



# MCE Contracting

December 19, 2023

# Agenda For Meeting



**INTRODUCTIONS  
AND BACKGROUND**



**MCE CONTRACT  
OVERVIEW**



**QUESTIONS**



**MCE PROVIDER  
OUTREACH**



**PROVIDER  
PORTAL  
OVERVIEW**

# Indiana PathWays for Aging



- Indiana PathWays for Aging will offer **more choices** to receive services at home or in a community setting, in addition to a nursing facility.
- PathWays members can choose one of three MCEs (health plans): Anthem, Humana, and UnitedHealthcare
- Each MCE:
  - Offers the same Medicaid health coverage for medical expenses such as doctor visits, hospital care, therapies, medications, prescriptions, and medical equipment.
  - Offers a care coordinator to assist with coordination of benefits and medical needs.
  - Offers different special value-added benefits (enhanced benefits) such as gym membership, gift cards for groceries or household items, and healthy lifestyle aids.



# Indiana PathWays for Aging

Most Hoosiers aged 60 and over who are eligible for Medicaid based on age, disability, or blindness will be enrolled in PathWays.

- Some are already in managed care
  - Individuals 60 and older enrolled in Hoosier Care Connect (HCC).
- Most are in Fee For Service (FFS)
  - About 40% are in NFs or on the A&D waiver
  - About half (50%) are Hoosiers over 59 who are on Medicare

# Indiana PathWays for Aging



- Each waiver provider will have the option to join each MCE's provider network through the MCE contracting process.
- MCEs are required to contract with any willing provider for the first three (3) years.



# MCE Provider Services

- A unit that works with contracted providers and may have different names.
  - Provider Network Management (PNM)
  - Provider Relations (PR)
- LTSS dedicated provider relations staff
- Providers will receive MCE contract specific to HCBS (all contracts provided have been reviewed and approved by FSSA through the readiness process).

# MCE HCBS Provider Outreach and Contracting Contacts \*



- Anthem
  - April Walton
  - [INmltssproviderrelations@anthem.com](mailto:INmltssproviderrelations@anthem.com)
  - 219-742-5323
- Humana
  - Terry King
  - [LTSSContracting@humana.com](mailto:LTSSContracting@humana.com)
  - 866-274-5888
- UnitedHealthcare
  - Dorian Trice
  - [IN\\_providerservices@uhc.com](mailto:IN_providerservices@uhc.com)
  - 763-361-1650

# Overview of Key Documents for Provider Contracting



## Contract Overview:

### All MCEs

MCE's contract requirements and application can be located on the MCE provider website or MCE provider portal

- Documents that are required to be submitted with the application
  - W-9
  - Copy of Division of Aging waiver certification
  - License if applicable

*MCEs may require providers to submit proof of EIN and Business Name, certificate of insurance, or other necessary documents after submission of the application.*



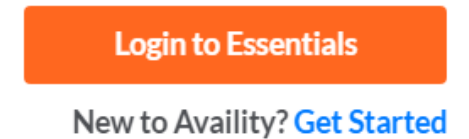
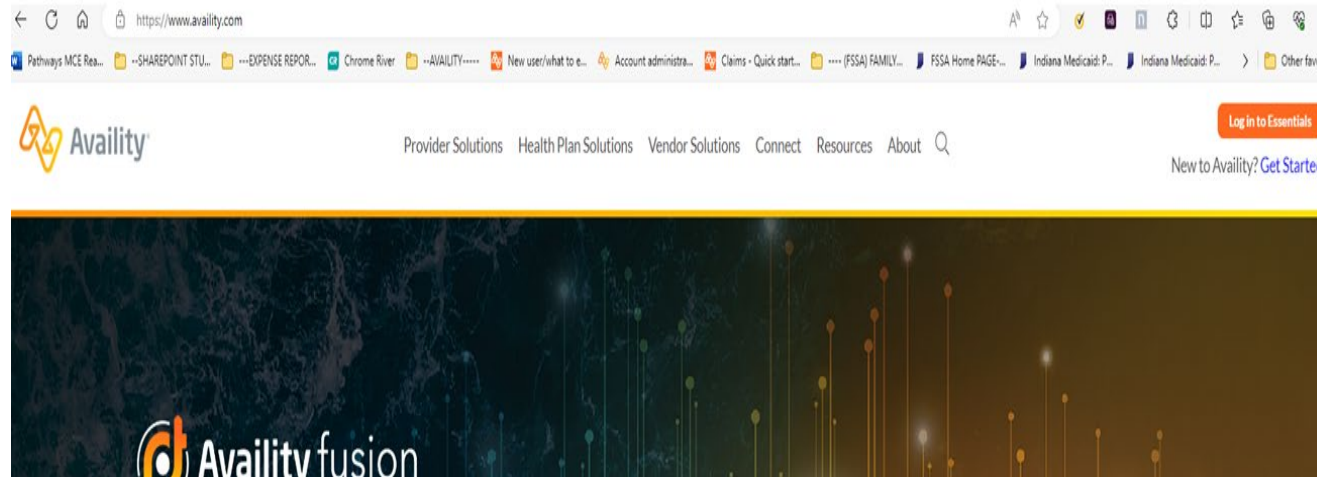


# Overview of Provider Portals

- Both Anthem and Humana use Availity ([www.availity.com](http://www.availity.com)).
- UnitedHealthcare uses a proprietary system, UnitedHealthcare Provider Portal.
- All have the following capabilities:
  - View service authorizations
  - Claims submission
  - Remittance advice download
  - Provider profile management
  - Ability to communicate with the MCE directly
  - Members assigned to provider

# How to Register for Availity

- Providers interested in contracting with Anthem and/or Humana can start the registration process through Availity Essentials at Availity.com.
- All Providers start the registration process by navigating to Availity.com and Selecting “get started” from the top right corner of the Availity website screen.



