# UnitedHealthcare

**Arkansas Medical Society Conference**

UnitedHealthcare®

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**Who are we?**

UnitedHealthcare®

UnitedHealth Group

UnitedHealthcare®

UnitedHealthcare®
Medicare Solutions

UnitedHealthcare®
Community Plan

OPTUM™

OPTUMInsight™

OPTUMHealth™

OPTUMRx™

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Doc#: UHC1198a_060311

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# Top Denials and Reduction

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## Top UHC Denials

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Denial Remark Codes

- 05 - Our records show we have already processed this charge. If this is a corrected claim, the provider must resubmit with all original services and charges indicating the correction being made.

- UP - Your provider did not submit this claim within their contracted time frame or submitted the claim without details on why it should be reprocessed. We have therefore denied this claim…

- I4 - This is not a separately reimbursable service or supply.

- O5 - This procedure or supply is part of the global service. These charges are not eligible for separate reimbursement.

- Notification/Prior Authorization

- Coordination of Benefits

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| UnitedHealthcare Online | Call 877-842-3210 | Mailed Correspondence |

**Step 1** — Claim issue should be resolved within 15 Business Days. If unable to resolve within 15 days, a Provider Claim Resolution Specialist (PCRS) will call to discuss. If PCRS cannot reach you, they will leave a detailed message. If you need to contact PCRS, please call 877-842-3210.

**Step 2** — If you are not satisfied with the resolution from the PCRS, please escalate the issue with your Hospital & Facility Advocate.

❖ If the issue is not resolved after 30 business days, then send email to UHC_TN_Outreach@uhc.com with patient ID, DOS, and call reference #.

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UnitedHealthcare®   OPTUM™ Cloud

## Optum Cloud Dashboard
### CONNECT. EXCHANGE. EVOLVE.

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Doc #: UHC2529e_06252013     MS-13-441p

## Pilot Program
### Key Focus Areas

UnitedHealthcare    OPTUM Cloud

The Optum Cloud Dashboard pilot program (originally known as Touch Point) was created to make it easier to do business with UnitedHealthcare. It was tested between January 1, 2012 to December 31, 2012, in three states (NY, OH, WI) with physicians, hospitals and other health care facilities for effectiveness and ease of use.

| Opportunity | Solution |
|---|---|
| 1. One Website | Building a single platform to bring together multiple websites and incorporate new applications to simplify future transactions. |
| 2. Electronic Attachments | Creating an application to allow physicians to submit attachments electronically for claim reconsiderations. |

- Pre- and post-pilot surveys conducted to measure satisfaction
- Voice of the provider sessions held throughout pilot

- 209% increase in satisfaction with ease of doing business with UnitedHealthcare*
- 92% satisfied with claim reconsideration with attachment application*

*Based on 87 pilot participants who responded to a survey conducted by UnitedHealthcare in November 2012.

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## What Is
### Optum Cloud Dashboard?

UnitedHealthcare    OPTUM Cloud

UnitedHealthcare is taking another step forward in helping to ease our providers' administrative burden with the addition of new features and functions on Optum Cloud Dashboard, a cloud-based website. Through our strategic partnership with Optum, a leader in innovative health care technology solutions, you will be able to submit claims with attachments through Optum Cloud Dashboard, easing your administrative burden.

It will be available for the following:
- UnitedHealthcare Commercial
- Medicare Solutions
- Oxford
- UnitedHealthcare West and
- UnitedHealthcare Community Plan.

The claim reconsideration application is not available for:
- TRICARE West,
- UnitedHealthcare Plan of the River Valley, Inc. (Commercial and Community Plan),
- UnitedHealthcare Community Plan of the District of Columbia, Kansas, Louisiana, Michigan and Nevada claims.

Optum Cloud Dashboard is an Optum product, however, the applications within it are developed by and branded UnitedHealthcare.

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## Provider Managed Security

UnitedHealthcare    OPTUM Cloud

The provider managed security app is the central location for UnitedHealthcareOnline.com password owners and ID administrators to manage Optum Cloud Dashboard user access.

