



United HealthCare: Alaska Managed Care Plan

In 2016, Senate Bill 74 mandated the implementation of multiple specific demonstration projects – collectively known as the Coordinated Care Demonstration Project (CCDP) – to test the efficacy of new models of care in Alaska. Under the overarching goal of improving the health and well-being of Alaskans, the intent of these projects is the coordination and integration of services, decreasing administrative burden, and achieving cost-savings through value based care. As a result of the request for proposal process, the Department of Health and Social Services has chosen to contract with United HealthCare (UHC), a managed care organization (MCO) to provide a managed care program for Medicaid beneficiaries within the Municipality of Anchorage and Matanuska-Susitna Borough. The information provided in this document is intended to provide a high-level overview of the program for Alaska Medicaid providers, and contact information for additional inquiries.

Anticipated Program Go-Live: April 1, 2019

Eligible Members:

- Medicaid eligible adults and children
- Medicaid expansion
- Denali KidCare
- Waiver program members (Medical coverage only)
- IHS beneficiaries within these populations are included on a voluntary basis

Excluded Eligibility Groups: Dual eligibles (Medicare & Medicaid)

UHC Provider Network Enrollment:

Participation in the managed care program is completely voluntary for providers. Providers who do not wish to participate in the UHC program will remain enrolled with Alaska Medicaid and may continue to serve Medicaid beneficiaries. Providers within the managed care network may also continue to serve non-MCO members.

UHC will be reaching out to currently enrolled Alaska Medicaid providers with information on their program and contacts for enrollment and queries.

Provider Reimbursement in Managed Care:

UHC will negotiate individual reimbursement rates directly with participating providers. In addition to fee for service reimbursement, providers will have the option to participate in additional value based payment models through the managed care plan.

Covered Services:

- Comprehensive primary care based management for medical services
- Disease management
- Dental
- Optical
- Transportation ancillary services
- Care coordination
- Telemedicine
- Hospital
- Surgical

Excluded Services:

- Pharmacy
- Behavioral Health Services
- Home and Community Based Waiver Services (Medical services for HCBS waiver members is a covered service)
- Long Term Services and Supports

Claims:

- UHC will assume responsibility of receiving and processing claims for covered services for their member population. Participating providers must bill UHC directly for covered services provided to managed care members. Services excluded from managed care that are provided to managed care members will continue to be billed to Alaska Medicaid.

Appeals:

- UHC will run a separate provider appeal process which includes first and second level appeals.

ID Cards:

- A new UHC Community Plan ID card will be mailed to each participating member within 15 working days after enrollment.
- Members must use the new UHC card for covered services instead of their state issued Medicaid ID card.

Contact Information:

UHC Provider Call Center – 866.686.9332

For general managed care program questions, contact:

Jolene Withers, Program Coordinator

Division of Health Care Services

907.334.2446