UnitedHealthcare Community Plan of Minnesota Families and Children and MinnesotaCare

UnitedHealthcare Community Plan

United Healthcare®

Agenda

1. Introduction
2. Contracting with Optum
3. Provider Responsibilities
4. Coordination of Care
5. Coding, Billing and Reimbursement
6. Appeals and Disputes
7. Substance Use Disorder and Opioid Treatment
8. State Enrollment / Provider Disclosure of Ownership
9. Resources

Introduction

UnitedHealth Group Structure

Optum

Helping make the health system work better for everyone

Information and technology-enabled health services:

- Behavioral Health
- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services

UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

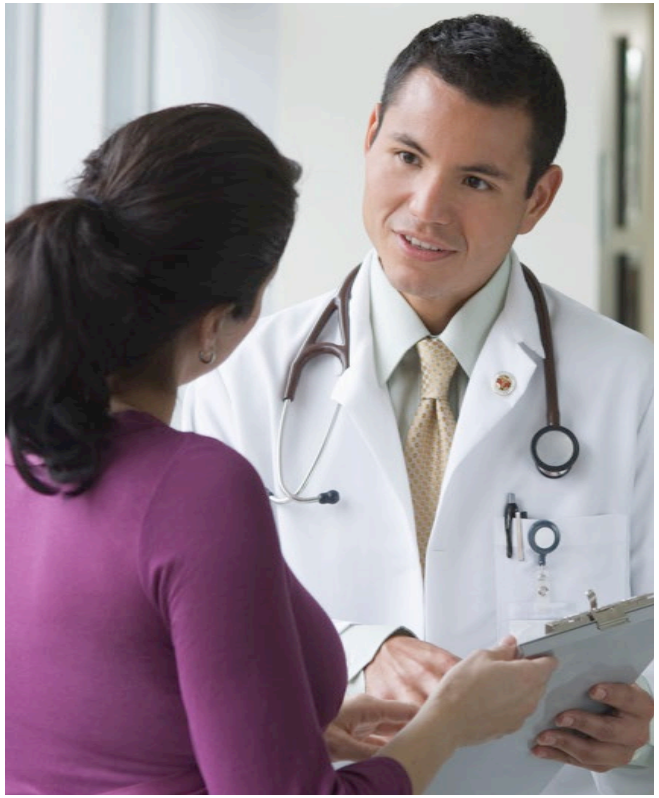
- Employer & Individual
- Medicare & Retirement
- Community & State
- Military & Veterans
- Global

Plan Overview

UnitedHealthcare Community Plan of Minnesota Families and Children and MinnesotaCare supports the state goals of increased access, improved health outcomes and reduced costs by offering Medicaid benefits to the following members:

- Children, from birth through 18 years of age, eligible for Medicaid under expanded pediatric coverage provisions of the Social Security Act.
- Pregnant women eligible for Medicaid under expanded maternity coverage provisions of the Social Security Act.
- Children eligible for the Children's Health Insurance Program (CHIP).
- Aged/Blind/Disabled (ABD).
- 19–64 years old who are not eligible for another type of Medicaid and who have an income of less than 138% of the federal poverty level.
- Medicaid-eligible families.

Plan overview



Program Launch Date:

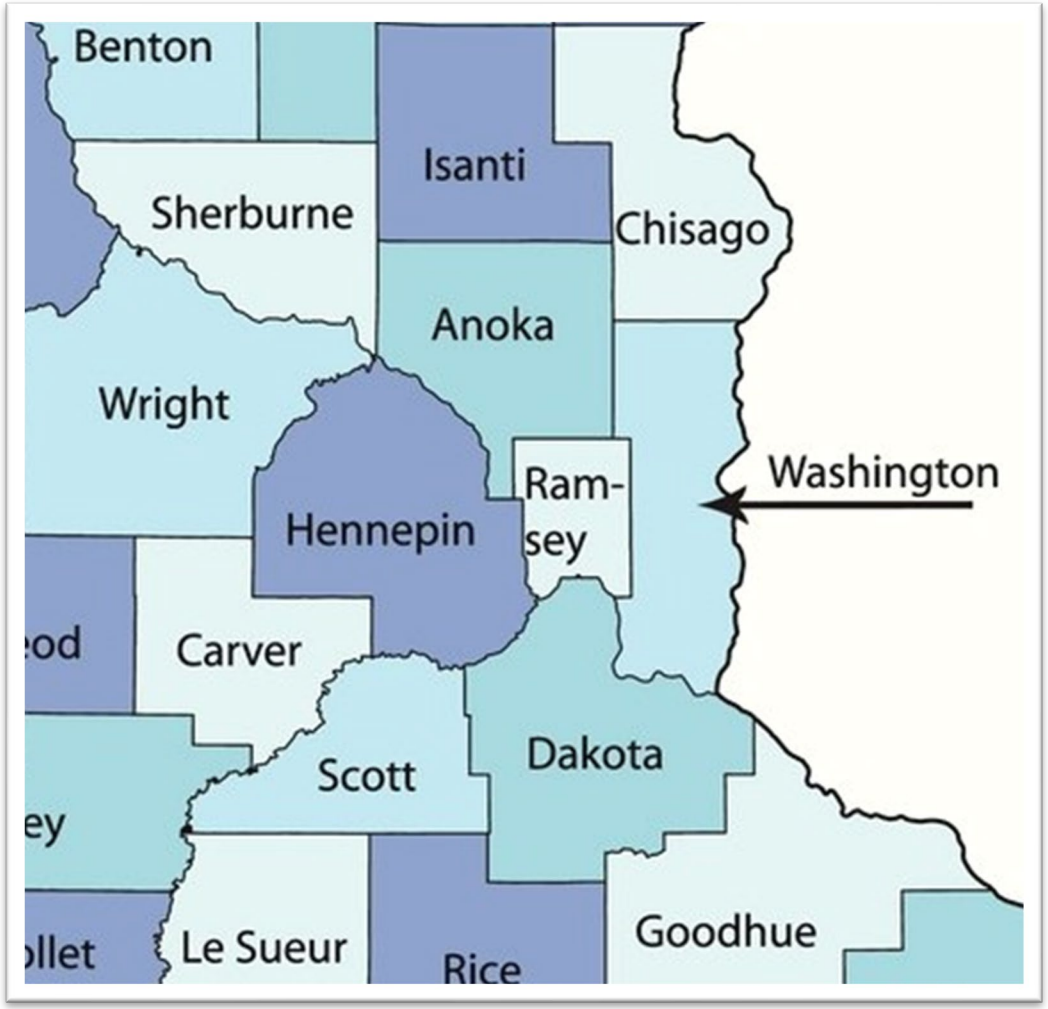
- January 1, 2022

Summary

- UnitedHealthcare is the newest partner to be joining 4 incumbent MCOs, Blue Plans, HealthPartners, UCare and Hennepin Health.
- UnitedHealthcare is the first new MCO to join in the last 10+ years.
- Minnesota Medicaid covering eligible members under the age of 65, and all eligible members in MinnesotaCare.
- Our network providers are essential partners in improving health outcomes for our members and we are excited to have you aboard.

