



UnitedHealthcare Community Plan of North Carolina

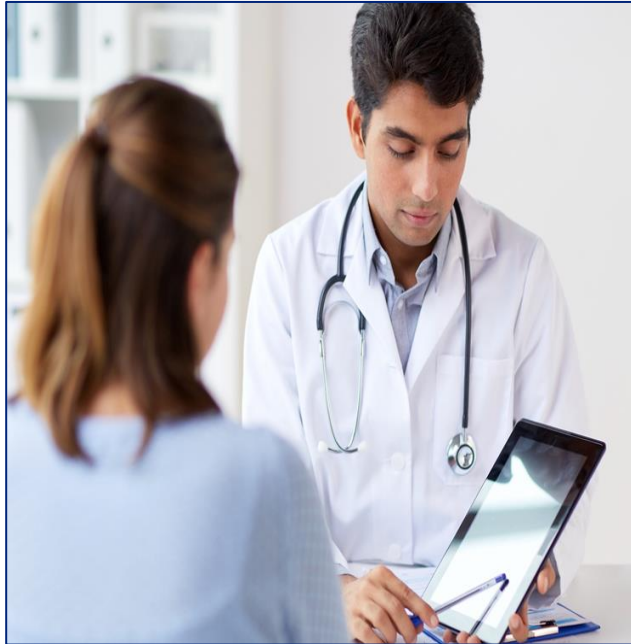
NCHFMA Health Insurance Institute

Health Plan Overview

April 16, 2024

United
Healthcare®

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.





Our Community Plan 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

Prior authorization reduction equals nearly 20 percent of overall volume

To help reduce the administrative burden on health care professionals and their staff, starting September 1, 2023, UnitedHealthcare began a two-phased approach to eliminate the prior authorization requirement for many procedure codes. Together, these code removals accounted for nearly 20% of UnitedHealthcare's overall prior authorization volume.

In 2024, we'll implement a national Gold Card program for provider groups that meet eligibility requirements. Qualifying provider groups will follow a simple administrative notification process for most procedure codes, rather than the prior authorization process. We'll provide more information about our Gold Card program later this year.

Link to lists of procedure codes no longer requiring prior authorization:

<https://www.uhcprovider.com/en/resource-library/news/2023/medical-prior-auth-code-reduction-august.html>



Prior authorization requirements for UnitedHealthcare Community Plan of North Carolina

Effective April 1, 2024

UnitedHealthcare Community Plan of North Carolina posts a list on UHCProvider.com that contains prior authorization requirements for UnitedHealthcare Community Plan of North Carolina participating health care professionals providing inpatient and outpatient services.

Please submit your prior authorization requests in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://www.uhcprovider.com) and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://www.uhcprovider.com/access).
- **Phone:** Call **866-604-3267**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/nc/prior-authorization/NC-PA-4-1-2024.pdf>



Completing the PCP change request form

UnitedHealthcare Community Plan of North Carolina

If your office notices the primary care provider (PCP) listed on a member's ID card is no longer with your practice, or if the member asks for help changing their PCP to your practice, you have 2 options:

- Let your patient know that they may call UnitedHealthcare® Member Services at 800-349-1855; or
- Give them a copy of the PCP change request form

Medicaid members can change their PCP up to 2 times a year. The members may change:

- Within 30 days of advanced medical home (AMH) assignment for any reason
- One additional time a year without cause

Link to PCP Change Request Form:

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/nc/resources/NC-UHCCP-PCP-Change-Fax-Form.pdf>



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 carolinaspsteam@uhc.com
- **Ancillary services:** Email NC_ancillary_healthplan@uhc.com
- **AMH support:** Email UHC-AMH-Support@uhc.com
- **Electronic visit verification (EVV) support:** Email noevv@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 800-688-6896 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