# Registering with Availity

- Providers are brought to the “Get Started” page and can select Create Account under the heading “Caregiver or Atypical provider.”

Availity

Log in to Essentials

New to Availity? [Get Started](#)

Provider Solutions ▾ Health Plan Solutions ▾ Vendor Solutions ▾ Connect ▾ Resources ▾ About ▾ 🔍

## Get Started

To get started with Availity Essentials, choose the option that best describes your situation.

### Caregiver or atypical provider

I offer personal care, adult day care, taxi-services, or home modifications, and I need to exchange information with health plans (i.e. benefit requests, authorizations, remittances). Join us for a live webinar or explore more on our [training site](#).

Create Account

ATYPICAL PROVIDERS

# Creating the user account

- Providers will complete all fields listed and select continue.
- Providers will have the option to verify or edit their information.
- When ready, providers can select create account.

**Your Information**

Verify the information below is correct, changing this later will be difficult.

**Name**  
Example Provider

**Email Address**  
ExampleProvider@email.com

**User ID**  
ExampleProvider

By clicking Create Account, I agree to the Avallity Privacy and Security Statement and Confidentiality Agreement.

**Create User Account**

Your First Name

Your Last Name

Your Email Address

User ID

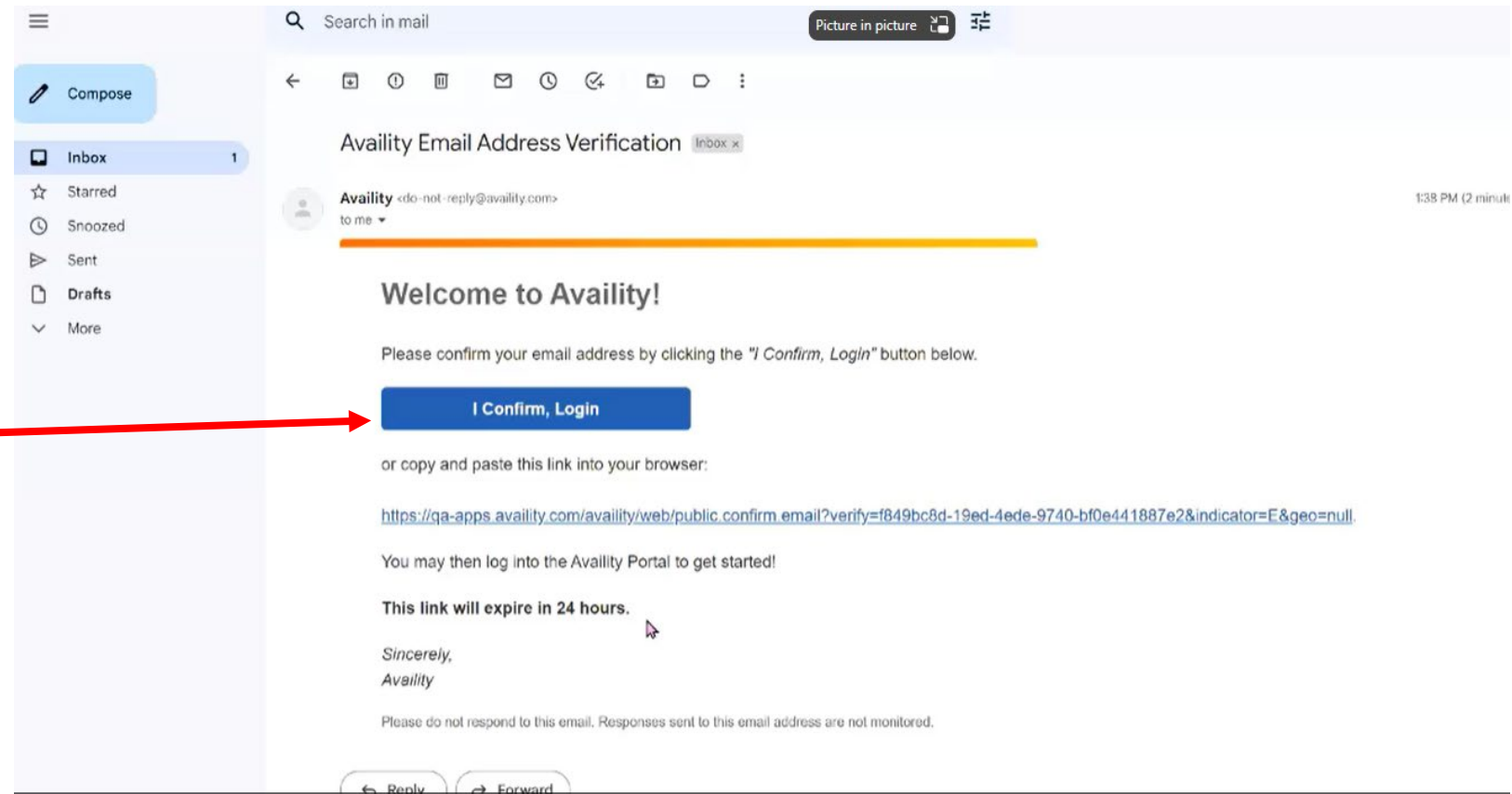
Password

Choose a region where you do business  
Select one, don't worry, you can add more later

**Already have an account?**

# Email verification

- Providers can check their email and select “I confirm, Login” to verify their email address and login to the Availity portal.



