

UnitedHealthcare Community Plan Skilled Nursing Facility Presentation



### **Agenda**



- 1. Overview UnitedHealthcare Community Plan of New Jersey
- 2. Overview MLTSS Program
- 3. SNF & SCNF Services
- 4. Prior Authorization and Continuity of Care
- 5. Utilization Management
- 6. Critical Incident Reporting
- 7. Unable to Contact/Gaps in Care
- 8. Credentialing, Re-Credentialing, Criminal Background Checks & Demographic Changes
- 9. Provider Advocate Program
- 10. Claims and Appeals
- 11. Key Contacts
- 12. Questions





#### **Highlight Summary:**



Founded as Managed Healthcare Systems of New Jersey (MHS) in 1995.

Operated as AmeriChoice of New Jersey from 1998 – 2010.

Acquired by UnitedHealth Group (UHG) in 2002.

Re-branded as UnitedHealthcare Community Plan in January 2011.

Licensed in all 21 counties for NJ FamilyCare/Medicaid







#### **Profile**



#### United Healthcare Community Plan:

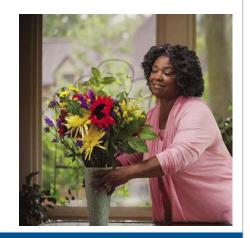
Is a business segment of UnitedHealth Group

Nation's premier provider of trusted and high-quality personalized public sector health care programs

Serves more than 2.6 million beneficiaries of government health care programs in 24 states and the District of Columbia.

Pioneered 24/7 bilingual Member Services Helpline

Emphasizes preventive health and education







Historically the State of NJ had four waivers:

ACCAP

TBI

GO

**CRPD** 

Please note that the CCW Waiver is not part of MLTSS.

As of 7/1/2014 the State of NJ is combining the services provided under these four waivers into one waiver, Managed Long Term Care Services and Supports (MLTSS). The benefits covered under this new waiver will move from Fee-for-Service Medicaid to Managed Care. The Managed Care Organizations (MCOs) will be responsible for reimbursement of these services effective 7/1/2014.

Authorizations provided under Fee-for-Service Medicaid will remain in effect during the Continuity of Care period. Assessments will be made by a Care Coordinator and that time a new authorization will be provided to the provider.





- Any individuals with Medicaid entering a nursing home for the first time
  will have their acute and primary health care managed by the MCOs
  with MLTSS or the Program of All-Inclusive Care for the Elderly (PACE)
  program. Individuals on MLTSS also will have their acute and primary
  health care services and nursing home care managed by an MCO.
- Current custodial nursing home residents on Medicaid will remain in a fee-for-service environment. Medicaid beneficiaries living in Special Care Nursing Facilities (SCNFs) as of July 1, 2014 will remain in the fee-for-service environment for two years.
- Any individual who is newly eligible for Medicaid and living in a nursing home after July 1, 2014 will have his/her care managed by an MCO through the MLTSS program. Individuals who enter a SCNF after July 1, 2014 will have their acute and primary health care services and their nursing home care managed by an MCO through the MLTSS program.



## Nursing Facility Reimbursement: Custodial Care



Nursing facilities receive a per diem or daily rate for long term custodial care for Medicaid-only members

Contracted providers bill revenue code 0100, 0119, 0129, 0139, 0149, 0159, and 0169 and receive 100% of the Medicaid daily rate.