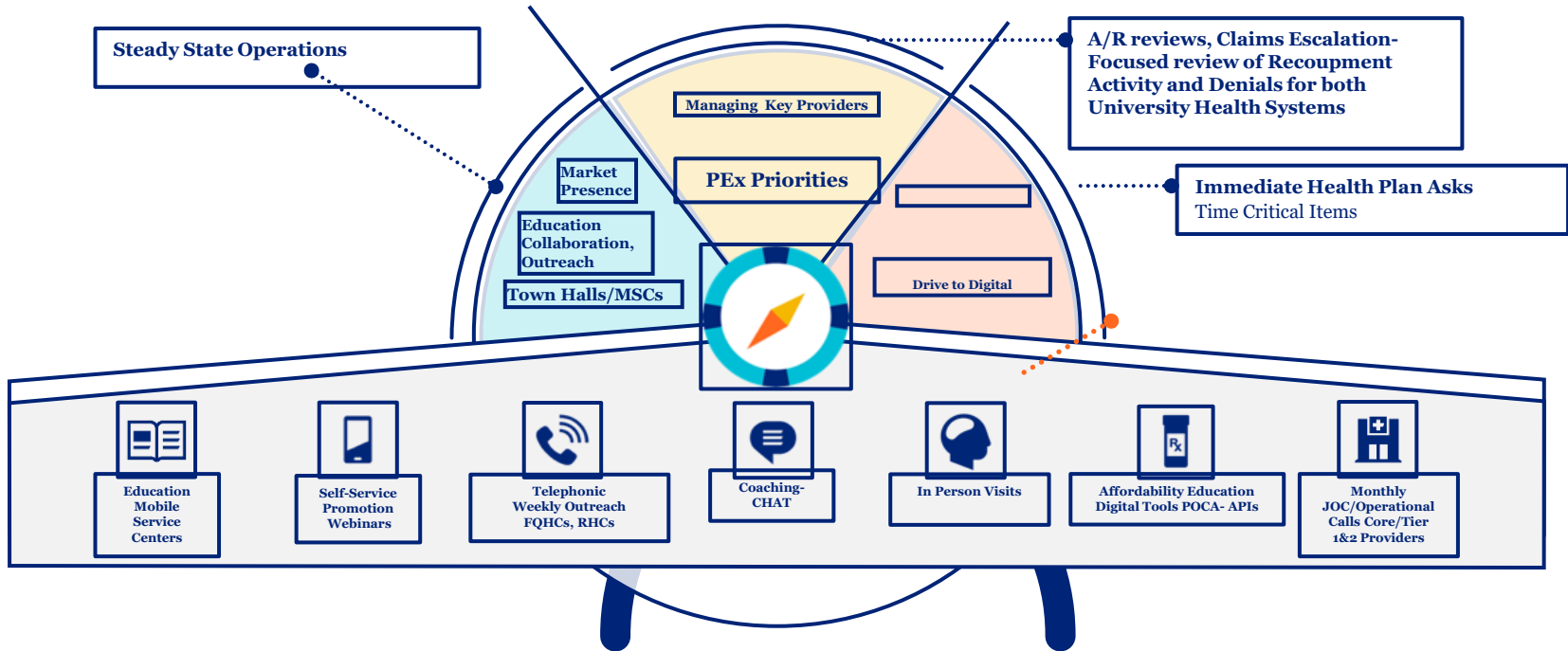
* The QRG and other very helpful UnitedHealthcare Medicaid resources are available at [UHCProvider.com: Education and Training | UnitedHealthcare Community Plan of North Carolina | UHCprovider.com](http://UHCProvider.com:Education and Training | UnitedHealthcare Community Plan of North Carolina | UHCprovider.com)






Provider Experience and Engagement

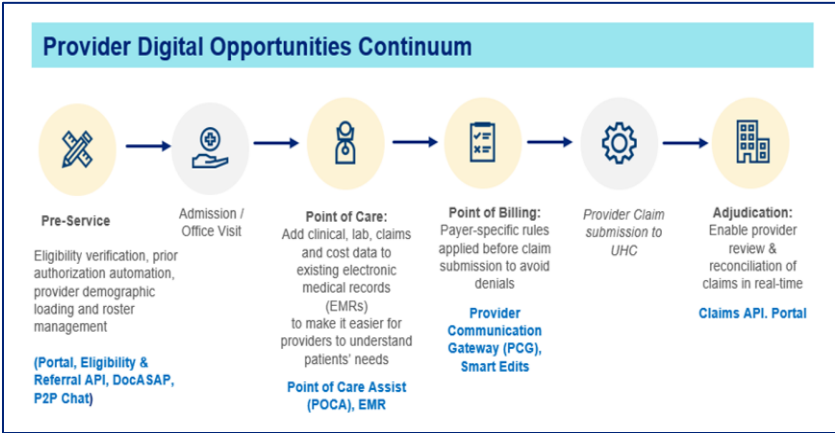
Provider Engagement and Experience (PEX)- 2024 Key Priorities




Unlock the power of chat



- Claims
- Eligibility & benefits
- Prior authorization
- Credentialing
- Technical support





Unlock the power of chat



Do you need answers quickly but not sure where to find them? Are you looking for a way to lessen the time you spend on administrative tasks, so you can free up more time to focus on your patients? Our chat feature in the UnitedHealthcare Provider Portal has you covered.