# Organization setup

Providers will need to associate to an organization and can select continue under the caption- “ I need to register a new organization and will be the primary administrator.”



Welcome to Availity Essentials!




ExampleProvider

Before you can use Availity, you must associate yourself to an organization.


Which of these sounds most like you?

My co-workers already use Availity, and I need access to our existing organization.



Continue


I need to register a new organization and will be the primary administrator.



Note: Personal ID verification is required to register an organization

Continue

Our office must register our first organization but someone else should be the primary administrator.



Continue

## Registering your organization

Providers are brought to the Manage my organization page and should select “Register an Organization.”

Avallity essentials Home Notifications 2 My Favorites Florida Help & Training Example's Account Logout

Keyword Search

Home > Manage my Organization Need help? [Watch a demo](#) for registering an organization.

### MMO Manage My Organization [Give Feedback](#)

#### Organizations

[Register an Organization](#)

Org Name Search...

Newest to Oldest

Active Pending Rejected

No organizations found.

Welcome to the Avallity portal!  
It looks like you aren't linked to an organization yet.  
Click *Register an Organization* to set up your office and start using the Avallity portal.  
If you have already registered an organization, try checking the pending or rejected tab on the left to see it's current status.

# Home and Community Based Services (HCBS)/Atypical Provider Organizations

Atypical providers should select the option “**This organization does NOT have an NPI**.” This organization is an atypical provider and does not provide healthcare as defined in 45 Code of Federal Regulations (CFR) section 160.103.

## Atypical Providers are defined as:

- Providers who do not provide medical services
- Not eligible to receive an NPI
- HCBS providers, as well as case management, and emergency transportation services fall under the Atypical provider category.

\* Does this organization have an NPI? [?](#)

- This organization has an NPI.
- This organization does NOT have an NPI. This organization is an atypical provider and does not provide health care, as defined in 45 Code of Federal Regulations (CFR) section 160.103.

\* Organization's NPI

If you have both individual (entity type 1) and organization (entity type 2) NPIs, enter the organization's NPI.

- \* I agree to be one of the administrators for this account, and I have the organization's authority to, and do, accept [Availity's Organization Agreement](#).

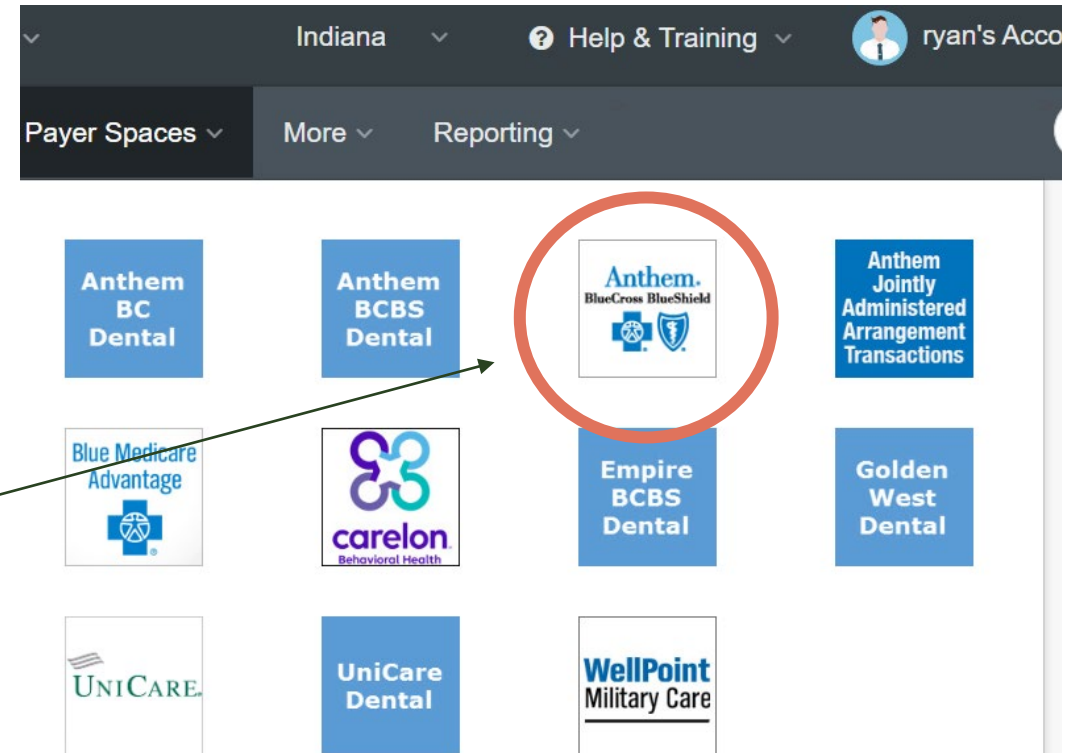
Back

Next



# Anthem's Payer Spaces

- Once registered for Availity – providers can login to the portal and select:
  - Payer spaces  
(Found on the main Availity dashboard)
  - Select the Anthem logo (the specific payer they are looking for)
  - Select the applications tab, then Provider Enrollment