The per diem payment includes, but is not limited to the following services:

Laundry services

**Nutritional** services

Personal care services

Personal care supplies

Incontinence supplies

Rehabilitation and restorative care services

DME

Stock medical supplies

Analgesics, antacids, laxatives, and vitamins

Wound care supplies



# **Nursing Facility Reimbursement: Respite Care**



Some nursing facilities are authorized by the state of New Jersey to provide respite care to communitybased MLTSS members

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

Contracted providers qualified to provide respite care bill revenue code 0663 and receive 100% of the Medicaid daily rate

# **Nursing Facility Reimbursement Summary**



Service Description	Revenue Code	Payment Rate
Long Term Custodial Care	0100, 0119, 0129, 0139, 0149, 0159, and 0169	100% of NJ Medicaid Daily Rate
Long Term Custodial Care – Special Care Nursing Facility	TBD; Waiting on State Guidance	100% of NJ Medicaid Daily Rate
Respite Care Services	0663	100% of NJ Medicaid Daily Rate



### **Care Management Staffing Ratios**



#### **MLTSS Care Manager staffing ratios:**

- 1:240 for Nursing Facility Members and non-pediatric Special Care Nursing Facility
- 1:120 for HCBS Members residing in an alternative community setting;
- 1:60 for Members receiving home and community based services; and
- 1:48 for Members receiving services in a pediatric Special Care Nursing Facility.

UHC will make every attempt to coordinate visits with facility staff. We will also, wherever possible, minimize the number of care manager assignments to a facility.

#### **Prior Authorization Required**

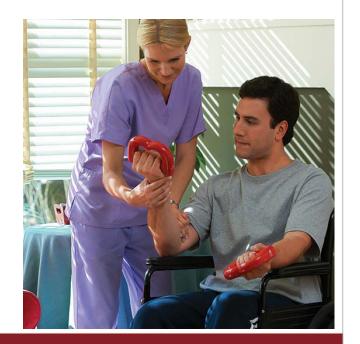


All nursing facility services require authorization. These authorizations are managed by UnitedHealth Clinical Services.

The Complete Prior Authorization List for Medicaid and MLTSS is available under the "Billing & Reference Guides"

Tab at: <a href="https://www.uhccommunityplan.com">www.uhccommunityplan.com</a>.

Dedicated MLTSS Intake/Prior Authorization number is (800) 262.0305.







- All State approved services will be authorized until the member is assessed by his/her care manager
- Once the member is assessed a new service plan will be created with corresponding authorizations where necessary
- All MLTSS requests prior to 7/1/14 are the responsibility of the State
- The State is providing prior authorization files to UHC that contain the services that members receive under FFS prior to 7/1/14
- UHC responsible for services once the individual's Medicaid eligibility is confirmed AND is enrolled in managed care.





### **Long Term Care Team**

- UHC has a dedicated unit to provide customer service for MLTSS members
- All members receiving MLTSS services will receive a face to face assessment for evaluation of needs
- Providers/members are provided with a direct line for contacting their Care Manager (800) 645-9409
- Members can reach a nurse 24x7 by calling Member Services or the Nurseline at 888-433-1904.



### **Utilization Management Appeals**



Claim appeals based on UnitedHealthcare's adverse determination regarding medical necessity, experimental or investigational services should be processed under the Utilization Management (UM) appeal process within 90 days from receipt of the original UM denial letter.

Providers must have member's written consent in order to request a Utilization Management (UM) appeal.

#### **Stage 1 Utilization Management Appeal should include:**

- (a) copy of the original UM denial letter
- (b) the member's written consent
- (c) a copy of the medical record
- (d) additional information which supports the need for medical necessity on the denied date(s) of services.

**Utilization Management Appeals should be mailed to the following address:** 

UnitedHealthcare Community Plan Attention: UM Appeals Coordinator P.O. Box 31364 Salt Lake City, UT 84131





Critical incidents include occurrences involving the care, supervision or actions of a member that is adverse in nature or has the potential to have an adverse impact on the health, safety or welfare of the member or others. Critical incidents shall include but not be limited to the following incidents when they occur in a nursing facility (NF) /Special Care Nursing Facility (SCNF), inpatient Behavioral Health or home and community-based long-term care service delivery setting, including: community alternative residential settings, adult or child medical day care centers, other HCBS provider sites, and a member's home:

- a) Unexpected death of a member
- b) Missing person or unable to contact
- c) Suspected or evidenced physical or mental abuse (including seclusion and restraints, both physical and chemical);
- d) Neglect/Mistreatment, including self-neglect, caregiver overwhelmed, environmental
- e) Theft with law enforcement involvement
- Severe injury or fall resulting in the need for medical treatment Medical or psychiatric emergency, including suicide attempt
- g) Medication error resulting in serious consequences
- h) Inappropriate and/or unprofessional conduct by a provider/agency involving the member
- i) Sexual abuse and/or suspected sexual abuse
- j) The potential for media involvement
- k) Exploitation including financial theft, destruction of property
- I) Failure of a member's back-up plan
- m) Elopement/Wandering from home or facility
- n) Eviction/Loss of home
- o) Facility closure, with direct impact to member's health and welfare
- p) Cancellation of utilities
- q) Natural disaster, with direct impact to member's health and welfare





## How to I report a Critical Incident to UHCCP of NJ?



Providers are expected to assist the member's needs immediately and report to the State agency if appropriate BEFORE reporting to the MCO via the Call Center.

Critical Incidents can be reported to the UnitedHealthcare by contacting the Call Center at (888) 702-2168 or completing the Critical Incident form and faxing it to (855) 216-6408 within 24 hours of discovery of the incident.

The form can be found on the UnitedHealthcare Community Plan of NJ web site:

www.UHCCommunityPlan.com



## Who else do I need to report a Critical Incident to?



Immediately report to the appropriate agency including 911, any knowledge of or reasonable suspicion of:

- Abuse, neglect, or exploitation of adult member to the State's Adult Protective Service office (APS) at 1-800-792-8820;
- Abuse, neglect, or exploitation of members residing in Nursing Home to the State's Office of the Ombudsman for the Institutionalized Elderly (O.O.I.E.) at 1-877-585-6995;
- Brutality, abuse or neglect of members who are children to the Division of Child Protection and Permanency, DCP&P, (formerly the Division of Youth and family Services, DYFS) DYFS Hotline at 1-877-NJABUSE (652-2873);
- Abuse, neglect, and exploitation of members who are children residing in Pediatric Nursing Facilities to Division of Child Protection and Permanency, DC&P, (formerly the Division of Youth and family Services, DYFS), DYFS Hotline at 1-877-NJABUSE (652-2873)







Incident / Alleged Incident Type:	
☐ Unexpected Death	
☐ Missing Person or Unable to Contact	☐ Sexual Abuse and/or Suspected Sexual Abuse
☐ Suspected or Evidenced Physical or Mental	☐ Neglect/Mistreatment, including self-neglect, caregiver overwhelmed,
Abuse (includes seclusion and restraints, both	environmental
physical and chemical)	☐ Exploitation, including financial, theft, destruction of property
☐ Theft with Law Enforcement Involvement	☐ Failure of a member's backup plan
☐ Severe Injury or Fall resulting in the need for	☐ Elopement/wandering from home or facility
medical treatment	□ Eviction/loss of home
☐ Medical or Psychiatric emergency, including	☐ Facility Closure, with direct impact to member's health and welfare
suicide attempt	☐ Potential for Media Involvement
☐ Medication Error resulting in serious	☐ Cancellation of utilities
consequences	□ Natural Disaster, with direct impact to member's health and welfare
☐ Inappropriate and/or unprofessional conduct by	☐ Other (explain below)
a provider involving the member	_ culti (cupulin cultin)
	,
Description of Incident (submit additional pages if  Explain the Relationship of the CI to the member backup plan on members Plan of Care? Does the backup plan on members Plan of Care?	's present health Status: Is there a Risk Assessment Agreement? Was the
Explain the Relationship of the CI to the member backup plan on members Plan of Care? Does the ba	eresent health Status: Is there a Risk Assessment Agreement? Was the ckup plan need to change?
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Actions taken immediately to mitigat	t <b>e risk to Member:</b> (what yo	ou did to ensure me	ember's safety within 24hrs)
☐ 911/EMS notified			
☐ <b>APS</b> notified if incident involves an	Adult either suspected or ac	tual physical, ment	tal, sexual abuse, or exploitation.
	*	1	spected or actual physical, mental, sexual
abuse or exploitation.			F,,,,
☐ DCP&P/DC&P notified if incident	involves a Child either such	acted or actual phy	reical mantal cavual abusa naglact or
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financial exploitation.	. 4 . 4 4 . 4	. :661	
(Please list dates and times of attemp	ots to contact these agencie	s, ii iaxed piease s	ave confirmation)
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☐ Accused worker removed from hom		) UHC member per	ading investigation
☐ New worker assigned to provide ser	vices		
☐ Police notified if appropriate			
☐ Family member/POA notified			
☐ Other-please describe			
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Critical Incident Resolved at the Tim	ie of the Report? L Yes L	」No	
Person submitting this report:			
Name	Telephone number(s) wh	ere you can be rea	ached if more information is needed
		/	<u>'/</u>
Title and Company name	Email address	Date	e THIS FORM submitted to UHC

