



Introduction to UnitedHealthcare Community Plan of CA/Medi-Cal

Training for Behavioral Health Providers

2020



BH2572_01/2020

Over 30 years of industry-leading experience

We are the largest, most experienced and stable Managed Behavioral Health Organization (MBHO) in the nation

- ✓ The behavioral health arm of UnitedHealth Group
- ✓ Over 50 million total lives served
- ✓ Experience and proven solutions in both Commercial and Public Sector programs
- ✓ Commitment to the application of evidence-based practice and Recovery & Resiliency principles
- ✓ Focus on simplification and integration
- ✓ Largest national provider network with local market knowledge
- ✓ Mental health parity expertise
- ✓ More MH/SUD specialty business than any other MBHO
- ✓ URAC- and NCQA-accredited
- ✓ Serving California residents in commercial and Medicare products

Our core values:

Integrity | Compassion | Relationships | Innovation | Performance

UnitedHealth Group structure

UNITEDHEALTH GROUP®



**Making the health system
work better for everyone**

**Information and technology-
enabled health services:**

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



**Helping people live healthier
lives**

**Health care coverage and
benefits:**

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

Optum and UHC Community Plan of CA

- U.S. Behavioral Health Plan, CA (“USBHPC”), doing business as OptumHealth Behavioral Solutions of CA (“Optum”), is a wholly owned subsidiary of UnitedHealthGroup. Optum is a health services business. You will see both U.S. Behavioral Health Plan, CA and Optum in our communications to you.
- UnitedHealthcare (“UHC”) Community Plan of CA, offering a Medi-Cal Managed Care program in your area, is contracted with Optum to administer behavioral health benefits to Medi-Cal beneficiaries

UHC Community Plan of CA Care Provider resources

Visit UHCCommunityPlan.com > For Health Care Professionals > [California](#) for resources including:

- **Provider Administrative Guide:** Go to: UHCCommunityPlan.com > For Health Care Professionals > [California](#)
- **Practice Matters Newsletter:** Will be published quarterly
- **Network Bulletin Newsletter:** Alerts you to any change in policies or procedures, as well as updates to the Administrative Guide
- **Reimbursement Policy Updates:** Alerts you to any change in the reimbursement policies or procedures

UnitedHealthcare Community Plan of CA

OVERVIEW

- **Product/program:** Medi-Cal
- **Availability:** San Diego County
- **Program go-live date :** Oct 1, 2017



Managed Care Medi-Cal benefit

The following behavioral health benefits are available through the expanded Medi-Cal Managed Care Plan:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication treatment
- Psychiatric consultation
- Behavioral Health Treatment, including Applied Behavioral Analysis

Optum will manage these benefits for members with mild to moderate **or** non-SMI/SED diagnosis, who do not qualify for Specialty Medical Health services covered by the County.

Cultural Competency and Linguistic Awareness

All California network providers should be familiar with our Cultural Competency and Linguistic Training

- The full Cultural Competency and Linguistic training presentation can be found on providerexpress.com
- Training includes topics such as:
 - The striking behavioral health disparities that exist for minorities
 - The importance and value of cultural competency in behavioral health treatment
 - How linguistic challenges can influence Member health and delivery of care
 - The impact of provider cultural competency on Member recovery
 - How to identify Members with potential cultural or language needs who may require modified communication methods
 - The processes and tools that are available to support you and assist in removing barriers to care

Cultural Competency and Linguistic Terms

Terms and definitions (more definitions can be found in the [Cultural Competency and Linguistic training](#)):

- Cultural Competency – in health care, this is the communication bridge that enables organizations and practitioners to respond appropriately to, and directly serve the unique needs of, populations whose cultures may be different than the prevailing culture
- Linguistic Competency – an individual's knowledge and ability to effectively communicate in a language; including an understanding of grammar, structure, semantics and other nuances of a language
- Mental Health Disparity – an inequality in access to care or the quality of care received based on race, ethnic or cultural origins, or language preference