# How to Contract with Anthem

## Digital Provider Enrollment Tool (DPE)

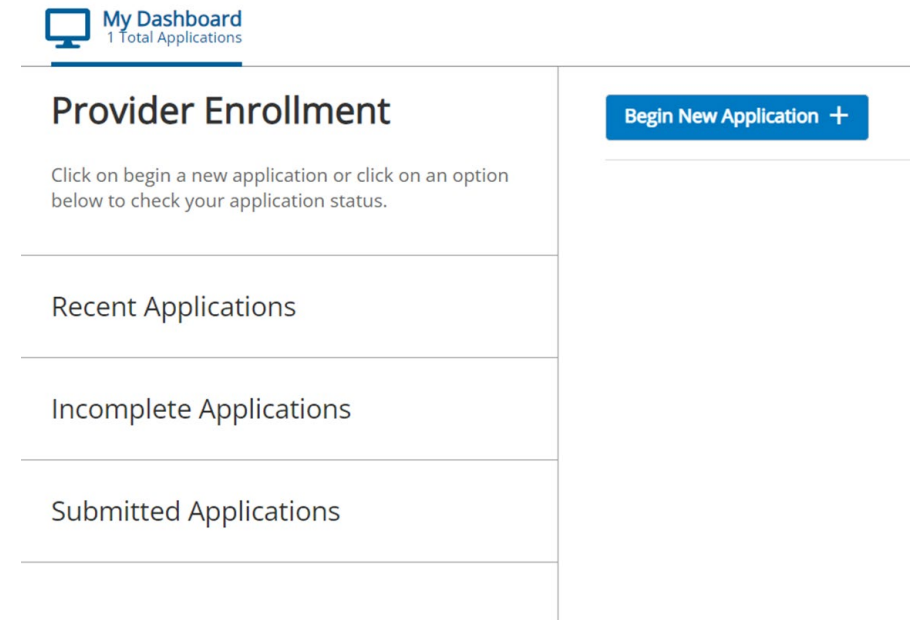
- LTSS providers, including atypical/HCBS providers who do not have a National Provider Identifier (NPI), wishing to participate in the Indiana PathWAYS for Aging Program with Anthem Blue Cross Blue Shield can apply digitally by utilizing our automated Digital Provider Enrollment tool hosted on the Availity Portal.
- The tool is available in Availity by selecting the “Provider Enrollment” square on the Anthem Payer Space page.



**Provider  
Enrollment**

# Anthem's Digital Provider Enrollment tool dashboard

- Providers are taken to the Enrollment Dashboard page, where they can select **Begin New Application** to submit their enrollment.



# Anthem's Digital Provider Enrollment-Helpful Reminders

Select your information below to confirm your ability to continue:

Which organization is this for? [?](#)

Select Organization

What is the tax ID for this? [?](#)

Choose Tax ID

What type of provider are you?

LTSS (Long-term Service and Support)

Please be aware that you will be required to include a copy of your Division of Aging Waiver along with accreditation/certifications prior to hitting submit. If you do not have this information available, please do not continue with the process.

Would you like to continue ?

Yes  No

Continue

[Return to dashboard](#)

- Providers will want to choose LTSS (Long-term Service Support) when selecting from the **What type of provider are you?**
- Required documents with your application include:
  - a current W-9
  - Copy Division of Aging waiver certification, and
  - copy of license if applicable
- The dashboard page also allows providers to check the status of their applications, once submitted.

# Anthem Provider Education/Training and Outreach

## Go-live support:

- **Dedicated Provider Relations representative:** Long-term services and supports (LTSS) providers will be assigned a local and dedicated Provider Relations representative, equipped with the expertise to offer comprehensive support and resources. Leading up to implementation, the team is offering ongoing office hours to walk providers through the Digital Provider Enrollment tool and will offer in-person or virtual support to include individualized training, resources, and tools dependent on your needs and preferences.
- **Monthly office hours:** We will offer virtual monthly office hours where providers may connect with Anthem's LTSS Provider Relations team to get answers to questions or seek technical assistance in preparation for implementation.
- **LTSS provider webinars:** We will host monthly webinars covering a variety of LTSS provider-focused topics designed to support you in the PathWays for Aging implementation.

## Anthem provider essentials:

- Anthem's Indiana PathWays for Aging Quick Reference Guide
- Anthem's Indiana PathWays for Aging Provider Manual
- Registration for claims submission
- Enrollment in electronic funds transfer
- Anthem's comprehensive Training Support, to include topics such as:
  - Claims and billing
  - Authorizations
  - Person-centered planning
  - Accepting referrals
  - HCBS settings rule
  - Workforce development
  - Value-based programs

# Your Anthem LTSS Provider Relations Team

**Director of Provider Relations:** Al Bracken

Email: [Albert.Bracken@anthem.com](mailto:Albert.Bracken@anthem.com)

317-402-8442

## Provider Relationship representatives

Northern Indiana

Latasha Cobb

317-503-0843

[LaTasha.Cobb@anthem.com](mailto:LaTasha.Cobb@anthem.com)

