

Arkansas Medical Society

October 2019

Agenda

- Prior Authorization Updates
- VA CCN
- UHC Updates
- LINK Updates & Enhancements
- UHC On Air
- Claim Issue Resolution
- Network Management Resource



Prior Authorization Updates

CPT Code Changes and Modifications to Approved Prior Authorizations



In response to your feedback, we've introduced enhancements to our prior authorization process for UnitedHealthcare commercial members.

- **Prior Authorization Code Crosswalk Tables**
- **Allow CPT Code Changes & Modifications to an existing, approved prior authorization**
- **New Technology Enhances Online Prior Authorization Process**

Prior Authorization Crosswalk Table

- Provider received prior authorization approval from UHC
- At the time of service, you need to perform a different code than what was originally approved.
- Check the Prior Authorization Crosswalk Table to check if your CPT code combination is listed.
- You can find the Prior Authorization Crosswalk Table at UHCprovider.com > Prior Authorization and Notification > Advance Notification and Plan Requirement Resources > UnitedHealthcare Commercial Plans Prior Authorization Crosswalk Table.
- You read the table from left to right. If you obtain a prior authorization number for a CPT code listed in the left column, and the procedure is later changed to the corresponding CPT code in the right column, you don't need to update the original prior authorization request.
- If you obtain a prior authorization for a CPT code listed in the left column, and the procedure is later changed to a CPT code not listed in the right column, you must modify the original prior authorization number request.

UHCprovider.com: Crosswalk



- Prior Authorization Crosswalk Table is published for commercial accounts at www.uhcprovider.com
- We created the Prior Authorization Crosswalk Table to help you easily determine when an update to an approved prior authorization is needed, or if the claim will pay correctly.

Prior Authorization Crosswalk Table

May 2019

Prior Authorization given with this CPT Code	Claim submitted with this CPT Code	Code Category
11401	11400	Site of Service (SOS) Office Based Programs
11404	11400	Site of Service (SOS) Office Based Programs
11400	11401	Site of Service (SOS) Office Based Programs
11404	11401	Site of Service (SOS) Office Based Programs
11403	11402	Site of Service (SOS) Office Based Programs
11406	11402	Site of Service (SOS) Office Based Programs
11422	11402	Site of Service (SOS) Office Based Programs
46922	11402	Site of Service (SOS) Office Based Programs
11406	11403	Site of Service (SOS) Office Based Programs
11422	11403	Site of Service (SOS) Office Based Programs
11400	11404	Site of Service (SOS) Office Based Programs
11401	11404	Site of Service (SOS) Office Based Programs
46922	11406	Site of Service (SOS) Office Based Programs
21931	11406	Site of Service (SOS) Office Based Programs
11421	11420	Site of Service (SOS) Office Based Programs
11423	11420	Site of Service (SOS) Office Based Programs
11424	11420	Site of Service (SOS) Office Based Programs
11426	11420	Site of Service (SOS) Office Based Programs
11442	11420	Site of Service (SOS) Office Based Programs
11420	11421	Site of Service (SOS) Office Based Programs

Prior Authorization given with this CPT Code	Claim submitted with this CPT Code	Code Category
11423	11426	Site of Service (SOS) Office Based Programs
11424	11426	Site of Service (SOS) Office Based Programs
11442	11426	Site of Service (SOS) Office Based Programs
11420	11442	Site of Service (SOS) Office Based Programs
11421	11442	Site of Service (SOS) Office Based Programs
11422	11442	Site of Service (SOS) Office Based Programs
11423	11442	Site of Service (SOS) Office Based Programs
11424	11442	Site of Service (SOS) Office Based Programs
11426	11442	Site of Service (SOS) Office Based Programs
13132	13101	Site of Service (SOS) OPH to ASC
14001	14000	Gender Dysphoria Treatment w diagnosis code
14301	14000	Gender Dysphoria Treatment w diagnosis code
14020	14000	Gender Dysphoria Treatment w diagnosis code
14041	14000	Gender Dysphoria Treatment w diagnosis code
14021	14000	Gender Dysphoria Treatment w diagnosis code
14301	14001	Gender Dysphoria Treatment w diagnosis code
14041	14001	Gender Dysphoria Treatment w diagnosis code
14021	14001	Gender Dysphoria Treatment w diagnosis code
14021	14020	Gender Dysphoria Treatment w diagnosis code
14301	14020	Gender Dysphoria Treatment w diagnosis code

Allow CPT Code Changes & Modifications to an existing, approved prior authorization

- Provider received prior authorization approval from UHC
- Prior to the services being performed, the provider determines that a different procedure will be performed due to further testing or findings, or a change in condition. This code combination is NOT on the Prior Authorization Crosswalk Table.
- Provider calls UHC at 877-842-3210 to advise of the need for an update to the original request for prior authorization.
- If the service is medically necessary, you can make CPT code changes to an existing approved prior authorization by calling to provide us with updated clinical information.
- We will allow changes within 5 business days after the service was rendered and before you submit the claim.