UnitedHealthcare Community Plan of Minnesota Medicaid and MinnesotaCare Metro Map

8 County Area:
Anoka
Carver
Dakota
Hennepin
Ramsey
Scott
Washington
St. Louis – 1/1/2023



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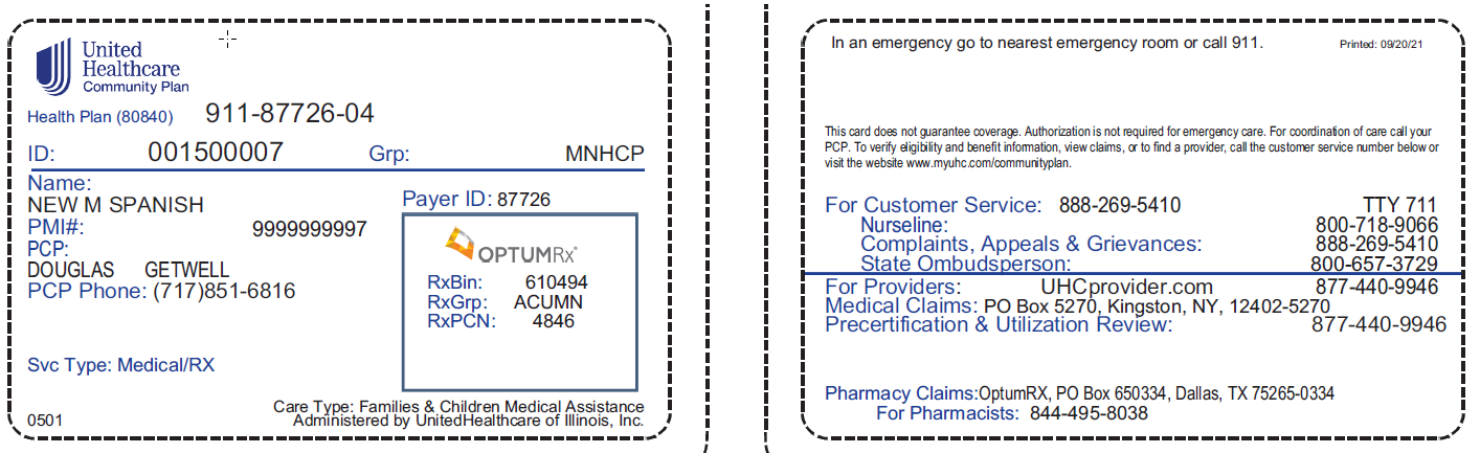
United Behavioral Health operating under the brand Optum

Member ID Cards – Medicaid

- UHCCP MN Families and Children members receive an ID card with information to help you submit claims accurately and completely.
- Be sure to check the member's ID card at each visit and copy both sides of the ID card for your files.
- Member ID cards can also be viewed online using the Eligibility & Benefits tool on UHCprovider.com.
- Sample ID Card Image:



Member ID Cards - MinnesotaCare

- UHCCP MN MinnesotaCare members receive an ID card with information to help you submit claims accurately and completely.
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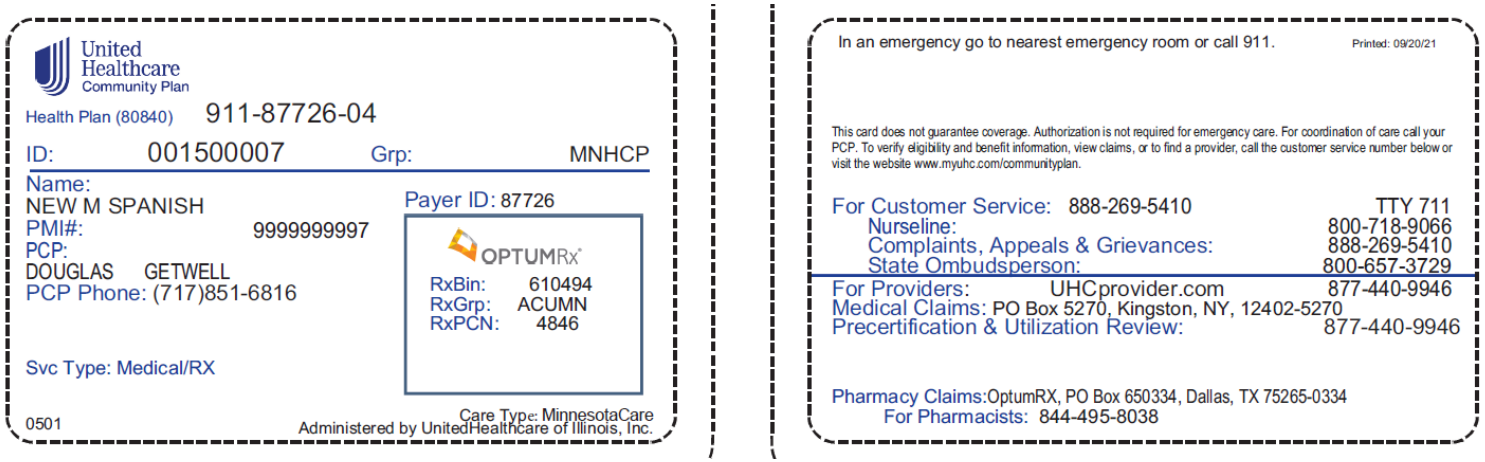


Contracting with Optum

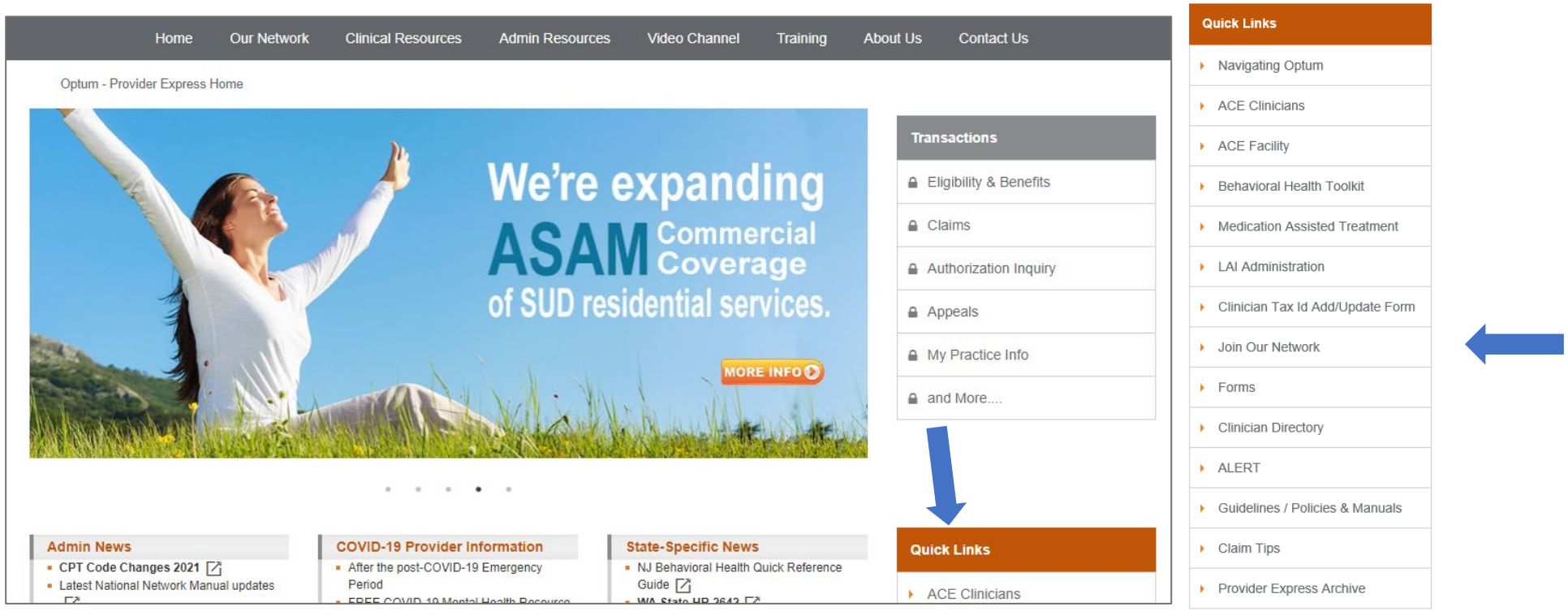
Optum Behavioral Health Network Providers