**Users**- View, add or edit who can access Optum Cloud Dashboard

**Roles** - What transactions a user can perform

**Profiles** - Assign and edit which TINs, specialties or physicians/health care professionals a user may access



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## Features & Functionality

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Additional features and functionality will be added to Optum Cloud Dashboard.

The initial roll out includes the following applications (apps):
- Provider Managed Security
- Claim Reconsideration *with Attachments*



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## Claim Reconsideration with Attachments App

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Available for: UnitedHealthcare Commercial, Medicare Solutions, Oxford, UnitedHealthcare West and UnitedHealthcare Community Plan claims*.

Select the corporate tax ID owner and provider/physician tax ID number and name.

Search for the member and claim to be resubmitted, attach documentation and submit.

Note: In some cases you won't perform a claim search; you will be prompted to enter the claim information and attach a copy of the claim.

After submission, you will receive a ticket number which is used for tracking and to obtain status information.

*The claim reconsideration application will not be available for UnitedHealthcare Plan of the River Valley, Inc. (Commercial and Community Plan), TRICARE West, UnitedHealthcare Community Plan of the District of Columbia, UnitedHealthcare Community Plan of Kansas, UnitedHealthcare Community Plan of Louisiana, UnitedHealthcare Community Plan of Michigan, and UnitedHealthcare Community Plan of Nevada claims.

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## Claim Reconsideration with Attachments

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Use the *Request Search* button to view your open and closed requests.

See the action taken and current status of the request without the need to call Provider Service.

Resubmit the request for reconsideration if you have additional information or disagree with the outcome.

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## Slide 13

### Feedback & Future Apps
**UnitedHealthcare**   **OPTUM Cloud**

"We love [it]. Issues were taken care of in a very timely manner, the portal reduced communication stressors by enabling me to see the "Action" taken and comments made by the processor. **The scanning feature is a must have and you have a HUGE leg up on your competitors as far as working denials!!**"

"Why would any provider not use this? It's so easy and much quicker to submit reconsiderations. **It saves time and paper…**It is easier to check the status as well."

**Next Generation Applications (apps)**

Scheduling & Registration app
A single source to obtain customizable benefit and eligibility information, streamline authorization process and summarize a patient's financial responsibility.

Claims Management app
An accounts receivable tool to view all UnitedHealthcare transactions and increase transparency of claim outcomes. Electronic reconsiderations and refunds will be available with this app.

**SAVE TIME**
Studies show that online claim reconsiderations take an average of 60 percent less time than paper submissions.

**SAVE MONEY**
Spend less on postage, paper and printing by submitting reconsiderations online.

**REDUCE CALLS**
Our pilot showed that using the electronic claim reconsideration with attachment app reduced the need for a follow-up phone call by 37 percent.

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## Slide 14

### Registration Process
**UnitedHealthcare**   **OPTUM Cloud**

Password Owners and ID Administrators will register by logging on and visiting
UnitedHealthcareOnline.com > User ID & Password Management > Optum Cloud Dashboard

After registering, Password Owners and ID Administrators will initiate registration for others in their organization.

For assistance , please contact the Optum Cloud Dashboard Help Desk:
Phone:  855-819-5909
Email:   OptumCloudSupport@optum.com

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## Slide 15

### Next Steps
**UnitedHealthcare**   **OPTUM Cloud**

Visit UnitedHealthcareOnline.com for the most current  information:
Home > Tools & Resources > Health Information Technology > Optum Cloud Dashboard

UnitedHealthcareOnline.com *Password Owners & ID Administrators:*
- Ensure all users have a unique email address
- Confirm all users have their own individual user ID and password
- Register for Optum Cloud Dashboard once available

UnitedHealthcareOnline.com *Standard Users :*
- Look for an email invitation to join Optum Cloud Dashboard
- Remind password owners to register and start the process for you

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## New Products:
### - Navigate
### - Navigate Balanced
### - Navigate Plus

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### Key Points

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- **PCP requirement** – Navigate members must choose an in-network PCP in order to receive the highest level of benefits.
- **Referrals to network specialists** – The PCP generates referrals to network specialists.
- **UnitedHealthcare Navigate member health care ID card** – The UnitedHealthcare logo, Navigate product name and member's PCP are listed on the front of the health care ID card. Reference to required specialist referrals is on the back of the health care ID card. When physicians confirm eligibility using UnitedHealthcareOnline.com, Navigate members' names display with a special message stating a referral from the member's PCP is required for specialist care.

