

Provider Quick Reference Guide – Centennial Care

UHCCP - PROVIDER CUSTOMER SERVICE NUMBERS

UHCCP – Centennial Care (Medicaid) Customer Service	1-888-702-2202
(Claims Status, Eligibility, Benefit Inquiries, PCP Assignments; Vision benefit questions, Monday – Friday 8:00 am – 5:00 pm, Local Time)	
UHCCP- CoLTS TTY	711
Logisticare (non-emergent transportation)	
Reservations	1-866-913-2492
Ride Assistance (Where's My Ride?)	1-866-913-2493
Reoccurring appointments (Chemo, dialysis, etc)	1-866-400-8233
TTY	1-866-288-3133
Behavioral Health Services	1-888-702-2202
United Dental	1-877-408-0159
Pharmacy Help Desk	1-877-305-8952
MARCH Vision	1-888-493-4070

UHCCP AUTHORIZATION TELEPHONE NUMBERS

UHCCP – Centennial Care: Care Coordination & Authorizations	1-888-702-2202
For provider inquiries follow the voice prompts for Healthcare Professionals, then listen to the available menu options before making your selection:	
Care Coordinator	Say: Care Coordinator
Admissions/Pre-Authorizations	Say: Prior Authorization
Medical Pre-Authorization Fax Number	1-866-968-7582
Behavioral Health Pre-Authorization Fax Number	1-844-388-2241
Behavioral Health Pre-Authorizations E-Mail	um.bh-nm@uhc.com
Medical Pre-Authorizations E-Mail	um-nm@uhc.com
Service Coordination Fax Number	1-866-751-2448
Pharmacy Prior Authorization	1-800-310-6826
Pharmacy Prior Auth Fax	1-866-940-7328
UHC - Medicare Clinical Care Center (CCC)	1-877-702-5110
(select option 9, then option 1)	

OTHER IMPORTANT TELEPHONE NUMBERS

New Mexico Aging & Long Term Services Department	
Aging & Disability Resource Center	1-800-432-2080
Centennial Care Enrollment Line	1-888-997-2583
Centennial Care State E-Mail Address	CCIinfo@state.nm.us
New Mexico Human Services Dept – Medical Asst Div	1-888-997-2583
Medicare (Centers for Medicare & Medicaid – CMS)	
Novitas Solutions	1-855-252-8782

CLAIMS MAILING ADDRESSES

Paper Claims & Corrected Claim Submissions

UHCCP of New Mexico Claims
P.O. Box 31348
Salt Lake City, UT 84131-1348

Electronic Claims Submission

www.unitedhealthcareonline.com
Payer ID: 87726
(Claims status look-up and eligibility)

(Note: If you receive an overpayment from United Community Plan, return check to: UHCCP of New Mexico Refunds, PO Box 740804, Atlanta GA 30374-0804)

Claims Appeals Requests

UHCCP of New Mexico

Appeals & Grievance
P.O. Box 31364
Salt Lake City, UT 84131

Claims Reconsideration Requests

UHCCP of New Mexico

Provider Dispute Unit
P.O. Box 31348
Salt Lake City, UT 84131-0369

Provider Resource Guides

Visit our company website @
www.uhcommunityplan.com
< Healthcare Professionals/New Mexico
/Claims and Member Information >

UHCO and EDI Helpdesks (Set-up questions/Transaction Issues)

UnitedHealthcare Online Help Desk	1-866-842-3278; option 2
EDI Hotline	1-800-842-1109
Electronic Payments (EPS) Help Desk	1-866-842-3278; option 5

PERSONALIZED CUSTOMER SERVICE

Do you have questions about benefits or billing? Information is only a telephone call away. Our experienced, knowledgeable Customer Service Specialists will help answer your UHCP Medicaid and UHC Medicare questions. Call us at:

- UHCCP NM Medicaid Provider Customer Service: 1-888-702-2202
- UHC Medicare 1-877-842-3210
- UnitedHealthcare Community & State NM Provider Relations: Contact your Provider Advocate. If you are unsure of who your Provider Advocate is, contact Customer Service for assistance.

Claims & Reimbursement



Q: Which clearinghouse can I use to submit claims electronically (EDI) to NM Centennial ?

A: Clinicians may choose any clearinghouse vendor to submit their claims. The clearinghouse is responsible for getting the claims to NM Centennial.