CPT Code Changes and Modifications to Approved Prior Authorizations



Services out of Scope for this process:

- Genetic and molecular testing, including breast cancer gene (BRCA) codes
- Oncology
- Radiology program
- Cardiology program
- Injectable medications, including hemophilia

- **If we call to update a PA within 5 days after providing the services, how soon will we receive the determination?**
 - ✓ Decision is usually communicated within 1-3 days.
- **Can we add multiple CPT codes to the PA after the services will be rendered?**
 - ✓ Yes, as long as the added codes are clinically related to the original Prior Authorization
- **Can we appeal the new PA decision (after services are rendered)? What recourse do providers have if we deny an authorization for services that were already rendered?**
 - ✓ Yes, they will have the standard appeal rights.

- Radiology Crosswalks are published on www.uhcprovider.com
- Different lists for Medicare Advantage & Commercial Accounts



2019 Radiology Notification & Prior Authorization Crosswalk Table

Prior Authorization given with this CPT code		Claim is submitted with this CPT code	
70450	CT HEAD/BRN C-MATRL	70460	CT HEAD/BRN C+ MATRL
70450	CT HEAD/BRN C-MATRL	70470	CT HEAD/BRN C-/C+
70450	CT HEAD/BRN C-MATRL	76380	CT LMTD/LOCLZD F-UP STD
70460	CT HEAD/BRN C+ MATRL	70450	CT HEAD/BRN C-MATRL
70460	CT HEAD/BRN C+ MATRL	70470	CT HEAD/BRN C-/C+
70460	CT HEAD/BRN C+ MATRL	76380	CT LMTD/LOCLZD F-UP STD
70470	CT HEAD/BRN C-/C+	70450	CT HEAD/BRN C-MATRL
70470	CT HEAD/BRN C-/C+	70460	CT HEAD/BRN C+ MATRL
70470	CT HEAD/BRN C-/C+	76380	CT LMTD/LOCLZD F-UP STD
70480	CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	70481	CT ORBIT SELLA/POST FOSSA/EAR C+ MATRL
70480	CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	70482	CT ORBIT SELLA/POST FOSSA/EAR C-/C+
70480	CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	76380	CT LMTD/LOCLZD F-UP STD

New Technology Enhances Prior Authorization Process



We're implementing new enhanced functionality in our Prior Authorization and Notification tool on Link that may provide improved response times for all lines of business.

Beginning in October 2019, when you submit a Prior Authorization request for certain services in the Link Prior Authorization and Notification tool, you'll be prompted to provide clinical information and may receive improved response times on prior authorizations within the site.

The functionality will be released for many service categories requiring prior authorization throughout the coming months. For more specific information please access the new **Technology Enhancement Topic** found in the Interactive Guide for the Prior Authorization and Notification Tool

New Technology Enhances Prior Authorization Process



What is the Same vs. What is New

What is the Same

Users will still begin the prior authorization process by selecting the **Prior Authorization and Notification tool** from their Link dashboard.

Users will still get a **reference number** for their records, regardless of which decision path their case followed.

New technology may provide improved response times when using the Prior Authorization and Notification tool on Link.

What is New

The Prior Authorization and Notification tool will determine if the submission is eligible and will direct you to the most efficient path.

The enhancement includes a pop-up window.

You may be prompted to answer questions and offer additional clinical information about the case.

This is part of our efforts to make your work easier and improve the efficiency and effectiveness of the prior authorization process.



VA CCN
**Veterans Affairs Community
Care Network**

Overview

The Department of Veterans Affairs (VA) created the VA Community Care Network (VA CCN) to help Veterans access health care services in the community when:



Services aren't available at a VA Medical Center (VAMC).



A VAMC is located too far from a Veteran's home address (as determined by drive time).



