MCO Manual Reference Guide

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| **Subject Matter** | **Amerigroup (AG)** | **Iowa Total Care (ITC)** | **UnitedHealthcare (UHC)** | **UHC Optum** |
| Care Coordination; Community-Based Case Managers (CBCMs) | * Pages 48-52 * Lists core components of CM model * Emphasizes person-centered planning * IDs CM process including initial discovery, assessments and informed consent; person-centered service planning; incorporating member choice into decisions; identification and referral of members needing LTSS; transition and discharge planning | * Page 47 * IDs provider’s responsibility for getting authorizations from CBCMs * IDs responsibilities of CBCMs | * Pages 33-34 * Lists responsibilities of CBCMs * IDs CBCMs as a resource to TCMs, case managers, and IHHs; CBCMs will complete internal assessments and drive the integrated plan of care; will help navigate the managed care system | * Page 48 * Provides a link to Complex Case Management Program page on *Provider Express* for members with complex behavioral health conditions, history of intensive BH service utilization in the past year, and member willingness to actively participate at least 90 days |
| Client Participation/Patient Liability | * Pages 54-55 * Describes a plan for working with the provider, member, and/or member to resolve payment issues | * Billing Manual, Page 22 * Defines client participation and instructs providers to collect from the member and bill ITC for full charges, from which member liability will be deducted | * Pages 29-30, 33 * Client obligation will be assigned to providers same as historically, if possible * Describes expectation that providers will collect client participation amounts * Allows providers to refuse services if a good faith effort to collect has failed | * Page 89 * Addresses member financial liability in the context of the member appeals process |
| Contact Information | * Pages 14-17 * List of 26 categories of contacts | * Pages 6-8 * List of 23 categories of contacts | * Page 1 lists Provider Services at 888-650-3462 | * Page 7 lists Provider Service Line at 877-614-0484 * Iowa Addendum lists additional contact information |
| HCBS: Behavioral Health Services | * Pages 18 & 36 include all HCBS waivers and Habilitation in list of covered services * Pages 45, 76-77 list Hab and CMHW services and IDs AG and IHH responsibilities | * Page 35 * Includes all HCBS waivers and Habilitation in list of covered LTSS – Community Based service | * Pages 71-72 * Includes Habilitation and Children’s Mental Health Waiver in list of covered mental health services | * None specific |
| HCBS: Claim Filing Information | * None specific to HCBS * Pages 98-138 address various types of claims, submitting and processing claims, appeals, etc. | * Billing Manual Pages 44-46 * Header is “HCBS Programs Billing Information”; briefly describes each HCBS program and references the IME HCBS manuals; no specific instructions | * Pages 29-30 * References IME HCBS manuals * Has specific instructions for date span billing, use of NPI, corrected claims, reconsideration and dispute process, and electronic funds transfers. | * None specific to HCBS * Pages 78-83 address billing members; coordination of benefits; claims submission, processing and payment * Lists some contacts for help with claims |
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| HCBS: Covered Benefits/Services | * Pages 43-45 * Overview of HCBS, including a list of services for each Waiver and for Habilitation | * Page 35 * Includes all HCBS waivers and Habilitation in list of covered LTSS – Community Based service | * Pages 26-28 provide an overview of HCBS, including a list of services for each Waiver and for Habilitation, and a description of Consumer Choices Option * Pages 56-61 list the various HCBS Waiver services alphabetically, provide a brief description of each, and IDs which waiver(s) include each service | * Iowa Addendum Pages 1-2 lists Mental Health Services, including CMH Waiver and Habilitation |
| HCBS: Critical Incident Reporting | * Pages 57-58 provide the definition and reporting requirements with links to the DHS form and to the AG form; also includes instructions for reporting suspected child or dependent adult abuse. * Page 74-75 repeat the same information, under the Behavioral Health section | * Page 89 identifies critical incident reporting as a potential source of data for feedback on specific performance * Manual does not ID process for reporting | * Page 34 * Includes state definitions and requirements; also addresses reporting of child or dependent adult abuse * Processes for both are addressed in the Provider Training section of UHCCommunityPlan website * Provides link to critical incident reporting form | * NA |