*The sample ID cards are for illustration only. Actual cards may vary by payer, benefit plan design and other requirements.*

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### What are the three UnitedHealthcare Navigate products?

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**1. UnitedHealthcare Navigate: a single-tier benefit, network-only product**
- Members must have a referral from their PCP to receive network benefits for services from any network physician not practicing under the same tax ID number (TIN) as their PCP.
- If members seek care from a network physician outside of their PCP's TIN without a referral, there is no benefit for that physician's services and related facility services, and the member is responsible for the billed amount (subject to the exceptions listed below).

**2. UnitedHealthcare Navigate Balanced: a two-tier benefit, network-only product**
- Members must have a referral from their PCP to receive the highest level of network benefits for services from any network physician not practicing under the same TIN as their PCP.
- If members seek care from a network physician outside of their PCP's TIN without a referral, they receive a lower level of benefits for that physician's services and related facility services (subject to the exceptions listed below).

**3. UnitedHealthcare Navigate Plus: a three-tier benefit, network and non-network product**
- Members must have a referral from their PCP to receive the highest level of network benefit for services from any network physician that is not practicing under the same TIN as their PCP.
- If members seek care from a network physician outside of their PCP's TIN without a referral, they receive a lower level of benefits for that physician's services and related facility services (subject to the following exceptions).
- Non-network benefits are also available for services from non-network physicians, facilities and health care professionals at a lower level of benefits than either level of benefits for network providers.

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# Notification/Prior Authorization:
## Updates and Changes

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**Updates and Changes**　　　　　UnitedHealthcare

**Notification and Prior Authorization Requirements**
Certain requirements have been revised as follows:

- The Advance Notification List includes changes that were communicated in 2012 and will be adopted April 1, 2013.

- A new protocol for *Cardiology Prior Authorization Program* has been added for Medicare Advantage plans.

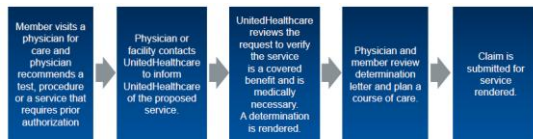- A new protocol for *Specialty Drug Prior Authorization for Commercial benefit plans* has been added.

Policy
- 2012 Quick Reference Guide (QRG) for Hospitals and Health Care Facilities
- 2012 Quick Reference Guide (QRG) for Physicians
- Admission Notification Fax Form
- Advance Notification/Prior Authorization Physician Frequently Asked Questions
- Hospital and Health Care Facility Frequently Asked Questions
- UnitedHealthcare Commercial Advance Notification Procedure Codes
- UnitedHealthcare Medicare Solutions Advance Notification Procedure Codes
- UnitedHealthcare Medicare Solutions Prior Authorization Included and Excluded Plans

UnitedHealthcareOnline.com > Clinician Resources > Care Management > Advance & Admission Notification

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**Radiology/Cardiology Changes**　　　　UnitedHealthcare

- How does prior authorization work?

| Member visits a physician for care and physician recommends a test, procedure or a service that requires prior authorization | Physician or facility contacts UnitedHealthcare to inform UnitedHealthcare of the proposed service. | UnitedHealthcare reviews the request to verify the service is a covered benefit and is medically necessary. A determination is rendered. | Physician and member review determination letter and plan a course of care. | Claim is submitted for service rendered. |

- How is it different from UnitedHealthcare's existing process?

- Coverage determinations will be based upon clinical reviews that utilize medical necessity criteria.

