Introduction to UnitedHealthcare Community Plan of New Mexico

Health care professional education session

May 2024

United Healthcare® Community Plan

Agenda

- Mission

- Introduction to the plan

- Value-added services

- Member benefits

- Clinical program requirements

- Care provider standards

- Doing business with us

- Resources

Mission

Our mission

There for what matters™

At UnitedHealthcare, our mission is to help people live healthier lives and make the health system work better for everyone. We dedicate ourselves to this every day for our members by being there for what matters in moments big and small — from their earliest days, to their working years and through retirement.

Introduction to the plan

New Mexico Turquoise Care overview

Summary

- Turquoise Care provides coverage for multiple population groups including Medicaid, dual-eligibles (Medicare and Medicaid), home and community-based service (HCBS), and temporary assistance for needy families (TANF)

- Our network care providers are essential partners in improving health outcomes for our members and we are excited to have you aboard

Program launch date

July 1, 2024

Program benefits

- Online member benefits

- Secure online Provider Portal

- Self-services tools

- Resource library and training support

- Care Model program

- Value-added benefit programs

Services available:

Verify member eligibility and confirm benefits

Estimate and manage claims and payments

Check prior authorizations

Verify, submit and search referral requests

Manage prescriptions

Manage your preferences

Verify, update and attest to provider demographic data

View your workflow at a glance and take action

Access letters, reports and UHC Insights

Get help with the credentialing and contracting process

Secure Provider Portal

Provider Portal registration

Access in 4 easy steps

(1) Create One Healthcare ID

Create a One Healthcare ID to register your secure access

(2) Sign in

Log in to complete tasks and manage your account

(3) Connect your TIN

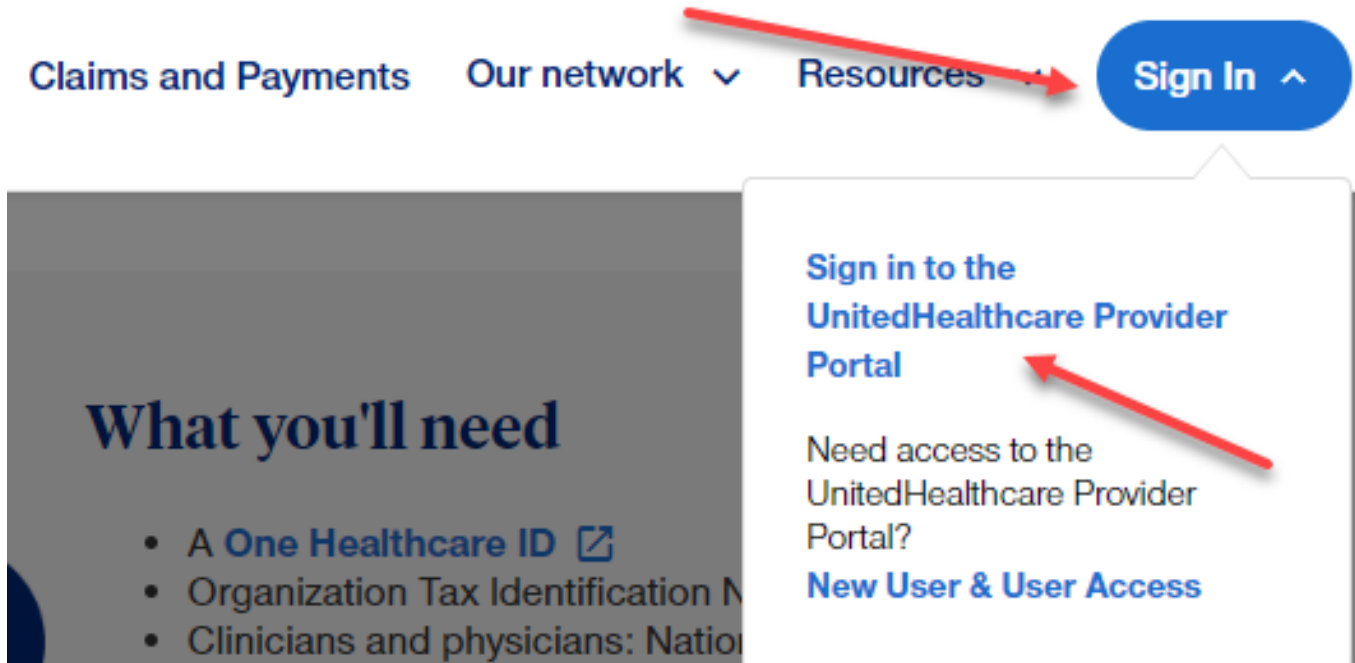Connect organization TIN(s) and adjust settings

(4) Learn to use the portal

Easy-to-use portal self-paced educational tools

Provider Portal sign-in

From any page on UHCprovider.com, click "**Sign In**."