| HCBS: Electronic Visit Verification (EVV) | * Page 53 * Defines EVV and states that AG will partner with other MCOs to ID a single EVV option to be implemented in Iowa; rollout and training will be coordinated among the MCOs and the state | * Not addressed | * Pages 28-29 * Requires providers using EVV to monitor and immediately address service gaps, including back-up staff * States that HCBS care providers will use EVV when providing chore, home health aide, homemaker, IMMT, nursing, respite, senior companion, and supported community living | * NA |

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| HCBS: Provider Credentialing/Verification | * Pages 159-165 * Use of Council for Affordable Quality Healthcare (CAQH) Universal Provider Datasource (UPD) is encouraged for listed provider types * HCBS providers use a facility/ancillary application * Provides link to ownership disclosure form from CMS * Addresses professional liability coverage * A site visit is conducted for initial credentialing * Compliance is monitored on a monthly or quarterly basis; formal audits are conducted annually | * Pages 66-71 (HCBS-specific info on page 68) * Describes the application and credentialing process * Re-credentialing occurs at least every 36 months * Ongoing monitoring activities occur between credentialing cycles | * Pages 28-29 are HCBS-specific * References Iowa Medicaid Provider Manual for requirement guidelines * Briefly describes the documentation required * Providers are re-verified or re-credentialed every three years, unless otherwise specified * Pages 39- | * Pages 31-37 * NCQA guidelines are followed, unless otherwise required by law * Describes the documentation needed for the credentialing process * Mentions disclosure of ownership * Provides a link to a Credentialing Plan at Provider Express * Has specific info for BCBA and ABA agencies and telemental health * An on-site audit will be conducted for credentialing and re-credentialing if the agency is not accredited by an entity recognized by Optum |
| HCBS: LTSS Provider Responsibilities | * Page 52 has four bullet points, addressing integrated settings; notification by facility-based and home health agencies of a member death or move; the option to be part of the member’s interdisciplinary team; and to follow all applicable federal rules and regulations * Page 178 lists 17 items applicable to all providers, but many of the descriptions that follow on pages 178-183 focus on PCPs; eligibility verification, collaboration, medical records standards, updating provider information, contract termination, disenrollees, provider rights, prohibited activities, and misrouted PHI would apply | * Page 48 has 17 bullet points related to service delivery, compliance with the contract and other rules or regulations, confidentiality, participation in ITC education and initiatives, notifications regarding members, and transitional services * Pages 75-77 has numerous responsibilities, many of which are related to specific medical care, but some that are more applicable to all providers | * Page 28 has three bullet points related to services aligning with the plan of care; monitoring and immediately addressing service gaps if using EVV; and use of EVV for eight specific services * Pages 45-47 describe provider responsibilities for complying with HIPAA | * Page 33 lists provider responsibilities related to credentialing |

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| HCBS: Self-Direction (CCO & CDAC) | * Pages 52-53 * The state-defined process and requirements for CCO and CDAC are described * Provides links to the state web sites for the two programs, as well as Veridian’s website for CCO fiscal administration * Page 138 has billing instructions for CDAC | * Page 51 includes both services in the list of HCBS Waivers * Page 68 identifies a specific form to use when applying for CDAC credentialing * ITC Billing Manual page 8 allows hand-written claims for CDAC only | * Page 28 provides a brief description of CCO * Page 56 provides a definition of CDAC and lists the Waivers through which it is available | * NA |
| HCBS: Settings Guidelines | * Pages 45, 52, 55, 60 mention settings * Federal HCBS Settings Guidelines are not mentioned | * Pages 86-87 mention settings in the context of quality management * Federal HCBS Settings Guidelines are not mentioned | * Page 29 provides a brief description of the HCBS Setting Guidelines * A link to the Federal rules is provided | * Not addressed |
