



Last updated: 1/22/13

Date Added	Item Ref #	Impacted Area	Question/Issue	Response/Resolution	Status	Reprocessing Plans (if necessary)	Date Revised or Resolved
12/27/12	1	Members	Identified Issue: Medicare/Medicaid eligible members (Dual Eligibles) may receive a member Identification card that has a Primary Care Physician's (PCP's) name other than the PCP they normally see for Medicare. It is our intention to defer to the PCP used for Medicare for individuals that have both Medicare and Medicaid.	A small number of Medicare/Medicaid (Dual Eligibles) members may still receive an ID card that has a Primary Care Physician (PCP) listed on the front that is not the same PCP they use for Medicare. For those members impacted, a phone call will be placed to the member by our Member Advocate team to explain the issue and assist with any questions the member or guardian may have.	Resolution in progress	N/A	Remediation plan in place.
12/27/12	2	General Providers	Can you provide more information on Electronic Funds Transfer and EDI?	Providers may go to www.uhccommunityplan.com , select For Health Care Professionals and then select Kansas in the drop down box. Under the Electronic Data Interchange link, providers may access the form to sign up for Electronic Funds Transfer. We will have a Claim Filing and EDI Fact Sheet posted at this location by the first week in January as well. The Provider Administrative Guide may be found under the Provider Information link. This information is found on our public site - a user ID and password is not required to access this information. Providers may also contact their Provider Advocate for assistance with EDI questions.	Completed	N/A	12/28/12
12/27/12	3	General Providers	Providers would like additional information on UnitedHealthcare's "uhccommunityplan.com" website, as well as the secure provider portal (UHOnline.com).	Providers may access our general website at www.uhccommunityplan.com without a user ID and password. On this website you will find United contact information, our Provider Administrative Guide, search for network providers, and other general plan information. To access our secure website www.UHOnline.com , providers can go to UHOnline.com and create a user name and password to the secure website. Under the "Help" section, providers will find step by step instructions on how to sign up on the website. You do not need a provider ID, and will use your Tax Identification Number to set up your user name and password. Your Tax Identification Number will have to be loaded in our system before you can establish your user name and password to the secure website. Provider services (phone #: 877-542-9235) or your assigned provider advocate may provide addition support and assistance if you have questions.	Completed	N/A	12/28/12

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12/27/12	4	General Providers	Please provide contact information that providers may reach out to if they have specific questions about networking and contracts.	Physicians and providers may contact our Provider Services Department at 877.542.9235, or to reach someone directly regarding contracting and network questions or issues, or please contact the individuals listed below:	Completed	N/A	12/28/12
				Physical Health Providers Contact: Network Management at ks.net.mgmt@uhc.com			
				BH/SUD Providers Contact: Sandra Hashman, Telephone: 913-333-4051, Email: Sandra.hashman@optum.com			
				Dental Providers Contact: Network Development, 855-878-5372, Email: providerservices@sciondental.com			
				Vision Providers Contact: : Network Management at 866-416-0150, Email: providerservices@ocularbenefits.com			
				HCBS Providers Contact: Western KS: Tamara Sands, Telephone: 620-227-2498, Email: tamara_sands@uhc.com; Central/SE KS: Shandy Ricketts, Telephone: 316-794-2252, Email: sricketts@uhc.com; NE KS: Krista Hayes, Telephone: 913-333-4013, Email: kristahayes@uhc.com			
				Physical Therapy / Occupational Therapy and Speech Language Pathology Providers Contact: Susie Seace, Telephone: 972-252-8785, Email: Susie.seace@optum.com			
				Nursing Facilities Contact: Jennifer Everett, Telephone: 913-323-1050, Email: Jennifer_everett@uhc.com			
				Pharmacy Provider Contact: Jennifer Murff, Telephone: 913-333-4002, Email: Jennifer.murff@uhc.com			
				Transportation Providers Contact: Percy Day, Telephone: 800-243-5560 ext 208, Email: percy.day@logisticare.com or, Rita Preble, Telephone: 800-243-5560 ext 212, Email: ritap@logisticare.com			