Care Model program

Goal
Empower UnitedHealthcare Community Plan members enrolled in Turquoise Care, care providers and our community to improve care coordination and elevate outcomes.

Target
UnitedHealthcare Community Plan members with chronic complex conditions who often use health care services, the program helps address their needs holistically.

Focus
Examines medical, behavioral and social/environmental concerns and then provides interventions to help members get the right care.

Cultural competency resources

To help you meet membership needs, UnitedHealthcare Community Plan has developed a cultural competency program. We offer the following support services:

Language Interpretation Line

- We provide oral interpreter services

Materials for limited-English-speaking members

- We provide simplified materials for members with limited English proficiency and who speak languages other than English or Spanish

Cultural competency training and education

- We offer free continuing medical education (CME) and non-CME courses available on our Cultural Competency web page

Materials in other formats

- We provide materials in other formats, such as Braille, large print or audio recording

- **I speak language assistance card**

For more information, go to **UHCprovider.com** > Resources > Resource Library > Patient Health and Safety > **Cultural Competency**.

Medicaid promoting interoperability program: Syncronys

SYNCRONYS is the state of New Mexico's designated Health Information Exchange (HIE).

Ever-expanding its solutions and participants, SYNCRONYS is a state leader in health care information technology. The organization is recognized by the New Mexico Department of Health as its agent for public health reporting.

HIE core solutions offered:

• Clinical Portal access
• Longitudinal patient record
• Advance directives and M.O.S.T. form
• High-value use cases and insights
• Diagnostic quality images
• Patient alerts and notifications
• HBI solutions
• Interoperability solutions

Behavioral health

United Behavioral Health, operating under Optum, provides UnitedHealthcare Community Plan members with mental health and SUD benefits. The **National Optum Network Manual** generally applies to all types of business. Some sections may apply differently based on state law.

Use the **Behavioral Health Toolkit for Medical Providers** for support and guidance:

- Clinical guidelines
  - **Best practice guidelines**

- Quality assurance
  - **Behavioral health HEDIS measures summary for primary care**

- Treatment guideposts
  - **Opioid use disorder**

- Treatment referral options
  - **Referral provider types**

- Training resources
  - **Opioid use disorder training**

Early Periodic Screenings, Diagnosis and Treatment

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children younger than age 21 who are enrolled in Medicaid.

Care providers must follow the EPSDT schedule for all eligible UnitedHealthcare Community Plan members up to age 21, including pregnant members.

EPSDT screening includes the following:

- Immunizations

- Hearing

- Vision

- Speech screening and nutritional assessments

- Dental screening

- Growth and development tracking

Value-added services

More than just a health plan

Health-related social needs

- Medically tailored meals for members experiencing certain transitions of care
- Enhanced dental and vision benefits
- One Pass™ fitness program to local gyms and over 20,000 virtual classes
- Enhanced hearing aid benefit
- Chiropractic and acupuncture services
- Enhanced diet and nutritional counseling with any network provider regardless of diagnosis

Transportation

- Transportation service to non-medical community services such as Women, Infants and Children (WIC), birthing classes, places of worship, grocery stores, job-related activities, food pantries and support group meetings. UnitedHealthcare will allow family members or their caregivers to accompany members to their appointments.

Maternity support

- **Babyscripts** – a digital maternity education, engagement and incentive program for members who are pregnant and new parents.
- **Virtual doula and lactation services** – virtual Maternal Health Solution, offers 24 hours a day, 7 days a week, access to doulas and lactation consultants to address members' acute need for members who are pregnant and postpartum to receive educational, social and emotional support
- **Wellhop** – virtual support group alongside members at the same stage of pregnancy
- Infant car seats

Social determinants of health

- **Workforce fund** – scholarships/funding to members seeking to obtain certificate, degree or workforce programs
- **SDOH flex fund** – assistance for non-medical needs that support barriers to vital services required to survive
- Emergency clothing allowance for school-aged children

Children and adolescent health

- **EmissarYouth** – digital peer support
- **On My Way** – an online support program for all children and youth who are transitioning out of the justice system or transitioning to independent living
- Pillow and mattress cover for children with asthma or allergies