Our knowledgeable advocates are ready to offer support when you're not sure of your next steps or need help finding information. When you pop into chat, not only will you get the support you need, you also may streamline your administrative processes.

Our chat feature currently offers support on the following:

- Claims
- Eligibility & benefits
- Prior authorization
- Credentialing
- Technical support

How and where to access chat

To sign in to the portal, go to UHCprovider.com and click Sign In at the top-right corner. Then, enter your One Healthcare ID. Have a team member who doesn't have a One Healthcare ID yet? Have them go to UHCprovider.com/access to get started.

After signing in to the portal, chat can be accessed on the Contact Us page, 7 a.m.–7 p.m. CT, Monday–Friday.

Chat now

Support is just a click away at UHCprovider.com/chat.

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Claim resolution service model

Quick reference guide

Step 1



Submit your claim reconsideration online or by phone.

- Obtain the online ticket or call reference number of your original claim
 - **Online (preferred method):** Sign in to the Provider Portal at UHCprovider.com/claims
 - **Phone:** Call Provider Services at 877-842-3210
- Allow up to 30 days for processing

Step 2



Check the status of your reconsideration request.

- You should receive notice of our decision within 30 days
- If you haven't received a notice, check its status at UHCprovider.com/claims

Step 3



Don't agree? Contact Provider Relations via chat function.

- Get real-time answers to your questions about your claim reconsideration. To chat with a live advocate, go to UHCprovider.com and click Sign In at the top-right corner. Chat is accessed from the Contact Us page and is available 6 a.m.–6 p.m. MT, Monday–Friday.
- Please have the following information ready for the chat:
 - Member name, date of birth, ID number and plan name
 - Claim number, date of service and billed amount
 - Reason for escalation
 - Rendering care provider name, tax ID number
 - Call reference or online ticket number
- Allow up to 30 days for processing

Step 4



Don't agree? Submit a final appeal.

- If you don't agree with the response from Provider Relations, you may submit a final appeal
 - Use the File Appeal button in the Claims tool at UHCprovider.com/claimsportal
 - Attach all supporting materials
- Allow up to 60 days for processing

Our chat function can also address questions in real time regarding:

- Eligibility and benefits
- Prior authorization
- Onboarding processes
- Technical support

For more information

Please consult our Self-Paced User Guide at UHCprovider.com/claimsportal.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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UnitedHealthcare Provider Portal Feature Highlights



Portal Guide



UnitedHealthcare Provider Portal - Internal User Access and Guide

This guide is intended for internal use only. You can choose a topic from the menu on the right, or you can click the forward arrow to view the entire guide. Choose "Menu" on the bottom navigation to see all content included for quick reference.

start

View Menu



Update your One Healthcare ID to maintain portal access

Questions?

Visit the [One Healthcare ID Help Center](#). You can also get One Healthcare ID support by calling 855-819-5909 or emailing optumsupport@optum.com.

*Not seeing an option that works for your organization? [Let us know](#).

PCA-1-23-03964-POE-NN_03252024



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[See all news](#)



Get personalized news

[Sign me up](#)



Eligibility & Benefits

Patient effective date, eligibility & past policies



ID Cards: View, Download, Save or Print



View detailed benefits, vendor and COB info



Patient cost share, deductible and out-of-pocket



Referral / prior auth requirements & submission



Determine network participation and tier status



Policies

Policies: Medical (Choice Plus) Active, 06/01/2020-06/01/2021

UnitedHealthcare

Medical Active 06/01/2020-06/01/2021 Subscriber: Member ID Selected: 123456 00 Payer Status: Primary