- Advanced Practice Registered Nurse
- Board Certified Behavior Analyst
- Doctor of Osteopathic Medicine
- Licensed Applied Behavior Analyst
- Licensed Independent Clinical Social Worker
- Licensed Alcohol and Drug Counselor
- Licensed Marriage and Family Therapist
- Licensed Psychologist
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Medical Doctor
- Physician Assistant
- Registered Nurse

- Community Mental Health Centers
  - Certified Community Behavioral Health Clinics
- Health Care Homes
- Behavioral Health Home Services
- Rural Health Clinics
- Federally Qualified Health Centers
- Substance Use Disorder Agencies
- Inpatient Facilities

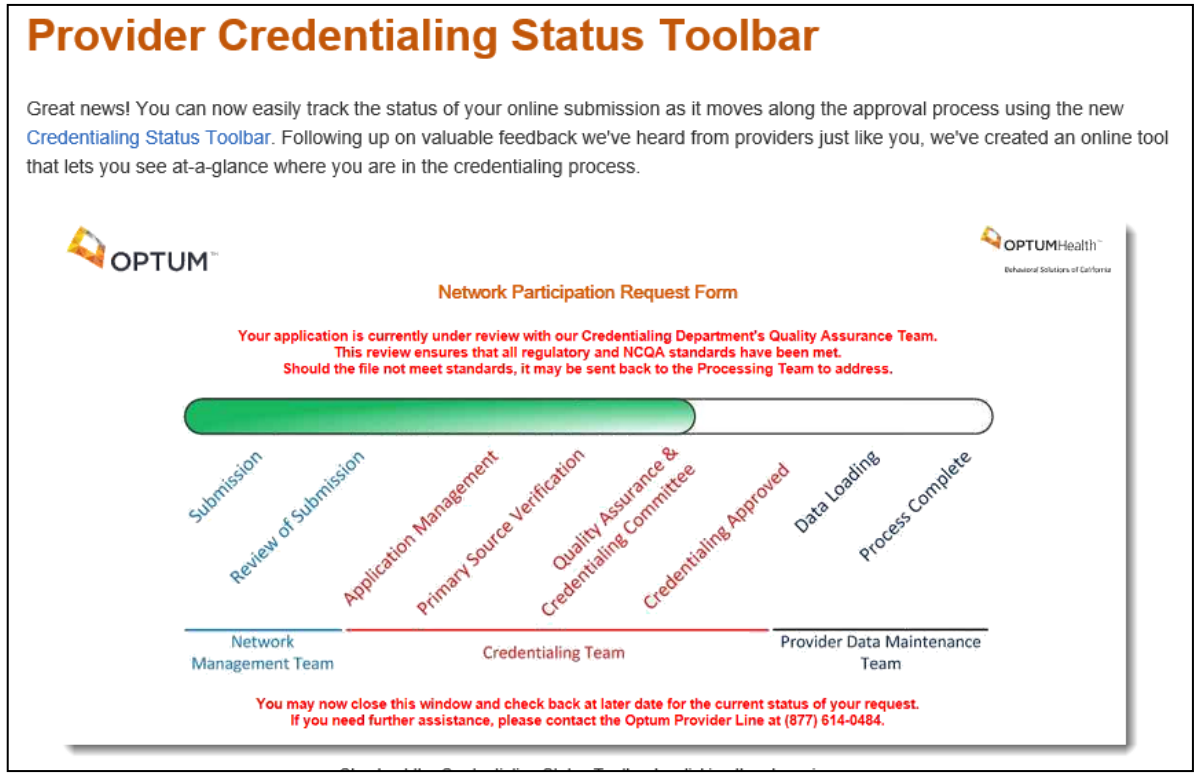
Apply to Optum Behavioral Health Network

- Providers can begin the online application process at www.providerexpress.com.
- On the right-hand side of the home page, scroll down under “Quick Links” and click “Join Our Network”.
- Behavioral Health providers only need to credential with Optum for behavioral health services.



Contracting Tips

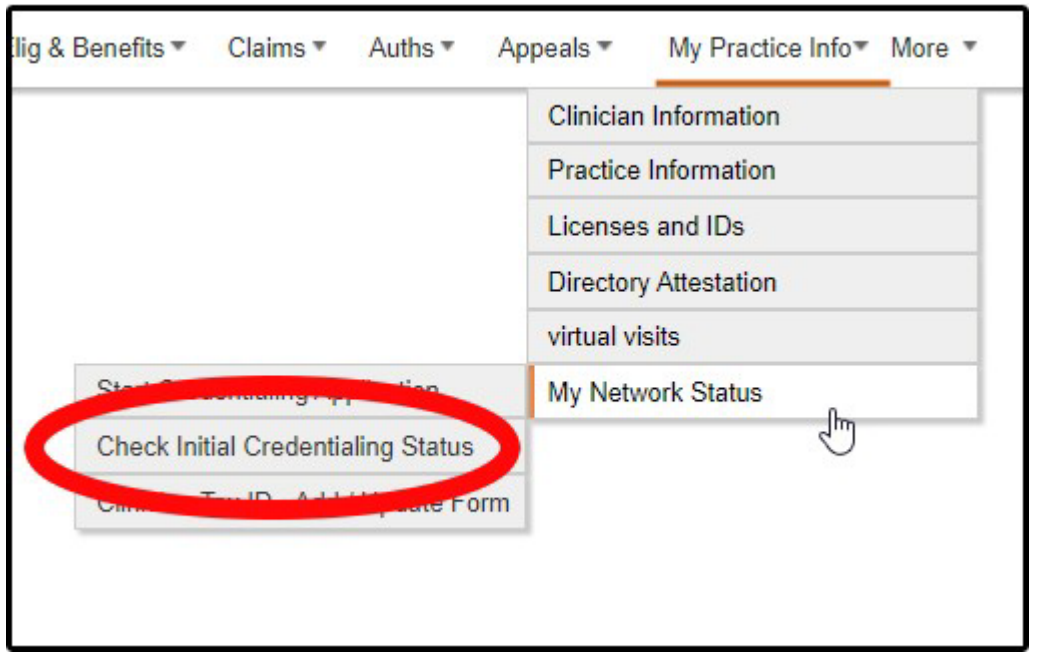
- Ensure your CAQH is accurate and up-to-date.
- Missing documents from Optum are sent out via DocuSign. Sign and return as quickly as possible.
- Check the status of your application with the Credentialing Status Toolbar, available at providerexpress.com



