



**United Healthcare KDHE
KanCare 2019 Education**

Fall 2018



Contracting

Who should a provider reach out to if they are interested in contracting with United Healthcare?

Medical

Sabrina Wegener – sabrina_wegener@uhc.com or 913802-5631
or ks.net.mgmt@uhc.com or 866-612-4259

Behavioral

Denise Trabon – Denise.Trabon@optum.com or 633-367-6803

Pharmacy

Jennifer Murff, R.Ph. – jennifer.murff@uhc.com or 913-333-4002

HCBS

Dalia Aguilar - Dalia_aguilar@uhc.com or 913-333-4244

Nursing Facility

Jennifer Everett – jennifer.everett@optum.com or 913-323-1050



Contracting

Who should a provider reach out to if they are interested in contracting with United Healthcare?

Dental – Scion Dental

**Nicholas Schmit
262-946-4400 x 4976**

Nicholas.schmidt@skygenusa.com

Scion Network Development

800-508-6965

networkdevelopment@skygenusa.com

NEMT - National MedTrans

Contracting:

Patrick Sullenger

844-885-2696, Option 3

netdev@natmedtrans.com

Credentialing

Dawn Hughes

844-885-2696, Option 2

credentialings@natmedtrans.com

Vision –

Contracting:

Maria Canieso

844-506-2724 x 5010

mcanieso@marchvisioncare.com

Credentialing

Sandy Martinez

844-506-2724 x 5005

smartinez@marchvisioncare.com



Contact Information

UHC Provider Call Center: 1-877-542-9235

Provider Services Call Centers can assist providers with eligibility, prior authorization, claims, appeals and general questions. When reaching out for assistance please make sure you have the following information:

UHC claim number

Members Medicaid ID #

Date of service on the claim

Tax ID # or NPI for the provider

Provider Contact Information



Contact Information

The following link will take a providers to a quick reference document for helpful phone numbers for connecting with UHC staff:

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/ks/resources/KS-Provider-Contact-Us-Information.pdf>

Your Provider Advocate is another resource for our providers needing assistance with UHC question and concerns. Provider Advocate information can be found at the following link under “Contact us” , and are available at the UHC table: <https://www.uhcprovider.com/en/health-plans-by-state/kansas-health-plans/ks-comm-plan-home.html>

If you have an urgent matter requiring UHC Leadership attention, please email our Director of KanCare Provider Relations, Carrie Kimes at ckimes@uhc.com



UHCprovider.com

With our provider portal, everything you need is in one place. Providers are able to quickly find information and Link self-service tools. UHCprovider.com replaces UnitedHealthcareOnline.com

Navigation bar containing a menu icon, the UnitedHealthcare logo, a search bar with the text "What can we help you find?", and a set of utility icons: MEMBERS, FIND DR., LINK, NEW USER, and SIGN IN.

Resources for physicians, administrators and healthcare professionals

Hello!

Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.

[Learn More About Site Features](#)



Claims and Payments

[Learn More](#)

Eligibility and Benefits

[Learn More](#)

Policies and Protocols

[View Current](#)



Prior Authorization and Notification

[Learn More](#)

Latest UnitedHealthcare Provider News

UHCprovider.com

× MENU

- Administrative Guides and Manuals
- Claims, Billing and Payments
- Eligibility and Benefits
- Demographics and Profiles
- Find a Care Provider
- Health Plans by State 
- Policies and Protocols
- Prior Authorization and Notification
- Referrals
- Reports and Quality Programs
- Resource Library 
- Contact Us

Use the Menu to quickly access commonly needed information. Two favorites are:

- ❖ **Health Plans by State** for KS Provider Resources - UnitedHealthcare Community Plan of Kansas.
 - ✓ Prior Authorization & Notification
 - ✓ Current Policies & Clinical Guidelines
 - ✓ KS specific Provider Administrative Guides
 - ✓ Contact information for provider support teams



UnitedHealthcare
Community Plan of Kansas
Homepage

UnitedHealthcare Community Plan of Kansas
Homepage

- ❖ **Resource Library** - contains additional provider resources including links to Electronic Data Interchange information; ICD-10 Resources; Link Self-Service Tools; Patient Health and Safety; Training and much more.



UHCprovider.com

Claims and Payments

[Learn More](#)

Here you will find the tools and resources you need to help manage your practice's submission of claims and receipt of payments. Our self-service resources for claims include using Electronic Data Interchange (EDI) and the **claimsLink** tool in Link.

