

UNITEDHEALTHCARE UPDATES AND OVERVIEWS

- MRCA 11/22/2019

AGENDA

- Site of Service
- Newborn Enrollment
- Veterans Affairs Community Network – VA-CCN
- Point of Care Assist – POCA
- Individual Health Record – IHR
- Dual Special Needs Program – DSNP
- Healthy Michigan Plan – HMP

- January 1, 2020 Code Additions, to Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures for *Commercial Plans* (November Network Bulletin)
 - Utilization Review Guideline: **Outpatient Surgical Procedures – Site of Service**
- Expanded UnitedHealthcare *Community Plan* Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures (October Network Bulletin)
 - UHC Community Plan effective date was November 1, 2019 and has been delayed to January 1, 2020
 - Utilization Review Guideline: **UHC CP - Outpatient Surgical Procedures – Site of Service (for Maryland, Michigan, Missouri, Ohio, Rhode Island and Washington only)**
- *Please remember, in order for a site to be an ASC and not outpatient hospital, the ASC needs to be contracted separately from the hospital and not bill out under the hospital contract.*

- The hospital should be submitting information to the State when the mother delivers to ensure the State auto assigns the newborn to the MHP that the Mom is enrolled in.
- Per the Medicaid provider manual:
 - 7.1 HOSPITAL NEWBORN NOTICE In the few cases where this process may be delayed, the hospital's submission of the newborn birth through the State's Electronic Birth Certificate (EBC) system will add the Medicaid coverage and assign a MHP to the newborn. This process is the most efficient way for hospitals to obtain a Medicaid ID for newborns. If the facility is unable to submit the newborn birth through the EBC, the hospital may submit a Hospital Newborn Notice (form MSA-2565-C) to the local MDHHS office for Medicaid eligibility to be established and to obtain a Medicaid ID number. If the MSA-2565-C form is used, the local MDHHS office will open the newborn's MA case and return the form to the provider with the necessary billing information. Eligibility information must be obtained using the CHAMPS Eligibility Inquiry or the HIPAA 270/271 transaction using the newborn ID number provided by MDHHS. The MDHHS Enrollment Services Section should be contacted when the eligibility inquiry does not locate the newborn. (Refer to the Directory Appendix for contact information.) All inquiries must include the following information to assist MDHHS in locating newborn ID numbers: § Newborn's name (last, first, middle initial) § Newborn's gender § Newborn's DOB § Mother's name (last, first, middle initial) § Mother's Medicaid ID number § Requesting person's name and telephone number
- For UnitedHealthcare Community Plan members you may email Angelica DeBois with information so that UHC can get the baby enrolled.
- Her email address is angelicadubois@uhc.com.

- **Veterans Affairs Community Care Network (VA CCN)**

- Optum has been selected as a third-party administrator for VA CCN in Michigan
- Coverage will begin January 5, 2020
- www.info.vacommunitycare.com – program information, FAQs, QRGs, fee schedules, provider manual and more

- VA CCN claims require an approved referral number on your claim submission
- Medical and Dental Providers EDI Payor ID: VACCN
- Timely Filing 180 days from date of service or date of discharge
- Reimbursement rate: 100% of CMS Fee Schedule
 - » Covered services not covered by Medicare will be reimbursed at the VA Fee Schedule (fee schedule available at info.vacommunitycare.com)

POINT OF CARE ASSIST (POCA)

- **At UnitedHealthcare**, we're doing all we can to simplify the health care system for everyone. That's why we developed **Point of Care Assist™**, adding real-time patient information — including clinical, pharmacy, labs, prior authorization, eligibility and cost transparency — to existing electronic medical records (EMRs) to make it easier for physicians to understand what patients need at the point of care.
- **Point of Care Assist** integrates patients' UnitedHealthcare health data within the EMR to provide real-time insights of their care needs, aligned to their specific member benefits and costs. This makes it easier for providers to see potential gaps in care, select labs, estimate care costs and check prior authorization requirements — including benefit eligibility and coverage details. This helps them better serve their patients and achieve better results for their practice.

