

DEPARTMENT/FUNCTIONAL AREA: Finance	LOCAL HEALTH PLAN: UnitedHealthcare Community Plan (UHCP) of North Carolina
TITLE: Provider Hardship Payment	LINE OF BUSINESS: Community and State
EFFECTIVE DATE: 7/1/2021	POLICY NUMBER: 001
LATEST REVISION: 2/21/2024	POLICY OWNER: Chief Financial Officer

I. SCOPE:

UnitedHealthcare Community Plan of North Carolina, Inc. (“UnitedHealthcare”) Medicaid claims payment department.

II. PURPOSE:

This policy addresses hardship claim payment, otherwise known as advance or “hardship” payments, which are made to providers where and when a documented financial hardship has been demonstrated by the provider.

UnitedHealthcare’s hardship payment process is intended to assist providers in circumstances in which payment issues between UnitedHealthcare and the contracted providers creates a financial hardship.

III. POLICY:

UnitedHealthcare will abide by all North Carolina contractual requirements for Prompt Pay and Timely Claims Payment. Providers shall follow the process for submission of claims for payment in accordance with the Provider Manual and Provider Agreement. Failure to submit claims for payment shall not result in a hardship.

A hardship payment under this policy is the equivalent of an advance payment against future claims. Future claims must undergo the claims submission and adjudication process as outlined in the respective Par Provider Agreement and Provider Manual.

In order to be considered for a consideration of hardship payment, the provider must:

1. Currently be contracted with UnitedHealthcare Community Plan of North Carolina, Inc. as a Participating Provider;
2. Submit written documentation that provides specific information pertaining to the the cause for the hardship, including why the absence of the payment has caused a financial hardship;

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3. Notify their assigned Provider Advocate or call the Provider Call Center to initiate the advance payment/hardship process. The Provider Advocate will assist in the facilitation of the process with the provider and the health plan.

An advance payment will be made by UnitedHealthcare to the Provider when all of the following conditions are satisfied:

1. After UnitedHealthcare's review of the cause for hardship (e.g. incorrectly denied claims, etc.) is completed;
2. UnitedHealthcare has determined that the payment delay by UnitedHealthcare is the direct cause for the provider's hardship;
3. Claim payments in question are not already queued for payment;
4. After analyses of the claim inventory and historical payments by UnitedHealthcare to the provider is completed by UnitedHealthcare, and an appropriate amount is determined;
5. All analyses and a requested or suggested advance payment amount has been reviewed and approved by the CEO and CFO of the UnitedHealthcare Community Plan of NC; and
6. UnitedHealthcare and Provider have signed the Advance Provider Payment agreement;

UnitedHealthcare will make best efforts to transact the payment to the Provider within 7 days of receipt of the hardship request or within 3 days of an urgent hardship request;

If after review of the hardship request, it is determined that the request will be denied, a description of the reason for denial will be provided to the Provider.

UnitedHealthcare will inform the Department of its decision in the same manner in which the request was received (i.e. Help Center Ticket, cc on final letter to provider), if applicable.

Repayment of the advance payment will be collected from the provider within 90 days of issuing the hardship payment, unless another timeframe is negotiated and agreed to by UnitedHealthcare and the Provider. If repayment is not made within the timeframe agreed to by UnitedHealthcare and Provider, UnitedHealthcare will recoup any remaining balance via future claims;

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IV. DEFINITIONS:

- Hardship Payment – An advanced payment from the PHP to a provider to address a situation in which the provider is experiencing a significant drop in PHP claim payments due to issues beyond the control of the provider.

Note: These are defined terms and definitions will be provided in the future.

V. ATTACHMENTS:

Attachment	Description of Attachment

VI. REFERENCES and AUTHORITIES:

VII. APPROVED BY:

Approver Name:	Michael Paduano
Approver Title:	Chief Financial Officer
Signature:	
Approval Date:	07/30/2021

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VIII. REVIEW/UPDATE HISTORY:

Effective Date of Change	Overview of Change from Prior Version	Change Made By
07/30/2021	Add additional detail to the policy	Michael Paduano
05/16/2022	Include notification of the Department on pay decision	Michael Paduano
2/21/2024	Add additional detail to the policy	Michael Paduano