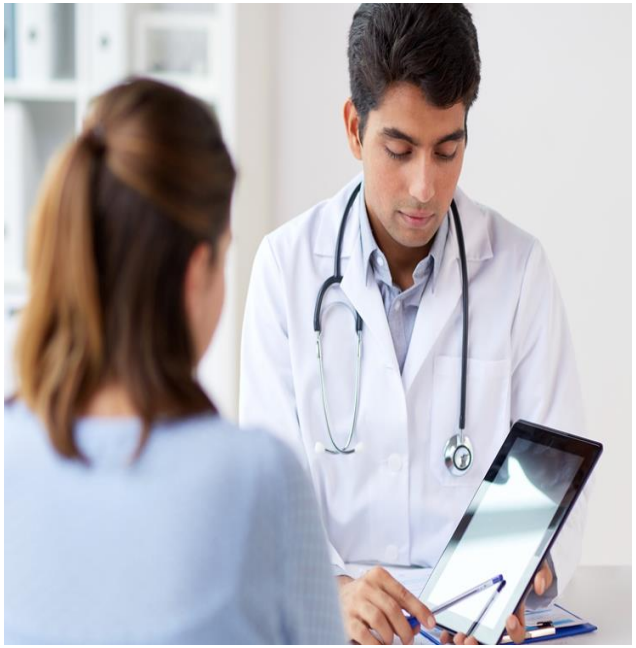
Mission and Vision



Our Mission

Our mission is to help people live healthier lives and to help make the health system work better for everyone.

Our Vision

To be the premier health care delivery organization in the eyes of our state partners, providing health plans that meet the unique needs of our commercial members as well as our members in government-sponsored health care programs and to be effective partners with physicians, hospitals and other health care professionals in serving their patients.

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UnitedHealthcare Community Plan of North Carolina

UnitedHealthcare

Proudly serving more than 1.3M North Carolinians and committed to helping build healthier communities.

"We passed Medicaid Managed Care in 2015 to improve the health outcomes and well-being of our most vulnerable population in North Carolina. As we move forward on that promise this year, Medicaid transformation remains a top priority of mine, and I commend North Carolina for Better Medicaid's commitment to ensuring that our health care system provides improved health care delivery and improved accountability to the citizens of our state," said NC Senator Joyce Krawiec (R).

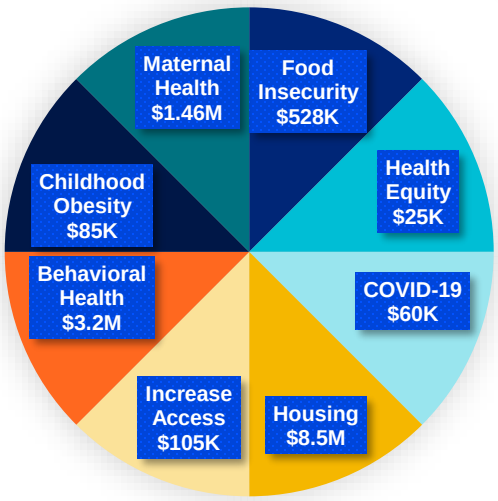
Our employees live and work in the communities we serve across North Carolina

UnitedHealthcare is committed to providing local support for North Carolinians

Six offices statewide in addition to two mobile offices

North Carolina - Community Investments

UnitedHealthcare Community Plan is in alignment with DHHS' mission to improve the health and well-being of all North Carolinians. Our community investments are strategically identified to help meet North Carolina's health priorities and reduce health and racial disparities.



Sustainable program design coupled with equitable population health insights and targeted community connection propels an investment into a comprehensive healthcare improvement opportunity.

Increase access, expand capacity and address health and racial disparities in North Carolina.

Resources Utilized for Community Investments:

- ❑ NC Population Health Dashboard based on claims
- ❑ DHHS Interactive Map
- ❑ America's Health Rankings
- ❑ Community Needs Assessment

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Working to Expand Youth Access to Mental Health Care Services in North Carolina

The United Health Foundation granted a three-year, $3.2 million grant partnership with East Carolina University (ECU) to expand the North Carolina Statewide Telepsychiatry Program (NC-STeP) to support the mental health and well-being of youth in North Carolina. The expansion will provide mental health care services to underserved children and adolescents in six community-based pediatric and primary care clinics in rural, eastern parts of the state.

