

OptumHealth

APIPA Provider Education

8/17/2010

What is APIPA?

- Arizona Physicians IPA (APIPA) “Personal Care Plus,” is a Special Needs Plan (SNP) contracted by the Centers for Medicare and Medicaid Services (CMS).
- APIPA, an AmeriChoice product is headquartered in Phoenix, AZ
- APIPA’s “Personal Care Plus” product serves approximately 19,000 Arizona residents who are Medicare/Medicaid dual eligible.
- The service area for this product encompasses all Arizona counties with the exception of Gila County.

What is APIPA?

- APIPA Personal Care Plus Health Plan contracts with OptumHealth/UBH to provide covered Behavioral Health Services for its SNP . Please note that APIPA Medicaid benefit is administered by the RBHA's, and funded by the State of Arizona.
- All levels of service covered under the MEDICARE SNP benefit are administered by and all covered care is managed by OptumHealth/UBH.

Who is OptumHealth?

- OptumHealth Behavioral Solutions (OptumHealth), a service mark of United Behavioral Health is contracted with AmeriChoice to administer the Medicare behavioral health benefit for Arizona Physicians IPA (APIPA) Personal Care Plus Plan.
- OptumHealth is a brand name for United Behavioral Health which has already been introduced in many parts of the country.
- UBH is one of several companies under the UnitedHealth Group umbrella who will be using the OptumHealth brand name.

UBH/OptumHealth serves more than five million Medicaid, Medicare, and other public sector members in 38 states with programs that support recovery, resiliency and wellness for people facing behavioral health conditions and chronic illness.

Clinical Authorization Process

- Dedicated APIPA phone number to access care **(800) 547-2797**
- Intake Team available to verify eligibility/benefits and provide authorization for routine outpatient services; RBHA enrollment assistance available if needed
- Experienced, licensed staff with 24/7/365 availability
- All languages can be accommodated
- Clinical staff available to assess and refer members to appropriate levels of care

Care Advocates

- Licensed Clinical staff assess and evaluate individual needs with the member, family, or provider.
- For routine care, member is provided an authorization for one year and referred to an appropriate network provider.
- Additional authorization beyond one year requires a new request for a yearly authorization
- High-risk outpatient cases are identified for outreach using claims algorithms.
- Clinical staff will facilitate referral of the member to the RHBA when appropriate.

APIPA Claims Highlights

- Eligibility must be verified via the website at www.ubhonline or by calling **(800) 547-2797**. It is provider's responsibility to ensure client is eligible for every DOS.
- Submit all claims with the member's ID
- Benefits: OptumHealth only pays for services identified on the fee schedule so be clear on what services are covered
- Authorizations are for specific services, make sure your authorization matches the service for which you will be billing
- Diagnosis Code: all claims require a valid primary dx code.

Claim Submission Address

PO BOX 30757

Salt Lake City, UT 84130

UBH/OptumHealth Public Sector
Claims Customer Service (866)
673-6315

APIPA Claims Highlights

- You must fill out box 32 of the CMS-1500 claim form, indicating where the services were performed.
- Only Independently licensed clinicians should appear in field 31
- Place of service and CPT code need to be appropriate to the actual services rendered.
- NPI number is required on every claim, every line item. Fill out box 33a and boxes 24J for every line of service.



| | | | | | | | | |
|--|---------------------------|---|---|---|----------------------------------|-----------------|-----------------|------|
| Box 31: Name and licensure of rendering clinician, exactly as it appears on group/agency roster | | Box 33: Group/agency name, address & phone | | Box 24J: Rendering clinician's NPI number | | | | |
| 6 | 25. FEDERAL TAX ID NUMBER | SSN * BIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | 28. TOTAL CHARGE | 29. AMOUNT PAID | 30. BALANCE DUE | PHYS |
| | | | | YES NO | \$ | \$ | \$ | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | 32. SERVICE FACILITY LOCATION INFORMATION | | 33. BILLING PROVIDER INFO & PH # | | | |
| SIGNED | | | DATE | | a. b. | | | |