Member ID 123456 00	Plan Name Choice Plus	HRA \$150.00	Care Opportunities Care Opportunities Exist
Claims Address 123 Demo St. City, VA 23456	Funding Type Administered by UnitedHealthCare	HSA Yes	Referrals Yes, Required Go to Referrals
Plan Type Commercial	Payer 87726 - UnitedHealthCare	Customer Driven Health Plan Yes	Prior Authorizations Yes, Required Go to Prior Authorizations
Group 98765432	Coordination of Benefits Status Member COB is up to date Last update from Member: 06/02/2020	Non-Par Laboratory Referral Search for Preferred Labs	Check Prior Authorizations by Code Medical Services Only

View ID Card Find a Provider Find a Claim

Additional Coverage See Details Effective Dates: 06/01/2020-06/01/2021

Member ID 654321 00	Payer Medicare	Group Number 98765432
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Vendor Coverage

- Dental Plan Type: UnitedHealthcare Dental Go to Payer Website
- Pharmacy Plan Type: OptumRx Go to Payer Website

Deductibles & Maximums

Network Status: In-Network

Individual, In-Network

Plan Deductible Per Service Year
\$2,500 of \$2,500 Met

Out-of-Pocket Maximum Per Service Year
\$2,520 of \$6,000 Met

Family, In-Network

Plan Deductible Per Service Year
This member's plan does not have a combined family deductible.

Out-of-Pocket Maximum Per Service Year
\$5,239 of \$6,000 Met

Detailed Benefits

Search or Browse Detailed Benefits

Search for details about this member's medical benefits.

Search for related procedures or treatments

Or browse related services by category. Expand categories below to see related services

- Common Services & Therapies (4)
- Diagnostic Testing Outpatient (7)



Claims

View claim summary and details



Access letters, remittance advice documents and reimbursement policies



Submit additional information on pended claims



Use claim estimator (Pre-D) to check allowable service, bundling, and claim financials – all before the patient's visit occurs.



Submit corrected claims, recon or appeal requests with or without attachments



Instant, Printable/Trackable Confirmation of Recon Submissions



Search Criteria
Claim Status: All
[Perform a New Search](#)

Filter Search Results

Showing 1-8 of 35 Results

Results Per Page: 8 Pg 1 of 3

Processed Date	Patient First Name	Patient Last Name	Claim Number	First Service Date	Billed Amount	Paid Amount	Member ID Number	Patient Account Number	Status
7/10/2019	David	Sample	1234567812	07/04/2019	\$260.00	\$0.00	987654321	234567A	Denied
08/12/2019	Stephanie	Sample	1234567812	08/08/2019	\$3,848.95	\$0.00	987654321	234567A	Denied
08/14/2019	Josephine	Sample	1234567812	08/09/2019	\$200.00	\$90.07	987654321	234567A	Paid/Finalized
08/15/2019	Michael	Example	1234567812	7/29/2019	\$225.00	\$84.98	987654321	234567A	Payable
08/22/2019	Jacqueline	Example	1234567812	7/22/2019	\$140.00	\$67.03	987654321	234567A	Paid/Finalized
08/25/2019	Brent	Example	9876543219	7/22/2019	\$1,085.00	\$0.00	987654321	234567A	Acknowledged
08/29/2019	Janet	Demo	1234567812	7/29/2019	\$345.00	\$119.23	987654321	234567A	Pended
08/31/2019	George	Demo	1234567812	08/10/2019	\$637.00	\$0.00	987654321	234567A	Denied

Claim Details & Line Items

Use the v to view more details about that row, including potential remark codes, claim adjustment remark codes or reimbursement policies.

Use this button to add/remove columns
[Customize Table](#)

Show All	Line Number	Date of Service	Service Code	Revenue Code	Modifier	Billed Amount	Paid Amount
PROCESSED DATE: MM/DD/YYYY							
^	1	08/08/2020 - 08/08/2020	954321		25	\$234.56	\$0.00
<i>Remark Codes:</i> OC: Before we can consider this claim, please send us the date and place of the accident and a brief description of how the accident happened.							
<i>Claim Adjustment Reason Codes:</i> OC: Before we can consider this claim, please send us the date and place of the accident and a brief description of how the accident happened.							
v	2	08/08/2020 - 08/08/2020	125432			\$1,365.95	\$0.00
OVERALL CLAIM TOTALS						\$1600.51	\$0.00

Act on Claim ^

Corrected Claim This is not available for this claim. [Submit Corrected Claim](#)

Claim Reconsideration
[When should you submit a claim reconsideration request?](#) [Create Claim Reconsideration](#)

File Appeal/Dispute
[When should you submit an Appeal/Dispute?](#) [File Appeal/Dispute](#)

Add Attachment for Pending Claim This is not available for this claim, at this time. [Add Attachments](#)

Please provide requested documentation to complete the adjudication of this claim.