Veterans would have long wait times for appointments (more than 30 days).



Optum is the third party administrator for Regions 1, 2 and 3 of the VA CCN

Providers participating in the VA CCN can help Veterans in their community access a network of:



Community health care facilities



Pharmacies



Primary care physicians, specialists, behavioral providers and more



Purpose



Help fulfill health care needs for CCN eligible Veterans



Allow community providers to provide care for Veterans



Help VA meet the health care needs of Veterans

Delivering Care

Referrals, Reimbursement and Start Dates



VA will refer Veterans to community providers

VA determines eligibility and will refer those eligible Veterans for community care.



Participating providers will be reimbursed at 100% of Medicare rates

If Medicare rates aren't available, please refer to the payment appendix for additional reimbursement details.



Start of health care delivery will vary depending on your location

Contract implementation will occur in phases through the summer of 2020. If you have questions please visit vacommunitycare.com or call 888-901-7407.

Support Services

VA CCN Provider Services

Access the VA CCN **Provider Portal**, vacommunitycare.com to:

- **View** referrals
- **Submit** claims
- **Link** to VA CCN provider directory
- **Access** claim information
- **Verify** Veteran eligibility
- **Monitor** real-time pharmacy dispensing information
- **Chat** with provider services

Use the VA CCN **Provider Phone Services**, **888-901-7407** to:

- **Check** referral and claims status
- **Resolve** claims and pharmacy issues
- **Verify** Veteran eligibility



Support Services

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Access the VA CCN **Provider Portal**, vacommunitycare.com to:

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VA Community Care Network

Accessing Provider Training Using UHC On Air

Overview

UHC On Air is your source for live and on-demand video broadcasts for providers participating in Department of Veterans Affairs (VA) Community Care Network (CCN). UHC On Air includes an Optum VA Community Care Network channel specifically for VA CCN information.

UHC On Air contains an overview of processes for managing Veteran care, to include eligibility and benefits, referrals, claims and many other aspects of being a provider for VA CCN.

A digest of new UHC On Air programming is emailed to providers every two weeks. A program guide is also available on vacommentary.com > I am a Provider > Training and Guides.

Accessing UHC On Air through Link (existing users)

To access UHC On Air, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com. Click [here](#) for instructions on how to access the Optum VA Community Care Network Channel.

Optum VA Community Care Network Channel

Choose the Optum VA Community Care Network channel for VA CCN information.

1. Click View More States under Browse Channels



2. Locate the Optum VA Community Care Network channel. Click the blue star to add the channel to your favorite channels.



3. You'll see the current list of VA CCN topics.
Choose the topic and access the training you need.

UHC Updates

➤ Take advantage of online training opportunities

From CEU/CME courses to recorded webinars, we have training options to help you stay up to date on the health care industry and learn how to use UnitedHealthcare's many tools and resources. Highlights include:

➤ The New Provider Orientation Training Course

This short, half-hour course will help you and your staff learn more about the tools and other resources you'll need to use as you do business with UnitedHealthcare. It's available on demand, 24/7, so you can complete it whenever your schedule allows.

Click here to access the course:

- chameleoncloud.io/review/2335-5c82c81c6f4b8/prod

UHC On Air

- This is a source for live and on-demand video broadcasts that give you in-depth program information and other updates from UnitedHealthcare. And, they're available from any device.
- Check out all of the training options available at:
UHCprovider.com/training

Updates to Requirements for Specialty Medical Injectable Drugs



UnitedHealthcare Commercial Plan Outpatient Medical Benefit Injectable Medication Prior Authorization Process Change for Certain Specialty Drugs

Effective Oct. 1, 2019, Optum – an affiliate company of UnitedHealthcare – will start managing prior authorization requests for certain medical benefit injectable medications for UnitedHealthcare commercial plan members. This includes UnitedHealthcare of the River Valley. You should continue to request notification/prior authorization for UMR and UnitedHealthcare Medicare Advantage members through the existing processes until future notice.

Updates to Requirements for Specialty Medical Injectable Drugs



You'll need to use a new process to request a prior authorization once the existing authorization expires or if you change the therapy.

Changes in therapy include place of therapy, dose or frequency of administration. Active prior authorizations that were obtained through the current process will remain in place.

How the New Process Works

You'll submit prior authorization requests online using the Specialty Pharmacy Transactions tool on Link.

