Network Bulletin

An important message from UnitedHealthcare®
to health care professionals and facilities.

United
Healthcare®

UnitedHealthcare respects the expertise of the physicians, health care professionals and staff who participate in our network.

Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Network Bulletin was developed to share:

✓ **Important updates**

✓ **Procedure and policy changes**

✓ **Administrative information**

✓ **Clinical information**

Where information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Subscribe to receive Network Bulletin and Network News updates

Our personalized eNewsletters give you and your staff the latest updates on UnitedHealthcare procedures, policy changes and other useful administrative and clinical information.

Visit **UHCprovider.com/subscribe** to sign up to personalize the information you receive.

Questions?

For more information, call **877-842-3210** or visit **UHCprovider.com**.

For the latest on COVID-19, visit the Centers for Disease Control at CDC.gov. For UnitedHealthcare benefits information and resources related to COVID-19, visit UHCprovider.com/covid19.

Policy, drug and protocol changes contained herein are effective and enforceable as of the dates indicated, pending notice from UnitedHealthcare to the contrary. Changes to these effective dates or updates to our business practices and policies, as a result of COVID-19, will prevail and be posted on our care provider website as quickly as possible. As with any public health issue, we are working with and following guidance and protocols issued by federal, state and local health authorities. You can find the latest UnitedHealthcare COVID-19-related resources at **UHCprovider.com/covid19**.

Questions?

For more information, call **877-842-3210** or visit **UHCprovider.com**.

Table of Contents

Front & Center
Stay up-to-date with the latest news and information.

Table of Contents

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

Table of Contents

UnitedHealthcare Community Plan
Learn about Medicaid coverage changes and updates.

UnitedHealthcare Medicare Advantage
Learn about Medicare policy, reimbursement and guideline changes.

New Type of Smart Edits

Catching billing errors within claims can be a daunting task. Smart Edits is a claims processing tool that can help you catch, and in some cases resolve, claims errors before a claim is processed. If the information within your claim triggers a Smart Edit, you will see an edit message on your 277CA clearinghouse rejection report within 24 hours of submitting a claim.

With over 200 Smart Edits, we'd like to make it easy to distinguish what the different types of Smart Edits are, and how you interact with them to help reduce denials. Here is some information to help with three main areas:

Return Edits

- These edits are sent when a claim you submitted may be delayed or denied, due to potential billing errors.
- **What do I do with return edits?**
  - You can resolve and resubmit the claim within five calendar days, before your claim is automatically processed as originally submitted.

NEW Rejection Edits

- Starting in August 2020, these edits will be sent when:
  - Claims are automatically returned due to duplicate claims.
  - Or if the claim didn't include a valid CLIA certification number.
- **What do I do with rejection edits?**
  - If you have a duplicate claim, no action is needed.
  - If you receive the CLIA edit, you should submit a new claim with a valid CLIA certification number.
    - These CLIA edits were previously return edits and include the following Smart Edit mnemonics: uIBC, uISC and uMCID.

Informational Edits and Banners

- These are sent to provide you with additional information on upcoming reimbursement policy changes or other resources for more information.
- **What do I do with informational edits/banners?**
  - Please review the additional information provided to support our common goal of reducing claims errors.

For more information, please review the **self-paced interactive guide** or reach out to EDI Support at **800-842-1109** or **SupportEDI@uhc.com**.

Faster and Easier Online Credentialing

"What takes us half a day with other payers, took less than an hour with Onboard Pro."
— **Jenny and Debbie at Riverview Health**

We heard you: the existing Request for Participation (RFP) portal is inefficient, takes too long and is confusing. That's why we're introducing Onboard Pro, our new and improved credentialing tool on Link, that will eventually replace the RFP portal in all states. Participating medical groups and clinics can easily submit a request to add new care providers to their tax ID number (TIN).

Onboard Pro will simplify and speed up the process to join our networks by connecting with CAQH ProView®. Most of your demographic and credentialing information will be automatically retrieved, so you don't need to enter it in Onboard Pro. This will make the process quicker and easier for you.

If you simply need to make demographic updates or move a care provider from one group to another, please use your current process. Onboard Pro is for new care providers not yet linked to the group's contract.

Additionally, medical groups under a delegated credentialing arrangement (delegated groups) are excluded from this process and should continue to submit through their normal process for delegated entities.

