

Optum



UnitedHealthcare
Community Plan

Personal Care Services

Contracting and Billing

New Service effective 2/21/2022



Agenda

1

Contracting

2

Authorizations

3

Billing

4

Ways to Submit a Claim

Contracting

Personal Care Services - Contracting Agencies

- Agency must meet qualifications of a Behavioral Health Personal Care Services provider per LDH.
- All Direct Care Staff for BH Personal Care Services must have an NPI.
- Non-Licensed Providers must complete the Louisiana Non-Licensed Behavioral Health Provider Training; this is a universal online on-demand training module provided by the Louisiana Department of Health (LDH) and can be completed through any LDH MCO Plan. Attestation of completed training is located on the UHC Personal Care Services Roster form. UHC has this training located at <https://www.providerexpress.com/content/ope-provexpr/us/en/training/webinars.html>.
- Please email hcbsprovidernetwork@uhc.com for contracting information.
- For provider qualifications for Behavioral Health Personal Care Services, please reference the Behavioral Health Service Definition Manual on the Louisiana Department of Health Website.

Authorization

How to Request Authorization for Personal Care Services

- Authorization Requests for Personal Care Services are made through the **Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form**.
- This request form is located on the Louisiana Resource Page.
- Go to: providerexpress.com > Our Network > State-Specific Provider Information > Louisiana > Authorization Templates

Optum - Provider Express Home > Our Network > State-Specific Provider Information > Welcome Louisiana

Welcome to the Optum Network!

Louisiana Provider Resources

Optum Network Manual

- [Network Manual](#)
- [LA Medicaid Behavioral Health Provider Manual](#)

Clinical Criteria

- [Standard Clinical Criteria](#)

Best Practice Guidelines

- [BP Guidelines](#)

Coordination of Care (COC)

- [COC Flyer](#)
- [COC Checklist](#)

LA Medicaid ABA

- [LA Medicaid ABA Provider Portal](#)

Additional information and forms are available, including psych/neuropsych testing guidelines, credentialing plans, and Disability Solutions Manual, on the Provider Express [Guidelines/Policies & Manuals](#) and [Optum Forms](#) pages.

For the latest Health Plan Advisories related to the COVID-19 crisis and related changes to the offering of services, please visit the links below. UHC guidance is effective of the HPAs unless you have been otherwise notified.

State-Level

- [Louisiana Department of Health COVID-19 Website](#)
- [Medicaid Updates for Providers](#)
- [Louisiana 211 Network](#)
- [Louisiana Department of Health Informational Bulletins](#)

****LOUISIANA CRISIS RESPONSE SYSTEM****

[Louisiana Crisis Response System Fact Sheet](#)

****LA MEDICAID PROVIDER ENROLLMENT****

[IB22-4.pdf \(la.gov\)](#)

[Medicaid | Department of Health | State of Louisiana \(lamedicaid.com\)](#)

Louisiana Medicaid-Specific Resources

[LA NILC Medicaid Roster Submission Form](#) - Please use this form to provide all necessary information needed to submit your roster of unlicensed or non-independently licensed clinicians (NILCs). Before submitting, verify that the NILCs have obtained individual NPI numbers and are ready to be registered with the UHC Community Plan. By initialing this document, you and the individual providers are attesting that all information is true and accurate and all requirements have been completed as identified in the Louisiana Department of Health Behavioral Health Services Provider Manual.

[NILC Education Update Form](#) - Please use this form to update education levels for NILC providers that are already loaded in our systems.

[NILC Education Requirements for CPST and PSR Services](#)

[NILC Roster Correction Instructions](#)

[Louisiana Department of Health Behavioral Health Provider Manual](#)

[NILC Roster Submission Form Training Deck](#)

- General Information
- Provider Announcements
- Louisiana Medicaid-Specific Resources
- ▾ Authorization Templates
 - [Electroconvulsive Therapy \(ECT\) Template](#)
 - [Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form \(online\)](#)
 - [Process Changes for Substance Use Disorder Intensive Outpatient Requests](#)
 - [Therapeutic Group Home \(TGH\) Template](#)

Billing

Billing

- Reimbursement for services may be withheld or denied if the provider fails to use the EVV system or does not use the system in compliance with LDH’s policies and procedures for EVV
- Service unit = 15 minutes and is reimbursed at a flat rate, with the exception of the per diem rate for which the unit is a per day rate

Code	Description	Unit
S5125	PERSONAL CARE SERVICES (BILLABLE FOR <28 UNITS/DAY – EFFECTIVE 2/21/22	15 minutes
S5126	PERSONAL CARE SERVICES (BILLABLE FOR ≥28 UNITS/DAY – EFFECTIVE 2/21/22	Per Diem

Ways to Submit A Claim

- Electronic Submission
- Hardcopy Submission
- Claims Reconsideration Request
- Optum Pay™