- Sign in to Link by going to **UHCprovider.com** and clicking on the Link button in the top right corner.
- Select the Specialty Pharmacy Transactions tile on your Link dashboard. You will be directed to the new website we're using to process these authorization requests.
- Be sure to attach medical records, if requested.

Learn more at **UHCprovider.com/paan**.

Updated Requirements for Specialty Medical Injectable Drugs



UnitedHealthcare Commercial Plan Outpatient Medical Benefit Injectable Medication Prior Authorization Process Change for Certain Specialty Drugs

Effective Oct. 1, 2019, Optum — an affiliate company of UnitedHealthcare — will start managing prior authorization requests for certain medical benefit injectable medications for UnitedHealthcare commercial plan members.

You'll need to use a new process to request a prior authorization once the existing authorization expires or if you change the therapy.

How the New Process Works

You'll submit prior authorization requests online using the Specialty Pharmacy Transactions tool on Link.

- Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner
- Select the Specialty Pharmacy Transactions tile on your Link dashboard

Learn more at UHCprovider.com/paan.

Outpatient Injectable Cancer Therapy Prior Authorization Requirement



Effective **Oct. 1, 2019**, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for all UnitedHealthcare Medicare Advantage health plan members. This includes AARP[®] MedicareComplete, Care Improvement Plus, UnitedHealthcare Dual Complete[®] and UnitedHealthcare Group Medicare Advantage plans. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests.

How to Submit a Prior Authorization Request

To submit an online request for prior authorization, go to **UHCprovider.com** and sign in to Link to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology + Oncology” box. After selecting Medicare as the product type, you will be directed to another website to process the authorization requests.

Referral Requirements for UnitedHealthcare NexusACO

UnitedHealthcare NexusACO includes two benefit plans with different referral requirements:

- Referrals are required before a NexusACO R member can see most network specialty care providers. NexusACO OA members do not have referral requirements.
- Referrals to network physicians must be submitted electronically by the member's primary care provider (PCP) or a PCP with the same tax ID number (TIN).

Submit Referrals and Verify Referral Requirements Online

The referral and notification/prior authorization processes are separate.

Requirements vary by member benefit plan:

- Use the **eligibilityLink** tool at **UHCprovider.com/eligibilityLink** to find out if referrals, notifications or prior authorizations are required for the requested services.
- Use the **referralLink** tool on Link to see if a referral is needed for your patient, submit a referral request and check referral status.

Notification/Prior Authorization for Lower Extremity Vascular Angiograms



Effective **Oct. 1, 2019**, we'll have a new required notification/prior authorization process for lower extremity vascular angiograms for UnitedHealthcare commercial and Medicare Advantage plans.

You'll need to complete the notification/prior authorization process when requesting a lower extremity angiogram or intervention for new and existing members for the following CPT[®] codes:

- **75710:** Angiography, extremity, unilateral, radiological supervision and interpretation
- **75716:** Angiography, extremity, bilateral, radiological supervision and interpretation

How to Request Notification/Prior Authorization

Online: Go to UHCprovider.com/paan.

By Phone: Call the Provider Services number on your patient's member health care ID card.



LINK Updates & Enhancements



Link Self-Service Tools

eligibilityLink Tool

claimsLink Tool

EPS Tool

Prior Authorization and Notification Tool

referralLink Tool

Link Security Self-Service Tool

Training

Meet the Link Self-Service Tools

Use Link Self-Service Tools Today

Verify eligibility, manage claims, submit prior authorizations and more with Link tools.

[Go to Link](#)

Are You a New User? Register for Link Access

First you need an Optum ID that has been connected to the Tax ID of your practice, facility or organization.

[Register Now](#)

Visit Our New Link Enhancement Page

To view all of the recent enhancements to Link Self Service, please click the Link Enhancements button below.

[Link Enhancements](#)

For information on getting started with link, including how to register or manage user IDs or passwords, click on any plus sign (+) below.

Get Started with Link

claimsLink Updates and Enhancements

- **New Search Options**

- Search by claim number or patient account number and get up to 24 months of claims history.

- **Payment Information**

- If a claim is paid by check, you can see whether it was sent to the member or a care provider. You can also see which address it went to if it was sent to a care provider.

claimsLink Updates and Enhancements Continued

- **Display Updates**

- “View Claim Details – Line Items” was added to make it easier to get to line-level details. You can also scroll down to see the same information.
- The columns in the line item section have been reconfigured so more information fits on the screen without the need to scroll left or right.
- The “View” hyperlink has been moved to the left side of the screen. Use this link to find Remark Codes and other line details.