Eligibility and Benefits

[Learn More](#)

Our Eligibility and Benefits section provides all the tools you'll need to verify member eligibility, determine benefits, view care plans and more. Look up a member by their ID number in **eligibilityLink**.

Prior Authorization and Notification

[Learn More](#)

Tools and resources to help manage your practice's prior authorization and notification requirements, with program specific information available for Cardiology, Oncology, Radiology, Clinical Pharmacy and Specialty Drugs. Your primary UnitedHealthcare prior authorization resource, the Prior Authorization and Notification app, is available on Link,



claimsLink Overview

Use claimsLink to get the most up-to-date claims status and payment information and submit your claim reconsideration and correct claim requests. Claim submission has recently be added as a feature.
One easy-to-use application.

Key Features:

- ✓ Submit professional claims, including National Drug Code (NDC) claims, for all UnitedHealthcare members
- ✓ View claims information for multiple UnitedHealthcare® plans
- ✓ Submit corrected claims or claim reconsideration requests
- ✓ Receive instant printable confirmation of submissions
- ✓ Monitor claim and reconsideration status
- ✓ Submit an online appeal
- ✓ Download provider remittance advice (PRA)
- ✓ Manage patient accounts and receivables

Quick Search Options

*SELECT SEARCH TYPE

- Member ID (Search Using Member ID and Date of Birth)
- Quick Search (Paid & Denied Claim Search by TIN ONLY)
- Claim Reconsideration (Search Using Reconsideration Ticket Number)
- Pending Claim Ticket Search (Search Using Pend Ticket Number)

*SELECT ADJUDICATED CLAIM STATUS

- Both Paid Denied

*SELECT SERVICE DATE RANGE

- Predefined Range
Search the past 30, 60, 90, or 120 days.
- Custom Range
Search any 30-day period up to 18 months ago.

*START DATE

10/01/2017



*END DATE

10/01/2017



SUBMIT SEARCH

claimsLink Overview

SEARCH RESULTS

SEARCH CRITERIA

MEMBER ID

911111111


DATE OF BIRTH

2/22/1922





PROCESSED DATE	PATIENT NAME	CLAIM NUMBER	FIRST SERVICE DATE	LAST SERVICE DATE	BILLED AMOUNT	PAID AMOUNT	STATUS
07/27/2016	BOB PATIENT	4564564564	07/21/2016	07/21/2016	\$ 1,414.40	\$ 1,120.20	Finalized

- ✓ Search results can be sorted by clicking on row header
- ✓ Access claim details by selecting the Claim Number link
- ✓ Flag claims for easy retrieval on next log in without performing a new search
- ✓ Access additional details from flagged list

FLAGGED CLAIMS

Recently flagged claims are listed in the table below. You may remove a claim from this list by clicking on the flag 
Select the Claim # to view additional details about the flagged claim.

REFRESH

	FIRST DATE OF SERVICE	FIRST NAME	LAST NAME	MEMBER ID	CLAIM #	DATE PROCESSED	BILLED AMOUNT	PAID AMOUNT	CLAIM STATUS
	10/23/2015	John	Smith	0987654321	888995511	02/01/2016	\$100.00	\$50.00	Finalized
	10/23/2015	Elizabeth	Jones	8991122330	990023456	02/01/2016	\$35.00	\$35.00	Pended
	10/23/2015	Karen	McMichael	9966775522	785639210	02/02/2016	\$427.00	\$412.00	Acknowledged
	10/23/2015	Daryl	Thompkins	0258741963	897654231	02/02/2016	\$1,093.00	\$0.00	Finalized

claimsLink Overview

CLAIM DETAIL

LINE ITEMS DETAIL
[^ View Column Selection](#)

BILLING INFORMATION

- Date of Service
- Service Code
- Revenue Code
- Modifier
- Billed Amount

PROVIDER ALLOWABLES AND ADJUSTMENT

- Paid Amount
- Allowed Amount
- Contractual Obligation
- Not Covered Amount

MEMBER RESPONSIBILITY

- Total Member Responsibility
- Copay
- Deductible
- Coinsurance

LINE #	DATE OF SERVICE	SERVICE CODE	REVENUE CODE	MODIFIER	BILLED AMOUNT	PAID AMOUNT	ALLOWED AMOUNT	CONTRACTUAL OBLIGATION	NOT COVERED AMOUNT	TOTAL MEMBER RESPONSIBILITY	COPAY	DEDUCTIBLE	COINSURANCE	DETAILS
PROCESSED DATE 04/01/2016														
Line 1	10/23/2015 - 10/26/2015	48375	248	44	\$ 172.00	\$ 172.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Line 2	10/23/2015 - 10/23/2015	48375	248	44	\$ 172.00	\$ 172.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Totals					\$ 344.00	\$ 344.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
PROCESSED DATE 04/16/2016														
Line 1	10/23/2015 - 10/26/2015	48375	248	44	\$ 121.00	\$ 121.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Line 2	10/23/2015 - 10/23/2015	48375	248	44	\$ 100.00	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Totals					\$ 221.00	\$ 221.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