Optum Cloud Dashboard

Claim Reconsideration with Attachments application

Optum Cloud Dashboard is simplifying administrative processes for UnitedHealthcare providers. The Claim Reconsideration with Attachments application is currently available and allows providers to submit claim reconsideration requests for denied or paid claims when attachments, like proof of timely filing, are required. Other functionality includes the ability to check the status of these requests and submit updates.

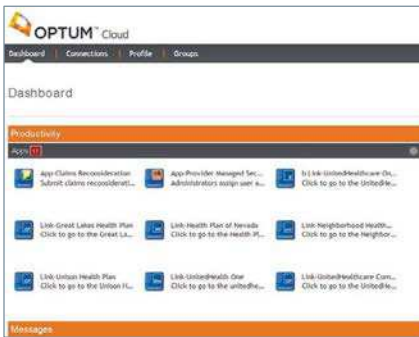
In the pilot program¹, the Claim Reconsideration with Attachments application:

- Increased satisfaction with the ease of doing business with UnitedHealthcare by 209%
- Decreased time spent on claim reconsiderations by 60%
- Reduced followup phone calls by 37%

This application is available for UnitedHealthcare Commercial, UnitedHealthcare Medicare Solutions, Oxford, UnitedHealthcare West and UnitedHealthcare Community Plan*.

* Claim Reconsideration with Attachments is not yet available for:

- TRICARE West, UMR, Midwest Security Life Insurance Company, Neighborhood Health Partnership, OneNet PPO and UnitedHealthOne,
- UnitedHealthcare of the River Valley, Inc., (Commercial and UnitedHealthcare Community Plan),
- UnitedHealthcare Community Plan of the District of Columbia, Louisiana and Nevada.



For more information, please visit UnitedHealthcareOnline.com and click on Tools & Resources. Select Health Information Technology and then [Optum Cloud Dashboard](#).

More features to come

Other planned Optum Cloud Dashboard features and functions include:

- **Eligibility & Benefit Center application** – Streamlines the authorization process, summarizes a patient's financial responsibility and helps you easily obtain customizable benefit and eligibility information. In its initial release, you'll be able to check eligibility and benefits and determine if notification is required for a specific CPT code. The ability to submit notifications and check status will be added in a later release.
- **Claims Management application** – View UnitedHealthcare transactions, including electronic reconsiderations and refunds, and experience increased transparency of claim outcomes with this accounts receivable application that's coming soon. You'll be able to check claim status and view processing details, including explanation of benefits and payment/check information.

For assistance with Optum Cloud Dashboard registration, please refer to our [Quick Reference Guides](#) or contact the Optum Cloud Support Center at optumcloudsupport@optum.com or 855-819-5909 from 7 a.m. to 9 p.m. CT, Monday through Friday.

¹ Based on 87 participants who responded to pre- and post-pilot surveys conducted by UnitedHealthcare in November 2012.

By submitting a claims reconsideration request, UnitedHealthcare acknowledges that providers remain eligible to file claims reconsiderations, resubmissions, disputes or appeals per their participation agreement and/or the administrative guide. If this application conflicts with your participation agreement and/or the administrative guide, the agreement/guide governs. Please review your participation agreement and/or the administrative guide to understand all available claims reconsideration, resubmission or appeals remedies.

If a state has specific provider dispute or appeal rights, then items received through Optum Cloud Dashboard will be handled and reported as a dispute or appeal, and appropriate acknowledgement and closure notices will be sent according to state requirement.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Behavioral Health Clinical Review Form

Email completed form to: um.bh-nm@uhc.com or fax to: 1-844-388-2241

Type of Request: Initial Request Concurrent Retrospective

Form Completed On (Date):

By (Name):

Phone:

Fax:

Date/Time of Evaluation/Intake:

Evaluation completed by (name):

Start Date of Treatment/Admission Requested:

Requested Level of Care (LOC):

Attending Physician:

MH SA Co-Occurring

Requested Number of Service Units:

Requested Dates of Service:

Is the consumer involved with CYFD Juvenile Justice Services (JJS) and is s/he currently in detention?
No Yes – If yes, location: _____

JJS staff person(s) to notify of review determination: _____

Contact phone number(s): _____

NOTE: If Answer to question above is 'yes', then 1 business day TAT required.