Authorizations / Notifications

Determine if notification/authorization is required by procedure & plan type, or based on a patient's plan



Submit a new request for prior authorization or to notify UnitedHealthcare of an inpatient admission.



Check the status or update a previously submitted authorization case.



Upload clinical notes or attach medical records and images to a request.



Provide clinical information at time of submission which may allow for quick decisions.



New features: Save as Draft, Cancel Case & Search by Decision ID



The screenshot shows the UnitedHealthcare web application interface for Prior Authorizations. The top navigation bar includes the UnitedHealthcare logo, a search bar, and user information (Elizabeth, Frank). The main menu includes options like Eligibility, Claims & Payments, Referrals, Prior Authorizations (selected), Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The main content area is divided into several sections:

- Check if prior authorization is required for medical service:** Includes options to check by Procedure Code(s), Product Type, State & Diagnosis, and by Member, Procedure Code(s) & Case Details to generate a Reference # (Decision ID).
- View status of existing submissions, drafts and make updates:** Includes search options for existing submissions and drafts, and by Decision ID for a previous determination or prior authorization not required.
- Create a new notification or prior authorization request:** Includes a button to create new submissions.
- RADIOLOGY, CARDIOLOGY, ONCOLOGY AND RADIATION ONCOLOGY TRANSACTIONS:** Includes options to create or view the status for a notification or prior authorization submission for Radiology, Cardiology, Oncology and Radiation Oncology.
- PT, OT, ST OUTPATIENT THERAPY TRANSACTIONS:** Includes options to create or view the status for a notification or prior authorization submission for PT, OT, ST Therapy Services.
- SPECIALTY PHARMACY TRANSACTIONS:** Includes options to create or view the status for a notification or prior authorization submission for Specialty Pharmacy.

INQUIRY RESPONSE

We are gathering feedback on this new Prior Authorization look-up tool. Please share your thoughts using the Feedback button to the right.

PRODUCT TYPE: Commercial | STATE: FLORIDA | PROCEDURE CODE: 23455 Capsulorhaphy, anterior; with labral re [MORE](#)

IS PRIOR AUTHORIZATION REQUIRED?
 ⚠ Notification/Prior Authorization not required if procedure performed in Office; otherwise may be required for this service.

PLACE OF SERVICE	REQUIRED	NOT REQUIRED	MAY BE REQUIRED	ADDITIONAL INFORMATION
Acute Hospital			●	• Requires Notification/Prior Authorization unless the member is in the NHP Commercial plan.
Ambulatory Surgical Center			●	• Requires Notification/Prior Authorization unless the member is in the NHP Commercial plan.
Outpatient Facility			●	• Requires Notification/Prior Authorization unless the member is in the NHP Commercial plan.
Home			●	• Requires Notification/Prior Authorization unless the member is in the NHP Commercial plan.
Office		●		

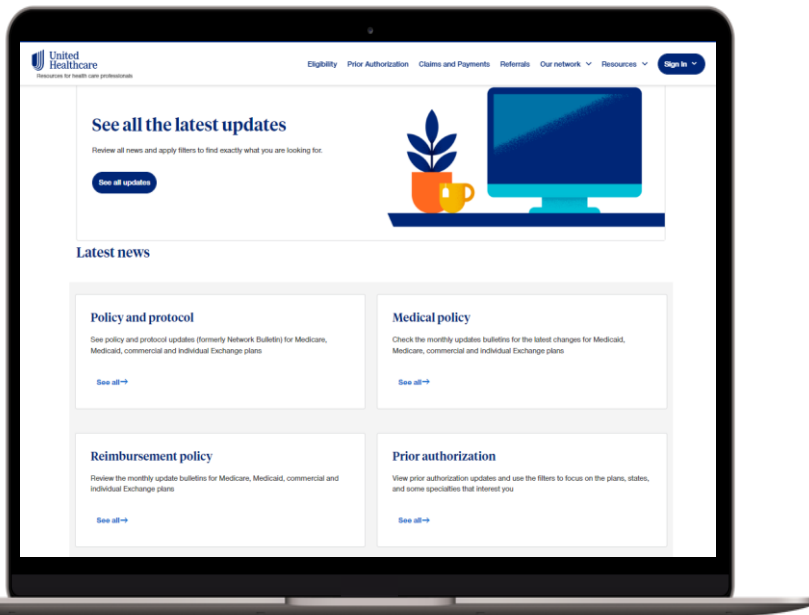
The search executed is based on data that you have selected. Your search is not a request for prior authorization and is not notification to UnitedHealthcare. Prior authorization requirements vary by benefit plan and the provider's participation status. Your search does not guarantee coverage. Coverage determinations are based on the member's benefit plan and eligibility for benefits, in addition to other criteria.