Cultural and Linguistic Diversity

- Optum's membership population is very diverse. Members who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are considered to have Limited English Proficiency, or "LEP."
- Optum makes every effort to contract with a diverse provider network, representing a wide variety of language skills, cultures and ethnicities to serve California's diverse membership.
- Providers are required to deliver services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, and to provide for interpreters in accordance with 42 CFR §438.206
- All providers shall comply with any state or federal law which mandates that all persons, regardless of race, creed, color, religion, sex, age, income, sexual orientation, gender identity, national origin, political affiliation or disability, shall have equal access to employment opportunities, and all other applicable federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI

Cultural Competency and Linguistic Resources

Tools and resources

- To access language assistance services for an identified LEP Member, contact us at 1-800- 999-9585
- Additional information and resources regarding the California Language Assistance Program can be found on providerexpress.com
- <https://minorityhealth.hhs.gov/> - U. S. Department of Health & Human Services - Office of Minority Health website. Information on Cultural Competency, and links to: Center for Linguistic and Cultural Competency in Health Care, National CLAS Standards, Think Cultural Health website, Continuing Education.
- <https://minorityhealth.hhs.gov/> - U. S. Department of Health & Human Services - Office of Minority Health website. Information on Cultural Competency, and links to: Center for Linguistic and Cultural Competency in Health Care, National CLAS Standards, Think Cultural Health website, Continuing Education.

Member eligibility

Who is Eligible?

- Low-income adults
- Families with children
- Seniors
- People with disabilities
- Pregnant women



Members Who Can Voluntarily Enroll:

- Individuals with a complex or high-risk medical condition who are in an established treatment relationship with a care provider or who are not participating in one of the following other managed care Medi-Cal plans: Geographic Managed Care or Two-Plan
- Children in foster care or the Adoptions Assistance Program
- Native Americans, their household members and those who qualify for services from an Indian Health Center

Verifying Member eligibility and benefits

Please verify member eligibility and benefits one of the following ways before providing services:

- [Link](#) > Eligibility & Benefits application
- If you don't have an Optum ID, go to UHCprovider.com and select "[New User](#)" to begin registration.
- UHCprovider.com > Eligibility & Benefits > Check Member Eligibility
- Call the number on the back of the member's ID card.
- Always check benefits before providing services to a UnitedHealthcare Community Plan member

Member Rights

Please be familiar with Member Rights and Responsibilities located in the Member Handbook before providing services:

- [Member Handbook:](https://www.uhcommunityplan.com/assets/plandocuments/handbook/en/CA-Handbook-EN.pdf)
<https://www.uhcommunityplan.com/assets/plandocuments/handbook/en/CA-Handbook-EN.pdf>
- Includes information on member rights (Chapter 5, pages 68-80)
- Grievance and appeals (Chapter 6, pages 81-86)
- Full disclosure of health care information (Chapter 5, pages 70-78)

Member ID cards

- UnitedHealthcare Community Plan 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 application on Link.



Ensuring timely access to care

Standard of Care	Compliance
Routine outpatient (non urgent)	Members must be offered an appointment within 10 business days of the request for an appointment
Urgent	Members must be offered an appointment within 48 hours of the request for an appointment
Non-Life Threatening Emergency	Members must be offered an appointment within 6 hours of the request for an appointment
After-Hours Answering System & Messaging	Messaging must include instructions for obtaining emergency care
Clinician Timely Response to Enrollee Messages	Clinicians shall provide live answer or respond for routine issues within 24 hours

Prior authorization process

Request via phone

- Provider calls 1-866-270-5785
- Provider selects the Mental Health/Substance Use Option
- Provider services representative confirms eligibility/benefit questions
- Call is transferred to Behavioral Health Care Advocate to complete the prior authorization, if needed



Request via portal

- Provider logs-in to UHCprovider.com
- Provider verifies member eligibility through the portal
- Provider enters authorization request on the portal
- Authorization request information received by a Behavioral Health Care Advocate
- Behavioral Health Care Advocate calls provider back to complete authorization process

