Noon Provider Call -- UHC Status update
Provided on 5/13/15 by Karl Lirette | Chief Operating Officer
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1. **Taxonomy Codes required on Claims:**

- Taxonomy Codes are documented as Required per UHC Provider Manual Chapter 1 and Chapter 12: http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/LA-Provider-Information/LA_Acute_Care_Manual.pdf
- Requirement was not enforced 100% during initial implementation so we could thoroughly test our system to ensure accurate editing for Taxonomy codes in valid scenarios.
- Testing complete and Taxonomy requirement implemented 5/2/15.
- Provider Advocates are initiating mass provider communication to remind providers of requirements, and to offer UHC's detailed documentation around NPI and Taxonomy submission on Claims:
    - https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Practice%20Facility%20Profile/How_to_submit_TIN_Taxonomy.pdf
- UHC ultimate goal –
    - Accurate and consistent claims data, fully identifying the specialty of provider(s) on claim
    - Ensure accurate Provider system setup and clean, benefit administration. And ultimately
    - Submission of complete, accurate Encounters to DHH

2. **Drug Codes billed under Revenue Codes 250/636 on UB04 claims:**

- UHC transitioned from a Shared to Pre-paid MCO on 2/1/15, implementing Outpatient UB04 reimbursement utilizing the DHH/Molina "Outpatient Hospital Non-Ambulatory Surgery Schedule" as written
    - All drug codes documented on the Fee Schedule were activated as "covered" codes when billed on an Outpatient Non-Ambulatory Surgery claim
    - All drug codes not specifically listed on the Fee Schedule were active as non-covered codes, denying when billed on an Outpatient Non-Ambulatory Surgery claim
- UHC received feedback from providers that the these codes had been reimbursed in FFS Medicaid, even though they were not specifically listed on the Outpatient Non-Ambulatory Surgery Fee Schedule
- DHH confirmed last week that these codes were reimbursed historically
- UHC has established a small, cross-functional team to review the drug codes currently set to deny when billed on a Hospital Outpatient Non-Ambulatory UB04, with the intent to approve most if not all of the codes so they're payable when billed.
    - The Review should be completed this week, with the intent to update our system early next week so that the newly payable codes can process.
    - Note – it may be determined that some codes are truly not covered, and others require Prior Authorization.
    - UHC will communicate any new PA requirements to providers

3. **FQHC/RHC Claims billed with non-FQHC/RHC Place of Service**

- UHC initially built FQHC/RHC providers to bill their T1015 PPS rate with POS 3, 50 or 72
- We've recently modified our system logic to allow FFS reimbursement for non-PPS services billed with POS 21, 22, etc.
    - This modification requires some manual touch initially, which we're working to automate over the next week or two. Once automated we intend to reprocess all claims previously denied due to POS with non-PPS codes.

4. TPL

- It has been brought to our attention that some of our Provider Call Center team members are providing TPL information relevant to our former pre-2/1/15 Shared Savings contract, where Molina was the primary owner of TPL verification. We realize the TPL process changed drastically under our new contract, and we're working to ensure all Call Center team members are reminded of these important changes:
    - Effective 2/1/15, UHC became responsible for all TPL processes for our members, including services they may have received prior to 2/1/15. This responsibility includes, but is not limited to:
        - Receiving and verifying TPL from the following sources -
            - Weekly TPL files from Molina
            - Monthly and Quarterly COB files from HMS, Optum, and other vendors contracted to identify and verify third-party coverage
            - Primary Carrier EOBs/RAs submitted with claims
            - Primary Carrier leads phoned in to Provider Call Center
            - Primary Carrier documentation submitted by provider offices via Fax to 877 324-8202
            - Primary Carrier documentation received by DHH/Molina and sent via paper to relevant MCOs
        - Confirming TPL coverage and loading it into our system to ensure accurate claims processing
        - Submitting files of verified TPL information to Molina so they can update MEVS for easy provider reference

5. Paper RAs with no Check or documented Check #

- RAs for UHC's 5/8/15 check date were erroneously generated with no corresponding checks or check #s
    - This impacted only non-EFT providers
- Impacted Providers can destroy these RAs
- New RAs with check #s and corresponding checks have been generated