Over three years, it aims to:

- Embed behavioral health providers at six community-based pediatric care clinics and connect them – as well as the primary care providers – to a psychiatrist for case consultation and care planning via telepsychiatry.
- Develop an artificial intelligence-driven portal to enhance collaboration between health care providers and encourage family members' engagement in their child's mental health care.
- Educate children and families about mental health and well-being through the development of a new virtual reality video game that provides anonymous peer-to-peer support.
- Offer training opportunities for ECU psychiatry residents, child psychiatry fellows, social work students, medical students and psychiatric mental health nurse practitioners at the six community clinics.
- Hold an Interdisciplinary Telehealth Summit to share lessons learned from the project.

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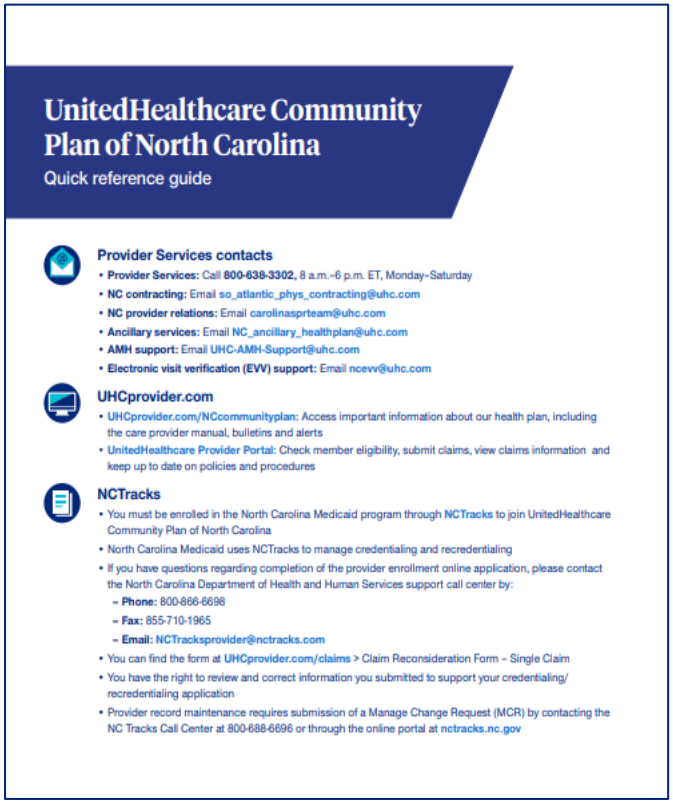
UnitedHealthcare's NC Medicaid Quick Reference Guide (QRG)*



UnitedHealthcare Community Plan of North Carolina

Quick reference guide

Provider Services contacts

- **Provider Services:** Call **800-638-3302,** 8 a.m.–6 p.m. ET, Monday–Saturday
- **NC contracting:** Email so_atlantic_phys_contracting@uhc.com
- **NC provider relations:** Email carolinasprteam@uhc.com
- **Ancillary services:** Email NC_ancillary_healthplan@uhc.com
- **AMH support:** Email UHC-AMH-Support@uhc.com
- **Electronic visit verification (EVV) support:** Email ncevv@uhc.com

UHCprovider.com

- **UHCprovider.com/NCcommunityplan:** Access important information about our health plan, including the care provider manual, bulletins and alerts
- **UnitedHealthcare Provider Portal:** Check member eligibility, submit claims, view claims information and keep up to date on policies and procedures

NCTracks

- You must be enrolled in the North Carolina Medicaid program through NCTracks to join UnitedHealthcare Community Plan of North Carolina
- North Carolina Medicaid uses NCTracks to manage credentialing and recredentialing
- If you have questions regarding completion of the provider enrollment online application, please contact the North Carolina Department of Health and Human Services support call center by:
  - **Phone:** 800-866-6698
  - **Fax:** 855-710-1965
  - **Email:** NCTracksprovider@nctracks.com
- You can find the form at **UHCprovider.com/claims** > Claim Reconsideration Form – Single Claim
- You have the right to review and correct information you submitted to support your credentialing/recredentialing application
- Provider record maintenance requires submission of a Manage Change Request (MCR) by contacting the NC Tracks Call Center at 800-688-6696 or through the online portal at nctracks.nc.gov

Prior authorizations/notifications

- Requirements are outlined in the UnitedHealthcare Community Plan of North Carolina care provider manual
- **Hospital admission notifications**: Visit **UHCprovider.com/paan**
- **278N EDI transactions**: For more information, go to **UHCprovider.com/edi** > 278N: Hospital Admission Notification
- **Notification time frames**
  - Emergency/urgent admission within 24 hours, unless otherwise indicated
  - After ambulatory surgery: 1 business day
- **Medical necessity**: UnitedHealthcare Community Plan will pay for claims deemed medically necessary. This will apply to approved services for UnitedHealthcare Community Plan members. Our Care Provider Manual outlines the requirements.