ALERT – our outpatient clinical model

ALERT system (ALgorithms for Effective Reporting and Treatment)

- Outcome-informed outpatient care model
- Identifies clinical concerns about individual members
- Uses self-reported symptom and impairment information, combined with claims data
- Allows Optum Care Advocates to assist members and providers to pursue optimal clinical outcomes

Three integrated components:

- Optum Wellness Assessment
- Clinical and claims-based algorithms
- ALERT Online (at providerexpress.com with a registered user-ID)

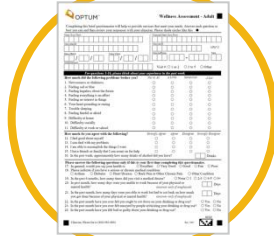


ALERT model (cont.)

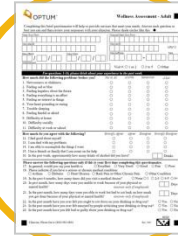
Referral to Clinician



Member Questionnaire
(Wellness Assessment)
given to member at
first visit



Additional Wellness
Assessments



Four-month Follow-up
Wellness Assessment
Measuring Sustainable
Outcomes



Claims Data
(Behavioral)

Proprietary Algorithms

ALERT[®]online

Algorithms for Effective Reporting and Treatment



Automated Clinician
ALERT Messages

And/Or



Care Manager
Interventions


The Wellness Assessment tool

Wellness Assessment - Adult

- 24 items
- Depression and anxiety symptoms
- Functional impairment
- Well-being
- Workplace absenteeism and presenteeism
- Substance abuse risk and use
- Health and medical comorbidity

Wellness Assessment - Youth

- 25 items
- Global impairment in child (interpersonal, emotional, academic, behavioral)
- Caregiver strain
- Parental workplace absenteeism and presenteeism
- Health

 **Wellness Assessment - Adult**

Completing this brief questionnaire will help us provide services that meet your needs. Answer each question as best you can and then review your responses with your clinician. Please shade circles like this ●

Name (Last, First) _____ Clinician Name (Last, First) _____
 Subscriber ID _____ Clinician ID _____ MRef
 Date of Birth _____ / _____ / _____ Today's Date _____ / _____ / _____ Clinician Phone _____ - _____ State _____
 Authorizations* _____ Visit #: 1 or 2 3 to 5 Other

For questions 1-16, please think about your experience in the past week.

How much did the following problems bother you?

	Not at All	A Little	Somewhat	A Lot
1. Nervousness or shakiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling everything is an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Your heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feeling fearful or afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Difficulty at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Difficulty socially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Difficulty at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree
12. I feel good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I can deal with my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am able to accomplish the things I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have friends or family that I can count on for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. In the past week, approximately how many drinks of alcohol did you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions only if this is your first time completing this questionnaire.

17. In general, would you say your health is: Excellent Very Good Good Fair Poor

18. Please indicate if you have a serious or chronic medical condition:
 Asthma Diabetes Heart Disease Back Pain or Other Chronic Pain Other Condition

19. In the past 6 months, how many times did you visit a medical doctor? None 1 2-3 4-5 6+


20. In past month, how many days were you unable to work because of your physical or mental health? _____ Days (answer only if employed)

21. In the past month, how many days were you able to work but had to cut back on how much you got done because of your physical or mental health? _____ Days (answer only if employed)

22. In the past month have you ever felt you ought to cut down on your drinking or drug use? Yes No

23. In the past month have you ever felt annoyed by people criticizing your drinking or drug use? Yes No

24. In the past month have you felt bad or guilty about your drinking or drug use? Yes No

50322
 Clinician: Please fax to (800) 985-6894 Rev. 2007 

Claims



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Claim submission guidelines

- Claims should be submitted on CMS-1500 with appropriate coding (i.e. ICD-10, CPT, and HCPCS)
- Claim submissions must include:
 - Member name, Medi-Cal identification number and date of birth
 - Provider's Federal Tax I.D. number
 - National Provider Identifier (NPI)

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).