Central Indiana

David Castaneda

317-503-0843

[David.Castaneda@anthem.com](mailto:David.Castaneda@anthem.com)

Southern Indiana

Haley Osborne

317-671-2141

[Haley.Osborne@Anthem.com](mailto:Haley.Osborne@Anthem.com)

**LTSS Provider Relations email:** [INMLTSS@ProviderRelations@anthem.com](mailto:INMLTSS@ProviderRelations@anthem.com)

**Website:** [Indiana PathWays for Aging | Anthem](#)

**Map:** [Indiana PathWays for Aging Network Relations Map and Supports](#)

## Additional resources and contacts:

Workforce Development Administrator  
Amanda Wills [Amanda.Wills@anthem.com](mailto:Amanda.Wills@anthem.com)

317-671-3220

LTSS Provider Training Specialist

Ryan Fennessy

[Ryan.Fennessy@anthem.com](mailto:Ryan.Fennessy@anthem.com)

317-671-3220

HCBS Contracting Network Specialist

April Walton

[April.Walton@Anthem.com](mailto:April.Walton@Anthem.com)

219-742-5323

# How to Contract with Humana



**Step 1:** Enroll with Indiana Health Coverage Programs (IHCP) – Collect your Division of Aging Waiver Certification Letter to submit to Humana.

**Step 2:** Initiate Request to Join Humana Network:



Email:

[LTSSContracting@humana.com](mailto:LTSSContracting@humana.com)

Phone:

866-274-5888

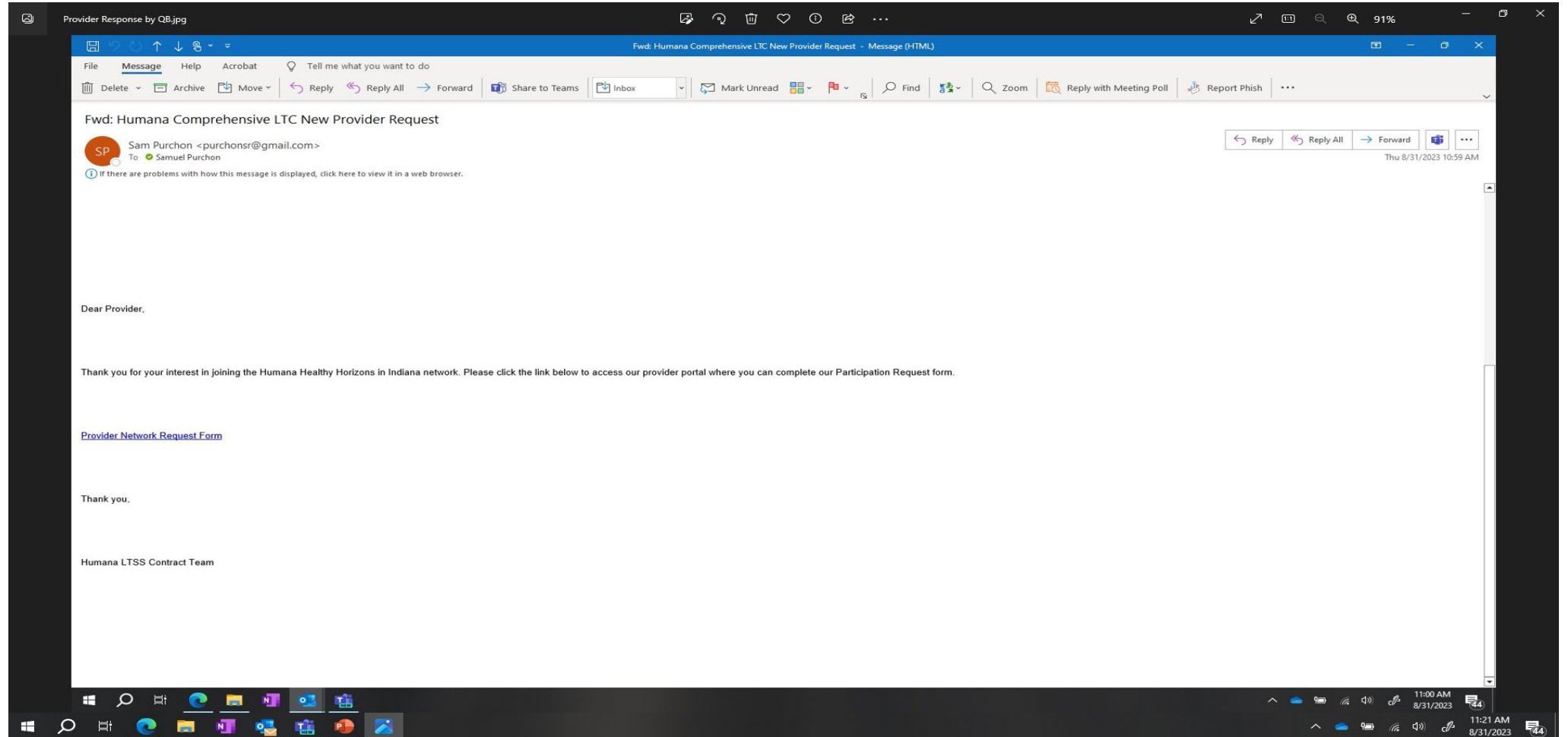
Note: Ability to initiate network participation request through Humana.com to be available Q1 2024

**Step 3:** Your dedicated HCBS provider contractor will outreach to you within the next business day and provide you an email link to submit your demographic assessment form and other required documents. A copy of your Humana Agreement will also be provided upon complete application.