Member services/eligibility

The state Medicaid agency defines an individual's eligibility. Before providing services, please verify member eligibility and benefits by:

- **Electronic Data Interchange (EDI):** Request eligibility and benefits as a 270 transaction through your practice management or hospital information system. The 271 response transaction returns information back to your system. For more information, go to **UHCprovider.com/edi**.
- **Online:** Use UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner.
- Call Provider Services at **877-842-3210** or the number on the member's ID card

Claims/EDI

- Our medical and reimbursement policies are listed at UHCprovider.com/policies > For Community Plans
- **EDI:** Submit claims electronically as an 837 transaction, using Payer ID 87726 for UnitedHealthcare Community Plan of North Carolina
- Learn more at **UHCprovider.com/edi**
- **EDI support:** Call **800-210-8315**
- **Online:** Use the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner

Provider appeals

- **Online:** Use the claim reconsideration option on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner.
- **Call:** Contact us at **877-842-3210** or the number on the member's ID card. Behavioral health care professionals, please call 866-673-6315.
- **Mail:** Send the claim reconsideration form to the address on the member's ID card
- You can find the form at **UHCprovider.com/claims** > Claim Reconsideration Form – Single Claim

* The QRG and other very helpful UnitedHealthcare Medicaid resources are available at UHCProvider.com: Education and Training | UnitedHealthcare Community Plan of North Carolina | UHCprovider.com

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Reminder – NC Tracks Provider Recredentialing/Reverification

- Federal law mandates all Medicaid providers be reverified (recredentialed) every 5 years. It has been over 5 years since NCTracks was implemented. Now that the PHE is ending, provider reverification is being reinstated.
- DHB has begun a process for the voluntary submission of reverification applications to help providers get ahead of the process. It include:
  - Optional submission of reverification application IF provider was due for reverification during the PHE.
  - Special NCTracks notification will be sent to the Office Administrator
  - NPI will display in the Reverification section of the NCTracks Status and Management page.
- No adverse action for failing to submit reverification application (during voluntary period)
- Allows providers to complete reverification before it becomes required at the end of the PHE and take advantage of the NC Application Fee waiver (expires June 30, 2023).
- While this is a voluntary program and allows providers to get ahead of the reverification process, reverification will be required at the end of the PHE.

Take Action: Check NCTracks for updates. Failure to respond to notice of reverification will result in a notice of suspension and the inability to see Medicaid members and impact our network adequacy.

Links DHB has previously provided regarding reverification:
Provider Re-credentialing/Re-verification - Provider Re-credentialing/Re-verification (nc.gov)
https://medicaid.ncdhhs.gov/blog/2022/03/15/provider-reverification-requirements-be-reinstated
Provider Reverification Requirements to be Reinstated
Voluntary Reverification Coming Soon for Some Providers | NC Medicaid (ncdhhs.gov)

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Working with UHC and Provider Advocacy

Claims and Escalation Overview Service Model

First Step: Claim Reconsideration

Participating care providers can request claim reconsideration requests online (preferred), over the phone or by mail. When you submit your request online or by phone, please make sure you record your service reference number. You'll need this information when you check the status of your request.

When you submit a claim reconsideration request online through the claims application on provider portal, you can include comments and electronic attachments, receive printable confirmation, check the status of your request and view adjuster comments, as well as update and resubmit requests.

Call us at **800-638-3302.** Representatives are available 8 a.m.–6 p.m. Eastern Time, Monday–Saturday (except state-designated holidays).
To submit a claim reconsideration request by mail, please follow the instructions in the UnitedHealthcare Administrative Guide at **UHCprovider.com/guides**.

If your request isn't resolved after 30 days, please send an email with your service reference number and your contact information to:

- North Carolina Provider Relations team at **Carolinasprteam@uhc.com**

Next Step: Contact Provider Relations

If you don't agree with the outcome of your claim reconsideration, before you submit a claim appeal, you can contact Provider Relations and have an escalated review of your claim.