Claims are reimbursed based on the California Medi-Cal fee schedule for the Medi-Cal expansion covered services.



Claim submission options

Claim Entry through UHCprovider.com

- Secure HIPAA-compliant transaction streamlines the claim submission process
- Submitting claims closely mirrors the process of manually completing a CMS-1500 form
- Allows claims to be paid quickly and accurately

Electronic Data Interchange (EDI)

- Secure, efficient, and cost effective
- You may use any clearinghouse vendor to submit claims
- Payer ID for submitting claims to UnitedHealthcare is **87726**
- Additional information regarding EDI is available on UHCprovider.com > Resource Library (in Menu) > [Electronic Data Interchange](#)

Claim submission options (cont.)

Hardcopy Claims

- Use the CMS-1500 claim form
- Essential claim elements include:
 - Diagnosis (DSM-IV-TR)
 - ICD-10 Code
 - Member's name, date of birth, identification number
 - Dates of service
 - Type and duration of service
 - Name of clinician who provided the service
 - Provider credentials, tax ID and NPI numbers
- Paper claims submitted via U.S. Postal Service should be mailed to:

***UnitedHealthcare Community Plan
PO Box 308840
Salt Lake City, UT 84130-0884***

Great online resource for Network Providers

The image displays two overlapping screenshots of the OPTUM Provider Express website. The top screenshot shows the 'Video Channel' section with a welcome message and a video player titled 'How members will find you'. The bottom screenshot shows the main homepage with a navigation menu, a large banner for the 'Express Access Network', and several news sections including 'Autism/ABA Corner', 'Admin News', 'Working Together', 'State & Product-Specific News', and 'Quick Links'. A search bar is visible in the top right of both screenshots.



Provider Express

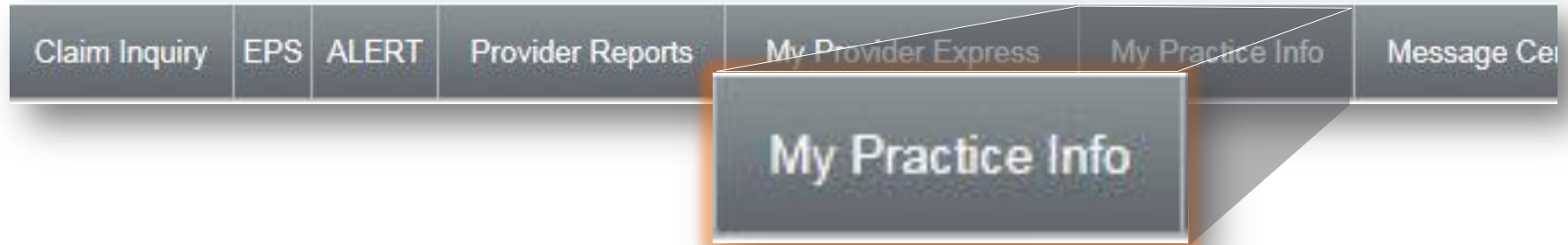
- ❖ providerexpress.com
- ❖ Video Channel
- ❖ Section devoted to providers new to the Optum network
- ❖ Training Presentations
- ❖ Level of Care, Best Practice & Coverage Determination Guidelines
- ❖ Claim Resources & Tips
- ❖ Clinical & Administrative Forms
- ❖ State/Product-Specific updates
- ❖ In-depth information on sub-networks like Express Access and Telemental Health Services

Updating your Information



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Staying current with “*My Practice Info*”



Keeping your information up to date ensures that referrals will find you, and that you get reimbursed promptly and accurately.



Change, add or modify your address and other demographic information



Indicate your availability to accept new patients into your practice



Let us know if you are going to be away for an extended period of time

Staying current with “My Practice Info” (cont.)