## Credentialing with United Healthcare Community Plan (UHCCP)



#### Requirements:

- 1. Complete Component Application from United Health Networks
- 2. Component Attestation Section MUST be signed and dated.
- 3. Complete Demographic Update Information Sheet from United Health Networks
- 4. Copy of Current and/or Renewed Malpractice Liability Insurance
- 5. W-9 Form
- Current and/or Renewed License from The Division of Consumer Affairs
- 7. Current Medicaid and/or Medicare Numbers
- 8. Certificate of Accreditation from one of the following (if applicable): Community Health Accreditation Program (CHAP), Commission on Accreditation for Home Care, Inc. (CAHC), The Joint Commission (TJC), National Association for Home Care/Home Care University (NAHC)

## Re-Credentialing with United Healthcare Community Plan (UHCCP)



#### Requirements:

- 1. Review the pre-filled Component Application from UnitedHealthcare Community Plan
- 2. Update the pre-filled form with any applicable changes.
- 3. Sign and date the Attestation page.
- 4. Return the application with the following current documents to the address/fax listed on the cover letter.
  - Copy of current State License
  - Copy of Medicare Certification letter (if applicable)
  - Copy of Certifications and/or Accreditation Certificates (e.g. TJC, CHAP, etc.)
  - Copy of Declaration Sheet and/or Certificate of Insurance for BOTH Current Professional Malpractice and Comprehensive General Liability Insurance Policies



### **Criminal Background Checks**



Criminal Background Checks – All employees and/or agents of a provider or subcontractor and all providers who provide direct care must have a criminal background check as required by federal and State law.

All contracted providers conduct criminal background checks on all prospective employees/providers with direct physical access to MLTSS Members.



## **Demographic Changes**



All demographic changes must be sent to Ian Morgan via the below methods:



E-mail: NJ\_MLTSS@optum.com





#### We are the Provider Advocate Team

- Serve as your primary contact
- Act as a "navigational specialist" when dealing with all areas of UnitedHealthcare Community Plan
- Maximizes your ability to interact with us
- Provide a "heads up" to your practice on critical programs and processes within UnitedHealthcare Community Plan
- Specializes in issue resolution
- Email: NJ\_MLTSS@optum.com
- Ron Gibbs 212-216-6536



### **Provider Portal**



UnitedHealthcare Community Plan Online provides an easy and convenient access to manage your business with us and to reduce your time on the phone with our Provider Service Call Center.

