



Introduction to UnitedHealthcare Community Plan Kansas

Mission Statement:

Helping people live healthier lives

- We serve a large and diverse group of people. Regardless of age, health status, income, employment or geography, we have a plan for most Americans.
- We currently serve over 246,000 Kansans in our employer sponsored or Medicare programs that already exist in the state.
- We already employ over 2,000 people in Kansas and will be adding 300+ additional jobs in the State.
- We work collaboratively with providers to ensure beneficiaries receive the right care at the right time in the right setting.

What to expect for the next 60 days

First Priority – Building our Network

- Our goal is to build our network to include all practitioners, facilities and organizations that are serving the Kansas Medicaid population today
- Standardized credentialing applications have been created for non-CAQH credentialed providers so that providers only have to fill out one application for all 3 MCO's
- Reimbursement levels and policies will be consistent with the Kansas Medicaid fee schedules, billing and payment guidelines
- We want to ensure all providers are listed in our provider directories, so please return contracts and, if applicable, credentialing applications as soon as possible – target date to complete contracting is end of September
- All providers, regardless of contracting status, will have to complete a **Disclosure Form** as it is a federal requirement

It was necessary to stagger distribution of the large number of contracts needed

1st Wave of contracts distributed:

- Hospitals
- Physicians/FQHC/RHC/Indian Health Services
- Behavioral Health/Substance Use Disorder
- Nursing Facilities
- HCBS Providers (exception – FMS)
- Pharmacies – addendums for dispensing fee have been distributed

2nd Wave of contracts distributed mid/late September:

- Vision Providers
- Dental Providers
- Transportation Providers
- FMS
- Hospice, DME, Home Health, etc

Network Relationships

- Behavioral Health/Substance Use Disorder - **OptumBehavioral Health**
- Vision - **Vision Service Plan (VSP)**
- Dental - **Scion Dental**
- Pharmacy - **OptumRx**
- Transportation - **Logisticare**

Following Contract/Document Receipt

- After the contracts, credentialing data and disclosure forms are returned, we will:
 - Conduct provider credentialing processes
 - Load provider demographic information to formulate our provider directories
 - Load provider billing information into our claims platform
 - Build and populate our on-line provider look-up processes so members can verify your contracting status
 - Mail a Welcome Packet and return an executed copy of the provider agreement

Education and Questions

- Over the next months, we will finalize our schedule of provider orientation sessions
- UnitedHealthcare currently has a staff of Provider Advocates and Contractors who are available to assist with provider questions
- A preliminary list of intended provider orientation sessions is being provided today as a handout – as we finalize the schedule, we will communicate to providers
- A contact list for Kansas providers is available as a handout today as well

- **uhccommunityplan.com**
or call our newly activated Customer
Service # 877-542-9238

Prior Authorization

- UnitedHealthcare has limited prior authorization requirements in Kansas consistent with program guidelines and our standard practices
- Providers may submit authorization requests via the provider portal or the Prior Authorization call center which offers 24/7 coverage to members and providers
- The services supported include initiating records of notifications and authorizations.
 - Auto approval if no medical review required
 - Update status and flag expedited reviews
 - Track pending notifications for authorizations needing medical review (communicate to providers)
- Prior Authorization intake coordinators enter authorization requests that are received by phone or fax
- **Care coordinators will also issue Prior Authorizations**
 - **Care coordinators will facilitate such requests on behalf of the providers**

Claims Payment

Objectives:

- 100% of all clean claims are processed within 20 days
- 99% of all non clean claims are processed within 45 days
- 100% of all claims are processed within 60 days
- Providers may submit claims electronically or by paper
- Claims payments will be issued twice a week for most providers, 5 days per week for nursing facilities and HCBS providers
- Claims statuses may be reviewed via the same United Provider Portal that is currently in use by many Providers for our Commercial and Medicare products
- Provider Advocates will be available throughout the State of KS to educate Providers and to assist them with escalation of claims payment issues

Member Support

- Member toll-free number is: 1-877-542-9238 (TTY: 711)
- Hours of operation: 8 a.m. to 8 p.m. CST, Monday through Friday, excluding State declared holidays
- Toll-free line will have an automated system available 24-hours a day, seven days a week
- Team of Customer Care Professionals will be located within the state of Kansas and trained on how to manage member calls effectively
- Translation services are available through our Language Line, services for the blind or deaf, hard of hearing or speech-impaired

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