Delivering enhanced benefit information at the point of care.

- At UnitedHealthcare, we're doing all we can to simplify the health care system for everyone.
- Point of Care Assist™, adds real-time patient information—including clinical, pharmacy, labs, prior authorization, eligibility and cost transparency—to your existing electronic medical records (EMRs) to make it easier for you to understand what patients need at the point of care.
- **Point of Care Assist** integrates patients' UnitedHealthcare medical records with EMRs to provide real-time insights on care needs, aligned to their specific member benefits and costs, helping providers.
- **Get insights on patient needs.**
- Identify potential gaps in care when meeting with patients.
- Quickly check eligibility, prior authorization and benefit coverage for a patient's medical plan.
- **Save time and money.**
- Use the cost estimator to help patients choose lower-cost care options and find UnitedHealth Premium® Program providers known for delivering quality, cost-effective care.
- Access patient benefit information to reduce administrative burden and re-work.
- Stay up to date with accurate, real-time member information, 24/7.
- **Improve satisfaction and results.**
- Simplify care and increase cost transparency to support higher patient satisfaction.
- Improve the quality of care they provide, which may lead to higher Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores and Medicare and Medicaid Star Ratings.
- Improve your ability to meet targets and earn incentives through the Medicare Advantage Primary Care Physician Incentive Program.

- **WHAT IS INDIVIDUAL HEALTH RECORD (IHR)**

- IHR is a technology platform that takes data from across multiple source systems and transforms it into a single, digital record.
- IHR provides context and history for each patient encounter and allows care providers to see the full picture of their patients' health care, including care and treatment history, medications, risk factors, outcomes, and preventive measures.
- IHR was designed to help bridge the relationship between the provider and patient with useful, meaningful, and actionable information where it's most needed—at the point of care.

Healthy Michigan Plan Work Requirements

Beginning January 2020, to **keep Healthy Michigan Plan coverage**, some HMP beneficiaries will be required to engage in one or more of the following work or activities:

- Having a job or income
- Being a student
- Looking for a job
- Volunteering (this activity can only be used for three months each calendar year)
- Doing job training
- Participating in a tribal employment program
- Participating in rehab (substance abuse)
- Doing vocational training
- Doing an internship

Who has to do this?

Anyone who is 19-62 years old and enrolled in the Healthy Michigan Plan for at least 48 months unless they are exempt (excused)

Communication of Work Requirements: Each beneficiary will get **three letters** beginning in September. Additional notices will be sent in December about work & activities and how to do monthly reporting.

Exemption Reasons – for the complete list, please visit this website:

https://www.michigan.gov/healthymiplan/0,5668,7-326-90904_90941---,00.html

Pregnant

Medically Frail

Full time Student

How to get an Exemption

To claim an exemption, the beneficiary can fill out and send MDHHS the [Exemption form MSA-1905](#) by January 31, 2020.

The form can be mailed or faxed to:

MDHHS Special Processing Office

Suite 1405

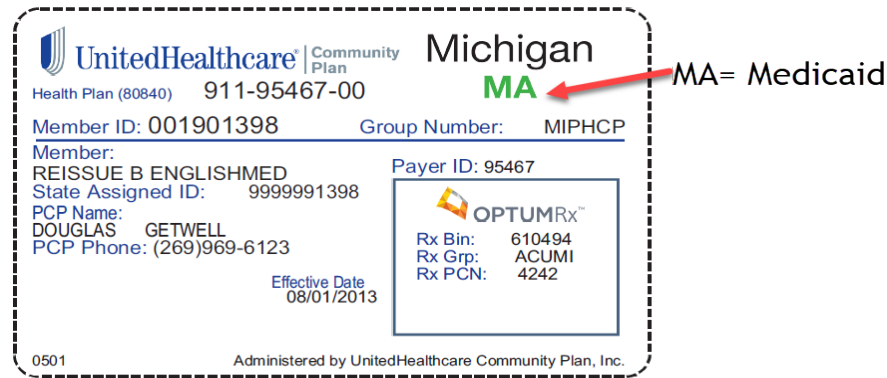
PO Box 30800

Lansing, MI 48909

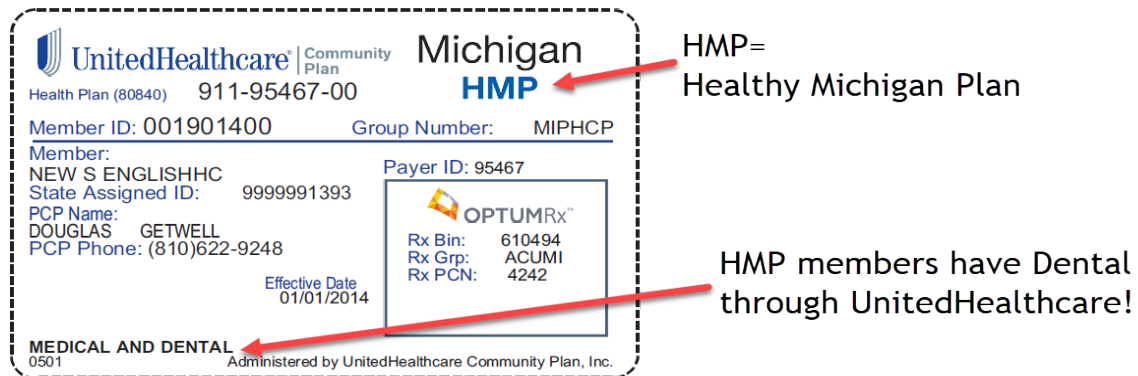