Checking Status - Initial Credentialing Status

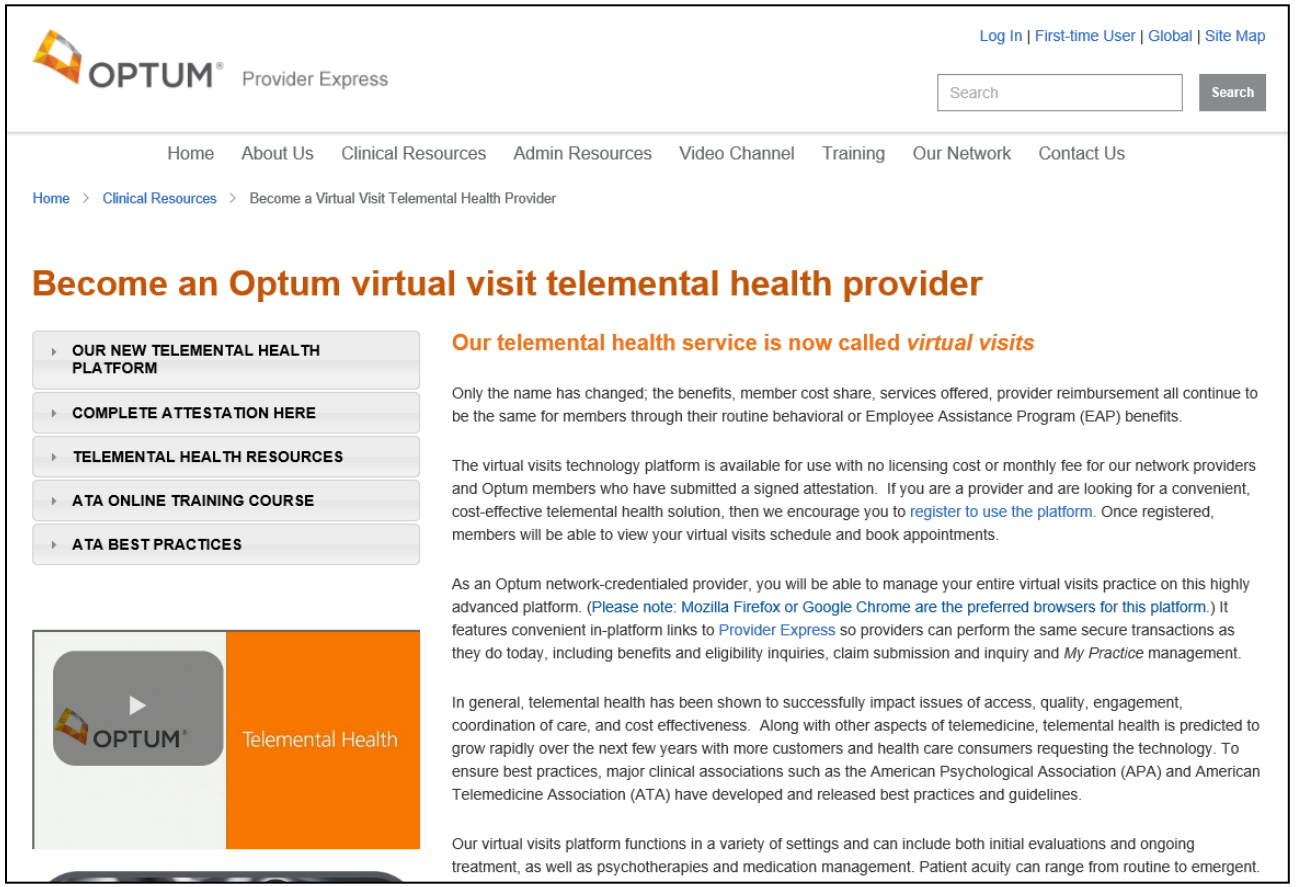
Individual providers – Using the **Initial Credentialing Status Toolbar** you can easily track the status of your online submission as it moves along the approval process. Log into the secure transactions area of Provider Express, hover over *My Practice Info* >> *My Network Status* >> click on *Check Initial Credentialing Status*.

Agency or Group Practice, or Facility – contact Network Management at (877) 614-0484



Virtual Visit Telemental Health

Expand your access and client base potential by leveraging the latest in telemental health technology. Sign up at providerexpress.com to become a virtual visit telemental health provider with Optum.



Provider Responsibilities

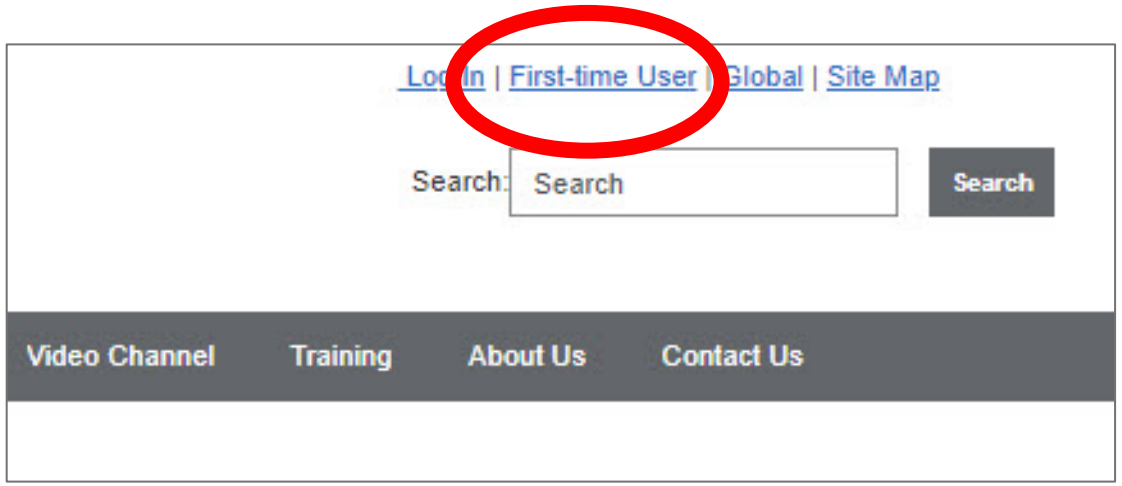
Eligibility

- To verify eligibility and benefit information call 877-440-9946 or verify on provider portal providerexpress.com
- When calling the Optum Care Advocate you must have:
  - Member's Name
  - ID#
  - Date Of Birth
  - Address

Reporting Provider Changes/Updates

Providers are required to notify us in writing within 10 calendar days of any provider changes such as:

- Provider Terms
- Provider Adds/Updates
- Tax ID Changes
- Change of address



Updates should be made online at providerexpress.com within the secure transactions area. You will need to create your OneHealthcare ID prior to logging in. Please click on First-Time user in the upper left of any Provider Express page.

