

UnitedHealthcare Community Plan of Iowa

Market Exit

Frequently Asked Questions

Overview

The State of Iowa and UnitedHealthcare have announced that UnitedHealthcare Community Plan will exit the Iowa market once our current contract ends, and our members have been transitioned, which is anticipated to be on June 30, 2019.

UnitedHealthcare Community Plan is honored to have served Iowans in the IA Health Link program for the past three years and the Hawki program for the past twenty years. We'll continue to serve our UnitedHealthcare Dual Complete® (HMO SNP) members, and we remain committed to ensuring a smooth and seamless transition for all of our existing IA Health Link and Hawki members.

If you have questions, please call Provider Services at 888-650-3462. Additionally, you can continue to access UHCprovider.com for information and support.

This doesn't affect UnitedHealthcare commercial, Medicare Advantage, or Dual Complete (HMO SNP) members.

Key Points

UnitedHealthcare Community Plan will exit the IA Health Link and Hawki market as of June 30, 2019.

We'll transition our IA Health Link and Hawki members, starting July 1, 2019.

We'll continue to serve UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Dual Complete (HMO SNP) members in Iowa.

Frequently Asked Questions

What is the anticipated timing for this market exit?

Our current contract is anticipated to end on June 30, 2019 and we're working to transition members, effective July 1, 2019. We're currently working with the state to finalize timing and will share more details with you as they are available.

How will this affect care providers with a UnitedHealthcare Community Plan contract in Iowa?

We'll continue to administer and support our Provider Agreements during the member transition in accordance with your current Agreement terms.

If you have questions about your UnitedHealthcare Provider Agreement, please contact your Provider Advocate or local network management contact. If you aren't sure who to contact, go to UHCprovider.com > Menu > Contact Us > Find a Network Contact.

How will this affect other UnitedHealthcare plans in Iowa?

Please continue to serve the UnitedHealthcare Community Plan members during this member transition. This will not affect any other UnitedHealthcare plans in Iowa. Please continue to serve UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Dual Complete (HMO SNP) members as you normally would.

Will UnitedHealthcare Dual Complete (HMO SNP) members continue to have coverage?

The UnitedHealthcare Dual Complete (HMO SNP) plan won't be affected by this change. Eligible members can enroll in, and will be served by, the UnitedHealthcare Dual Complete (HMO SNP) plan, regardless of their Medicaid Managed Care Organization (MCO). UnitedHealthcare will still serve as their primary payer and members will continue to receive all the additional benefits of the plan. If members have questions about their UnitedHealthcare Dual Complete (HMO SNP) plan, they should call UnitedHealthcare at: 844-368-6883 (TTY 711), 8 a.m. – 8 p.m. in your time zone, 7 days a week.

Member Care

What are you doing to help ensure members have a smooth transition?

We're committed to a smooth transition for our UnitedHealthcare Community Plan members in Iowa. If a member would like to join a different plan, please instruct them to call Iowa Medicaid Enterprise Member Services at 800-338-8366, 8 a.m. – 5 p.m., Monday – Friday or visit [dhs.iowa.gov > Medicaid > About Iowa Medicaid > Contact Directory](https://dhs.iowa.gov/medicaid/about-iowa-medicaid/contact-directory) > [Member Services Contact Directory](#).

Please continue to verify member eligibility and health plan effective dates to help your office determine if a member has already chosen another health plan.

Who should I contact for member continuity of care?

UnitedHealthcare will continue to ensure members receive the necessary care throughout the duration of the contract. The member's new MCO will honor continuity of care for a period of time after the member enrolls with them. More details on continuity of care for your patients with IA Health Link and Hawki coverage will be provided by Iowa Medicaid Enterprise (IME) or the member's new MCO.

Will anything change around notifications, authorizations and medical necessity for members who need continuity of care as of July 1?

UnitedHealthcare will continue to ensure members receive the necessary care and will continue to authorize medically necessary services throughout the duration of the contract.

Claims

How long will I have to file claims?

Please continue to submit claims for dates of service up to and including June 30, 2019. We're currently working with the state to finalize timing and will share more details with you as they are available.

In most cases, acute inpatient admissions (DRG stays) for medically necessary hospital inpatient services with an admission date prior to July 1, 2019 and a discharge after July 1, 2019 will be the responsibility of UnitedHealthcare Community Plan for up to 60 days. Acute inpatient admissions with an admission date prior to July 1, 2019 that exceed 60 days must be split billed following IME policy.

After June 30, will UnitedHealthcare continue to process claims according to the current contracts?

Yes, we'll continue to administer and support our Provider Agreements during the member transition in accordance with your current Agreement terms.

Will the timely filing standards still apply for June?

Our timely filing, claims submission and provider dispute and appeals process will remain the same. We'll continue to administer claims processing based on your Provider Agreement, including the timely filing limit and your ability to submit claim reconsiderations. Please consult your Provider Agreement and the Care Provider Manual for more detailed information. The Care Provider Manual also provides information about how to submit appeals and other requests on behalf of members.

You can find the Care Provider manual at UHCprovider.com > Menu > Care Provider Administrative Guides and Manuals > Administrative Guide for Commercial, Medicare Advantage and DSNP.

Resources

Who should I contact for more information?

To help make this transition easier for you, our network contracting and provider services staff will continue to be available after June 30, 2019 to address any questions or concerns. If you have questions, please call Provider Services at 888-650-3462. Additionally, you can continue to access UHCprovider.com for information and support.

Here are a few other resources:

Provider Services

Phone: 888-650-3462, 7:30 a.m. – 6 p.m. Central Time, Monday – Friday

Contact us for information regarding:

- Behavioral health referral
- Claims corrections
- Getting a member a ride
- Language interpreter services
- Member eligibility
- Prior authorization
- Reach a community-based case manager
- Referrals to specialists

Claims and Appeals

Claims Mailing Address

UnitedHealthcare
Attn: Claims
P.O. Box 5220
Kingston, NY 12402-5220

Claims Appeals and Disputes

UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131

Pharmacy Contact Information

Prior Authorizations Phone: 800-310-6826
Prior Authorizations Fax: 866-940-7328

Who should I direct members to call if they have questions?

If members have questions related to UnitedHealthcare, please direct them to call UnitedHealthcare IA Health Link and Hawki Customer Service at 800-464-9484, 8 a.m. – 5 p.m., Monday – Friday, TTY 711. For questions about the transition, or about joining another plan, please have members call Iowa Medicaid Member Services toll free at 800-338-8366, 8 a.m. – 5 p.m., Monday – Friday.