Senior/Eldercare health

- **SelfCare** – a self-help digital application that uses tools and techniques to improve overall mental well-being education, support and empowerment for unpaid and family caregivers, including from underserved communities
- **PEARLS** – Program to encourage active, rewarding lives peer support offers in-home peer counseling designed to reduce symptoms of depression and improve quality of life.
- **Careforth** is a digital platform to assist unpaid and family caregivers by providing support
- **Senior.One** – concierge assistance for member seeking care at skilled nursing or home care facilities

Behavioral health

- **Behavioral health programming** – online behavioral health resources connect members to information and resources for overall health and wellness, including specific behavioral health tools, resources and information
- **Electroconvulsive therapy** – medical treatment for severe mental illness
- **Seeking Safety program** – support to help people who have experienced trauma or substance problems develop and sustain recovery goals
- **SUD Helpline** – an anonymous, confidential, payer-agnostic helpline

Traditional healing/Alternative healing

- Traditional healer ceremonies
- Ceremonial items and supplies
- Supports member preference for alternative healing and provides resources to promote cultural being

Member benefits

# Verifying eligibility and benefits

Verify member eligibility prior to providing services. Determine eligibility in the following ways:

- UnitedHealthcare Provider Portal: access the UnitedHealthcare Provider Portal through **UHCprovider.com/eligibility**

- UnitedHealthcare Provider Services **888-702-2202** is available from 8 a.m.–5 p.m. MT, Monday through Friday

- New Mexico Medicaid Eligibility System (MES)

Member ID card

- Check the member's ID card at each visit and copy both sides for your files

- Verify the identity of the person presenting the ID card against some form of photo ID, such as a driver's license, if this is your office practice

- The member's ID card also shows the primary care provider (PCP) assignment on the front of the card

- If a member does not bring their card, you can call Provider Services **888-702-2202**

- Each member receives a 9-digit UnitedHealthcare Community Plan member identification number. Use this number to communicate with UnitedHealthcare Community Plan about a specific subscriber/member.

- The New Mexico Health Care Authority (HCA) Medicaid Number is also on the member ID card
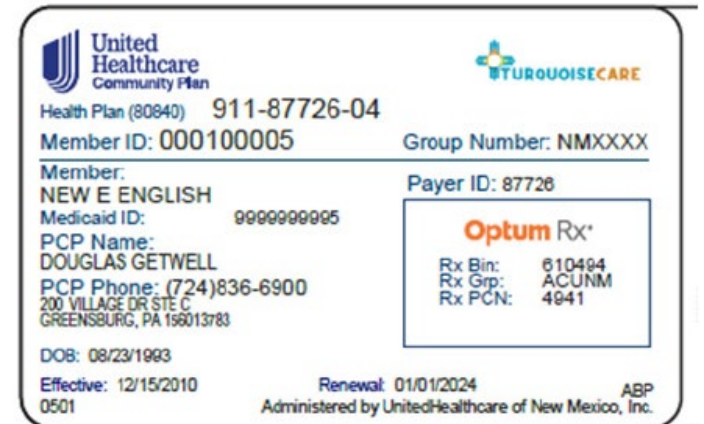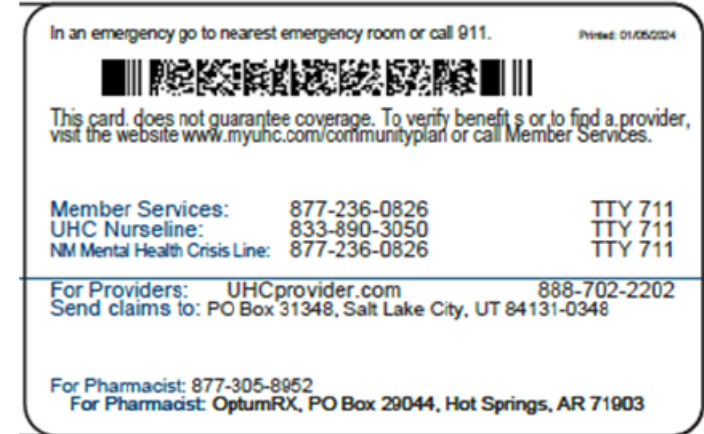
Children in State Custody (CISC)

Native American CISC members may elect to enroll in the UnitedHealthcare Community Plan. All non-Native American Turquoise Care CISC Members are enrolled in the Presbyterian Health Plan.