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12/27/12	5	Care Coordination	When may a member or responsible party find out who their assigned Case Manager is?	UnitedHealthcare received our enrollment files and has assigned care coordinators to Long Term Support and Services (LTSS) members. Assignments will be completed by January 1st, and outreach will begin January 2, 2013. Welcome letters will also be mailed to the members identifying who the name of their case coordinator is. Members may call Member Services at 877-542-9238 for assistance in identifying their assigned care coordinator.	Completed	N/A	12/28/12
12/27/12	6	General Providers	Do Rural Health Clinics need to bill with their group NPI only, or are they also required to bill with the rendering provider's NPI as well?	Rural Health Clinics may bill with both the group NPI and rendering provider NPI, or they may bill with the group NPI only.	Completed	N/A	12/28/12
12/27/12	7	Nursing Facilities	CHANGE ALERT: United will not require prior authorizations on custodial (residential) nursing facility stays as was indicated in our Provider Administrative Guide.	Effective 1/1/2013, UHC KanCare members who reside in a nursing facility will NOT require Prior Authorization for the custodial (residential) stay. Facilities do not need to submit any prior authorization information when claims are submitted for residential nursing facility services. Communication is being sent to Nursing facilities. This includes nursing facilities for mental health (NFMH) and ICF MR facilities.	Completed	N/A	12/28/12
12/28/12	8	Provider Network	How do I find out if a particular physician or other health care provider is in UnitedHealthcare's network?	Please go to our online directory at uhcommunityplan.com or by calling our Member Services Department at 877-542-9238.	Completed	N/A	12/28/12
12/28/12	9	General Providers	What is UnitedHealthcare's payer identification number?	UnitedHealthcare has a Medicaid-specific payer ID that providers should use. The Payer Identification number for UnitedHealthcare Community Plan of Kansas is 96385.	Completed	N/A	12/28/12
12/28/12	10	CDDOs	Do CDDO's need a business associate agreement to communicate with MCO's?	We will defer to the state's direction on their issue log regarding this issue. It is our understanding that a separate business associate agreement is not required by UnitedHealthcare.	Completed	N/A	1/10/12
12/28/12	11	Behavioral Health Providers	What is the fax number for mental health staff to use when faxing in pre-screening assessments?	The fax number for the Behavioral Health/Mental Health providers to use when faxing in the pre-screening assessments for PRTF and inpatient admissions to Optum is 855-657-3526. Please fax within the one business day.	Completed	N/A	12/28/12
12/28/12	12	General Providers	How do I obtain a roster of the members who are assigned to my primary care practices?	The master patient roster for providers is available on the secure provider portal. Go to www.uhonline.com and then click on Tools and Resources and then Reports. Select the PCP panel report from the drop down box.	Completed	N/A	12/28/12
12/31/12	13	General Providers	Will UnitedHealthcare follow the Third Party Liability Noncovered List process as defined in KMAP Waiver Bulletin 12132?	Yes, UnitedHealthcare will follow the process outlined in KMAP Waiver Bulletin 12132 for the payers and services codes identified. The denial code for providers to use is the same as with the state's process - CARC code 192.	Completed	N/A	12/31/12
1/2/13	14	Members/ Providers	Where can we locate the issues log?	UnitedHealthcare has provided a link to our issues log which can be found at http://www.uhcommunityplan.com . Click on for health professionals and select Kansas from the dropdown box. Scroll down to find the issues log.	Completed	N/A	1/1/13

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1/2/13	15	General Providers	HCBS Providers whose claims are submitted through EVV (Kansas AuthentiCare) rarely see claims in a pended status/critical exception status. Typically once a service is reported, it is matched to a prior authorization record in real time. Providers then see that AuthentiCare forwards claims for payment processing the morning after they have been confirmed. Over the next 24-48 hours, providers may see some claims in a critical exception status in AuthentiCare, related to missing authorization. This event is a one-time occurrence as part of the transition being resolved by Authenticare, the State, and the MCOs. Providers do not need to take additional action on these pended claims. During the next 24-48 hours providers should see that any pended claims have been automatically submitted for processing. MCOs are committed to promptly paying claims for services submitted through EVV.	At this time, there is no indication affected providers will experience any delays in payment due to the temporary pending of EVV related claims.	Completed	N/A	1/2/13
1/3/12	16	Behavioral Health	We have traditionally had to submit outpatient treatment plans for each member after 4 visits, is that still the case?	For now, we will not require the treatment plan after the 4th visit. These will be reviewed on a case by case basis on a go forward.	Completed	N/A	1/3/13
1/3/12	17	General Providers	For dual eligibles when Medicare is primary, do providers need to follow United's prior authorization processed?	When Medicare is primary and KanCare is secondary, providers do not have to obtain prior authorization from United for covered services. If the Medicare coverage exhausts for a particular service and KanCare becomes the primary payer for that service, we ask that providers obtain prior authorization but only if required on our prior authorization list (<u>which does not include all services</u>)	Completed	N/A	1/3/13
1/3/13	18	General Providers	Do we credential locum tenens providers and what is the process we use?	UHC will honor CAQH credentialing. We are researching specific direction on how locum tenens providers should be handled and will post the answer here shortly.	Researching	N/A	
1/3/13	19	General Providers	Is the Prior Authorization form on website for United?	Yes. Go to www.uhccommunityplan.com . Click on For Health Professionals, then select Kansas from the drop down box. Then click on the Provider Forms navigation box on the left side of the page.	Completed	N/A	1/7/13
1/3/13	20	Pharmacy	For pharmacies, will the state's auto refill process still be available?	At this time, we do not have an auto-refill process in place.	Completed	N/A	1/3/13
1/3/13	21	General Providers	What is the number for our after-hour nurse line?	The nurse line number is 855-575-0136.	Completed	N/A	1/3/13
1/3/13	22	General Providers	If a provider is listed as PCP and has members assigned and the provider does not want to function as a primary care provider - who should the provider contact to get their status corrected?	Providers can contact their Provider Advocate for assistance. The Provider Advocate can request the provider's PCP status be changed and the members re-assigned as appropriate.	Completed	N/A	1/3/13