#### To register for our Provider Portal please go to:

https://www.unitedhealthcareonline.com

On the Portal, providers and their administrative staff can view:

- Verify Member Eligibility
- Review Benefits and Coverage Limits
- Submit Claims
- Check Claim Status
- Access Capitation Rosters
- View your Panel Roster
- Access Remittance Advice and Review Recoveries
- Review your Preventive Health Measures Report
- Submit Demographic Profile Changes





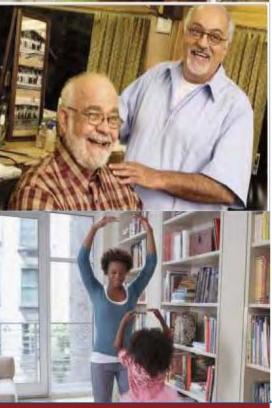


ID Card - check for applicable co-pays Provider Help Line: (888) 702-2168

or www.unitedhealthcareonline.com









#### **NJ MLTSS ID Card**





UnitedHealthcare Community

911-86047-08 Health Plan (80840)

Member ID: 999999999 Group Number: NJLTC

Member:

SUBSCRIBER BROWN

PCP Name:

DR. PROVIDER BROWN PCP Phone: (999)999-9999

Effective Date: 99/99/9999 Payer ID: 86047



Rx Bin: 610494 Rx Grp: AMNJ Rx PCN: 9999

Underwritten by AmeriChoice of New Jersey, Inc.

Printed: 07/15/11

If you are not sure if your problem is an emergency, call your PCP first. No prior authorization is required for emergencies. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.

TDD/TTY 711 For Members: 1-800-941-4647

1-888-433-1904 NurseLine:

In an emergency, go to nearest emergency room or call 911.

1-888-702-2168 For Providers: www.uhccommunityplan.com Medical Claims: PO Box 5250, Kingston, NY, 12402-5250

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903 For Pharmacists: 1-877-305-8952



#### **Claim Submission -EDI**



EDI Support Services provides support for all electronic transactions involving claims, electronic remittances and eligibility. **EDI Performance Management:** 

Phone: (800) 210-8315

E-mail: ac edi ops@uhc.com

#### **UnitedHealthcare Community Plan**

Use Payer ID 86047

If you do not have office software and would like to submit directly, **at no cost you,** submission can be done through our vendor - **Office Ally**.

Direct connections for health care claims via Office Ally is a simple, secure, and HIPAA-compliant solution offering you:

Direct connectivity via the Internet

No cost to providers...no installation, transaction, or support fees

Free setup and training

Easy to use (batch and single claims)

24/7 Customer Support

#### Office Ally

Enroll now at www.officeally.com,

E-mail: info@officeally.com

Call: (866) 575-4120

## EFT and Electronic EOBs



#### **EFT to enroll online:**

- Log on to UnitedHealthcareOnline.com.
- Select "Claims and Payments" from the top navigation bar, and then choose "Electronic Payments & Statements" from the drop-down menu.
- Choose your Corporate Tax ID from the drop-down menu and click Continue.
- Choose your Physician/Provider Tax ID from the drop-down menu and click Continue.
- Complete the EPS Online Enrollment form and Continue
- Verify the information entered is accurate. If you need to make changes click Edit. If everything is correct click Submit.
- Print a copy of your enrollment for your records.

Alternatively, you can download the enrollment form from UnitedHealthcareOnline.com and mail or fax to the location indicated at the top of the form. For assistance, call 866-UHC-FAST (866-842-3278) and select option 5. A representative will be able to assist you with enrollment questions, or online enrollment.

Note: if you plan to route payments to accounts based on NPI, it is recommended that you call for assistance with enrollment.

#### **Electronic Remittance Advice (835):**

Contact your clearinghouse to request direct delivery of your UnitedHealthcare 835 files. Once we receive
the request for 835s from your clearinghouse/EDI vendor, it takes about 30 days to set up delivery of the
ERA/835.

## Claim Submission – Coordination of Benefits (COB)



Coordination of benefits (COB) is used when a member is covered by more than one insurance policy. MCOs must exhaust all other sources of payment prior to remitting payment for a Medicaid/NJ FamilyCare enrollee. Federal and State law requires that Medicaid payments be last dollar coverage and should be utilized only after all other sources of third party liability (TPL) are exhausted

• If the member has other coverage and UnitedHealthcare Medicaid is secondary, the provider should first submit the claim to primary insurer. Then the secondary claim must be submitted on paper with the Commercial Insurance EOB attached to the claim to UnitedHealthcare.