What Happens Next

Access will be rolled out to participating medical groups in phases over the next several months. When Onboard Pro is available for your tax ID number (TIN), we'll attempt to email credentialing staff in your organization. Don't worry if you don't receive the email. When you have a new care provider, simply enter your TIN in the **RFP portal** at **UHCprovider.com/join** and you'll be redirected to use Onboard Pro, if applicable.

Getting Ready

1. Onboard Pro is one of our self-service tools on the Link website. If you haven't used Link before, you'll need to register for an Optum ID. Learn more and register at **UHCprovider.com/newuser**.

2. Before using Onboard Pro, please be sure your care provider has registered with CAQH, updated their information and authorized UnitedHealthcare to see their information.

(continued from previous page)

Help with Optum ID or Link Sign-In

Call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, **option 1**, from 7 a.m. – 9 p.m. Central Time, Monday – Friday.

Help with Onboard Pro, Contracts or Credentialing

Please call the Network Management Resource team at **866-574-6088**, **option 1**, or send an email to **swproviderservices@uhc.com**.

Retiring Admission Notification Fax Numbers

Last month, we let you know that, across our network, fax numbers used to provide hospital admission notification will be retired. Instead of faxing, you can use the HIPAA Electronic Data Interchange (EDI) 278N transaction or the Prior Authorization and Notification tool on Link.

The following is a complete list of fax numbers that will retire this year and their retirement date:

Plan	Fax Number	Date
Medicare Advantage and Medicare Dual Special Needs Plans	844-211-2369	Oct.1, 2020
Commercial	844-831-5077	Nov. 2, 2020
UnitedHealthcare Community Plan in Delaware, Kentucky, Maryland, Nebraska, New Mexico, North Carolina, Oklahoma, Rhode Island*, Washington* and Wisconsin	844-268-0565	Dec. 1, 2020
UnitedHealthcare Community Plan in Arizona, Florida, Iowa, Kansas, Missouri, New Jersey, Ohio, Tennessee and Virginia	844-805-7522	Dec. 1, 2020
UnitedHealthcare West	844-461-5750	Dec. 1, 2020

You can immediately begin to transition all your admission notifications to an electronic channel today.

*Information about UnitedHealthcare Community Plan of Rhode Island newborn birth notifications and UnitedHealthcare Community Plan of Washington Exception to Rule requests will be communicated in the September Network Bulletin.

(continued from previous page)

Your Electronic Options

1. For more information on EDI 278N transaction, visit the **EDI Connectivity** page on **UHCprovider.com**. Please refer to the **EDI 278N for Hospitals Reference Guide** for implementation information.

2. For access to the **Prior Authorization and Notification tool** on Link, click the Link button in the top right corner of **UHCprovider.com** and sign in; or, if you are new to Link, go to **UHCprovider.com/newuser**.

If you're unable to use an electronic option, call Provider Services at **877-842-3210** to submit a notification by phone.

Because change takes time, we are giving several months advance notice of this process change. Our goal is to remove administrative burden, improve accuracy and quality and make it easier for you to work with us and reduce costs.

As always, we will comply with any contractual and regulatory requirements.

Provider Data Accuracy Requirements

If you are contracted with us, you must verify and attest that your practice data and demographic information is accurate every 120 days. To learn how to attest to your data, please visit **UHCprovider.com/demographics** or reach out to your UnitedHealthcare representative.

By reviewing and attesting to your practice data, you are helping our members to more easily locate and communicate with your practice. And, by updating your information regularly, you can better support claims processing and compliance with the Centers for Medicare & Medicaid Services (CMS) regulatory guidance.

For additional information, visit **UHCprovider.com/adminguide**.

Change to Claim Denial Letters

Beginning Nov. 7, 2020, initial claim denials will be communicated to you through a consolidated Explanation of Denial statement that outlines all claim denials processed each day. This consolidated statement will give line-by-line detail of the service(s) that have been denied in each claim and the reason for the denial. It replaces individual letters that currently are mailed for each separate claim denial, helping to reduce the volume of communication you receive from us. View a sample of the **new consolidated Explanation of Denial**.

Impacted States and Plans

- **States:** Arizona, Colorado, California, Nevada, Oklahoma, Oregon, Texas and Washington
- **Plans:** Only Medicare Advantage and Commercial plans covered by UnitedHealthcare West. (You may identify a UnitedHealthcare West member by a reference to "WEST" on the back of their ID card.)

This change applies only to claims that are denied in full. There is no change to how you'll be notified when claims are approved or partially approved — you'll continue to receive a Provider Remittance Advice (PRA) that outlines the charges submitted, benefits paid and member responsibility.

