



UnitedHealthcare – 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, improving quality of care, and achieving cost-savings through value based care. As a result of the request for proposal process, the state has chosen to contract with UnitedHealthcare (UHC), a managed care organization (MCO) to provide a managed care program for Medicaid beneficiaries within the Municipality of Anchorage and Matanuska-Susitna Borough.

This new managed care plan is not replacing the current Alaska Medicaid Program, but will be an additional plan offering some new benefits to eligible beneficiaries.

Program Go-Live

The anticipated UHC managed care go-live date October 1, 2019.

Demonstration Program Duration

An initial three-year contract, with the option of three, one-year contract extensions.

Eligible Beneficiaries

- Medicaid (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 eligible (Medicare and Medicaid), Health Insurance Premium Payment (HIPP) program participants

UHC Provider Network Enrollment

Participation in the managed care program is voluntary for providers. Providers who do not wish to participate in the UHC plan will remain enrolled with Alaska Medicaid and may continue to serve Medicaid beneficiaries, but may be subject to additional requirements for services rendered to MCO members. Providers within the managed care network may also continue to serve non-MCO members.

Provider Reimbursement in Managed Care

Providers will be reimbursed at no less than 100% of the current Alaska Medicaid fee schedule. In addition to fee-for-service (FFS) 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
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Disease management
- Dental
- Optical
- Telemedicine
- Transportation ancillary services
- Care coordination
- Primary care
- Surgery
- Hospital
- Chiropractic
- Audiology
- Durable medical equipment

Excluded Services

- Outpatient pharmacy
- Waiver Services (Medical services for waiver program participants is a covered benefit)
- Behavioral health
- 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.

Prior Authorizations

- **Prior Authorization Golden Ticket** - Providers who have had 99-100% prior authorization requests approved within the past year are eligible to receive a “golden ticket” for the following year’s prior auth requests, which means that eligible providers will receive from UHC a single prior auth number to use in lieu of making individual prior authorization requests.
- **Out of Network Providers** – Providers who do not join the managed care network will need to prior authorize every service (with the exception of emergent care) provided to beneficiaries enrolled in managed care, regardless of the type of service. Authorization requests must be sent to UHC for managed care members.

Provider Appeals

UHC will operate a separate provider appeal process.

Member Grievance/Appeals/Fair Hearings

UHC will operate a separate member grievance and appeal process which includes first and second level appeals, after which the member may request a state fair hearing.

Identification Cards

Managed care members will be issued a separate member ID by UHC to use for services covered by the managed care plan. They will also have a state Medicaid ID to use for services which are not included in the managed care plan, such as behavioral health and pharmacy.

UnitedHealthcare Alaska Managed Care Plan Frequently Asked Questions

- **Is participation in the UHC managed care plan mandatory for providers?**

No. Providers can choose not to join the UnitedHealthcare (UHC) provider network and still be eligible to provide services to Alaska Medicaid/fee-for-service (FFS) members. We anticipate that a majority of Medicaid members in the Municipality of Anchorage and the Mat-Su Borough to be enrolled in the UHC plan. Providers who choose to not join the UHC network may lose patients who are enrolled with UHC.

- **Is UHC taking over Medicaid in Alaska?**

No. This is a second Medicaid plan option for eligible beneficiaries within the noted service area.

- **How do I join UHC's network?**

For questions specific to the Alaska managed care plan or to join the network contact:

Cheryl Zernia
907.646.3755
cheryl.zernia@uhc.com

Margo Fenton
907.646.3762
margo.fenton@uhc.com

Contact UHC's Provider Call Center at 866.686.9332 for information about credentialing (press 1) and other general questions (press 2).

- **Who can I talk with at the state office (Division of Health Care Services)?**

Jolene Withers, Program Coordinator
907.334.2446
jolene.withers@alaska.gov

Maggie Herbert, Program Coordinator
907.269.3644
margaret.herbert@alaska.gov

- **What services are included in the managed care program?**

Covered services include, but are not limited to, disease management, dental, optical, transportation ancillary services, audiology, telemedicine, chiropractic, hospital, surgical, durable medical equipment, primary care, care coordination.

Unless specifically excluded, assume services are covered. Excluded services include pharmacy, behavioral health services, home and community based waiver services, and long term services and supports.

- **Can I provide services to UHC members as an out of network provider?**

Prior authorization of services is required for out of network providers to provide UHC covered services to UHC members.

- **If I join UHC's network, can I still provide services to Alaska Medicaid FFS members?**

Yes. A UHC in-network provider can provide services to UHC members as well as Alaska Medicaid beneficiaries. See question number one for information about claims submission.

- **I'm in Kenai, can I participate in the UHC program?**

No. At this time the UHC provider network is limited to providers in the Municipality of Anchorage and the Mat-Su Valley. However, there may be times when you provide services to UHC members and will need to submit claims to UHC. Preauthorization may be necessary for these services.

- **What are the reimbursement rates under UHC?**

In-network provider rates will be based on state Medicaid fee schedules. Rates for individual providers can be negotiated with UHC. Providers will also have the option to participate in additional value based payment models through UHC.

Out-of-network providers will not be paid less than 100% of the state's FFS schedules for prior authorized services.

- **Will I request prior authorizations through UHC for UHC members?**

Yes. Prior authorizations for covered services to be rendered to UHC members must be directed to UHC. Providers will have the ability to request most prior authorizations electronically through the UHC provider portal.

- **Where do I submit claims?**

- Alaska Medicaid claims, also known as FFS claims should continue to be submitted to Conduent. FFS claims will include:
 - o Individuals who are not eligible for the UHC plan
 - o Individuals who have opted out of the UHC plan
 - o Services that are outside the scope of UHC plan (e.g., behavioral health, pharmacy)
- Claims for members of the UHC plan should be submitted to UHC.
- Individuals who become part of the managed care plan will have two separate ID cards, one for Alaska Medicaid services and a second one for UHC services. It's recommended that providers keep copies of both cards on file.
- UHC claims that are submitted to Alaska Medicaid, and Alaska Medicaid claims that are submitted to UHC will be denied for wrong payer. This denied claim will need to be resubmitted by the provider to the correct entity.

- **Does UHC have a provider appeal process?**

Yes. UHC has an internal appeal process. UHC's internal provider appeal process includes first and second level appeals.