- **CarolinasPRTeam@uhc.com**

During the review, if we need any more information from you, we'll call you or contact you by email. When we receive your request, we'll email to you:

- A case number to help you track your issue through the resolution process
- A template to help you gather the information you need when submitting your claim issue
- A point of contact for your escalated review

When you need an update, please call your point of contact with the case number.

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Trending topics/ Opportunities

- Portal Training/ Doing Business with UHC
- Provider Administrative Simplification
- Proactive outreach/ education to Non-Par (OON) Providers on Prior Auth Protocols
- Claims Issues- Data Accuracy
- Taxonomy
- Staffing Issues continue to be a concern across all providers.
- Provider Manual Education
- Provider Participation

How to join our network

To join the UnitedHealthcare Community Plan network, you must register and be enrolled with the NC DHHS as a North Carolina Medicaid care provider. You must be consistent with applicable provider disclosure, screening and enrollment requirements.

Already in network and need to make a change?

To change an address, phone number, add or remove physicians from your TIN, or other changes, go to nctracks.nc.gov.

Proactive Advocacy Model

We are committed to transforming to a more proactive, consistent, and value-based provider engagement model. Driven by new capabilities that will significantly enhance our provider/member experience, we strive to reduce downstream costs for all involved. Sharing meaningful data and information with providers, provides reductions in denial trends and fosters educational conversations.

Goals

- Reduce provider abrasion levels to deliver improved provider experience
- Drive improved A/R management performance levels
- "Shift left" to proactively identify issues rather than relying on provider notification
- Reduce provider rework cost

Approach

- New capabilities, including the Early Warning Signals (EWS), are used to proactively identify and address claims denials
- EWS- UHC has developed a model that helps us work on our providers accounts receivable and claims denials using artificial intelligence. We can more easily identify & highlight providers in the market with opportunities within days of occurrence.
- New internal resources, that assist advocates with the Proactive Advocacy Model and new capabilities will enable our team members – Weekly Denial Reporting

Provider Information Expos: Convention-style events where multiple UHN employees and other internal and external resources provide "one-stop" education on key topics

Town Hall Meetings: Presentations in targeted areas on specific topics of concern (e.g., new product rollout, market expansions)

Mobile Service Center: Monthly locally based events where provider contacts have access to an advocate during a prescribed time period for one-on-one interaction; refer service issues in real time and provide education on key topics

Provider "Swarm": In-person visits coordinated around a geographical area to focus on small and rural practices. Runs concurrently with MSC, Townhall or industry Event

Claims Event: Focused 2-day event on campus, focused claims reprocessing and education for Government claims

Since Q4 2022

- 10 Mobile Service Centers
- 425 individual practices visited by NC Medicaid Manager and 4 advocates
- Visits and outreach- connected with 8000 individual Practitioners
- 10 Virtual Webinars- 1000+ in attendance
- Continued Monthly Operational calls with critical Provider Relationships

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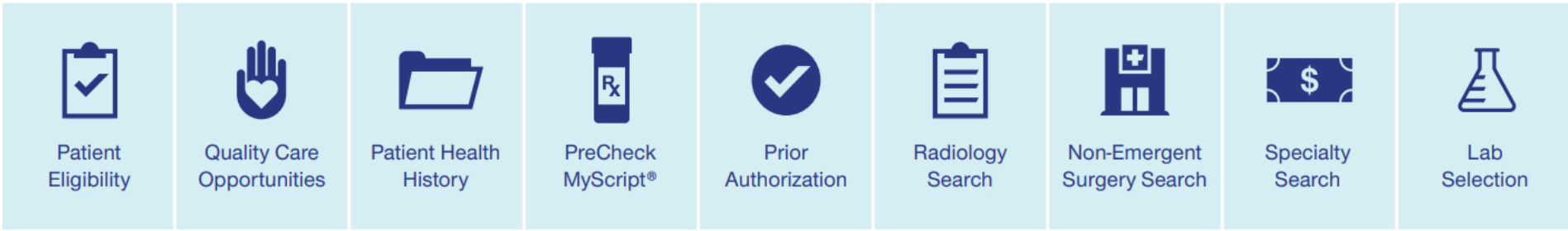
Digital First

Unified Provider Experience

Point of Care Assist



Delivering enhanced benefit information at the point of care.

At UnitedHealthcare, we're doing all we can to simplify the health care system for everyone.

Point of Care Assist, adds real-time patient information —including clinical, pharmacy, labs, prior authorization, and cost transparency — to your existing electronic medical records (EMRs) to make it easier for you to understand what patients need at the point of care.