✓ Choose line detail to create a view preference

CLAIM DETAIL

OVERALL CLAIM TOTALS

Totals

LINE ITEMS DETAIL
[^ View Column Selection](#)

BILLING INFORMATION

- Date of Service
- Service Code
- Revenue Code
- Modifier
- Billed Amount

PROVIDER ALLOWABLES AND ADJUSTMENT

- Paid Amount
- Allowed Amount
- Contractual Obligation
- Not Covered Amount

MEMBER RESPONSIBILITY

- Total Member Responsibility
- Copay
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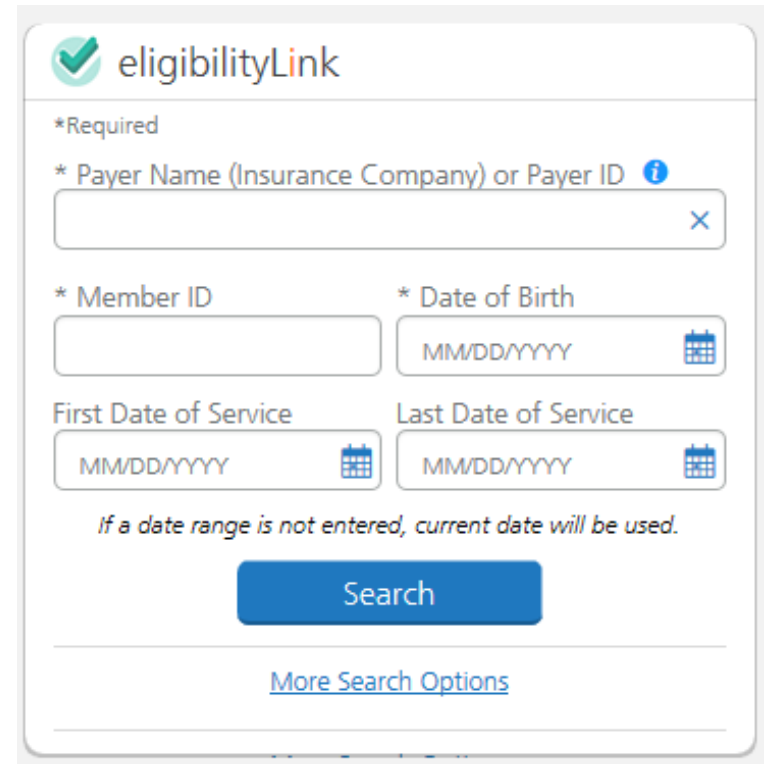
LINE #	DATE OF SERVICE	BILLED AMOUNT	PAID AMOUNT	ALLOWED AMOUNT	TOTAL MEMBER RESPONSIBILITY	COPAY	DEDUCTIBLE	COINSURANCE	DETAILS
PROCESSED DATE 04/01/2016									
Line 1	10/23/2015 - 10/26/2015	\$ 172.00	\$ 172.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Line 2	10/23/2015 - 10/23/2015	\$ 172.00	\$ 172.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Totals		\$ 344.00	\$ 344.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
PROCESSED DATE 04/16/2016									
Line 1	10/23/2015 - 10/26/2015	\$ 121.00	\$ 121.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Line 2	10/23/2015 - 10/23/2015	\$ 100.00	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	View
Totals		\$ 221.00	\$ 221.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
OVERALL CLAIM TOTALS									
Totals		\$ 565.00	\$ 565.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

eligibilityLink Overview

eligibilityLink is an application enabling providers to lookup Benefits and Eligibility and determine if the plan requires prior authorization/notifications with the goal to increase self-service.