They will have a dedicated care coordination team led by a registered nurse (RN).

Providers who treat Native American CISC members are subject to additional medication prescribing monitoring. Providers may also be subject to additional trainings as required by HCA.

Clinical program requirements

Prior authorization

- Prior authorization is the process of requesting approval from UnitedHealthcare Community Plan to cover costs. Prior authorization requests may include procedures, services and/or medication.

- Coverage may only be provided if the service or medication is deemed medically necessary or meets specific requirements provided in the benefit plan.

- Before providing medical services and/or medication to UnitedHealthcare Community Plan members:

  - Verify eligibility using the UnitedHealthcare Provider Portal at **UHCprovider.com/eligibility** or by calling Provider Services. Not doing so may result in claim denial.

  - Get prior authorization from the UnitedHealthcare Provider Portal:

    - To access the Prior Authorization app, go to **UHCprovider.com**, then Sign In

    - Select the Prior Authorization and Notification app

    - View notification requirements

Prior authorization time frames

- Seek prior authorization within the following time frames:
  - **Emergency or urgent facility admission** – 1 business day
  - **Inpatient admissions; after ambulatory surgery** – 1 business day
  - **Nonemergency admissions and/or outpatient services (except maternity)** – at least 14 business days beforehand; if the admission is scheduled fewer than 5 business days in advance, use the scheduled admission time
- UnitedHealthcare Community Plan makes authorization determination after receipt of all necessary and relevant documentation:
  - Within 24 hours for urgent/expedited pre-service
  - Within 7 business days for non-urgent pre-service

Prior authorization resources

For more information about prior authorization requirements, go to **UHCprovider.com/NMcommunityplan** > Prior Authorization and Notification

For the most current list of CPT® codes that require prior authorization, a prior authorization crosswalk and/or the evidence-based clinical guidelines, go to:

For cardiology: **UHCprovider.com/cardiology** > Specific Cardiology Programs

For oncology: **UHCprovider.com** > Prior Authorization and Notification > Oncology

For radiology: **UHCprovider.com/radiology** > Specific Radiology Programs

For pharmacy: **UHCprovider.com/priorauth**

Second opinions

- If a UnitedHealthcare Community Plan member asks for a second opinion about a treatment or procedure, UnitedHealthcare Community Plan will cover that cost

- Criteria:

  - The member's PCP refers the member to an in-network care provider for a second opinion. Care providers will forward a copy of all relevant records to the second opinion care provider before the appointment. The care provider giving the second opinion will then forward their report to the member's PCP and treating care provider, if different. The member may help the PCP select the care provider.

  - If an in-network care provider is not available, UnitedHealthcare Community Plan will arrange for a consultation with a nonparticipating care provider. The participating care provider should contact UnitedHealthcare Community Plan at **888-702-2202**.

  - Once the second opinion has been given, the member and the PCP discuss information from both evaluations

  - If follow-up care is recommended, the member meets with the PCP before receiving treatment

Utilization management

- Utilization management (UM) is based on a member's medical condition and is not influenced by monetary incentives

- UnitedHealthcare Community Plan pays its in-network PCPs and specialists on a fee-for-service (FFS) basis. We also pay in-network hospitals and other types of care providers in the UnitedHealthcare Community Plan network on an FFS basis.

- The plan's UM staff works with care providers to help ensure members receive the most appropriate care in the place best suited for the needed services. Our staff encourages appropriate use and discourages underuse. The UM staff does not receive incentives for UM decisions.

- Call **888-702-2202** to discuss the guidelines and utilization management

Policies and guidelines

Stay up-to-date with all Community Plan policies and guidelines.

Visit **UHCprovider.com/policies** > For Community Plans for:

- Medical and drug policies

- Reimbursement policies

- Clinical guidelines

- Dental clinical policies and coverage guidelines

Care provider standards

General responsibilities

- Do not discriminate against members

- Maintain effective communication between care providers and members

- Report identified or surmised member abuse, neglect or exploitation

- Update your practice or facility information as needed

- Report concerns about your Agreement or a UnitedHealthcare Community Plan procedure

- Comply with all federal and state laws and regulations related to the provision of medical services