Notification Timeframes

Notification must include all items and services needed for appropriate care during a participating hospital stay, including room and board, nursing care, medical supplies and all diagnostic and therapeutic services.

Notification Timeframes:

- **Emergency/Urgent Admission:** Within 72 hours of the admission.
- Observation does not require notification, but if the member's level of care is adjusted to inpatient, notification is required.

To notify us of a hospital admission:

- Electronic Data Interchange (EDI) 278N admission notification
- Phone: 877-440-9946

If notification timeframes are not followed, claims may be denied.

Prior Authorization Requirements

- Members shall be able to access most routine behavioral health outpatient services (mental health and substance use) without an authorization.

- Chemical Dependency Assessments (H0001):
  - Although these do not require prior authorization, if the result of the assessment indicates chemical dependency services are recommended then the completed assessments & summary must be submitted with the service authorization request.

- When an authorization is required, request can be made online or by the phone

- Treatment that typically require a prior authorization
  - Inpatient Mental Health and Substance Use Services (includes Detoxification, Residential treatment, Children's Mental Health Residential Treatment, IRTS, CRS and PRTF)
  - Partial Hospitalization
  - Transcranial Magnetic Stimulation (TMS), and EIDBI for ASD or related condition.

Early Intensive Developmental and Behavioral Intervention (EIDBI) Prior Authorization Requirements

- Beginning January 1, 2022, UnitedHealthcare Community Plan of Minnesota will require prior authorization via an online submission for EIDBI services
- Providers will submit authorization requests through a portal located on the Provider Express website

- To access the request form:
  - Navigate to www.providerexpress.com
  - Choose United States
  - Under Autism/ABA corner, click Autism/ABA Information
  - Choose MN Medicaid EIDBI Program
  - Click on Treatment Request Form

Note: Items bolded above indicate they are an absolute requirement of the initial & continued treatment plan

When completing the treatment plan, the following items must be included:

- **Treatment Modality including techniques to support the enrollee**
- **Frequency and intensity of services**
- **Baseline and mastery criteria**
- Transition Plan to lower level of care
- **Environmental changes including personal / family circumstances**
- **Discharge Criteria**
- Behavior Reduction Plan/Crisis Plan
- **Family caregiver goals including amount of family caregiver training**
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers
- **QSP signature and the parent/caregiver signature**

Children Mental Health Residential

- A child may be referred to a Children Mental Health Residential for the purpose of crisis stabilization for up to 30 days with no UM review from the following referral sources:
    - A member of a mobile crisis team
    - A mental health profession
    - A physician who is assessing a child in an emergency department.
- Facilities need to call to inform of the admission into a Children's MH RTC.
- Facilities are to call after the first 30 days to provide an update on the member's treatment plan.

Community Based Behavioral Outpatient Services

- Submissions for prior authorization will not be required
- Community based behavioral outpatient services will follow state requirements for medical necessity review as listed below. No action is needed by provider to initiate a review. Once the below number of units are reached via claims, a licensed Care Advocate will outreach to the provider to complete a telephonic medical necessity review
- Claims will continue to pay during this process. If further review of the services are needed, a referral to Peer Review will be made. Live Peer Reviews are not required; providers may request the determination be made based on the information given to the Care Advocate.
    - If a service is determined to not meet guidelines, a letter will be sent including appeals rights

Service	Code	
Adult Day Treatment	H2012	115 hours per calendar year
Children Day Treatment	H2012	150 hours per calendar year
CTSS Services	Multiple (*H2014)	Combined 200 hours per calendar year
DBT IOP	H2019 U1	Group: 78 hour per 6 months Individual: 26 hours per 6 months

Targeted Case Management

TCM provider will be monitored to ensure the following activities are taking place:

- Comprehensive assessment of the Enrollee to determine the need for any medical, educational, social or other services.
- Development of a specific care plan
- Referral and related activities to help the Enrollee obtain needed services
- Monitoring and follow-up activities, including necessary Enrollee contact to ensure the care plan is implemented, and adequately addresses the Enrollee's needs

TCM must meet the following quality standards

- Assure adequate access to CMH-TCM for all members
- Adhering to the case manager average caseload standards
- Offer interactive video or face-to-face contact with the Child, or if more appropriate, the Child's parent(s) or guardian(s) at least once a month, effective July 1, 2021, or upon federal approval and notice by the STATE.

Targeted Case Management continued

When members are on a Court Commitment, the TCM should :

- Work with hospitals, pre-petition screening teams, family members or representatives, and current Providers, to assess the Enrollee and develop an individual care plan that includes diversion planning and least restrictive alternatives consistent with the Commitment Act. This may include testifying in court and preparing and providing requested documentation to the court.
- Report to the court within the court-required timelines regarding the Enrollee's care plan status and recommendations for continued commitment, including, requests to the court for revocation of a provisional discharge.
- Provide input only for pre-petition screening, court-appointed independent examiners, substitute decision-makers, or court reports for Enrollees who remain in the facility to which they were committed.
- Provide mental health case management coverage which includes discharge planning for up to one hundred and eighty (180) days prior to an Enrollee's discharge from an Inpatient Hospitalization in a manner that works with, but does not duplicate, the facility's discharge planning services.
- Ensure continuity of health care and Case Management coverage for Enrollees in transition due to change in benefits or change in residence.

Coordination of Care

Care Management

- Care management is intended for members who need assistance with care coordination, making preventive care appointments or accessing care to address the members' chronic health condition(s).
- Care management helps guide the member with access to care for needed medical health or social services to address chronic health condition(s).
- The UnitedHealthcare care manager assists the member with:
  - Identifying an interdisciplinary care team, which includes, but is not limited to the member, the member's family or caregiver, the member's PCP, behavioral health provider, specialist or pharmacist(s) and care manager
  - Scheduling visits and locating specialists and specialty services
  - Scheduling culturally appropriate and language sensitive services
  - Transportation arrangement to remove barriers to care
  - Coordination with Local Agency social service staff and various community resources

Care Coordination

Our care coordination program seeks to empower UnitedHealthcare Minnesota Medicaid and MinnesotaCare members, care providers and our community to improve care coordination and elevate outcomes.

Care coordination has three levels of coordination:

1. Disease Management
2. Care Management
3. Complex Care Management

How to request services:

Go to UHCProvider.com > Sign In > UnitedHealthcare Provider Portal > Care Management or please contact Provider Services at 877-440-9946

Behavioral Health Care Coordination

When a member is receiving services from more than one professional, you must coordinate to deliver comprehensive, safe and effective care.