#### **Claim Payment Appeal Process**

To resolve billing, payment, and other administrative disputes, such as:

- Lost/incomplete claim forms or electronic submission
- Requests for additional explanation as to services or treatment rendered by a provider
- Inappropriate or unapproved services initiated by providers
- Any other reason for billing disputes

Claim payment disputes do not require any action by the member.





## UnitedHealthcare\*

#### **Claims Payment Appeals Submission Process**

#### **Informal Claim Payment Appeal:**

Submit the UnitedHealthcare Community Plan of NJ Single Claim Resubmission Request Form outlining the resubmission request at: <a href="https://www.uhccommunityplan.com">www.uhccommunityplan.com</a> under the "Provider Forms" Tab.

Form can **ONLY** be used for the following:

- Claim previously denied for Additional Information to process claim.
- Claim is being resubmitted as a Corrected Claim
- Claim is being resubmitted with Prior Authorization information
- Claim is being resubmitted because it was a Bundled Claim
- Claim previously denied/closed as Exceeding Timely Filing

Include a copy of the claim in question, and submit all supporting documentation, if applicable, within 90 days from receipt the EOB/PRA to:

UnitedHealthcare Community Plan Attention: Claim Administrative Appeals P.O. Box 5250 Kingston, NY 12402-5250

You can also submit your information through the Provider portal at <a href="https://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> or by calling the Provider Service Center at (888) 702-2168.





#### **Claims Payment Appeals Submission Process**

#### **Formal Claim Payment Appeal:**

These appeals MUST be submitted to UnitedHealthcare utilizing the New Jersey Department of Banking and Insurance approved form: Health Care Provider Application to Appeal a Claims Determination (HCAPPA).

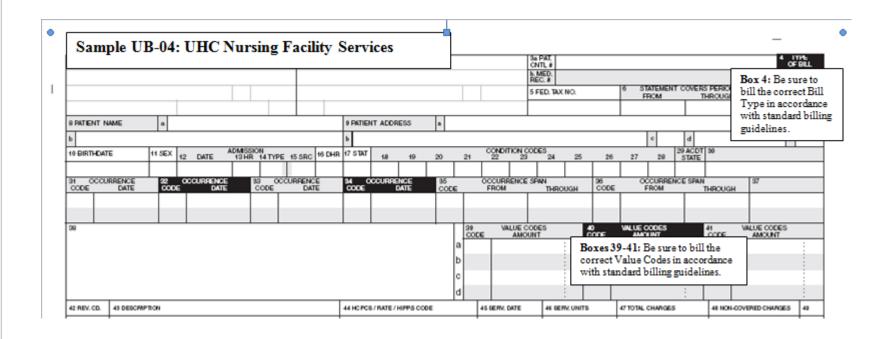
If Provider submits a claim payment appeal using this form within 90 days following receipt of the EOB/PRA and UHCCP upholds the claim payment denial, the provider has the right to file an external Claims Arbitration via MAXIMUS.

If Provider does not submit the original claim payment appeal on an HCAPPA Form, the provider does not have the right to a Claims Arbitration case; however, the appeal will be processed by UHCCP as an Informal Claim Payment Appeal.

If UHCCP upholds a claim payment denial on an Informal Claim Payment Appeal, there is no 2<sup>nd</sup> Level of Appeal Claim Payment decisions will be final.