Key Features:

- ✓ Access to eligibility and benefit detail information across all lines of business
- ✓ View member ID card
- ✓ View PCP information
- ✓ Export or print data as needed
- ✓ Determine if the member benefit plan requires Prior Auth/Notifications or referrals and initiate request
- ✓ Option to start search from application tile or enter application for more options
- ✓ Ability to access policy information
- ✓ Ability to access claimsLink, search network providers, and review GAPS in Care detail transaction reporting





The screenshot shows the eligibilityLink search interface. At the top left is a green checkmark icon followed by the text 'eligibilityLink'. Below this is a section labeled '*Required'. The first field is '* Payer Name (Insurance Company) or Payer ID' with an information icon and a close button. Below it are two rows of date fields: '* Member ID' and '* Date of Birth' (with a calendar icon), and 'First Date of Service' and 'Last Date of Service' (both with calendar icons). A note below the date fields states: 'if a date range is not entered, current date will be used.' At the bottom is a blue 'Search' button and a link for 'More Search Options'.

eligibilityLink Overview

- ✓ Ability to access policy information
- ✓ Ability to access claimsLink, search network providers, and review GAPS in Care detail transaction reporting

PATIENT / PROVIDER INFORMATION

PATIENT DETAILS View ID Card NAME John Smith (subscriber) <i>No other family members found on this plan</i> GENDER: Male BIRTHDATE: 06/30/1948 ADDRESS 2621 Glenview Street Royal Oak, MI 48017	PRIMARY CARE PHYSICIAN View Details NAME Dr. Kristine Price ADDRESS: 4600 Rochester Road Troy, MI 48098 PHONE: (248) 933-1544	
SELECTED CARE PROVIDER View Details YOUR PROVIDER/ORGANIZATION: Beaumont Hospital - Royal Oak CARE PROVIDER: Dr. Charles Kramer		
CARE OPPORTUNITIES: Care Opportunities Exist 	SEARCH THIS PATIENT IN: claimsLink referralLink	FIND A PROVIDER FOR THIS PATIENT: Provider Search 

eligibilityLink Overview

ADDITIONAL COVERAGE NONE

PLAN DEDUCTIBLES & MAXIMUMS

In-Network

<p>INDIVIDUAL IN-NETWORK (Calendar Year)</p> <p>DEDUCTIBLE ⓘ</p> <p>\$124.16 MET YTD</p> <div style="border: 2px solid #0070c0; width: 100%; height: 10px; margin-bottom: 5px;"></div> <p>\$2,575.84 remaining</p> <p>OUT-OF-POCKET ⓘ</p> <p>\$124.16 MET YTD</p> <div style="border: 2px solid #0070c0; width: 100%; height: 10px; margin-bottom: 5px;"></div> <p>\$5,275.84 remaining</p>	<p>FAMILY IN-NETWORK (Calendar Year)</p> <p>DEDUCTIBLE ⓘ</p> <p>\$124.16 MET YTD</p> <div style="border: 2px solid #0070c0; width: 100%; height: 10px; margin-bottom: 5px;"></div> <p>\$5,275.84 remaining</p> <p>OUT-OF-POCKET ⓘ</p> <p>\$124.16 MET YTD</p> <div style="border: 2px solid #0070c0; width: 100%; height: 10px; margin-bottom: 5px;"></div> <p>\$10,675.84 remaining</p>
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\$2,700.00 PLAN AMT.
\$5,400.00 PLAN AMT.
\$5,400.00 PLAN AMT.
\$10,800.00 PLAN AMT.

- ✓ Ability to access additional coverage details
- ✓ Ability to access plan level deductible
- ✓ Ability to access copay/coinsurance

COPAY / THERAPY COVERAGE / VENDOR COVERAGE

COPAY / COINSURANCE	THERAPY COVERAGE	VENDOR COVERAGE			
<p>NETWORK STATUS</p> <p><i>Based on your provider selection, your network status for this member is currently not available. Please consult your UNITEDHEALTHCARE contract to determine your network status for this member. By default, the member's In-Network benefits are reflected below.</i></p> <p>In-Network</p>	<p>VIEW BENEFIT INFO FOR:</p> <p>Individual</p>	<p>VIRTUAL VISITS ⓘ</p> <p>Virtual Visit benefits exist for this plan</p>			
<p>Looking for a Service that isn't listed in the table? Click the button to select additional services beyond what is displayed in the table below.</p> <p style="text-align: right;">+ ADD A SERVICE</p>					
SERVICE	COPAY	CO-INS	SERVICE LEVEL DEDUCTIBLE ⓘ	SERVICE LEVEL DEDUCTIBLE YTD/REMAINING ⓘ	STATUS
Most Popular Services					
✓ Chiropractic	\$0.00	20%	-	- / -	Active
✓ Emergency Services	\$0.00	20%	-	- / -	Active
✓ Hospital In-Patient	\$0.00	20%	-	- / -	Active
✓ Hospital Out-Patient	\$0.00	20%	-	- / -	Active