This is especially true when the member:

- Is prescribed medication
- Has coexisting medical/psychiatric symptoms, or
- Has been hospitalized for a medical or psychiatric condition.

Please talk to your patients about the benefits of sharing essential clinical information.

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Disease Management

Disease management helps guide the care of members with chronic health conditions to improve the quality of care, adherence to care and control health care costs. UnitedHealthcare provides disease management for members with the following chronic conditions:

- Asthma
- Coronary artery disease
- Chronic kidney disease
- Diabetes
- Substance Use Disorders (SUD)
- Sickle cell disease
- Depression
- Chronic obstructive pulmonary disease (COPD)
- Hypertension
- Cancer

Complex Care Management (Health Homes)

- Complex care management strives to help members address their healthcare goals by working with them and their care team on an individualized plan of care.
- Complex care management includes all services from disease management and care management plus additional support for members with more complex needs.
- UHCCP MN Families and Children and MinnesotaCare offers Health Home services that are available for enrollees with complex or chronic health conditions:
  - Behavioral Health Homes (BHH);
  - Certified Health Care Home (HCH);
  - Certified Community Behavioral Health Clinics (CCBHC)
  - Integrated Health Partnerships (IHP)

  - BHH & HCH Providers will be able to submit enrollment forms through **UHCprovider.com/MNcommunityplan**

Behavioral Health Homes (BHH)

Behavioral Health Home (BHH) services are Minnesota's version of the federal "health home" benefit for Medicaid enrollees with chronic conditions. BHH services include the following core services:

- Comprehensive care management
- Care coordination
- Health promotion and wellness
- Comprehensive transitional care
- Patient and family support
- Referral to community and social support services

Provider Enablement Consultant: A Minnesota-based clinical support committed to help support certified BHH providers

- A dedicated expert to help providers meet clinical & quality outcomes
- Delivers reports to assist in identifying emerging risks and opportunities for improvement
- Aids in the development and implementation of tailored quality improvement projects
- Facilitates Quarterly Performance Review Meetings to present data, monitor outcomes, problem solve, and discuss clinical issues
- Communicates on a designated mutually-agreed basis about member care, care gaps, duplicative services, and key performance indicators
- Provides data on behavioral health inpatient utilization, follow-up after hospitalization, medication adherence, and readmission rates
- Supports enrollment process
- Acts as a liaison to other Optum internal partners

To reach a team member: mn_metro_bhh@uhc.com

ADT Alerts

- **ADT alerts are automatic electronic notifications of admissions, discharges, and transfers that are sent to a patient's primary care physician or other healthcare provider.**
- **Implementing ADT alerts help to reduce avoidable hospital readmissions and improves care transitions and coordination.**

To opt in for email notifications, please click on the link for further instructions:
https://www.uhcprovider.com/content/dam/provider/docs/public/resources/link/QRG-CommunityCare-Provider-Portal.pdf

Coding, Billing and Reimbursement

Claims Submission

Electronic Claims Payer ID: 87726

Additional information regarding EDI is available on:
providerexpress.com > About Us > Navigating Optum > Billing and Claims > Electronic Data Interchange (EDI)

ERA (Clearinghouse of your choice): If you receive 835 Electronic Remittance Advice (ERAs) through a vendor, please ask them to enroll you for the 835 through OptumInsight.

Provider Portal: UHCprovider.com/claims or providerexpress.com

Required Claim Forms (if not submitting electronically)

- OP Claims – CMS 1500 Form
- Facility Based claims – UB04 – cannot be submitted via portal

Paper Claims:

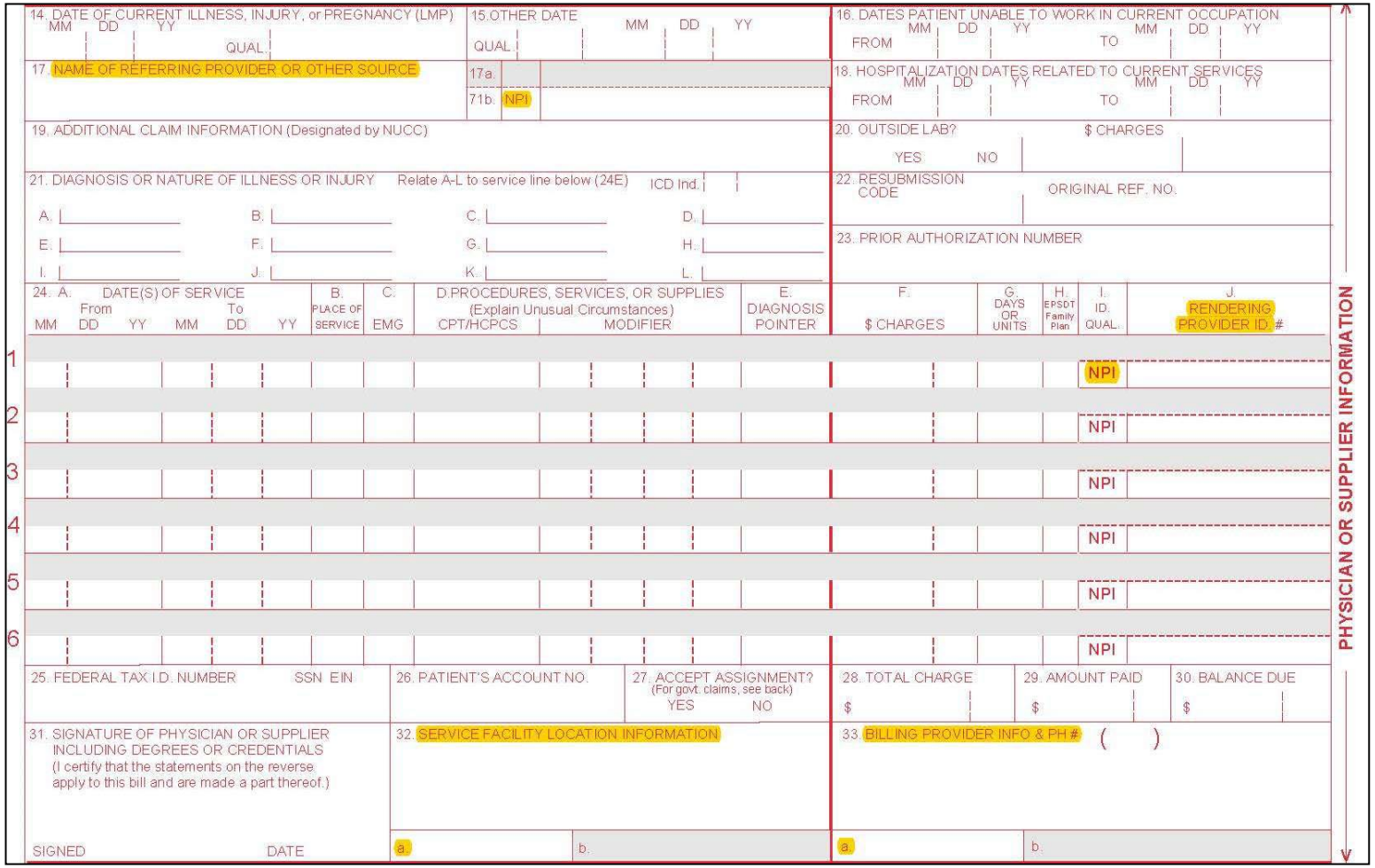
UnitedHealthcare Community Plan of Minnesota Medicaid and MinnesotaCare
P.O. Box 5270
Kingston, NY 12402-5270

**Claims must be received within 180 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

1500 Claim Form

Ensure correct provider information is entered in the 4 highlighted sections. The CRE Edit will review each section when a provider name and NPI number is populated.