- If the requested service does not meet medical necessity criteria, a clinical denial will be issued and the member and provider will receive a denial notice with the option to initiate an appeal.

- Services rendered that are deemed NOT medically necessary during pre-service review will not be covered. Members may choose to move forward with service which will result in member liability if the provider obtains adequate written consent from the member before services are rendered.

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## Protocol Changes

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- Effective July 1, 2013, UnitedHealthcare is changing its existing Outpatient Radiology Notification Protocol and Cardiology Notification Protocol to include a prior authorization requirement.
- Also effective July 1, 2013, UnitedHealthcare is changing the scope of its existing Outpatient Radiology and Cardiology Prior Authorization programs in place for select Commercial, Medicare Advantage and Community Plan members:
  - **Medicare Advantage** – Radiology and Cardiology Prior Authorization expansion to ID, NE, OR, WA
  - **UnitedHealthcare Community Plan** – Radiology Prior Authorization expansion to WA; Cardiology Prior Authorization deployment to MD & WA (7/1); NE & TN (7/15)
  - **Oxford Health Plans** – Cardiology Prior Authorization deployment (cardiac catheterizations only)
  - **River Valley** – Cardiology Prior Authorization procedure expansion to include echocardiograms and stress echocardiograms
  - **Neighborhood Health Partnership** – Cardiology Prior Authorization procedure expansion to include echocardiograms;  transition of stress echocardiograms from Radiology Prior Authorization to Cardiology Prior Authorization process
- Effective August 5, 2013, UnitedHealthcare is expanding its existing Radiology Prior Authorization Program and adding a Cardiology Prior Authorization Program for Community Plan members in TX.

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## Cardiology Requirement

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- **Cardiology procedures:**
  - The list of procedures requiring prior authorization is the same as the list of procedures requiring advance notification (cardiac catheterizations and electrophysiology implants).
  - Echocardiograms and stress echocardiograms will require prior authorization effective July 1, 2013 (except when rendered in an emergency room, urgent care facility or during an inpatient stay).
- **Places of service:**
  - Echocardiograms, stress echocardiograms and cardiac catheterizations performed in outpatient settings.
  - Electrophysiology implants in both the inpatient and outpatient settings.
- **Request process:**
  - Initiate the notification process by phone or online.
- **Evidence-based clinical guidelines:**
  - The evidence-based clinical guidelines used to determine medical necessity for prior authorization are the same as the guidelines for advance notification.

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## Corrected Claims

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## Defining a Corrected Claim

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**What is a corrected claim?**
- At UnitedHealthcare, we follow the industry definition of a **corrected claim,** which is a bill that has altered, removed, or replaced the same data elements that were submitted on the original claim.

**Claim Data Elements**
- Place of service
- Date of service
- Charge
- Procedure code
- Diagnosis
- Addition/deletion of a modifier or units
- Primary carrier's explanation of benefits (EOB) indicating allowed or paid amounts different from original submission.

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## Corrected Claim: Paper

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Complete the UnitedHealthcare Claim Reconsideration Request Form

Locating the UnitedHealthcare Claim Reconsideration Request Form:

- Go to UnitedHealthcareOnline.com.
- Select the following:
  - ➤ Tools & Resources
  - ➤ Welcome Kit for New Physicians & Providers
  - ➤ UnitedHealthcare
  - ➤ Form: UnitedHealthcare Claim Reconsideration Request.

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## Corrected Claim: Electronically

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**837p Electronic Submission of Void Claims**

UnitedHealthcare is pleased to announce improved processes that will ensure void professional (837p) claims are handled consistently and accurately. In connection with these improved processes, UnitedHealthcare has prepared the following guidelines to help physicians and other health care professionals submit void/cancelled and replacement/corrected claims electronically.

A **replacement** claim should be sent when an element of data was not previously sent or needs to be corrected. Examples include incorrect dates of service or units.

- When submitting a replacement claim, a bill frequency of "7" should be entered in Loop 2300, CLM05-3.
- The UnitedHealthcare claim number for the claim being replaced should be sent in Loop 2300, REF02 where REF01 is equal to F8.