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1/3/13	23	Pharmacy	Why are pharmacy claims being rejected?	When a pharmacy attempts to use the KMAP ID (instead of the UHC ID) for a member to create a claim, a pop up screen will appear instructing the pharmacy on how to resubmit the claim for payment. UPDATE 1/7/13 - this problem has been repaired in the system. Pharmacies are able to use the KMAP ID when submitting claims without the pop up.	Completed	N/A	1/7/13
1/4/13	24	General Providers	Is prior authorization required for all services provided by non-contracting providers?	During the 90 day transition period, prior authorization is not required for all services rendered by non-participating providers. We ask that all providers, both contracted and non-contracted, follow our prior authorization requirements which can be found online in our Provider Administrative Guide. After the 90 day transition period, non-participating providers will be required to obtain prior authorization for all services.	Completed	N/A	1/3/13
1/4/13	25	Rural Health Clinics	How will RHC claims be paid?	Claims will be adjudicated and paid at the encounter level. UHC will pay the PPS case rate as determined by the State.	Completed	N/A	1/2/13
1/4/13	26	General Providers	I am receiving an error message when I request an electronic eligibility transaction (270/271 transaction) - how can I get this resolved?	Electronic eligibility verification via an 270/271 transaction is available for KanCare members but is currently not working. We are working to resolve this issue.	Researching	N/A	
1/4/13	27	Home Infusion Services	Do home infusion services require prior authorization and where is this located on the website?	Yes, home infusion services do require prior authorization. The prior authorization list can be found the in Chapter 4 of the Provider Administrative Guide on www.uhccommunityplan.com . Click on For Health Professionals and select Kansas from the drop down box to get to the Kansas provider page.	Completed	N/A	1/2/13
1/4/13	28	General Providers	Is there a different United member ID number providers must use to verify member eligibility on the United website? The KMAP ID number does not work.	It is our intention for providers to use the member KMAP ID number. At this time, there is a technical issue with our website recognizing the KMAP member ID number. We are working to quickly resolve this issue. In the meantime, providers may look up members using the Alpha Search function and the member name and date of birth, or may call our Provider Services Call Center at 877-542-3235 for eligibility verification assistance. Providers are able to use member KMAP member ID to verify member eligibility on our website. When enter KMAP member id it will bring up member id record but KMAP number will not display. We are working on this issue.	In Process	N/A	1/4/13
1/7/13	29	Care Coordination	There were questions regarding the timing of care coordinator outreach to nursing facility residents who are transitioning though the Money Follows the Person program.	Our care coordinators are continuing to do outreach to members, priority cases are being worked first which includes any members currently transitioning via the MFP program. Other residential nursing facility members can expect care coordination outreach toward the end of January. Current authorizations and plans of care are being honored.	Completed	N/A	1/7/13
1/7/13	30	FQHCs	Can the FQHC be listed as a member's PCP, or only the individual practitioners within the FQHC?	The FQHC can be listed as the member's PCP.	Completed	N/A	1/7/13