Fax: 517-432-6079

Medicaid & Healthy Michigan Plan ID Cards

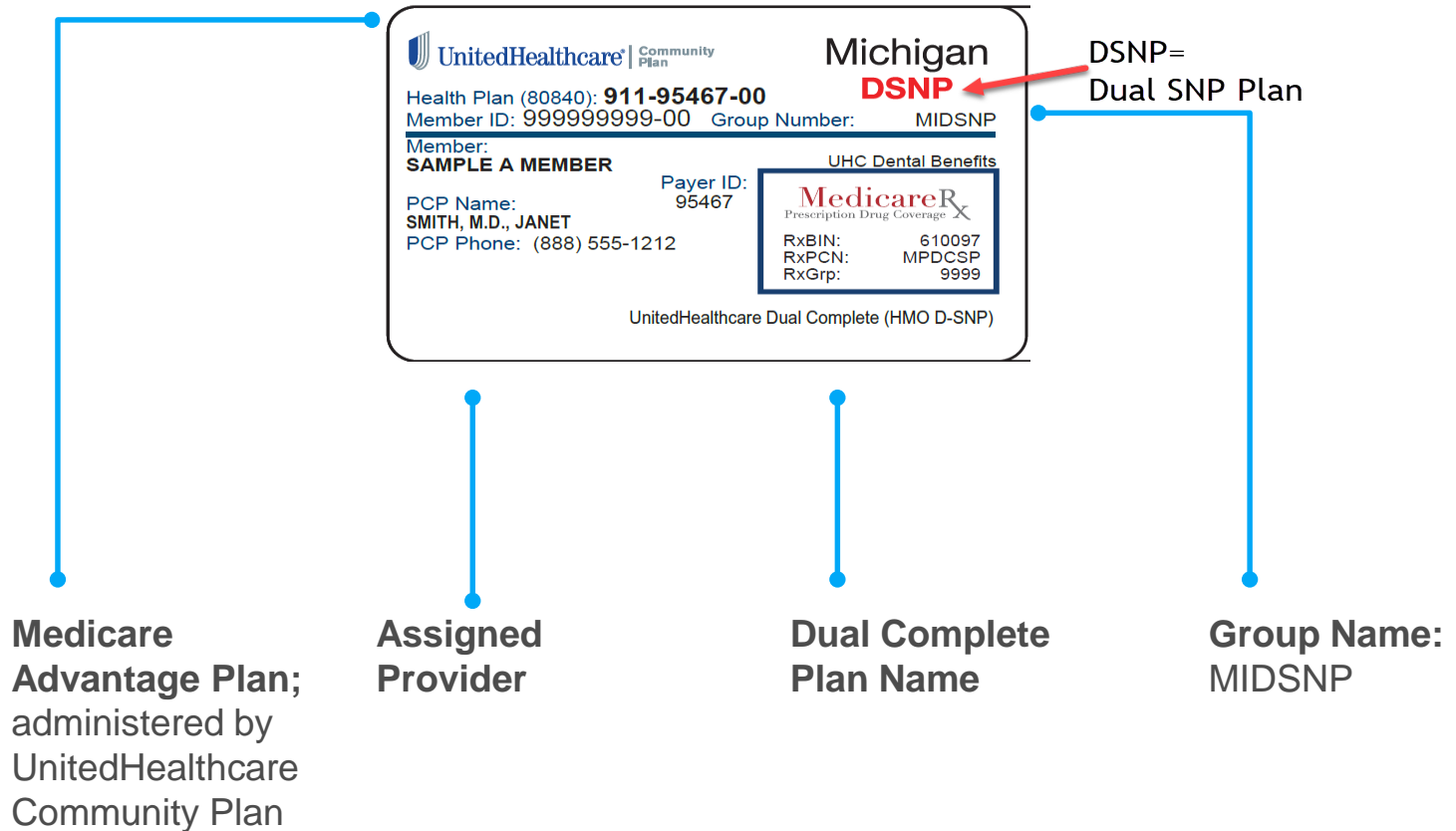
Medicaid: **MA** is the abbreviation for Medicaid you see in CHAMPS