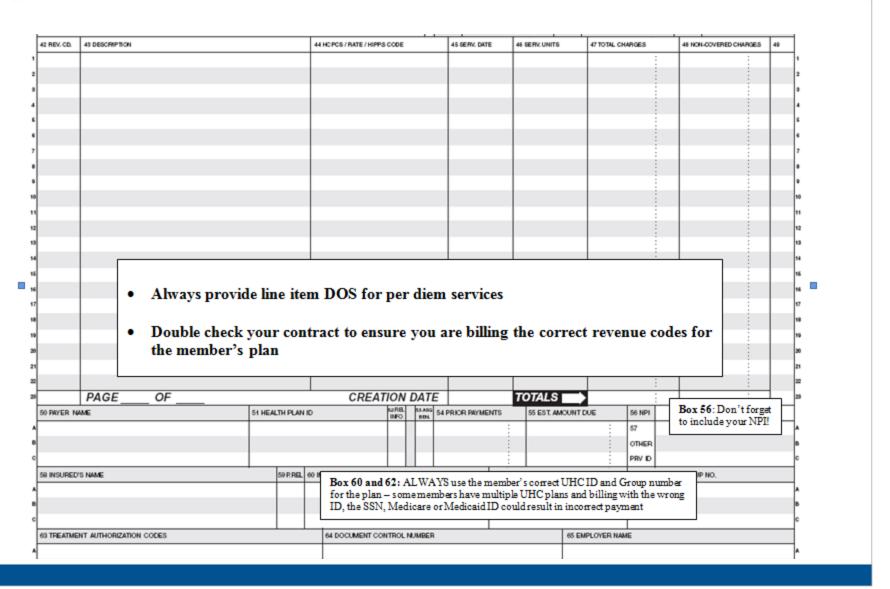














#### **Reminder: Key Contact List**

Web Portal (newsletters, bulletins, forms) - <a href="https://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> <a href="https://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>

Provider Services Line for MLTSS - (888) 702-2168
Prior Auth/Intake for MLTSS - (800) 262-0305

**Health Services** - (888) 362-3368 or Fax: (800) 766-2597

**Member Services 24 Hour** 

**Help Line -** (800) 941-4647 (TTY:711)

TTY/TDD at (800) 852-7897

**Demographic Change Fax** – (877) 382-9298

Credentialing

**Center Fax/E-mail** – 855-228-5892

**Medications requiring prior** 

**authorization** (800) 310-6826

Fax: (866) 940-7328

**Prescription Solutions (PSI) for** 

Pharmacy specialty injectables - Fax: (800) 853-3844



### **Links to State Training Materials**



#### **Resources for Providers:**

MLTSS Provider Communications: http://www.state.nj.us/humanservices/dmahs/home/AL\_CRS\_Administrators\_Letter.pdf MLTSS Provider Frequently Asked Questions (FAQs):

http://www.state.nj.us/humanservices/dmahs/home/MLTSS\_Provider\_FAQs.pdf

The Comprehensive Medicaid Waiver:

http://www.state.nj.us/humanservices/dmahs/home/waiver.html

#### **Resources for Consumers:**

**MLTSS Consumer Communications:** 

http://www.state.nj.us/humanservices/dmahs/home/MLTSS\_Consumer\_Communications.pdf

MLTSS Frequently Asked Questions (FAQs):

http://www.state.nj.us/humanservices/dmahs/home/Consumer\_FAQs.pdf

Frequently Asked Questions (FAQs) for Dual Eligible Special Needs Plans (D-SNP) and MLTSS Consumers:

http://www.state.nj.us/humanservices/dmahs/home/FAQ\_D-SNP\_MLTSS.pdf

NJ FamilyCare Managed Care Health Plans:

http://www.state.nj.us/humanservices/dmahs/clients/medicaid/hmo/

Program of All-inclusive Care for the Elderly (PACE):

http://www.state.nj.us/humanservices/doas/services/pace/index.html

The Comprehensive Medicaid Waiver:

http://www.state.nj.us/humanservices/dmahs/home/waiver.html

#### Slide Presentations:

MLTSS: The Choice is Yours:

 $http://www.state.nj.us/humanservices/dmahs/home/MLTSS\_Consumer\_Slide\_Presentation.pdf$ 