Clicking **My Practice Info** brings you to the main clinical profile page

Welcome, Mary K. Provider

Home Eligibility & Benefits Auth Request Auth Inquiry Claim Entry Claim Inquiry EPS ALERT Provider Reports My Provider Express **My Practice Info** Message Center Contact Us

My Practice Info - Review Clinician Profile

Clinician Name:

NPI:

Taxonomy code: [View Taxonomy Codes\(s\)](#)

Licensure:

Language(s):

Clinician E-mail Address:

Gender:

Medicaid Number:

Medicare Number:

Expertise:

Ethnicity:

Tax Id(s):

Practice Locations by Tax ID

Please select a Tax ID:

Tax ID	Practice Name	Primary Address
<u>123456789</u>	MARY K. PROVIDER	123 Main Street, Ste #00 Anytown, AZ 55555-5555
<u>557799112</u>	PROVIDER PRACTICE #2, INC.	312 Apple Blvd. Sometown, AZ 55555-5555
<u>998877661</u>	PROVIDER PRACTICE #1, INC.	0000 Southern HWY Anothertown, AZ 55555-5555

Staying current with “My Practice Info” (cont.)

- 1) To add a new address, click the **Add New Address** button
- 2) To delete an address, select the delete **Check Box** next to the address
- 3) Modify practice addresses by clicking on **Address Link**
- 4) Modify your 1099 address by clicking on **1099 Address Link**
- 5) Remember to click the **Submit All Changes** button when you have finished making the updates for that TAX ID

Log Out

OPTUM® Provider Express

Welcome, Mary K. Provider

Home Eligibility & Benefits Auth Request Auth Inquiry Claim Entry Claim Inquiry EPS ALERT Provider Reports My Provider Express **My Practice Info** Message

My Practice Info - Clinician Addresses

Click an address to edit.
Please make all of your updates (including adding new or deleting addresses) before clicking the Submit All Changes button below.
Changes will be reflected on your profile within 3 to 5 business days after the submission of your request.

Tax ID : 123456789 - Mary K. Provider [Add New Address](#)

Delete	Address	Primary	Mailing	Remit	Practice	Accepting?	Phone	Secured Fax	Address Conditions
		Only one per column			Select all that apply				
<input type="checkbox"/>	123 W. Main Street Anytown, AZ 55555-1234	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>	Yes	(555)555-5555	(555)555-5555 Wheelchair Accessible
<input type="checkbox"/>	321 S. Maple Street Sometown, AZ 55555-4321	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	Yes	(555)555-5555	None Listed

1099 Address

Address	Phone
012 Elm Street Myltown, AZ 55555	(555)-555-5555

[Submit All Changes](#) Remember to click the "Submit All Changes" button when you are making your updates.

Staying current with “*My Practice Info*” (cont.)



If you are logging in with a Roster Group ID, the process of adding or changing information is essentially the same, with only minor variations due for the fact that this is a group rather than an individual clinician.



Staying current with “My Practice Info” (cont.)

Managing roster and locations

1. Click **View Address** Info to manage your locations
2. Click the **Manage My Roster** button to view a current listing of Rostered Providers

OPTUM[®] Provider Express Log Out

Welcome, PROVIDER MEDICAL GROUP

Home | Eligibility & Benefits | Auth Request | Auth Inquiry | Claim Entry | Claim Inquiry | EPS | ALERT | Provider Reports | My Provider Express | **My Practice Info** | Message

My Practice Info - Review Practice Profile

Practice Name: PROVIDER MEDICAL CENTER
Tax ID Number: 112233445 [update](#)
NPI: 0987654321
Medicaid Number: [add](#)
Medicare Number: [add](#)

[View Address Info](#) | **Manage My Roster**

1 records indicate that PROVIDER MEDICAL CENTER has the following contact information.

Contact Name	Contact Phone Number	Action
	(555)555-5555	update

Security Notice | Privacy | Site Use Agreement | Site Map

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Thank you.

Contact information

Behavioral Health Provider Services Line:
1-877-614-0484

Provider Relations:

Address: Optum
P.O. Box 880609
San Diego, CA 92168

Email: BNSWest@optum.com

Fax: 1-855-833-3724