Questions?
Please contact your Provider Advocate.

Cancer Therapy Pathways Program Opportunities

Additions are being made to the Cancer Therapy Pathways program; our latest addition is **Ovarian cancer**. Learn more about how you can participate and **earn rewards** for eligible Commercial plans at **UnitedHealthcare Cancer Pathways**.

Cancer Therapy Pathways are available to UnitedHealthcare Community Plan, Medicare Advantage and UnitedHealthcare commercial plans (excluding UnitedHealthcare Oxford commercial plans).

Questions?
Visit **UnitedHealthcare Cancer Pathways** or email **unitedoncology@uhc.com**.

Going Paperless With Document Vault — Update

In the **June** *Network Bulletin*, we announced that claim acknowledgement letters will no longer be mailed, beginning Sept. 1, 2020. We're pleased to announce that Kentucky is now included in the program and will also begin accessing these letters in Document Vault on Link on Nov. 1, 2020.

Document Vault is an online delivery system for many claim letters, prior authorization letters and provider remittance advice for commercial, Medicare and Medicaid. Letters are posted to Document Vault the day they are created and may be accessed for up to 24 months.

By default, Link Password Owners will receive email notifications when new letters are added to Document Vault. The Password Owner for your organization can change the email address in the **Paperless Delivery Options** tool on Link.

Policy, Protocol and Program Delays

In response to the national public health emergency, we delayed implementation of some programs, policies, protocols and site of service reviews. Please review this update.

Hospital Reference Lab Protocol — delayed until Oct. 1, 2020

*   Commercial

Laboratory Test Registry Protocol — delayed until Jan. 1, 2021

*   Commercial, Community Plan and Medicare Advantage

See the **full list** on **UHCprovider.com/news**. Additional information and updates will be provided in future editions of the Network Bulletin and online at **UHCprovider.com/NetworkNews**.

Pharmacy Update

This pharmacy bulletin outlines upcoming new or revised clinical programs and implementation dates. It is available online at **UHCprovider.com/pharmacy** for UnitedHealthcare commercial and UnitedHealth Oxford commercial plans.

Specialty Medical Injectable Drug Program Updates

You can access **The Specialty Medical Injectable Drug Program Bulletin** for the latest updates on drugs added to review at launch, program requirements and policies. Click through for complete details or visit **UHCprovider.com**.

Prior Authorization and Notification Requirement Updates

View the Updated Notice of Changes to Plan Requirements to get the latest updates to our advance notification and prior authorization requirements. The bulletin is available at **UHCprovider.com/priorauth** > Advance Notification and Plan Requirement Resources > **2020 Summary of Changes**.

To see current prior authorization requirements for all plans, please visit **UHCprovider.com/priorauth** > **Advance Notification and Plan Requirement Resources** > Select a Plan Type.

Medical Policy Updates

The **Policy Update Bulletin** may be accessed from the following list. Click through for complete details on the latest updates.

UnitedHealthcare Commercial & Affiliates

UnitedHealthcare Commercial Medical Policy Update Bulletin: August 2020

Oxford Policy Update Bulletin: August 2020

UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: August 2020

UnitedHealthcare West Medical Management Guideline Update Bulletin: August 2020

UnitedHealthcare Community Plan

Community Plan Medical Policy Update Bulletin: August 2020

UnitedHealthcare Medicare Advantage

Medicare Advantage Coverage Summary Update Bulletin: August 2020

Medicare Advantage Policy Guideline Update Bulletin: August 2020

UnitedHealth Premium® Program Details Now Available

Physicians who are eligible for the UnitedHealth Premium program received notifications to review their updated designation details on July 24, 2020. The Version 13 designations are effective on Sept. 25, 2020 and will display in care provider directories within a week after that date.

Premium-eligible groups received notifications to review their evaluation details on July 24. Group evaluation details include designations for physicians in the group and the ability to view results by Premium specialty and geographic area.

Physicians and group administrators can sign in to **UnitedHealthPremium.UHC.com** to view their results. For this release, the Premium program uses claims submitted and processed for dates of service prior to the President's proclamation declaring a national emergency concerning COVID-19.

Requesting a Reconsideration

Physicians and their delegates may request a reconsideration for a physician's designation by signing in to **UnitedHealthPremium.UHC.com**. To have a designation reconsidered before the effective date, the request must be submitted by Aug. 26, 2020. We'll make accommodations around the reconsideration due date for physicians affected by the COVID-19 emergency if you contact us at **UnitedHealthPremium.UHC.com** > Help and Support > Contact Premium before Aug. 26, 2020.