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1/8/13	31	CMHC	Is there a limit to the number of units that can be billed for Targeted Case Management provided by CMHC's?	No there is not a limit to the number of units for targeted case management.	Completed	N/A	1/8/13
1/8/13	32	General Providers	For EVV claims how quickly will claims show once they have cleared KMAP and have been submitted to the MCO?	It takes approximately three days from the time the provider submits the claim until the claim status can be viewed in web portal.	Completed	N/A	1/8/13
1/9/13	33	General Providers	I am being told that United KanCare payor id 96385 is not working through my clearinghouse.	We have been notified some clearinghouses do not have our payor id set up yet. For providers billing through Emdeon we have established a process where the claims can be submitted through our existing payor id number of 87726 until KanCare payor id is loaded. Zirmed has confirmed they have our payer ID loaded and we are working with them to ensure claims are being transmitted. A similar concern has been reported relative to claims submitted through ASK and we are working to resolve that issue.	In Process	N/A	1/10/13
1/9/13	34	General Provider	Will UnitedHealthcare accept blanket denial letters that providers have collected in addition to those maintained by the state?	UnitedHealthcare will honor blanket denial letters, which should be submitted with claim when filing on paper. For claims submitted electronically, providers should use the date on the TPL letter in the Other Payor Date Adjudicated field.	Completed	N/A	1/9/13
1/9/13	35	FMS	How will Financial Management Service providers be notified of plan of care changes? Will FMS providers still receive a notice of action letter?	When the plan of care changes, the Care Coordinators will update the authorization that is loaded in Authenticare. In emergent situations, the safety and well being of the member should always take precedence over prior authorization procedures.	Completed	N/A	1/9/13
1/9/13	36	Behavioral Health Providers	Will denial code 184 be accepted for claims that have been denied by Medicare because the provider is not a Medicare approved provider type?	Yes, denial code 184 is appropriate and will be accepted.	Completed	N/A	1/9/13
1/10/13	37	CMHCs/ Behavioral Health Providers	When a nursing facility resident on Medicaid goes to hospital and then returns to the nursing facility, is a prior authorization required.	United does not require prior authorization for bed holds or for residential, or custodial, nursing facility stays. A prior authorization is not needed.	Completed	N/A	1/10/13
1/10/13	38	General Provider	Will I receive an 835 for the claims I submit to United?	Providers who submit any claims through OptumInsight can receive an 835. For providers who use the front end billing option only, which includes EVV, we are working on a resolution so that we can make a postable 835 available. We will have an update and a pilot in place by the week of January 14th.	In Process	N/A	1/10/13
1/15/13	39	General Provider	Do all radiology services require a prior authorization?	No. There are very limited radiology services that require a prior authorization. They include MRI, MRA, PET and SPECT PET scans.	Completed	N/A	1/15/13
1/16/13	40	General Provider	If multiple providers share the same tax identification number, but have and bill with different NPI numbers, will each entity receive separate checks and RAs by NPI?	We are researching the answer to this question and will post the response here soon.	In Process	N/A	

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					FEB	Clearinghouse	MCO Portal	Claim Status on MCO Web Portal Appears As			
1/16/13	41	General	Can you provide a timeline that follows a claim through the billing process from initial billing through payment?						Completed	N/A	1/18/13
				Claim Submission	-	-	-	-			
				Claim Transferred	1 day*	1 day	Immediate	-			
				Claim Reviewed	1-10 days	1-10 days	1-10 days	Pending – viewable approx. 3 days after claim transferred			
				Payment/Denial Determination	1 day	1 day	1 day	Paid/Denied			
				EFT Transaction (if applicable)	1 day	1 day	1 day	Paid/Denied			
				Check Cut (if applicable)	1 day	1 day	1 day	Paid/Denied			
				Check Delivered	1-3 days	1-3 days	1-3 days	Paid/Denied			
Total Processing Time	4-17 days	4-17 days	3-16 days	Paid/Denied							
1/16/13	42	General Provider	Are breast pumps covered?	The benefit for breast pumps is unchanged from 2012. We have identified that there is a national breast pump supply shortage. We have identified a national DME provider who does have breast pumps available that can ship the pumps to members. Please notify Nan Kartsonis if a breast pump is needed 913-333-4005.					Completed	N/A	1/18/13
1/17/13	43	Hospital	If UnitedHealthcare is the secondary payor does UnitedHealthcare require notification of discharge date?	Notification of the discharge is not required. However, from a care coordination and care management perspective, notification would be appreciated.					Completed	N/A	1/18/13
1/17/13	44	ICF MR	Do ICF MR claims require a diagnosis code?	Yes - a valid diagnosis code is required for all claims.					Completed	N/A	1/18/13
1/18/13	45	RHC	Can RHCs bill for allergy injection visits?	No - RHCs cannot bill for allergy injections and be paid the encounter rate. A covered RHC encounter requires a face-to-face visit with a healthcare professional or practitioner. If the allergy injections are provided by a nurse - an encounter cannot be billed.					Completed	N/A	1/18/13
1/18/13	45	Nursing Facilities	What Revenue Codes should be billed for room and board?	The revenue codes to bill for room and board to UnitedHealthcare for KanCare members include: Revenue Code 101- for Medicaid nursing facility stays Revenue Code 120 - for post-acute nursing facility stays that meet the Medicare guidelines for skilled care					Completed	N/A	1/18/13