1. GENERAL INFORMATION

Consumer Name: (First/Last):

Consumer ID or SSN:

Consumer DOB: Age:

Name of Legal Guardian (if applicable):

DD Waiver Status: Wait list Enrolled



Facility/Program Name:

Facility/Program Address/Service Location:

Facility/Program National Provider ID (NPI):

Primary Provider Name & Degree:

Facility/Program Reviewer Name:

Facility/Program Reviewer Phone:

Facility/Program Fax#:

1.a. Diagnosis(es): (include all known diagnoses)

Co-morbid conditions: MH___ SA ___ Medical issues___ Chronic pain___

(check all that apply)

Consumer referred to this facility by:

1. Precipitant for Treatment/Admission

Where is consumer currently? (e.g. Admitted, in detention, at home, etc.)

Was consumer medically cleared?

Precipitant for current request (what makes this level of care necessary now):

Possible contributing factors to deterioration: (i.e. medication adherence, family or economic stress etc)

Prior to deterioration, member's level of baseline functioning: (i.e. chronic suicidality; fairly functional in family and work, level of medication adherence, etc)

2. Current Signs/Symptoms & Risk Assessment

Summary of *current* symptoms and behaviors that require (or continue to require) this level of care at this time: (i.e. suicidal ideation, mood dysregulation, impulsivity etc)

If a continued stay request or discharge notification, describe consumer's response to treatment (include responses to psychotherapy, milieu interventions, medications, etc.):

Mental Status Exam: (complete all areas)

Appearance and behavior (posture, gestures, grooming, attire, facial expressions, speech):

Attention (normal, alert, impaired):

Mood (normal, euphoric, agitated, sad, etc.):

Affect (appropriate, inappropriate, flat, etc.):

Perception (hallucinations, delusions, etc.):

Thought Content/Process (logical, de-realization, s.i./h.i., etc.):

Orientation (time, person, place, circumstance):

Judgment (intact, impaired):

Concentration/Memory (good/poor, intact/impaired):

Insight (good, fair, poor, absent):

Activities of Daily Living: (i.e. within normal limits, impaired)

Sleep: (e.g. disturbed, early morning awakening)

Appetite:

Risk assessment:

Current/history Suicidal or Homicidal Ideation? (Describe means, motive, plan, intent.)

Active Psychosis? (describe)

Current/history of Substance Abuse? (i.e. denies; polysubstance abuse, daily use, etc.)

If current use, specify: first use, duration of current use, and longest period of sobriety.

Domestic Violence?

Does consumer have access to guns in the home?

Is consumer willing/able to contract for safety?

3. History of Current and Previous Mental Health/Substance Abuse Treatment (all LOCs):

Provider: Level of care: Dates of Service:

Provider: Level of care: Dates of Service:

4. Biopsychosocial

Consumer lives with:

Home environment (i.e. SA, DV, family conflict, economic?):

Language or cultural factors (How will these affect treatment engagement? Be sure to incorporate into treatment plans.):

Current functioning in occupational/school/community:

Baseline functioning prior to deterioration (school, job, friends, family):

Family history of SA/MH:

Family involvement: (i.e. who is supportive, estrangements, chronic conflict)

Current legal issues:

APS or CYFD involvement? Please explain:

Other contacts (i.e. APO, JPPO etc)

Educational Issues:

5. Most Recent MH/SA Provider

Provider Name & Degree:

Phone:

List individual/family therapy sessions since last review:

6. Medical Co-morbidities, Concerns & History

Condition(s):

Condition(s) Currently Being Treated:

Medical Provider/PCP Name:

Phone:

Fax:

Chronic pain? If so, how will it be managed?

7. Current Medications (MH/SA and Medical – list ALL current)

Name: Dose: Frequency:

 Date started: Prescriber:

Name: Dose: Frequency:

 Date started: Prescriber:

Name: Dose: Frequency:

 Date started: Prescriber:

Potential barriers to medication compliance? (e.g. adherence, monetary, access, etc.)

8. **Treatment Plan** Initial Continued Stay

Summary of Treatment Plan (addressing behavioral health issues identified above – include identified goals, interventions, timeframes, and responsible persons):

How will you address any co-morbid conditions?

For Continued Stay: Progress toward goals on treatment plan:

9. **Discharge Plan** Initial Continued Stay

Current ELOS (estimated length of stay/discharge date): _____

Discharge plan (i.e. What behavioral health treatment services have been identified upon discharge?)



**OUTPATIENT CLINIC/AGENCY PRACTITIONER ROSTER
ADD/DELETE REPORT FOR ON-GOING MAINTENANCE**

In order to ensure prompt payment of your claims, please ensure that the form is completed in its entirety. Missing information for any staff member (including NPI number), may prevent OHNM from loading that staff member.