Questions?

Go to **UnitedHealthPremium.UHC.com**.

Out-of-Network Outpatient Benefit Update

Effective July 1, 2020, certain UnitedHealthcare commercial members will no longer have benefits for out-of-network Laboratory, Dialysis and Durable Medical Equipment (DME) services.

UnitedHealthcare requires physicians and other qualified health care professionals to inform our members when involving an out-of-network provider in the member's care for non-emergent services.

If you do not obtain the member's consent for an out-of-network referral for non-emergent services, you will be in violation of your agreement. As a result, we may, depending on state law:

- Disqualify you from any rewards or incentive program
- Decrease your fee schedule
- Hold you financially responsible for any costs collected from a member by a non-participating care provider
- Terminate your Agreement
- Disqualify the provider from any rewards or incentive program

Resources

Consent Form: Member Consent for Referring Out-of-Network Form

Provider Protocol Requirements: UHCprovider.com > Chapter 5: Referrals > **Non-Participating Care Providers (All Commercial Plans)**

How do I find a network provider?

You can visit **myuhc.com** or **UHCprovider.com** to search for providers near you. You can also call us at the toll-free member phone number on the member's health plan ID card.

- **UHCprovider.com** > Find Dr. > **Clinics or Facilities by Plan Type**
- **MyUHC.com** — Find a Doctor > **Find a Provider**
- **By Phone:** Call the toll-free phone number on the member's ID card

Easy Access to your Payments with Direct Deposit

Get Quicker Access to Payment with ACH/Direct Deposit

These last few months have required us to do business differently, be more flexible and be smarter about our health and safety. UnitedHealthcare is here to help you accomplish these new ways of working. We want you to know that our self-service tools, like direct deposit, are designed to help you get paid quicker so you can manage your business better. Our goal is to continue to support you, so you can help others. Managing your cash flow through direct deposit payments is an easy and convenient way to get your payments, so you have more time to take care of your patients.

Throughout the remainder of 2020, UnitedHealthcare will phase out sending paper checks for payments. If you haven't already done so, please be sure to sign up for Automated Clearing House (ACH)/direct deposit, our preferred method of payment.

Why Choose ACH/Direct Deposit?
* Funds deposited directly into your bank account, so you can get paid without ever coming into the office
* Easy and fast way to get paid
* Improved financial control; no paper checks or remittance information to lose or misplace
* Ability to track customized information online

What Does This Mean for You?
* If your practice/health care organization is still receiving paper checks, you can enroll in ACH/direct deposit for your claim payments now
* If your practice/health care organization is already enrolled and receiving your claim payments through direct deposit from Optum Pay™ there is no action you need to take
* If you don't elect to sign up for ACH/direct deposit, you may receive virtual cards in place of paper checks as early as Aug. 1

We're Here to Help

If you have received a paper check from UnitedHealthcare in the past two years, you will receive an email or letter from us soon with more details encouraging you to sign up for ACH/direct deposit.

For more information, and to sign for up ACH /direct deposit, visit **UHCprovider.com/payment**.

Catheter Ablation for Atrial Fibrillation

This is an update to our notice in the **April** *Network Bulletin*. For Iowa, effective Sept. 1, 2020, our prior authorization and notification program will include a code related to **cardiac ablations for atrial fibrillation** for UnitedHealthcare Commercial members.

The following CPT code will require prior authorization: **93656**.

Questions?

Please contact your local Network Management representative or call the Provider Services number on the back of the member's UnitedHealthcare ID card.

Reimbursement Policy Updates

You can access **UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: August** for the latest reimbursement policy updates. Click through for complete details or visit **UHCprovider.com**.

Unless otherwise noted, these reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form. UnitedHealthcare reimbursement policies do not address all factors that affect reimbursement for services rendered to UnitedHealthcare members, including legislative mandates, member benefit coverage documents, UnitedHealthcare medical or drug policies and the UnitedHealthcare Care Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Once implemented, the policies may be viewed in their entirety at **UHCprovider.com** > Menu > Policies and Protocols > Commercial Policies > Reimbursement Policies for Commercial Plans. In the event of an inconsistency between the information provided in the Network Bulletin and the posted policy, the posted policy prevails.