- **Help Button**

- We’ve added a “help” button on the right side of the screen. It will bring you to UHCprovider.com/claimslink for quick reference guides and other resources.

eligibilityLink Updates and Enhancements

- **Vision Plan Benefits Added**

- If a member has vision benefit coverage separate from their medical coverage, optometrists and ophthalmologists can view plan benefits such as covered exams, hardware and hardware options.

- **Accumulations**

- See when a member is eligible for their next covered exam, applicable age limits and copays.
- For hardware, you can see how often a member is eligible for a set of frames, lenses or contacts and if they've already used the benefit.
- You can also view prior and future coverage details - the past 6 years of coverage information or coverage that will begin within the next year.

Document Vault Updates and Enhancements

- **Provider Remittance Advice Added**

- View and download UnitedHealthcare commercial and Medicare provider remittance advice (PRA). Files will be available for 6 months.

- **Improved Navigation**

- Documents are grouped by organization name and stored in separate folders so you can find what you need faster.
- Default search option changes based on the type of document you're viewing.
- Customized information based on the type of document viewed

My Practice Profile Updates and Enhancements

- **View and Attest to Demographic Data for All Groups Associated with Your Tax ID Number**
 - Including facility and ancillary providers such as inpatient, outpatient and urgent care facilities.
 - Entries in italics with a lock icon, you'll need to use the Facility/Practice Profile tool to make demographic changes for that facility group.
- **Print Button**
 - Use the print button on the right side of the transaction status page to print a list of the changes you've requested.

referralLink Updates and Enhancements

- **Search for Referred to Providers by National Provider Identifier Number**
 - Referring providers can now search for referred to specialists by their National Provider Identifier (NPI) number.
- **Therapy Services for Medicare Members**
 - Medicare requires referrals for specialists and physical, occupational and speech therapy services.



UHC On Air

CEU/CME Opportunities

MENU

SPOTLIGHT

- Working Together to Improve Colorectal Cancer Screening (COL) Rates (1 AAFP CME)...
OnDemand
- Getting to Know CAHPS and Basics of the CMS Medicare HOS Survey (1 AAFP CME)
OnDemand
- Link Certification: Core Tools (1 AHIMA Technology CEU)
OnDemand
- Link Certification: Specialized Tools (1 AHIMA Technology CEU)
OnDemand
- 2019 Special Needs Plan Model of Care Provider Training
OnDemand

RECENTLY WATCHED

- Arkansas Advocates in Action: October Network Bulletin Overview for AR Care Prov...
Run Date: 10/31/2018 at 11:50AM
- Arkansas Advocates in Action: October Network Bulletin Overview for AR Care Prov...
Run Date: 10/31/2018 at 11:50AM
- Arkansas Advocates in Action: August 2019 Network Bulletin Overview
Run Date: 08/15/2019 at 10:00AM

WELCOME, TUNE IN TO WHAT'S NEW.

FAVORITE CHANNELS

BROWSE CHANNELS

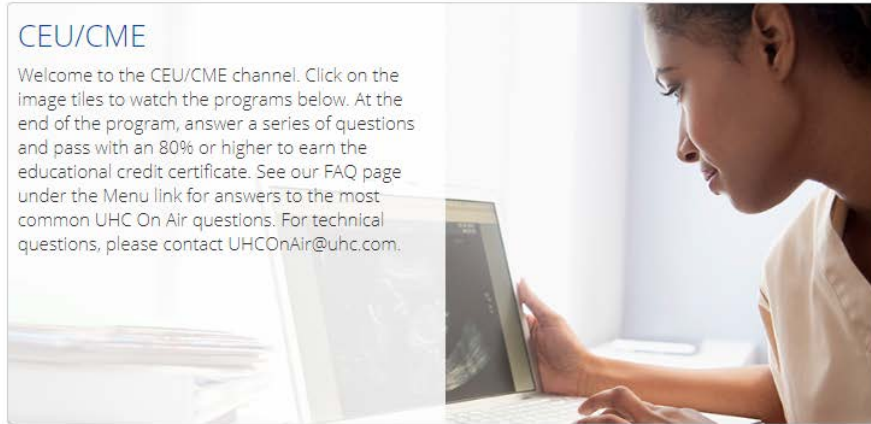
 UHC News Now PROGRAMS 143	 CEU/CME PROGRAMS 50	 VA Community Care N... PROGRAMS 9	 Payment Integrity PROGRAMS 6
 Provider Center for Ed... PROGRAMS 53	 UHC Dental PROGRAMS 14	 UHC Partners PROGRAMS 7	
 Alabama PROGRAMS 129	 Alaska PROGRAMS 96	 Arizona PROGRAMS 114	 Arkansas PROGRAMS 127