Point of Care Assist integrates patients' UnitedHealthcare medical records with EMRs to provide real-time insights on care needs, aligned to their specific member benefits and costs, helping providers. Point of Care Assist is integrated with the following electronic medical record (EMR) platforms: Athena, eClinicalWorks, Epic, NextGen, Practice Fusion, and Veradigm. Access may be dependent on the individual health system.

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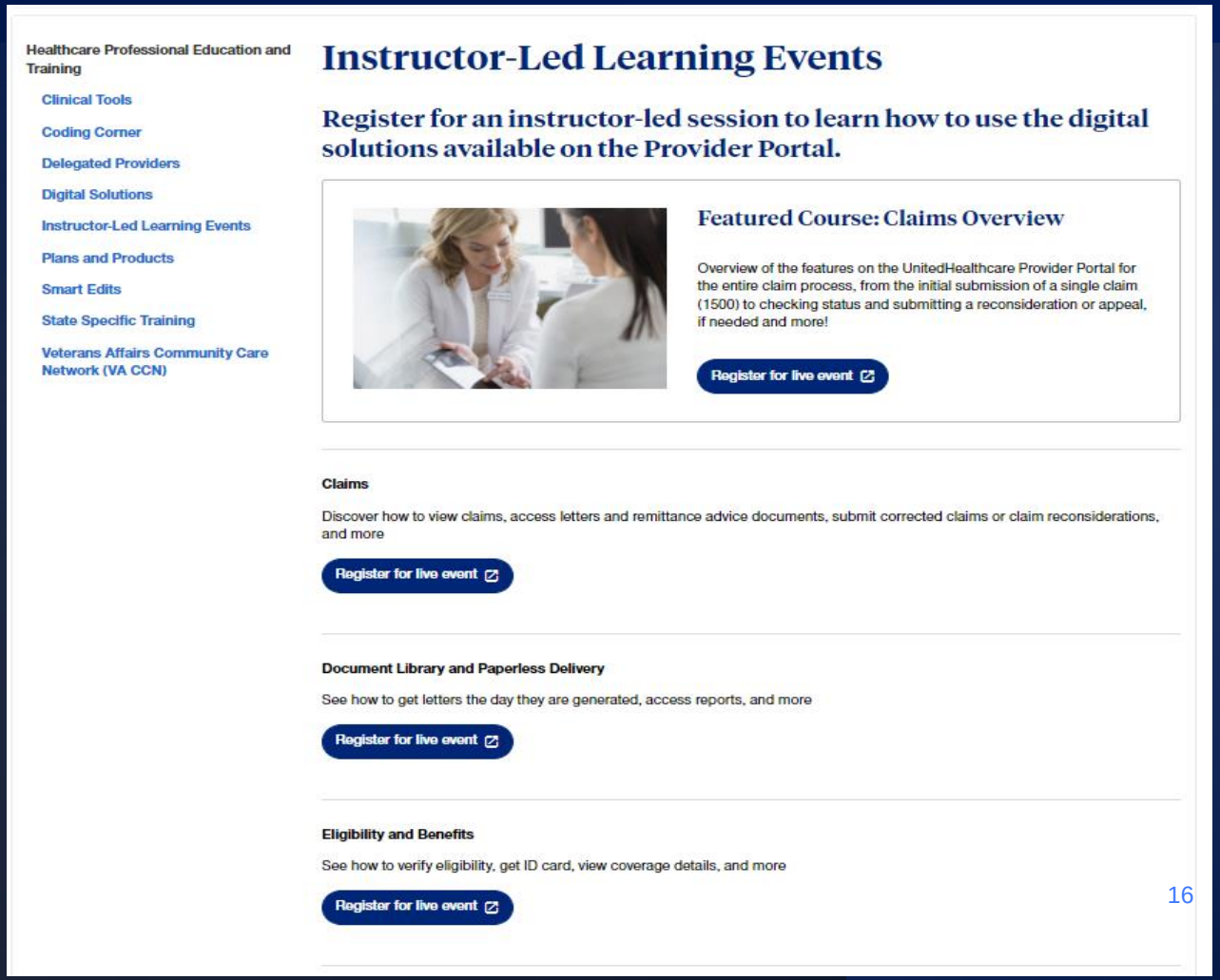
Live Training Opportunities

https://www.uhcprovider.com/en/resource-library/training/instructor-led.html



Thank you!

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