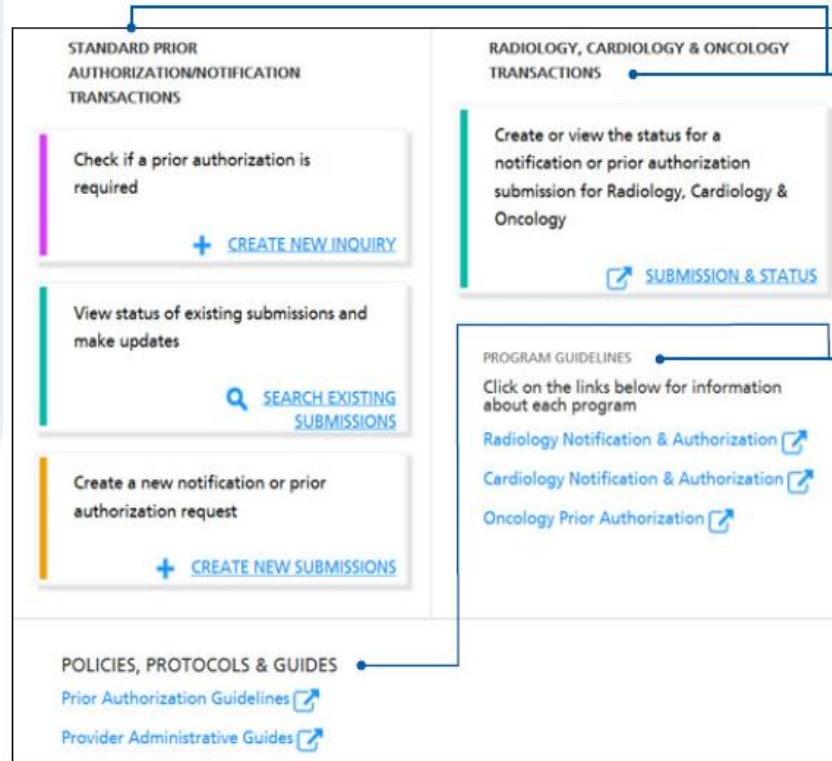


Link Prior Authorization & Notification Overview

Link Prior Authorization & Notification enables providers to identify when a prior authorization is required, submit prior authorizations and check status of existing prior authorizations with the capability to increase self service, improve operational efficiencies and reduce call volumes decreasing cost and turn around times

Key Features:

- ✓ See if prior authorization or notification is required
- ✓ Complete requests within the application
- ✓ Find out which procedures require additional information & what to include
- ✓ Upload any required medical notes or other attachments & add messages for the reviewer
- ✓ Check the status of notifications and prior authorizations



All the needed functions are right on the app home page.

Quickly open related resources.

Link Prior Authorization & Notification Overview

- ✓ Check the status of an existing Prior Authorization/Notification and update it through the Prior Authorization and Notification Link application.
- ✓ Sort Search Results using row headings.
- ✓ Learn more about the authorization by clicking the number link

SEARCH BY NOTIFICATION/PRIOR AUTHORIZATION NUMBER

SEARCH BY REQUESTING PROVIDER

START DATE*

06/19/2017

mm/dd/yyyy

END DATE*

07/03/2017

mm/dd/yyyy

PHYSICIAN/PROVIDER ADDRESS

SERVICE SETTING

All

STATUS

All

SEARCH BY MEMBER ID AND DOB

SEARCH BY MEMBER ID AND NAME

SEARCH BY MEMBER NAME, DOB AND STATE

BROKE UPDATES WITHIN LAST 7 DAYS

SEARCH RESULTS

Showing 1 to 2 of 2

View per page 10

< 1 of 1 >

ROW#	NOTIFICATION AUTHORIZATION #	MEMBER ID	LAST NAME	FIRST NAME	SERVICE SETTING	PLACE OF SERVICE	SERVICE DATES	CASE STATUS
1	A010000005	88888888	PATIENT	NATHAN	Inpatient	Acute Hospital	06/30/2017-07/01/2017	Open
2	A010000001	99999999	PATIENT	MARIE	Outpatient Facility	Outpatient Facility	06/23/2017-06/23/2017	Closed

Questions?