Buttons: RETURN TO SEARCH, PROCEED WITH SUBMISSION



Network News – See All The Latest Updates

[Sign up](#)



Personalize your experience even more. What are you interested in?

- Advanced Notification/Prior Authorization
- Claims Information
- Medical Policy Updates
- Pharmacy Updates
- Oxford
- Medicare
- Medicaid
- Commercial
- EDI Productivity Tools
- UHC Provider Portal
- Veterans Affairs Community Care Network(VA CCN)
- Exchange Plans





UnitedHealthcare's Provider Service Model

UHC Escalation Process-Click to Chat

Get real-time answers to your questions about:

- **Claims**
- **Eligibility & benefits**
- **Prior authorization**
- **Onboarding**
- **Technical support**

To chat with a live advocate, go to UHCprovider.com and click Sign in at the top-right corner. Then, enter your One Healthcare ID. After signing into the portal, chat can be accessed on the [Contact Us](#) page, 7 a.m. – 7 p.m. CT, Monday-Friday.

To Join our Network - [Join Our Network | UHCprovider.com](#)

To obtain a One Healthcare ID for Portal Access - [Provider portal registration | UHCprovider.com](#)

- [Chameleon Learning Course](#)
- [Chat Marketing Flyer](#)



Addressing Your Questions and Concerns

- Your Provider Experience & Engagement team is an important and knowledgeable resource when you have questions. They are your single point of contact across all lines of business and benefit plans to help make your interactions with us easier and more efficient.

Additional Information

- Your Provider Account Manager is available to provide education on policies, procedures, and the tools and resources that are available to make working with UnitedHealthcare as easy as possible. We are there for you!
- We can also help you understand our organization and direct any questions you may have about our business to the appropriate people.

Provider Services Contacts: Looking to chat with an advocate?

Real time support is available 7:00am – 7:00pm

- Claims
- Prior Authorizations
- Eligibility and Benefits
- Provider portal

• **Sign into** the [UnitedHealthcare Provider Portal](#) to chat with a service advocate.

• Need help with contracting or credentialing? Use your One Healthcare ID to access **[Network Help and Support](#)** and chat with an advocate.

Visit: UHCprovider.com

Provider Services Call Center: 877-842-3210 Commercial , M&R

Provider Services Call Center: 888-397-8129 IEX

Provider Services Call Center: 800-638-3302 Community & State (Medicaid)



Note: Sometimes, claims issues may result from contracting or participation issues. If you have questions about your network participation status, please contact our Network Contracting team.

Please include a description of your issue or question!

New United Healthcare mailing addresses for contractually required notices and contract support.

Starting January 11, 2024, there are new mailing addresses for written notices required or permitted by UnitedHealthcare participating provider agreements.

When sending contractually required written notices by certified mail or overnight carrier, health care providers directly contracted with UnitedHealthcare need to use the following address:

UnitedHealthcare
Market VP MN101-D003
9700 Health Care Lane
Minnetonka, MN 55343

This address is to only be used for submitting formal notices as required by provider agreements.

For informal inquiries, if information cannot be obtained on www.UHCprovider.com or via the Chat feature in the provider portal for topics such as reimbursement policies, fee schedule information, credentialing or other information related to your contract, then requests should be sent to the Contract Support address:

UnitedHealthcare
P.O. Box 241029
Saint Paul, MN 55124-7019

This is not a change to the claim remittance address. Please continue to use the claim remittance address on the back of the member's ID card.





Thank you!

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.