VOL. 6 ISSUE 3 · SEPTEMBER 2023

UPA

upasolutions.com

PATHWAYS TO MANAGED CARE

@upasolutions

Amerigroup Submitting Prior Authorizations

Amerigroup Community Care is transitioning to the Availity Essentials* Authorization application.

You may already be familiar with the Availity multi-payer Authorization app because thousands of providers are already using it for submitting prior authorizations for other payers. Amerigroup is eager to make it available to our providers, too. In October, you can begin using the same authorization app you use for other payers for Amerigroup.

Interactive care reviewer (ICR) is still available

If you need to refer to an authorization that was submitted through ICR, you will still have access to that information. We've developed a pathway to access your ICR dashboard. You will simply follow the prompts provided through the Availity Authorization app. To make it even more convenient, you can pin your authorizations from the ICR application to your Availity Authorization app dashboard.

Innovation in process

While we grow the Availity Authorization app to provide you with Amerigroup-specific information, you will still need to access ICR for:
- Appeals.
- Behavioral health authorizations and inquiries.
- HealthLink authorizations and inquiries.
- Medical specialty prescription authorizations and inquiries.

Notices in the Availity Authorization app will guide you through the process for accessing ICR for alternate authorization and appeals functions.

Training is available

If you aren't already familiar with the Availity Authorization app, training is available. Visit the training site to enroll for an upcoming live webcast or to access an on-demand recording at the Availity Authorization training site.

Now, give it a try

Accessing the Availity Authorization app is easy. Ask your organization's Availity administrator to ensure you have the Authorization role assignment. Without the role assignment, you will not be able to access the Authorization application. Then, just log onto Availity.com to access the app through the Patient Registration tab by selecting Authorizations and Referrals.

BlueCross Plus (HMO D-SNP)^{SM}

2023 Special Needs Plan Model of Care (MOC) Training Now Available

Providers participating in BlueCare Plus special needs plans are contractually required to complete our MOC training after initial contracting, then every year after. This training promotes quality of care and cost effectiveness through coordinated care for members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by clicking here.

HUMANA

Humana is exiting the commercial market effective 1/1/24. Moving forward, they will only be offering Medicare Advantage products.

UnitedHealthcare   Overpayment Letters

VCP Statements Going Paperless November 3, 2023

Affects UnitedHealthcare Community Plan of Tennessee
Beginning Nov. 3, UHC will no longer mail the following documents to network health care professionals (primary and ancillary) and facilities for UnitedHealthcare Community Plan (Medicaid) in Tennessee:

- Overpayment letters sent directly by UnitedHealthcare*, and
- Virtual card payment statements to those who receive them through the mail. This change doesn't affect those using automated clearinghouse (ACH).

Instead, those affected can view these documents digitally 24/7. If you use an outside vendor, such as a revenue cycle management company or lockbox service, please ensure they're aware of the following changes and digital workflow options.

Note: We'll continue to mail these documents to behavioral health professionals and facilities and home and community-based services.

How to view VCP statements and overpayment letters electronically:

Document Library in the UnitedHealthcare Provider Portal:
- From any page on UHCprovider.com > Sign In
- Enter your One Healthcare ID and password
  - Users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started
    - In the menu, select Documents & Reporting > Document Library. Then, select the appropriate folder.
- Notifications: When new letters are available in Document Library, an email notification will be sent to the address on file, which is typically the Primary Access Administrator. However, now they can also give others the ability to edit email notification preferences in the Document Delivery Settings section of the portal.
  - Check for updates: If you don't already, we also recommend checking Document Library regularly for new letters documents and actions needed
  - Need to notify multiple staff members? Document Library notifications are limited to 1 email address per letter type. If multiple staff members require notification, the Primary Access Administrator can consider using a group email address.
  - Learn more about updating email notifications: See the Profile & Settings interactive guide

Application Programming Interface (API)
API is a fully electronic digital solution that allows you to automate administrative transactions. This is a great alternative to Document Library for organizations with medium-to-high claim volume that have the technical resources to program API or the ability to outsource implementation.

To learn more or get started, go to UHCprovider.com/api.

Direct Connect
You can also enroll in Direct Connect to view overpayment letters. This free tool, available in the portal, helps you review and resolve overpaid claims quickly and easily. You can use Direct Connect to reduce letters and calls from UnitedHealthcare and additional work with third-party vendors.

To learn more and enroll, email directconnectaccess@optum.com. Please include the requestor's name, as well as the organization's tax ID number (TIN), physical address and mailing address.

Questions: Contact UnitedHealthcare Web Support at providertechsupport@uhc.com or 866-842-3278, option 1, 7 a.m.–9 p.m.

* The following overpayment letters are included:
- Overpayment identified – Notifying you that UnitedHealthcare paid too much on a processed claim
- Overpayment reconsideration requests – Acknowledging UnitedHealthcare received your request to review our overpayment determination
- Overpayment reconsideration decision – Providing the outcome of the reconsideration review and outlining what happens next.

This change also includes letters sent by Optum for payment accuracy reviews they perform on behalf of UnitedHealthcare. It does not include overpayment letters sent by any other vendor. Those letters will continue to be mailed. Most will include both the vendor and UnitedHealthcare logos, and explain their review was done on our behalf.

Amerigroup

BlueCross BlueShield

Humana

UnitedHealthcare

Initial Credentialing

UPA Initial Credentialing Dates for 2024

The following list is established for the UPA initial credentialing process. The list includes the deadline that all documents must be received before presenting to the Membership committee. Committee dates and the UPA effective dates follow in accordance with the complete credentialing process.

Checklist of Items Needed by Deadline

- Color copy of driver's license
- CV with all start and end dates for education and work history in month/year format
- TN state medical license
- TN DEA (if applicable)
- Certificate of Insurance
- 3 Peer References
- UPA Supervising Physician Form (if applicable)
- Admit letter or current privileges at an area hospital (if applicable)
- TennCare Disclosure
- UPA Contract Signature
- NPI
- VHAN/UHN Signature Pages

2024 UPA Initial Credentialing Dates

2024 Months	Deadline	Membership Committee	UPA Effective Date
January	12/27/2023	1/9/2024	1/14/2024
February	1/24/2024	2/6/2024	2/14/2024
March	2/21/2024	3/5/2024	3/14/2024
April	3/20/2024	4/2/2024	4/15/2024
May	4/24/2024	5/7/2024	5/13/2024
June	5/22/2024	6/4/2024	6/14/2024
July	6/26/2024	7/9/2024	7/13/2024
August	7/24/2024	8/6/2024	8/12/2024
September	8/21/2024	9/4/2024	9/14/2024
October	9/25/2024	10/8/2024	10/14/2024
November	10/24/2023	11/5/2024	11/13/2024
December	11/20/2024	12/3/2024	12/14/2024