- 17b – Referring, Prescribing physician and NPI number
- 24J – Rendering physician and NPI number
- 32A – Service location and NPI number
- 33A – Billing provider, NPI number, taxonomy.



Electronic Payment & Statements (EPS)

With EPS, you receive electronic funds transfer (EFT) for claim payments and your Explanations of Benefits (EOBs) are delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through EPS you need to enroll at EPS - Online Enrollment (optumhealthpaymentservices.com).

You'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

Electronic Payment Solutions

UnitedHealthcare is transitioning from paper checks to electronic payments. We will no longer be sending paper checks for provider payment in accordance with applicable laws.

As part of those efforts, we are encouraging you to sign up for electronic payments, specifically Automated Clearing House (ACH)/direct deposit through Optum Pay™. If you don't elect to sign up for direct deposit, you may receive virtual card payments moving forward.

Virtual Card Payment is an alternative electronic payment method that uses merchant card-based technology to process health care claim payments. Where selected, a 16-digit, single-use virtual card will be issued for each claim payment a health care professional organization receives.

Electronic Payments & Statements (EPS)

If you're already signed up for Optum Pay, you will automatically receive direct deposit and electronic statements for UHCCP MN Families and Children and MinnesotaCare.

For more information, please call 877-620-6194.

Or go to UHCProvider.com > Claims and Payments > Electronic Payments Solutions

Claims Tip Reminders

- **Claims filing deadline**
  - Providers should comply with the 180 day timely filing limit as outlined in the contract with United/Optum to avoid claim denials.
- **Coding Issues**
  - Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
  - Submitting claims with codes that are not covered services
  - Required data elements missing, (e.g., number of units)
- **Provider information missing/incorrect**
  - Example: provider information has not been completely entered on the claim form or place of service

FQHC and RHC Claims Submissions

Minnesota Families and Children services

- FQHC will continue to submit claims for services provided directly to the STATE.
- RHC will submit claims for services provided to the enrollee's MCO.
  - MCO shall adjudicate claims as a zero pay for services provided to the enrollees MCO.
  - MCO shall forward adjudicated claims to the STATE with in seven (7) calendar days of adjudication.
  - DHS will adjudicate claim and provide the MCO with a Remittance Advice for the processed claim.

MinnesotaCare services

- MCO will process and pay claims for FQHC and RHC

Housing Stabilization Claims Submissions

Link to additional information on Housing Stabilization: https://www.uhcprovider.com/en/health-plans-by-state/minnesota-health-plans/mn-comm-plan-home.html

Housing stabilization services agencies must follow general billing policies.

Providers must document and provide the following:

- the staff who delivered services including name and title of staff,
- the date of service,
- the start and end time of the service delivery,
- length of time-of-service delivery,
- method of contact and place of service when remote support service delivery occurs.

Housing Stabilization Service Codes and Descriptions

Service Description	Procedure Code	Unit
Housing Consultation	T2024 U8	Per session
Housing Transition	H2015 U8	Per 15-minute unit
Housing Sustaining	H2015 U8/TS	Per 15-minute unit

Housing Stabilization Claims Submissions

Limits Include:

- Housing consultation services are available once annually.
- Housing Transition services are limited to 150 hours per transition.
- Housing Sustaining services are limited to 150 hours annually.
- Providers may request additional 150 hours beyond these limits and MCO will determine necessity.

Procedure and Diagnosis Codes and Housing Stabilization Services

- To bill 15-minute procedure codes for time spent providing Housing Transition or Housing Sustaining Services, you must provide at least 8 minutes.
- Housing Consultation is a session code and must be billed as one unit.

Disability	Diagnosis Code
Developmental disability	F84.9
Learning disability	F81.89
Mental illness	F99
Physical illness, injury or impairment	R69
Chemical dependency	F19.20

Member Appeals & Claim Disputes

Member Appeals for Medical Necessity

For Medicaid:

- Must be requested as soon as possible and no later than 60 days from denial receipt
- Resolution of appeal within 30 calendar days of request.
- A provider can file appeal on behalf of member

- Appeals can be requested:
  - Via telephone: 1-877-440-9946
  - Via mail:

    UnitedHealthCare Community Plan
    Attn: Appeals and Grievances Unit
    P.O. Box 31364
    Salt Lake City UT
    84131-0364

Claim Disputes

- We strive for the best customer service, but if you have a complaint, please contact us within 90 calendar days and we will respond within 30 days.
- Utilized when provider does not agree with outcome of claim.

- Per your contract, 3 steps for claim resolution are below:

1. File a reconsideration with supporting documentation
2. File a formal dispute at the address below or call 1-877-440-9946

   UnitedHealthCare Community Plan

   P.O Box 31364

   Salt Lake City, UT 84131-0364

3. File a case with the American Arbitration Association

   American Arbitration Association | ADR.org

Substance Use Disorder and Opioid Treatment

Overview

- Prevention: prevent Opioid-Use Disorders before they occur through pharmacy management, provider practices, and education.
- Treatment: access and reduce barriers to evidence-based and integrated treatment.
- Recovery: support case management and referral to person-centered recovery resources.
- Harm Reduction: access to Naloxone and facilitating safe use, storage, and disposal of opioids.
- Strategic community relationships and approaches: tailor solutions to local needs.
- Enhanced solutions for pregnant mom and child: prevent neonatal abstinence syndrome and supporting moms in recovery.
- Enhanced data infrastructure and analytics: identify needs early and measure progress

- Access these resources at UHCprovider. com > Resources > Drug Lists and Pharmacy. Click “Opioid Programs and Resources - Community Plan” to find a list of tools and education.

Access resources at UHCprovider.com > Resources > Drug Lists and Pharmacy. Click “Opioid Programs and Resources – Community Plan (Medicaid)” to find a list of tools and education.

Mental Health and Substance Use Assessments

- When a request is made for an assessment for MH or SA treatment, the provider must provide an assessment interview for the client within 20 calendar days from the date an appointment was requested. The provider must interview clients who miss an appointment within 20 days of a subsequent request for an appointment.

- If 45 calendar days have elapsed between the interview and initiation of services, the placing provider must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does not require a face-to-face contact and may be based on information from the client, collateral source, or other treating providers.