NUCC Instruction Manual available at: www.nucc.org

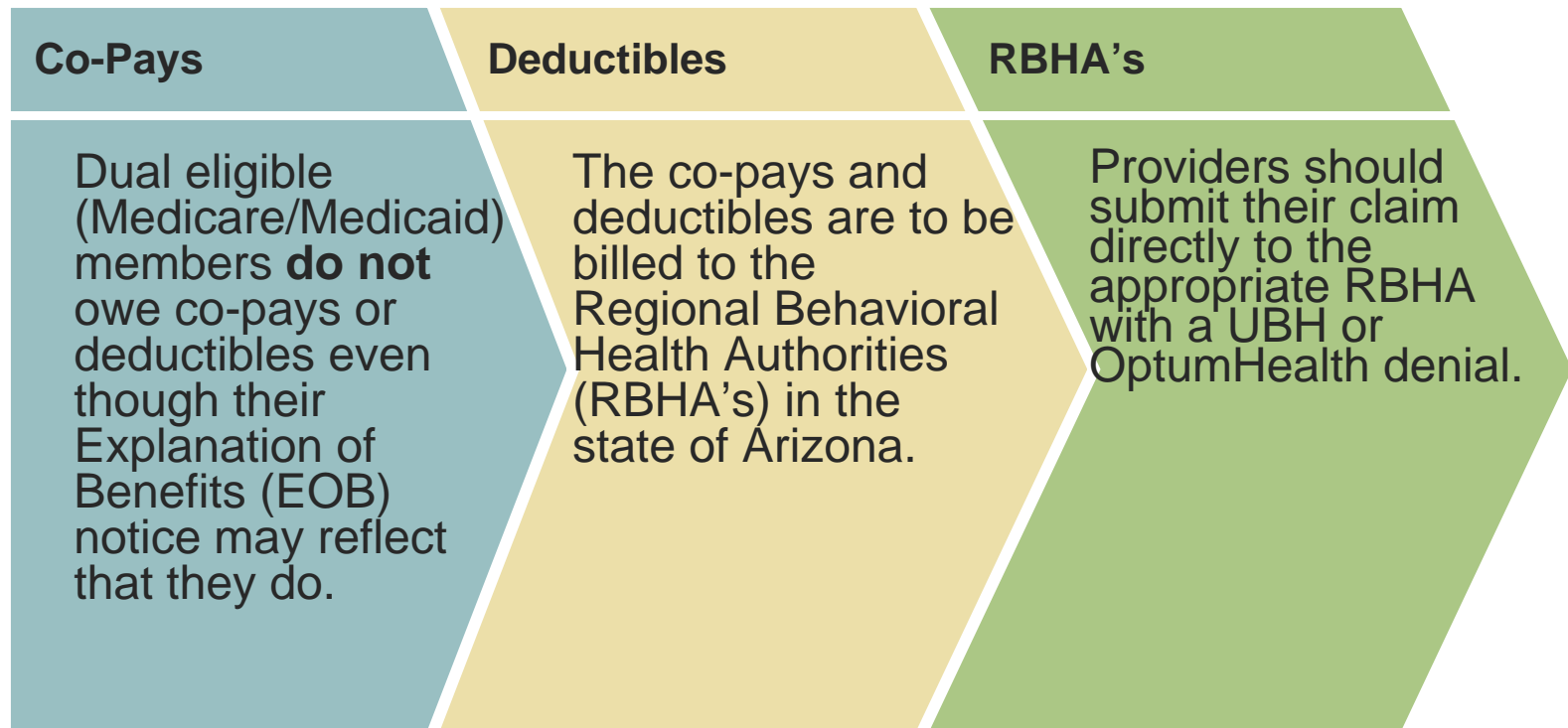
OMB No. 1215-0055
Expires: 10/31/2009

APIPA Share of Cost

- Effective January 1, 2009, Benefits for APIPA Personal Care Plus Members were modified to implement outpatient/inpatient co-pays and the member deductible to be covered by the Medicaid Provider or Regional Behavioral Health Authorities.
- This change will only affect the dual eligible membership.
- The co-pay and the deductible should be paid by the RBHA.
- OptumHealth is the primary payer and is responsible for the Medicare portion (APIPA) and the RBHA's are responsible for the Medicaid portion of services delivered.

APIPA Share of Cost

- It is essential that you understand the following cost share guidelines:



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APIPA Claims Highlights

- Filing Limit for all claims is 90 days from date of service. This is a strict timeframe, do not delay billing, nor addressing claims issues or you risk losing revenue.
- Appeals allowance is built into the 90 day filing limit; this means there is no “grace period” for any reason. Don’t delay concerns!

UBH Appeals

1900 East Golf Road, Ste. 300
Schaumburg, IL 60173-5088

Direct Appeals phone line 1-866-
556-8166

You are required to notify UBH in writing within 10 calendar days of any changes to:

- The status of the practice, including changes in practice location, billing address, or telephone or fax number (or changes in facility ownership)
- The status of professional licensure and/or certification such as revocation, suspension, restriction, probation, termination, reprimand, inactive status, voluntary relinquishment, or any other adverse action
- The status of professional liability insurance
- Potential legal standing (any malpractice action or notice of licensing board complaint filing)

You are required to notify UBH in writing within 10 calendar days of any changes to:

- The Tax Identification Number (TIN) used for claims filing
- The programs you offer (services you provide must continue to meet our credentialing criteria)
- Registered users of ubhonline (presently available only to clinicians) are strongly encouraged to use the “update practice info” function to update this information. Otherwise, changes submitted in writing, via mail or fax, should be sent by clinicians to your Arizona Network Management team

Provider Notification

- You are required to notify UBH in writing within 10 calendar days of any changes**

Provider Change/Add

Providers are required to complete Provider Change/Add Form and submit to Network Management Staff



Adobe Acrobat Document

Provider Group Roster

Providers are required to complete Provider Roster Update Form and submit to Network Management Staff for Groups and Agency's only



Microsoft Word Document

AZ Network Manager

AZ UBH/OptumHealth Public Sector Network Manager Braulio Gomez 602-664-5236 fax: 602-664-5141 braulio.gomez@optumhealth.com

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For more information about OptumHealth Behavioral Solutions contact your OptumHealth network manager or visit www.ubhonline.com

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