Appointment standards

Primary care

- Emergency care – immediately or referred to an emergency facility

- Urgent care appointment – within 24 hours

- Routine care or asymptomatic appointment – within 30 calendar days

- Physical exam – within 180 calendar days

- Symptomatic non-urgent appointment – within 14 calendar days

- EPSDT appointments – within 6 weeks

- New member appointment – within 30 calendar days

- Non-urgent, behavioral health – within 7 calendar days

- Non-urgent, behavioral health initial assessment – within 7 calendar days

- Non-urgent, behavioral health follow-up – within 30 calendar days

- Behavioral health crisis services – within 90 minutes of the request

- After-hours care phone number – 24 hours, 7 days a week

- In-office waiting for appointments – not to exceed 1 hour of the scheduled appointment time

Specialty care

- Specialists should arrange appointments for routine asymptomatic appointments within 45 calendar days of request/referral and 14 calendar days for symptomatic appointments

- Specialists for urgent appointments shall be no more than 24 hours (including behavioral health)

Prenatal care

- Urgent – within 24 hours

- Routine appointments – within 14 calendar days of the request during first trimester, within 7 calendar days within the second trimester, and within 3 business days for the third trimester

Diagnostic laboratory and pharmacy

- Urgent – within 48 hours

- Prescription fill time – ready for pickup 40 minutes; phoned in or electronically submitted 90 minutes

Office hours

After-hours care

- Urgent care can provide quick after-hours treatment and is appropriate for infections, fever, and symptoms of cold or flu. If a member calls you after hours asking about urgent care, and you can't fit them in your schedule, refer them to an urgent care center.

- If the member is in a life-threatening situation, refer them to the ER

Doing business with us

Claims: From submission to payment

1. You submit EDI claims to a clearinghouse or paper claims to us. We scan paper claims.

2. All claims are checked for compliance and validated.

3. Claims are routed to the correct claims system and loaded.

4. Claims with errors are manually reviewed.

5. Claims are processed based on edits, pricing and member benefits.

6. Claims are checked, finalized and validated before sending to the state.

7. Adjustments are grouped and processed.

8. Claims information is copied into data warehouse for analytics and reporting.

9. We make payments as appropriate.

Claims process

Claims submission

Electronic

You may submit claims by electronic data interchange (EDI). EDI offers less paperwork, reduced postage, less time spent handling claims and faster turnaround. Visit **UHCprovider.com/EDI.**

- All claims are set up as "commercial" through the clearinghouse

- Our payer ID is 87726

- Clearinghouse Acknowledgment Reports and Payer-Specific Acknowledgment Reports identify claims that don't successfully transmit

- We follow CMS National Uniform Claim Committee (NUCC) and National Uniform Billing Committee (NUBC) guidelines for CMS 1500 and UB-04 forms

Paper

- Mail to: UnitedHealthcare Community Plan, P.O. Box 31364 Salt Lake City, UT 84131-0364

- For FedEx (use for large packages/more than 500 pages): UnitedHealthcare Community Plan, 1355 S 4700 West, Suite 100 Salt Lake City, UT 84104

Subrogation and coordination of benefits

Our benefits contracts are subject to subrogation and coordination of benefits (COB) rules:

- **Subrogation**
  - We may recover benefits paid for a member's treatment when a third party causes the injury or illness

- **COB**
  - We coordinate benefits based on the member's benefit contract and applicable regulations

UnitedHealthcare Community Plan is the payer of last resort. Other coverage should be billed as the primary carrier. When billing UnitedHealthcare Community Plan, submit the primary payer's explanation of benefits (EOB) or remittance advice with the claim.

Claims questions

You can ask about claims through Provider Services and the UnitedHealthcare Provider Portal.

- **Provider Services**:
  - Call **888-702-2202**
  - Have the following information ready before you call:
    - Member's ID number
    - Date of service
    - Procedure code
    - Amount billed
    - Your ID number
    - Claim number
  - Allow Provider Services 45 days to solve your concern

- **UnitedHealthcare Provider Portal**:
  - Go to **UHCprovider.com** and sign in to view your claims transactions
  - Chat with a live advocate 8 a.m.–5 p.m. MT from the UnitedHealthcare Provider Portal **Contact us** page

Claim reconsiderations, appeals and grievances

There are several ways to work with us to resolve claims issues or disputes. We base these processes on state and federal regulatory requirements and your agreement.