Name of Clinic

Type of Notification

- Regular report with changes
- Regular report – no changes
- Supplemental report

Section A: TIN Number. All changes listed on this form must correspond to the TIN listed in this section. If your clinic has more than one TIN, please submit additional forms by TIN number.

Tax Identification Number:									
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Section B: Add Independently Licensed Practitioners. Please list all licensed practitioners who provide services at the agency.

Last Name	First Name	License Level*	Start Date	Individual NPI	Taxonomy	Prescriber (Y/N)	DEA/CDS #	Medicaid ID	Non-English language

*MA, PhD, MD, APRN; write in if other
 * List only Behavioral Health Providers
 * Physician Assistance is not Medicaid approved Provider Type

**Fax or email completed form to your
Regional Provider Relations Specialist
Contact information located on:
<https://www.optumhealthnewmexico.com/provider/contactUs.html>**

Check if Additional page attached for more deletions.

Section C: Add Non-Independently Licensed Practitioners. Please list all licensed practitioners who have joined the clinic. Provide the NPI and taxonomy for each clinician. Taxonomy can be found at: <http://www.wpc-edi.com/codes/taxonomy>.

Depending upon the State of New Mexico funding source, the OHNM Behavioral Health Collaborative allows for the reimbursement of certain services by non-independently licensed staff or in some cases, staff with less than a bachelors degree, a bachelors degree or other masters level degrees. Please list below the information related to staff that fall under this category if they will be listed as the rendering provider on your claim.

Last Name	First Name	License Level*	Start Date	Individual NPI	Taxonomy	Prescriber (Y/N)	DEA/CDS #	Medicaid ID	Non-English language

* MA, PhD, MD, APRN; write in if other

* List only Behavioral Health Providers

Check if Additional page attached for more additions.

Section D: Delete. Please list all practitioners who have left the clinic.

Last Name	First Name	License Level*	End Date	Individual NPI

**Fax or email completed form to your
Regional Provider Relations Specialist
Contact information located on:**

<https://www.optumhealthnewmexico.com/provider/contactUs.html>

* MA, PhD, MD, APRN; or non-independently licensed

Check if Additional page attached for more deletions.

Section E: Acknowledgement by Administrator/Roster Contact.

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Roster Contact Printed Name

Signature (or email accepted)

Date

**Fax or email completed form to your
Regional Provider Relations Specialist
Contact information located on:**

<https://www.optumhealthnewmexico.com/provider/contactUs.html>

Contact Us

Provider Relations as of 01/01/2014 - 1-888-702-2202

Our dedicated Provider Relations staff is available to respond to your questions and/or concerns. To contact them directly, refer to the following information:

United Health Care Community Plan of New Mexico Regional Provider Relations Specialists						
Region	Counties	Name & Title	Phone	Email	Mailing Address	Fax
1	Cibola McKinley San Juan Sandoval Valencia	Wendy Montoya Provider Relations Specialist	(505) 798-5628	wendy.montoya@optum.com	PO Box 9472 Minneapolis, MN 55440-9472	(855) 492-3807
2	Colfax Guadalupe Los Alamos Mora Rio Arriba San Miguel Santa Fe Taos Union	Wendy Montoya Provider Relations Specialist	(505) 798-5628	wendy.montoya@optum.com	PO Box 9472 Minneapolis, MN 55440-9472	(855) 492-3807
3	Bernalillo	Wendy Montoya Provider Relations Specialist	(505) 798-5628	wendy.montoya@optum.com	PO Box 9472 Minneapolis, MN 55440-9472	(855) 492-3807

4	Chaves Curry DeBaca Eddy Harding Lea Quay Roosevelt	Cindy Morgan Provider Relations Specialist	(612) 642-7146	cynthia.morgan@optum.com	PO Box 9472 Minneapolis, MN 55440-9472	(800) 447-9713
5	Catron Dona Ana Grant Hidalgo Lincoln Luna Otero Sierra Socorro Torrance	Cindy Morgan Provider Relations Specialist	(612) 642-7146	cynthia.morgan@optum.com	PO Box 9472 Minneapolis, MN 55440-9472	(800) 447-9713
6	IHS/638 Navajo Area & Albuquerque Area	Cindy Morgan Provider Relations Specialist	(612) 642-7146	cynthia.morgan@optum.com	PO Box 9472 Minneapolis, MN 55440-9472	(800) 447-9713
All		Christina Bustamante Facility Contract Manager	(505) 798-5701	christina.bustamante@optum.com	8801 Horizon Blvd, NE, Suite 260, Albuquerque, NM 87113	(877) 950-9541