| HCBS: Transportation Service & NEMT | * Page 17 provides the phone number to schedule a ride through NEMT; Transportation service through four of the HCBS Waivers is defined; requires that nonemergent transportation must be contract through LogistiCare * Page 42 describes NEMT and Waiver Transportation in a little more detail * Page 58 provides additional details about Transportation services within the LTSS context | * Page 7 has a spot for the phone number to schedule a ride through NEMT (TBD) * Page 31 includes NEMT in the list of covered services for Medicaid * Page 51 includes Transportation in the list of HCBS Waivers | * Page 55 defines NEMT and provides the phone number to schedule a ride, which may require prior authorization * Page 61 defines Transportation service and lists the Waivers through which it is available | * Not addressed |
| Health Homes: General Information | * Pages 63-65 provide a fairly detailed description of the health home programs; a link to the Health Homes Supplemental Provider Manual is provided (through the secure provider login) * Pages 88-90 describe health homes programs in the context of medical management * Pages 189-190 describes the IHH program in the context of case management | * Pages 13-14 provide a brief description of the health home programs * Pages 44-45 describe the process through which ITC will refer members to IHHs * Page 51 identifies as an HCBS Waiver service “Care Management Services (for Members utilizing IHH)”. ITC clarified that this is under the wrong heading. IHH services require prior authorization. | * Page 25 provides a fairly detailed description of the health home programs; provides a link to the UHC website for more information (see link below); provides a link to IME website for health homes * Page 71 lists “Integrated health home mental health services and supports” as a covered mental health benefit | * Iowa Addendum Page 1 lists “Integrated health home mental health services and supports” as a covered mental health benefit |
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| ICF/ID: Claim Filing Information | * Page 115 defines the rate as 100% of AG rate(s) for nursing facility, intermediate care facility and state resource centers * Pages 128-129 list ICF/ID as an ancillary service and provide general institutional claims instructions; page 137 provides additional institutional claims instructions | * Page 48 briefly describes billing requirements for nursing facility and intermediate care facility providers | * Pages 30-33 include fairly detailed instructions for filing claims | * NA |
| ICF/ID: General Information | * Pages 46-48 describe the services provided in the facility and the precertification process | * Page 52 lists ICF/ID as a facility service; concurrent review Authorization required for state approved stays | * Not addressed | * NA |
| LTSS: Continuity of Care | * Pages 55-56 describe how LTSS services will be continued for members newly enrolled with AG until a new assessment and service plan are completed; includes continuing services from a noncontracted provider | * Pages 47-48 describe the service request process for LTSS; states that continuity of care coverage remains in effect until a new assessment and service plan are completed | * Page 73 describes the Transition of Care policy related to newly enrolled members and the Continuity of Care policy related to providers leaving the network; both relate only to timeframes for which UHC will pay an out-of-network provider | * Page 37 and 51 state that Optum will notify members affected by a contract termination at least 30 calendar days prior to the termination, whenever feasible |
| **Location of Manual(s)** | **Amerigroup Provider Manual:**  [**https://providers.amerigroup.com/ProviderDocuments/IAIA\_ProviderManual.pdf**](https://providers.amerigroup.com/ProviderDocuments/IAIA_ProviderManual.pdf) | **Iowa Total Care Provider Manual:** [**https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/IowaTotalCareBillingManual.pdf**](https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/IowaTotalCareBillingManual.pdf)  **ITC Provider Billing Manual:**  [**https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/IowaTotalCareBillingManual.pdf**](https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/IowaTotalCareBillingManual.pdf) | **UHC Provider Manual:**  [**https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/IA-Health-Link-Hawki-Care-Provider-Manual.pdf**](https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/IA-Health-Link-Hawki-Care-Provider-Manual.pdf)  **For page 25 HH General Info link, use https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fcommplan%2Fia%2Fresources%2FIA-HealthLink-Care-Coordination-QRG.pdf** | **OPTUM National Network Manual:**  [**https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/netwManual/NatNetManual.pdf**](https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/netwManual/NatNetManual.pdf)  **OPTUM Iowa Addendum:** [**https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/stateAddendums/iaMcadManual.pdf**](https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/stateAddendums/iaMcadManual.pdf) |