FEATURED PROGRAMS

- Working Together to Improve Colorectal Cancer Screening (COL) Rates (1 AAFP CME)**
 09/11/2019 at 1:00PM
- Getting to Know CAHPS and Basics of the CMS Medicare HOS Survey (1 AAFP CME)**
 06/19/2019 at 12:00PM
- Link Certification: Core Tools (1 AHIMA Technology CEU)**
 07/15/2019 at 2:30PM
- Link Certification: Specialized Tools (1 AHIMA Technology CEU)**
 07/15/2019 at 2:30PM

CEU/CME

Welcome to the CEU/CME channel. Click on the image tiles to watch the programs below. At the end of the program, answer a series of questions and pass with an 80% or higher to earn the educational credit certificate. See our FAQ page under the Menu link for answers to the most common UHC On Air questions. For technical questions, please contact UHConAir@uhc.com.



ALL (32) ON DEMAND (32) SORT: Date/Time

WATCHED	TITLE	STATUS	DATE/TIME	DURATION	WATCH/LIST
	Working Together to Improve Colorectal Cancer Screening (COL) Rates (1 AAFP CME) <i>Amber Huggins, Amber Huggins Admin, Matt Flory, STEPHANIE HARJU</i>	ON DEMAND	09/11/2019 at 1:00PM	00:36:22	+
	Specified Heart Arrhythmias (0.5 AAPC CEU) <i>Amber Huggins Admin, James Schanen</i>	ON DEMAND	08/07/2019 at 12:00PM	00:22:50	+
	Considerations for Polysomnography (1 AAFP CME) <i>Amber Huggins, Amber Huggins Admin</i>	ON DEMAND	07/19/2019 at 4:45PM	00:14:53	+
	Link Certification: Core Tools (1 AHIMA Technology CEU) <i>Amber Huggins Admin, Michael LaBelle</i>	ON DEMAND	07/15/2019 at 2:30PM	00:44:48	+

MENU

SPOTLIGHT

- Working Together to Improve Colorectal Cancer Screening (COL) Rates (1 AAFP CME)...
[OnDemand](#)
- Getting to Know CAHPS and Basics of the CMS Medicare HOS Survey (1 AAFP CME)
[OnDemand](#)
- Link Certification: Core Tools (1 AHIMA Technology CEU)
[OnDemand](#)
- Link Certification: Specialized Tools (1 AHIMA Technology CEU)
[OnDemand](#)
- 2019 Special Needs Plan Model of Care Provider Training
[OnDemand](#)

RECENTLY WATCHED

- Arkansas Advocates in Action: October Network Bulletin Overview for AR Care Prov...
[Run Date: 10/31/2018 at 11:50AM](#)
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- Arkansas Advocates in Action: August 2019 Network Bulletin Overview
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Welcome, tune in to what's new.

FAVORITE CHANNELS

BROWSE CHANNELS

UHC NEWS NOW

UHC News Now
PROGRAMS 143

CEU/CME PROGRAMS

CEU/CME
PROGRAMS 50

OPTUM®

VA Community Care N...
PROGRAMS 9

PAYMENT INTEGRITY

Payment Integrity
PROGRAMS 6

Provider Center for Education

Provider Center for Ed...
PROGRAMS 53

UHC DENTAL

UHC Dental
PROGRAMS 14

UHC PARTNERS

UHC Partners
PROGRAMS 7

ALABAMA

Alabama
PROGRAMS 129

ALASKA

Alaska
PROGRAMS 96

ARIZONA

Arizona
PROGRAMS 114

ARKANSAS

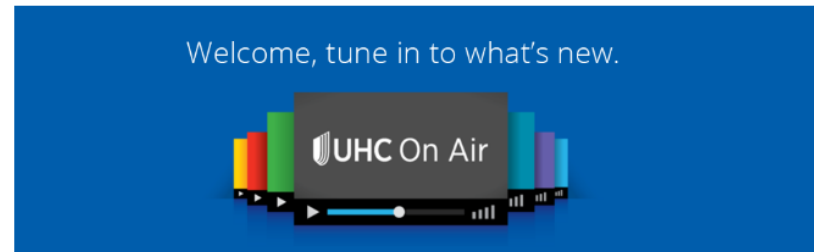
Arkansas
PROGRAMS 127

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SPOTLIGHT

- Working Together to Improve Colorectal Cancer Screening (COL) Rates (1 AAFP CME)...
OnDemand
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OnDemand