Comprehensive Assessment

- Effective 6/30/22 MN Matrix Rule 25 has been sunsetted.
- Starting 7/1/22 provider are to utilize the comprehensive assessment.
  - Information on the Comprehensive Assessment can be found at Comprehensive Assessment in MN - Chemical Health, Alcohol, DWI, DUI (comprehensiveassessmentmn.com)
- The clinical criteria to determine appropriate level of care for members ⇨ will be based on ASAM.
  - Access ASAM Criteria at providerexpress.com. Click on clinical resources ASAM Criteria

State Enrollment and Provider Disclosure of Ownership

Providers Enrolled with State

- Network providers must comply with the provider disclosure, screening, and enrollment requirements with the State of Minnesota.

- Providers should go to the Minnesota Provider Screening and Enrollment portal to register and enroll with the State.

https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mpse/

- UnitedHealthcare would like to remind providers to enroll with the State within 120 days of entering into an agreement with UnitedHealthcare; not enrolling could affect claims payment.

Disclosure of Ownership

- In accordance with the Minnesota State Program Regulatory Requirements Appendix, UHCCP MN are required to collect disclosure of ownership forms from all participating providers upon enrollment, every 5 years, or within 35 days of a change in ownership or control interest.
- This form is required by federal regulations for individual physicians and other health care professionals to disclose ownership and control interest for their practice(s), as well as to disclose any history of criminal convictions.

What information is needed?

As you complete the form, note that federal regulations require disclosure of:

1. The name, address, date of birth and Social Security number (SSN) of each person who has an ownership, indirect ownership or control interest of five percent or more in the practice, or any subcontractor
2. Whether any of the persons named in the disclosure are related as spouse, parent, child or sibling to anyone else named in the disclosure
3. If anyone named in the disclosure has an ownership or control interest in any other practice (not covered by this form), you must provide the name of that practice(s). This requirement applies to the extent that you (the disclosing entity) can get this information by requesting it in writing from the person.

Resources

Provider Assistance

Resource	Contact Details
Provider Relations Line	877-440-9946 Calls are answered between 7 a.m. and 7 p.m. CST
Optum Behavioral Health Website	www.providerexpress.com Available 24 hours a day, 7 days a week
Optum's Behavioral Health Minnesota Landing Page	Provider Express Minnesota Landing Page
UnitedHealthcare Community Plan of Minnesota Homepage	UHCprovider.com/Mncommunityplan 877-440-9946
UHC Community Plan of MN - Provider Manual	Community Plan Care Provider Manuals for Medicaid Plans By State | UHCprovider.com

Provider Assistance

Resource	Contact Details
Optum Pay (formerly known as Electronic Payments & Statements)	It's the fastest way to be paid. Go to myservices.optumhealthpaymentservices.com Questions: **1-877-620-6194** If you are already signed up for Optum Pay through UHC or Optum you will automatically receive electronic statements for Community Plan**.**
Prior Auths	Prior authorizations will not be required for traditional outpatient visits. However, when authorizations are required, please call 1.877.440.9946 or visit www.providerexpress.com

Behavioral Health Toolkit for Medical Providers

- We designed the Behavioral Health Toolkit for physicians and other medical professionals with useful tools and best-practice guidance around the management of behavioral health conditions commonly seen in the Primary Care setting.
  - **Substance Use and Mental Health** screening tools are located on left side of page under twirl-down buttons separated by age
  - **Older Adult, Early Childhood, and Comorbid with Chronic Pain** resources are also located on the left side of the page under twirl-down buttons, and we have a link to our new Intellectual and Developmental Disabilities (I/DD) Toolkit
  - Additional resources are located on the right and cover a range of topics that help inform and direct behavioral health care and referrals

Intellectual and Developmental Disabilities Toolkit

New in 2019: I/DD health care resources for health care professionals

Health Care for Individuals with Intellectual and Developmental Disabilities

Developmental Disabilities Health Care E-Toolkit Resources[2]

The links below highlight just a few of the helpful resources available from the Vanderbilt Kennedy Center e-toolkit for Primary Care Providers: Health Care for Adults with Intellectual and Developmental Disorders.

Physical Health

- Communicating Effectively, Informed Consent in Adults and Preparing for Office Visits
- Patient Profile and Preventive Care Checklists for Adults
- Health Watch Tables by Specific Syndromes

Behavioral and Mental Health

- Initial Management of Behavioral Crises
- Crisis Prevention and Management Planning
- Psychotropic Medication Issues & Checklists

Identifying the Health Needs of Individuals with I/DD

This site contains a variety of resources to assist health providers. To the left you will find different practice tools. In the middle key terms and resources related to supporting individuals with intellectual and/or developmental disabilities in your practice. On right we have included training and guidelines. **Individuals with I/DD receive care from multiple providers and facilities. Coordination of care amongst providers is vital to support maximum well-being.**

Intellectual disability is characterized by significant limitations both in ***intellectual functioning*** (reasoning, learning, problem solving) and in ***adaptive behavior***, which covers a range of everyday social and practice skills. This disability originates before the age of 18.[1]

Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairments, which manifests before age 22 and are likely to continue indefinitely. They result in substantial limitations in > 3 areas:

- self-care
- receptive and expressive language
- learning
- mobility
- self-direction
- capacity for independent living
- economic self-sufficiency

Additionallly, these disabilities reflect the need for individually planned and coordinated services and supports that are of lifelong or extended duration. (From 45 CFR 1385.3 definitions)

I/DD training offering CE credits

OptumHealth Education:

- Effective Communication, Healthcare & Aging
- Autism Spectrum Disorder

American Academy of Developmental Medicine and Dentistry

- Developmental Disabilities Physician Education

Additional Training for Health Care Providers

- Archived Webinars (The Arc)
- Case Based Health Curriculum (LEND and UCEDD resource)

Trauma Informed Care

- Trauma Informed Care Resource Library (National Association of State Directors of Developmental Disabilities Services - NASDDDS)
- Assessing Trauma in Individuals With ID (AUCD)
- Trauma-informed Behavior Planning for People with IDD– Webinar Recording sponsored by American Association on Intellectual Disabilities (AAID) and NADD

Addtional Resources

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) provides clinical criteria for I/DD conditions. This book is available for purchase in print or online.

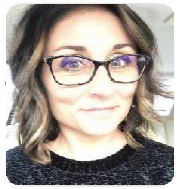
Resources

- Practice tools
- Checklists
- Training
- Trauma Informed Care
- Guidelines

Provider Express Link

I/DD Toolkit

Our BH Provider Relations Team - Minnesota



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PROVIDER GROUPS:
Health Partners/Park Nicollet, North Memorial, HCMC, Mayo, Allina, The Emily Project, NuWay, Amherst, and Children's Hospitals and Clinics of Minnesota

MN SUD providers: MN Adult and Teen Challenge, Transformation House Inc, Life Development Resources, The Center for Hope and Healing, MN Prevention & Recovery Alliance, Hybrid Behavioral Health Inc, Main Street Family Services, Acres for Life Therapy and Wellness Center, Minnesota Renewal Center, Elite Recovery LLC

Wisconsin Providers: with MN locations or need assistance related to UHC MN Medicaid

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Your Feedback and Questions

Thank you.