**Step 4:** Return your documents to Humana. Humana provides the flexibility to return your documents electronically (through link provided by your dedicated HCBS provider contractor) including ability to sign your Agreement through a secure Adobe Sign electronic application, or if preferred Humana will accept documents returned via mail or email.

Humana Mailing Address: PO Box 74007 Louisville, KY 40201  
Indiana Family and Social Services Administration

# How to Contract with Humana





# How to Contract with Humana



**Provider Network Request Forms > Add Request Form** Save & close Cancel

**Provider Identifiers**  
Fields with a red asterisk are required to be filled out prior to form submission.

**TIN \***  **NPI**  **Medicaid Provider ID \***

**Legal Name**  **Management/Ownership Group Name**

**Contact Information**

**Contact Name \***  **Contact Email \***  **Contact Phone \***  ext.

**Confirmation**

What email address is best for sending a receipt confirmation of your request? \*

**Provider Forms**

**Download LTSS Provider Assessment Form**  **Upload Completed LTSS Provider Assessment Form \***  No file chosen

**Download W-9 Form**  **Upload Completed W-9 Form**  No file chosen

If applicable, please also attach the following documents:

**Division of Aging (DA) Waiver Certification Letter**  
 No file chosen

**Professional Licensing Agency License**  
 No file chosen

Providers can also submit contracts via: Physical Address: HUMANA P.O. Box 74007, Louisville, KY 40201, Phone # 877-233-4705, Email: LTSSContracting@humana.com

# How to Contract with Humana



Itsscontracting @ hum... 14:38



to me ▾

Your Unique Provider Identifier #1234.

Dear Provider,

Thank you for your interest in joining the Humana Healthy Horizons in Indiana LTSS network. We have received your request and appreciate your willingness to work with us. Your assigned Provider Contracting Representative will be in touch within two (2) business days, and will be able to answer any questions you may have. We look forward to the possibility of collaborating with you in the future!

Thank you,

Humana LTSS Contract Team

# How to Contract with Humana



Dear Provider, Unique Provider ID #1234  
Your Request to Join the Network has been denied.  
Deny Reason: Incomplete Assessment Form  
Denied On: 11-09-2023

Thank you,  
Humana Healthy Horizons in Indiana  
Phone # 877-233-4705  
Email: [LTSSContracting@humana.com](mailto:LTSSContracting@humana.com)

# Availity Claim Submission – Humana



## Professional claim submission

1. From the Availity home page, click **“Claims & Payments | Claims & Encounters.”**

2. From the Health Care Claim page, in the Payer field, select **“HUMANA”**

3. Select **“Primary”** from the Responsibility Sequence field.

**Tip: All HCBS providers will use the professional claim.**



# Availity Claim Submission - Humana

1. Select the billing provider from the drop-down list and click **“Request Member Roster.”**
  2. Select the member and click **“Continue.”**
- Patient and billing provider information will be auto-populated.
- Note: Provider NPI will not be required if the HCBS provider does not have a NPI.

The image shows two overlapping screenshots from the Availity system. The top screenshot is the 'Billing Provider Information' form, and the bottom screenshot is the 'Member Roster' window.

**Billing Provider Information Form:**

- Select a Provider: ?
- \* NPI: ?
- \* Tax ID: ?
- Important: Enter the tax ID to which the claim should be paid.
- \* Date of Service From: ?  /  /
- \* Date of Service To:  /  /

Buttons: **1** Request Member Roster, Close Window

**Member Roster Window:**

Select a member from the list below:

Member Information	Prior Authorization Number	Service Date From	Service Date To	Revenue Code	Procedure Code	Service Cour
<input checked="" type="radio"/> H12345678 PATIENT, JOE 10/10/1939 Male 123 HEALTHY AVE, ANYCITY, FL 32579	93033776	12/18/2015	12/21/2015		T1019	0

Buttons: **2** Continue, Back

# Availity Claim Submission - Humana



Availity Home Notifications Florida Payer Resources Help Demo's Account Payer Spaces

## Professional Health Care Claim [Learn More >>](#)

\* indicates a required field

\* Payer: ? HUMANA LONG TERM CARE

\* Organization: TEST - Demo Org - Provider

Transaction Type: ? Professional Claim

\* Responsibility Sequence: ? Primary

**Patient Information**

\* Last Name: PATIENT

\* First Name: JOE

Middle Name or Initial:

\* Date of Birth: 10 / 10 / 1939  
MM DD YYYY

Date of Death: / /  
MM DD YYYY

\* Gender: Male

Country: ? United States

\* Address 1: 123 HEALTHY AVE

The provider and member demographic information will be pre-filled. (\*).

# Availity Claim Submission - Humana



1. An optional section allows you to add additional information about the claim.
2. The principal diagnosis code will autopopulate, and additional codes can be added.
3. Enter the member's Medicaid ID number.
4. Signature of file

This claim has additional provider information...