FAVORITE CHANNELS

Arkansas
PROGRAMS 127

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BROWSE CHANNELS

UHC News Now
PROGRAMS 143

CEU/CME PROGRAMS 50

OPTUM®
VA Community Care Network
PROGRAMS 9

PAYMENT INTEGRITY
PROGRAMS 6

Provider Center for Education
PROGRAMS 53

UHC DENTAL
PROGRAMS 14

UHC PARTNERS
PROGRAMS 7

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ARKANSAS

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CHANNEL SERIES

- UHC MEDICARE SOLUTIONS
PROGRAMS: 1
- PROVIDER INFORMATION EXPO
PROGRAMS: 1
- NETWORK BULLETIN REVIEW
PROGRAMS: 11

ALL (70) LIVE & UPCOMING (1) ON DEMAND (69) SORT: Date/Time

WATCHED	TITLE	STATUS	DATE/TIME	DURATION	WATCHLIST
	Arkansas Advocates in Action: September 2019 Network Bulletin Overview <i>Amber Huggins Admin, Kimberly Fowler, MARCEIL MILLER</i>	UPCOMING	09/19/2019 at 10:00AM	00:15:00	
	Working Together to Improve Colorectal Cancer Screening (COL) Rates (1 AAFP CME) <i>Amber Huggins, Amber Huggins Admin, Matt Flory, STEPHANIE HARJU</i>	ON DEMAND	09/11/2019 at 1:00PM	00:36:22	

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- UHC MEDICARE SOLUTIONS**
 PROGRAMS: 1
- PROVIDER INFORMATION EXTRA**
 PROGRAMS: 4
- NETWORK BULLETIN REVIEW**
 PROGRAMS: 11

ALL (10) LIVE & UPCOMING (0) ON DEMAND (10) SORT: Date/Time

WATCHED	TITLE	STATUS	DATE/TIME	DURATION	WATCHLIST
<input checked="" type="checkbox"/>	Arkansas Advocates in Action: May 2019 Network Bulletin Overview <small>Amber Huggins Admin, Kimberly Fowler, MARCEIL MILLER</small>	ON DEMAND	05/23/2019 at 10:00AM	00:40:29	
<input checked="" type="checkbox"/>	Arkansas Advocates in Action: April 2019 Network Bulletin Overview <small>Amber Huggins Admin, Kimberly Fowler, MARCEIL MILLER</small>	ON DEMAND	04/18/2019 at 10:00AM	00:25:08	

Arkansas Advocates in Action

AR Advocates in Action

Kim Fowler & Marci Miller

- 3rd Thursday of every month
- 9:00am
- Network Bulletin Review
- Trending Topics





Claim Issue Resolution



1

Claim Reconsideration

- Submit via claimsLink app on Link dashboard
 - Call Provider Services and request claim be sent back for reconsideration/reprocessing
 - Be sure to record the call reference number
 - Mail paper reconsideration form
-



2

Claim Escalation Team

- Submit email to Claim Escalation team at southeastprteam@uhc.com
 - Use Excel template to capture required claim data
 - Include detailed description of issue and include attachments if needed
-



3

Provider Relations

- If Steps 1 and 2 are not resolved to your expectation, then reach out to your Provider Relations Advocate for assistance
-



4

Appeal

- Last step in the claims escalation process
- Use when no resolution to your expectation
- One level of appeal

Does this Claim Escalation Process Really Work? What providers are saying....

“They do an excellent job in responding, escalating and providing any additional information that is needed.”

Shanelle D.

“I had my doubts when entering the case. But I was very impressed with the team that handled my case.” **Michelle C**

“Super friendly. And knew exactly how to explain the claims with the issues.” **Beth H**



**Network
Management
Resources**

- Call – (866) 574-6088
- Email – swproviderservices@uhc.com

Credentialing status

Demographic Changes

- » Additions, Terminations
- » Address Updates

Contract questions and updates