- Online forms (**UHCprovider.com**) and submissions via Provider Portal are available for the following:
  - Care provider claim resubmission
  - Care provider claim reconsideration
  - Care provider claim level-one appeal (claim dispute)
  - Care provider grievance (complaint)
  - Care provider appeal on behalf of member
  - Care provider grievance on behalf of member
- For questions on all available disputes/related processes, visit **UHCprovider.com/claims** or call **888-702-2202**

Fraud, waste and abuse

Reporting

- When you report a situation that could be considered fraud, you're doing your part to help save money for the health care system and prevent personal loss for others

- If you suspect another provider or member has committed fraud, waste or abuse, you have a responsibility and a right to report it

- Taking action and making a report is an important first step

- After your report is made, we will work to detect, correct and prevent fraud, waste and abuse in the health care system

- Call us at **800-455-4521** (NAVEX) or visit **uhc.com/fraud** to report any issues or concerns

Paperless and digital initiatives

Over the past several years, we've transitioned most claim communications we send you from paper to digital. This change makes it easier to do business with us but also helps you focus on what matters most — caring for your patients.

- Tools within the **UnitedHealthcare Provider Portal**:
  - Eligibility and benefits
  - Claims
  - Prior authorization and notification
  - Specialty pharmacy transactions
  - My Practice Profile
  - Document Library

- **Application Programming Interface (API)** – Receive detailed data on claim status, payment, eligibility and benefits, claim reconsiderations and appeals, prior authorization, referrals and documents

- **Electronic Data Interchange (EDI)** – Online resource using your internal practice management or hospital information system to exchange transactions with us through a clearinghouse.

- Check out what's already moved to digital and what's ahead: **UHCprovider.com/digital**

Resources

UnitedHealthcare Community Plan of New Mexico homepage

We know you don't have time to spare, so we put all the UnitedHealthcare Community Plan resources you need in one place.

UHCprovider.com/NMcommunityplan

New Mexico care provider manual

- Refer to the PDF manual for further details on the topics covered today as well as additional information that is important to you and your staff when working with us

- Available at UHCprovide.com/guides > Community Plan Care Provider Manuals for Medicaid Plans by State > New Mexico

- The manual is reviewed and updated at least annually to ensure the most current information is available

Communication

Live chat support

- Available 8 a.m.–5 p.m. MT, Monday–Friday, chat support can help with claims, prior authorizations, credentialing and member benefits. To access, sign in to the UnitedHealthcare **Provider Portal**.

UnitedHealthcare Network News

- Bookmark **UHCprovider.com** > Resources > **News**. It's the home for updates across our commercial, Medicare Advantage and Community Plan (Medicaid) health plans. You'll find contractual and regulatory updates, process changes and reminders, program launches and resources to help manage your practice and care for patients.

- Receive personalized Network News emails twice a month by subscribing at **cloud.provideremail.uhc.com/subscribe**

UnitedHealthcare Provider Portal

- This secure portal is accessible from **UHCprovider.com**. It allows you to access patient information such as eligibility and benefit information and digital ID cards.

- You can learn more about the portal by visiting **UHCprovider.com/portal.** You can also access self-paced user guides for many of the tools and tasks available in the portal.

Education and training

To help ensure you are reimbursed accurately, and patients have access to the care they need, we have developed a full range of training resources, including interactive self-paced courses and quick reference guides along with registration for instructor-led sessions.

Topics include the digital solutions available on the UnitedHealthcare Provider Portal, plan and product overviews, clinical tools and state-specific training.

View the training resources at UHCprovider.com/training. Content is updated frequently and organized by categories to make it easy to find what you need.

The Resource Library contains additional links and resources. It has information on over 20 topics including joining our network, Application Programming Interface (API), Point of Care Assist, and behavioral health.

Contact information

Topic	Electronic	Phone
Behavioral, mental health and substance use	providerexpress.com	**800-888-2988**
Benefits	UHCprovider.com/benefits	**888-702-2202**
Care model (care management/disease management)	nmcaremanagement@uhc.com	
Claims	UHCprovider.com/claims	**888-702-2202**
Electronic data intake (EDI) issues	UHCprovider.com/edi	**800-842-1109**
Member services	myuhc.com	**877-236-0826**
One Healthcare ID support center	Chat available from the UnitedHealthcare Provider Portal Contact us page	**855-819-5909**
Pharmacy services	professionals.optumrx.com	**877-305-8952**
Prior authorization requests/advanced and admission notification	UHCprovider.com/paan	**888-702-2202**
Provider services and value-added benefits	UHCprovider.com/NMcommunityplan	**888-702-2202**
Referrals	UHCprovider.com/referrals	**888-702-2202**

Thank you