- additional billing provider contact information
- a billing provider pay-to address that is different from the billing provider address
- a rendering provider
- a supervising provider
- a service facility location that is different from the billing provider
- a referring provider

**2** Diagnosis Codes ?

\* Principal Diagnosis Code: R5381 [ICD-10 Code Verification ?](#)  
[+] Add Another Code

Claim Information

**3** \* Patient Control Number / Claim Number: ?

Medical Record Number: \_\_\_\_\_

\* Place of Service: ? 12 - Home

\* Billing Frequency / Claim Type: ? 1 - Admit through Discharge Claim

**4** \* Provider Signature on File: Select One



# Availity Claim Submission - Humana

1. Click the claim line to populate the information in the fields below.
2. Select “**Diagnosis Code Pointers.**”
3. Enter the charge amount and enter a number higher than zero for the number of units (i.e., visits).

Line Number	Date(s) of Service: From To	Place of Service	Procedure Code CPT/HCPCS	Modifiers 1 2 3 4	Diagnosis Pointer	Charges	Minutes or Units	Prior Auth Number	
1	12/18/2015 12/21/2015		T1019			\$0.00	0 Units		<a href="#">Remove</a>
Total:						\$0.00			

Line Number: 1 of 1  
Line Item Control Number: ? 1

\* Date of Service: ? From 12 / 18 / 2015 To 12 / 21 / 2015  
MM DD YYYY MM DD YYYY

Place of Service: ? Not Specified

\* Procedure Code: ? T1019

Modifiers: 1 2 3 4

\* Diagnosis Code Pointers: ? Select One Select One Select One Select One  
\* 1 2 3 4

\* Charges:

\* Number of: ? 0 Units

Prior Authorization Number: ?

This service line also includes...

- reporting of a national drug code (NDC)
- reporting both rental and purchase price for durable medical equipment (DME)
- a certificate of medical necessity (CMN)



# Availity Claim Submission - Humana



1. You can also include additional service line details, **if needed**.
2. Click **“Save to Service Line”** to apply the information to the claim.
3. If all required fields have been completed and you have clicked **“Save to Service Line,”** you are ready to submit the claim. Click **“Submit.”**

Your claim will be processed in real time, and you will be notified immediately if it has been accepted or rejected.

Diagnosis Code: R5381 | Select One | Select One | Select One

Charges: 150.00

Number of: 1 | Units

Prior Authorization Number: ?

This service line also includes...

- reporting of a national drug code (NDC)
- reporting both rental and purchase price for durable medical equipment (DME)
- a certificate of medical necessity (CMN)
- a rendering provider
- a supervising provider
- a referring provider or other source
- an ordering provider
- a different service facility in which services were rendered

Save to Service Line

Submit | Clear | Add to Batch

# Humana Provider Education/Outreach



Humana Will Work to Reduce Administrative Burden and Enable Success



Dedicated Provider Education/Outreach Representative



Provider Engagement & Training



Provider Website & Self-service Tools



Continued Provider Support and Education

## Provider Education & Training Overview:

- **Dedicated HCBS Provider Relations Team**
- **Weekly/Monthly/Quarterly** provider education and training
- Customized training plan
- **Provider Education office visits**
- Townhalls/Office Hours/Provider Forums
- **Assist with technological challenges** and/or accommodation support
- Contact for **any questions or concerns**
- **MCE collaboration**



# Humana Provider Education Team Contact Information

Denise Watson, Director of Provider Engagement  
463-280-5327 | [dwatson31@humana.com](mailto:dwatson31@humana.com)

Kevin Cox, Provider Engagement  
812-572-0110 | [kcox23@humana.com](mailto:kcox23@humana.com)

Bria Steele, Provider Engagement  
317-677-2693 | [bsteele13@humana.com](mailto:bsteele13@humana.com)

Cindy Cobb, Provider Engagement  
317-991-2896 | [ccob7@humana.com](mailto:ccob7@humana.com)


General Questions or Concerns  
866-274-5888 | [INMedicaidProviderRelations@humana.com](mailto:INMedicaidProviderRelations@humana.com)








# How to Contract with UHC

[How to Join the UnitedHealthcare network | Indiana | UHCprovider.com](https://www.uhcprovider.com)

## How to Join the UnitedHealthcare network

[Expand All](#) 

<b>Ancillary Facilities</b>	
<b>Behavioral Health</b>	
<b>Dental Providers</b>	
<b>Health Care Professionals (excluding Specialists Listed Below)</b>	
<b>Home and Community Based Services (HCBS)</b>	



# How to Contract with UHC

## To begin the process

This section applies to Home and Community Based Service (HCBS) providers.

The Ancillary Community Support Services (ACSS) team supports those provider types typically considered home and community based. Below is a list of provider types managed by this team:

- Adult day Services
- Adult Family care
- Assisted Living
- Attendant Care
- Caregiver Coaching and Behavior Management Services (new)
- Community Transition Services
- Community Transportation
- Home Modification Assessment
- Home Modifications
- Financial Management Services
- Home and Community Assistance
- Home-delivered meals
- Integrated Healthcare Coordination
- Nutritional Supplements
- Personal emergency response systems
- Pest control
- Respite Services
- Specialized Medical Equipment and Supplies
- Structured Family Caregiving
- Vehicle modification

Participation in the HCBS provider network requires care providers to submit the following documents to confirm HCBS certification and Medicaid enrollment with the state:

- Completed Indiana Ancillary Community Support Services Demographic form sent by care provider.
- Copy of DA Waiver Service Certification letter. This letter will be sent in by care provider.
- W-9 form to be sent by care provider.