To be processed as a replacement claim, certain identifying information must remain the same. If any of the following values need to be changed, the claim should be voided and a replacement claim sent:
- Provider (Loop 2010AA)
- Patient (Loop 2010BA or 2010CA)
- Payer (Loop 2010BB)
- Subscriber (Loop 2010BA)
- Claim Comment (Loop 2300NTE) **Not Required**

**UnitedHealthcare Online
Tools and Resources**

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**View360™**

**Collaboration to Ensure Optimal Health Management**

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**View360™ Features**

• Track month-to-month changes in patient care opportunities for up to 49 quality measures

• See when each test or procedure was last done and when it is next due

• Access up to three years of UnitedHealthcare patient care history including:
   – Procedures billed on behalf of the patient
   – Prescriptions filled by the patient and billed to UnitedHealthcare
   – Lab work performed and lab results (when available)
   – Patient's extended care team

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## Access View360™ From UnitedHealthcareOnline.com



Go to UnitedHealthcareOnline.com and click on the View360 link from the Clinician Resources menu

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## ICD10 Readiness & Resources

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## First: The 5 "W's"

- **W**ho? The entire healthcare system, both finance and delivery, is affected by the transition to ICD-10.

- **W**hat? ICD-10 is comprised of two code sets; ICD-10-CM and ICD-10-PCS and will become the HIPAA Standard for the reporting of both diagnosis coding and inpatient procedure coding.

- **W**here? ICD-10-CM (Clinical Modification) will be used in all health care settings to record diagnosis codes and ICD-10-PCS (Procedure Classification System) will be utilized in hospitals/ facilities to record inpatient procedure codes.

- **W**hy? ICD-9 is outdated and the enhanced flexibility and additional expandability of ICD-10-CM is expected to bring about a number of improvements when compared to ICD-9.

- **W**hen? ICD-10's compliance date is October 1, 2014!

## The Transition at a High Level

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| ICD-9 | | | ICD-10 |
|---|---|---|---|
| 13,500 Diagnosis Codes<br>4,000 Procedure Codes | Increase in the Total<br>Number of Codes | → | 69,000 Diagnosis Codes<br>71,000 Procedure Codes |
| Angioplasty 39.50<br>(1 code) | Procedure Code Example | → | Angioplasty 047K047<br>Specifying body part,<br>approach and device<br>(854 different codes) |
| Pressure Ulcer Codes 707.00-707.99<br>Showing location, but not depth<br>(7 codes) | Diagnosis Code Example | → | Pressure Ulcer Codes L89.131<br>Specific location, depth,<br>severity, occurrence<br>(125 different codes) |
| Indicated through notes and<br>other methods | No Equivalent ICD-9 Code | → | Y71.3 Surgical instruments, materials<br>and cardiovascular devices<br>associated with adverse incidents |
| 89.8 Autopsy | No Equivalent ICD-10 Code | | **No equivalent ICD10 code |

*Source: American Academy of Professional Coders: http://www.aapc.com/ICD-10/icd-10.aspx
**Source: CMS: ICD-10 CM/PCS An Introduction
***Source: CMS: General Equivalence Mappings

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## UnitedHealthcare's ICD-10 Resources

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Outreach will be an important tool in strengthening the payer-provider partnership.

**Communication Material/Pathway Suggestions:**
- **Websites**
  - For example the UnitedHealthcare ICD-10 website
  **Site Path:**
  - UnitedHealthcareOnline.com → Tools & Resources → Health Information Technology → HIPAA 5010 & ICD-10

- **Free On-Demand Training**
  - Webinars
  - Provider Town Halls/Education sessions
  - Documentation Audits Webinars – Geared toward Physicians – Targeted for 2013
- **Free Industry Informative Materials**
  - FAQs
  - Blogs
  - Whitepapers
- **Newsletters, Bulletins**
  - Take advantage of existing provider communication vehicles

- **General Questions Mailbox: ICD10questions@uhc.com**

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# Thank You

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