Healthy Michigan Plan

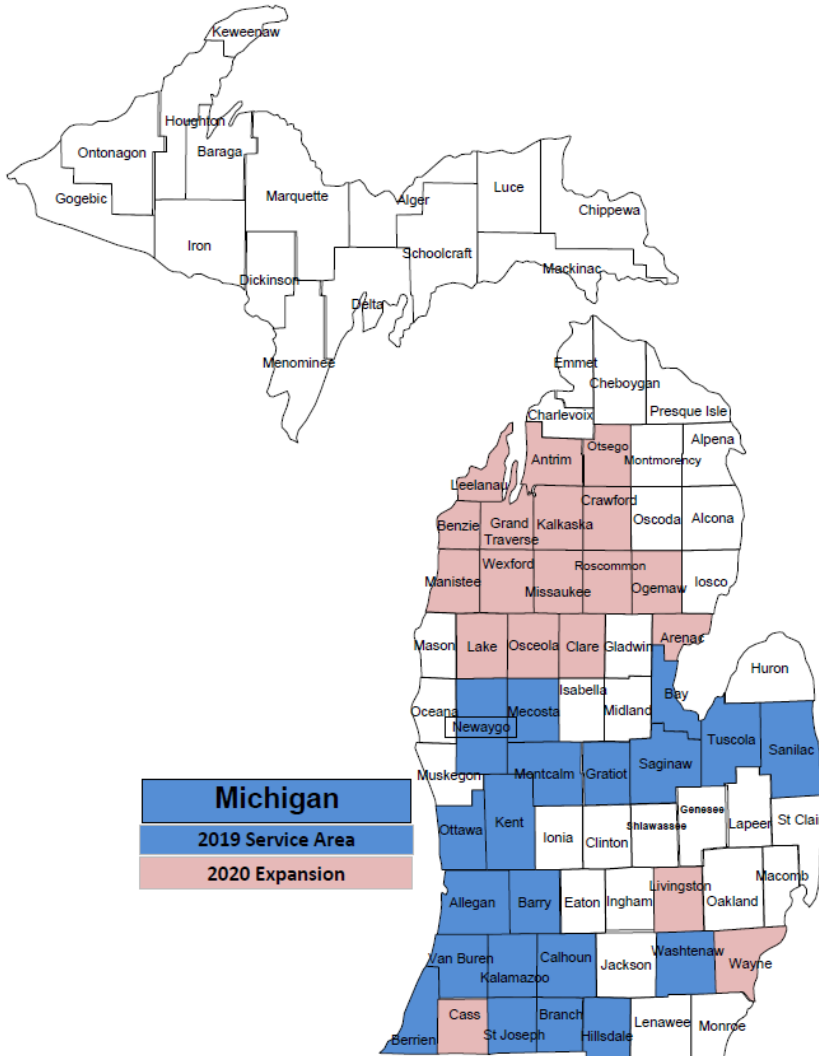


DSNP ID Card



Sample ID cards are for illustration only. Actual cards may vary.

Dual Complete (DSNP) Expanding to 19 New Michigan Counties



2020 Expansion Counties:

- Antrim
- Arenac
- Benzie
- Cass
- Clare
- Crawford
- Grand Traverse
- Kalkaska
- Lake
- Leelanau
- Livingston
- Manistee
- Missaukee
- Ogemaw
- Osceola
- Otsego
- Roscommon
- Wayne
- Wexford



Existing Service Area Includes:

- Allegan
- Barry
- Bay
- Berrien
- Branch
- Calhoun
- Gratiot
- Hillsdale
- Kalamazoo
- Kent
- Mecosta
- Montcalm
- Newaygo
- Ottawa
- Saginaw
- Sanilac
- St. Joseph
- Tuscola
- Van Buren
- Washtenaw

DSNP: Annual Open Enrollment

Medicare's Annual Enrollment Period (AEP) is October 15 - December 7

What is the Medicare Open Enrollment Period?

- October 15 - December 7 is when all people with Medicare can change their Medicare health plans and prescription drug coverage for the following year to better meet their needs.
 - Enrollment change is effective January 1

Where can people find Medicare plan information or compare plans?

- 1-800-MEDICARE or [Medicare.gov](https://www.Medicare.gov).
- MMAP volunteers work through the Area Agencies on Aging to provide high quality and accessible health benefit information and counseling

Staff Education Opportunity

- Schedule Lunch 'n' Learns to review UnitedHealthcare DSNP product





DSNP Member Benefits



UnitedHealthcare Dual Complete Additional Benefits :

- **Vision Coverage**
- **Hearing Coverage**
- **Chiropractic Coverage**
- **Personal Emergency Response System**
- **Foot Care**
- **Transportation**
- **New! Fitness: SilverSneakers®**
- **24-hr. NurseLine**
- **Meal Program**
- **Dental Coverage**
- **OTC Debit Card**

DSNP Member Call Center Resources

Members can call **Member Services at 1-844-368-6885 TTY: 711** to find care or get connected to programs and services in their communities.



Get food assistance and access local food banks.



Find housing, save on utility bills and make home repairs.



Save on drugs by switching to 90-day prescriptions.



Find low-cost, easy-to-use transportation.



Get recertified for Medicaid.



Find self-help and support groups in their area.

Michigan Association of Health Plans Pinnacle Awards 2019

UnitedHealthcare Community Plan was the proud winner of two awards:

Chronic Disease Management – Medicaid

- Housing + Health, a Housing First Plus model to provide stable housing for highly vulnerable, complex Medicaid members incorporating trauma-informed principles and person-centered care.

2019 Integration of Physical and Behavioral Health – Medicaid

- Our care management team works with members who have chronic health conditions and serious mental illness and/or substance use disorders including a focus on members with diabetes and either schizophrenia or bipolar disorder.