Claim Submission Option 1 - Online

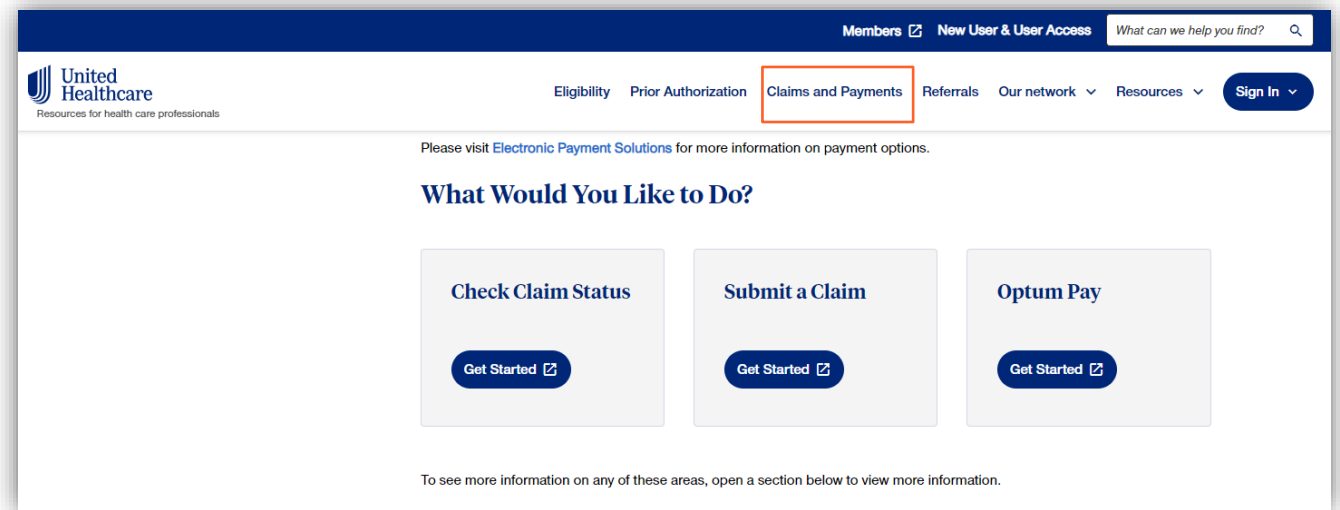
Entry through uhcprovider.com:

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500
- Allows claims to be paid quickly and accurately



You must have a registered One Healthcare ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free **1-866-842-3278**



Claim Submission Option 2 – (continued)

- You may use any clearinghouse vendor to submit claims
- Payer ID for submitting claims is **87726**
- Additional information regarding EDI is available on
 - [Electronic Data Interchange Resource Page on uhcprovider.com](#)

The screenshot shows the UnitedHealthcare provider portal. The top navigation bar includes 'Members', 'New User & User Access', and a search bar. The main content area is titled 'Electronic Data Interchange (EDI)'. On the left, there is a list of links under the heading 'Electronic Data Interchange', including 'Return to UnitedHealthcare Provider Portal', 'EDI 837: Electronic Claims', 'EDI 835: Electronic Remittance Advice (ERA)', 'Optimize EDI in Your Organization', 'HIPAA Claim Edits', 'EDI Contacts', 'EDI Benefits', 'EDI Clearinghouse Options', 'EDI Connectivity', 'EDI Companion Guides', 'EDI Quick Tips for Claims', 'EDI 270/271: Eligibility and Benefit Inquiry and Response', 'EDI 276/277: Claim Status Inquiry and Response', and 'EDI 278: Prior Authorization and'. The main content area features a heading 'Electronic Data Interchange (EDI)' and a paragraph: 'Using Electronic Data Interchange (EDI) for all eligible UnitedHealthcare transactions can help your organization improve efficiency, reduce costs and increase cash flow. We encourage you to use the following tools and resources to help you get started with electronic transactions.' Below this is an 'Overview flyer' button. There are three featured sections: 'Claims Payer List' with a 'Claims Payer List' button, 'EDI Training Guides' with 'What is EDI?' and 'EDI Connectivity' buttons, and 'Optimize EDI' with a 'Learn More' button.

Claim Submission Option 3 – Hardcopy

Use Form 1500:

- Claim elements include but are not limited to diagnosis **DSM-5**
- Member name, member date of birth, member identification number, dates of service, type and duration of service, name of clinician (e.g., individual who provided the service), provider credentials, tax ID and NPI numbers

Paper claims submitted via U.S. Postal Service should be mailed to:

United Healthcare Community Plan of Louisiana
PO Box 31341
Salt Lake City, UT 84131-0341

Use DSM-5 for assessment and the associated ICD-10 coding for billing

Billing Reference : Form 1500

Behavioral Health Providers

- Enter the name, licensure and NPI number who is directly rendering services when required:
- Box 31: Name and Licensure of Behavioral Health Provider
- Box 33: Agency Name, address, and phone number
- Box 33a: Agency NPI number

Corrected Claim Submission for Form 1500

Box 22 – Claim Form 1500

22. RESUBMISSION CODE 7	ORIGINAL REF. NO. 17H123456789
---------------------------------------	--

Please input the number **7** for the RESUBMISSION CODE and the original UnitedHealthcare Claim Number under ORIGINAL REF. NO.

Timely Claims Submissions

- Providers must submit claims using the current Form 1500 including, but not limited to, ICD-10, CPT, and HCPCS coding
- Louisiana Community Health Plan requires that you initially submit your claim **within 365 days** of the date of service (DOS)
- When a provider is contracted as a group, the payment is made to the group, not to an individual
- Resubmissions and Corrected Claims should be submitted within 365 days of the DOS or you risk Timely Filing denials.
- All claim submissions must include:
 - Member name, Medicaid identification number and date of birth
 - Provider's Federal Tax I.D. number
 - Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at [cms.gov](https://www.cms.gov)

Thank You!

UnitedHealthcare Community Plan
Provider Call Center
1-866-675-1607
or
networkse@optum.com