UnitedHealthcare Community Plan

New Prescription Safety Edits

To help increase patient safety and prevent abuse and fraudulent activity, UnitedHealthcare Community Plan is continuing to implement Concurrent Drug Utilization Review (cDUR) safety edits.

How it works

1. At the point of sale, the pharmacist will be alerted of a drug-drug interaction, therapeutic duplication or high dose.

2. The pharmacist will then look at the member's profile and contact the prescriber or member to determine if the member should receive both prescriptions.

3. If the pharmacist determines the prescription should be processed, they can override the alert by entering the appropriate reason codes.

4. Pharmacies will receive a fax explaining these safety edits and what action needs to be taken to override them.

Safety edits will be implemented on **Aug. 1, 2020** in the pharmacy systems to review the member's current medications for the following:

- **Therapeutic Duplication:** Identifies potential duplications to prevent members from taking more than one drug in the same drug class.

- **Therdose (High Dose):** Identifies potential instances where a member could be exceeding the Food and Drug Administration's approved maximum dose.

- **Drug-Drug Interaction:** Identifies potential instances where a member could be utilizing two drugs with an identified drug-interaction flag in Medi-Span.

(continued from previous page)

The following drug classes and cDUR edits will be added to the UnitedHealthcare Community Plan:

cDUR Edit	Drug Class	States in Scope
Drug–Drug Interaction	**QTc Prolonging Agents**	AZ, CA, FL, HI, KS, LA, MD, MI, MS, NE, NJ, NV, NY, OH, PA, RI, TX, VA, WA
Therdose	**Antidepressants**	AZ, CA, FL, HI, KS, LA, MS, NE, NJ, NV, NY, OH, PA, RI, TX, VA, WA (ages 18 and older)
Therapeutic Duplication	**Buprenorphine Products**	AZ, CA, FL, HI, KS, LA, MD, MI, MS, NE, NJ, NV, NY, OH, PA, RI, TX, VA, WA
Therapeutic Duplication	**Muscle Relaxants**	AZ, CA, FL, HI, KS, LA, MD, MI, MS, NE, NJ, NV, NY, OH, PA, RI, TX, VA, WA
Therapeutic Duplication	**Non-sedating Antihistamines**	AZ, CA, FL, HI, KS, LA, MD, MI, MS, NE, NJ, NV, NY, OH, PA, RI, TX, VA, WA
Therapeutic Duplication	**Testosterone Products**	AZ, CA, FL, HI, KS, LA, MD, MI, MS, NE, NJ, NV, NY, OH, PA, RI, TX, VA, WA

Medical Policy Updates

Access the **Community Plan Medical Policy Update Bulletin: August 2020** for complete details on the latest updates.

Reimbursement Policy

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: **UHCprovider.com** > Menu > **Health Plans by State > [Select State]** > "View Offered Plan Information" under the Medicaid (Community Plan) section > Bulletins and Newsletters.

We encourage you to regularly visit this site to view reimbursement policy updates.

Prior Authorization and Site of Service Reviews

In the June edition of the Network Bulletin, we informed you that for dates of service on or after **Sept. 1, 2020**, for UnitedHealthcare Medicare Advantage plans (Oct. 1, 2020 for Iowa and Illinois), we're expanding our prior authorization requirements and site of service medical necessity reviews to include certain surgical procedures/CPT® codes.

Please note procedures/CPT® codes 66982 and 66984 will not be subject to prior authorization requirements or site of service medical necessity review on these dates. The *Outpatient Surgical Procedures — Site of Service* Utilization Review Guideline we will use to facilitate site of service medical necessity reviews will be updated to reflect the removal of these two codes.

As of Sept. 1, 2020, the revised Utilization Review Guideline can be accessed at **UHCprovider.com** > Policies and Protocols > Commercial Policies > **Medical & Drug Policies and Coverage Determination Guidelines**. Until then, you can view the update to the Utilization Review Guideline in the August edition of our **UnitedHealthcare Commercial Medical Policy Update Bulletin**.

Questions? Please read our **Frequently Asked Questions**.

Texas Prior Authorization Update

Currently, for UnitedHealthcare Medicare Advantage plans that have delegated arrangements with medical groups and independent practice associations (IPAs), the delegate's protocols must be followed for prior authorizations.

Effective Jan. 1, 2021, this will include Texas Medicare Advantage plans, with the exception of Medicare Advantage Group Retiree plan H2001, where prior authorizations are submitted to WellMed, as directed on the member's ID card, and contact information can be found at **wellmedhealthcare.com**.