To start the process, please email the following to [hcbsprovidernetwork@uhc.com](mailto:hcbsprovidernetwork@uhc.com):

- Provider name
- Provider address
- Contact name
- Contact phone number
- Contact email
- Tax ID number (TIN)
- Legacy Provider Identifier (LPI)
- Services provided

You must also enroll with the Indiana Health Coverage Programs (IHCP). If you haven't already done so, complete your IHCP [provider enrollment application](#). [↗](#)

Email [hcbsprovidernetwork@uhc.com](mailto:hcbsprovidernetwork@uhc.com)

- Provider Name
- Provider address
- Contact name
- Contact phone number
- Contact email
- Tax ID number (TIN)
- Legacy Provider Identifier (LPI)
- Services provided



# How to Contract with UHC

**Get documents signed**  
Send an agreement to others for e-signing, approval, or other processing.

Send from: National HCBS CAS (Primary Group)

**Recipients\***  
Complete in Order  Complete in Any Order  Add Me Add Recipient Group

1 Myself Email

2 Enter recipient email

Show CC

**Message\***

ABC Home Care Services demographic form for UnitedHealthcare IN Pathways

Dear Provider,  
Please review and complete the attached demographic form. Once returned you will receive a response within 24 hours advising if your application is clean or unclear. You will

**Files\*** Add Files

Indiana Demographics Form\_0915.2023 X

W-9 Blank Form X

Drag More Files Here

**Options**

Completion Deadline  
120 days  
to complete this agreement.  
Agreement expires after Jan 11, 2024.

Set Reminder

Recipients' Language  
English: US

Preview & Add Signature Fields

Next

Dear Provider,

Please review and complete the attached demographic form. Once returned you will receive a response within 24 hours advising if your application is clean or unclear. You will receive your unique ID at that time. If you have questions or issues while completing the form, please contact our team mailbox at [hcbsprovidernetwork@uhc.com](mailto:hcbsprovidernetwork@uhc.com).

Sincerely,  
National Ancillary Support Team

# How to Contract with UHC



Provider goes out to Adobe Sign and completes the application

The screenshots show the following sections of the UnitedHealthcare Ancillary Community Support Services Provider Demographic Form:

- Instructions:** Lists requirements for completion, including providing application and component information, a copy of the IRS letter, W-9, and a copy of the Department of Aging (DA) waiver certification letter.
- Business Information:** Fields for Principal/Corporate Owner, Legal Business Name, Doing Business As (DBA) Name, Business Description, Tax ID Number, and questions about Medicare and Home Health Care Agency status.
- Primary Service Location Address:** Fields for street, city, state, zip code, phone, and fax numbers, along with an office hours table and accessibility questions.
- Other Address:** Fields for mailing and billing/portal addresses, including street, city, state, zip code, phone, and fax numbers.
- Additional Place of Service Address:** Fields for an additional service location address, including street, city, state, zip code, phone, and fax numbers.
- Community and State Network Services:** A grid of checkboxes for various services such as Adult Day Services, Home Modification Assessment, and Financial Management Services.
- W-9 Request for Taxpayer Identification Number and Certification:** A section for providing the provider's tax identification information, including a sample TIN (123456789).



# How to Contract with UHC

- Provider will receive consistent communication through the process
  - Confirmation of demographic form submission
  - Determination of clean or unclean submission
- Contractor submits clean form to Salesforce for verification
  - HCBS credentialing advocates review and outreach 4 times to obtain what may be needed for approval
  - HCBS credentialing advocate complete a validation checklist
    - Liability Insurance, License Verification, Provider Application, IHCP Enrolled Provider, W-9, etc.
  - Verification letter is sent out for approvals and denials
    - If approved, contractor will create a contract and send via Adobe Sign
  - Provider then receives email with copy of fully executed contract and welcome letter





# Training offered by UHC

- Side by Side and Group Training
  - [in\\_providerservices@uhc.com](mailto:in_providerservices@uhc.com)
    - Virtual or in person Q&A and training sessions
- Instructor-Led Training
  - [Instructor-Led Learning Events | UHCprovider.com](https://UHCprovider.com)
    - Claims Overview/Portal
    - Document Library
- Self-Paced Training
  - [Digital Solutions Training and Guides | UHCprovider.com](https://UHCprovider.com)
    - UnitedHealthcare Portal Tools
      - Portal Overview
      - Chat



# Portal Dashboard - UHC

- Every user has a dashboard

The screenshot displays the United Healthcare portal dashboard for user CHRISTINA. The top navigation bar includes the United Healthcare logo, a search bar, and user information (CHRISTINA). Below the navigation bar, there are tabs for various services: Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The main content area is titled 'Welcome, CHRISTINA!' and includes a 'Customize Tabs' button. A prominent 'Action Required' section is highlighted, showing a list of items that need attention. The items are categorized by type and status, with counts and expiration dates where applicable.

Category	Status	Count
Claims Smart Edits	Expiring Soon	3
Claims Medicare Pending	Require Action	0
Claims Commercial Pending	Require Action	3
Claims Reconsiderations	Require Action	2
Claims Pended Tickets	Require Action	3
Inpatient Admission	Expiring Soon	4
Inpatient Discharge	Require Action	0
Prior Authorizations	Require Action	3
My Practice Profile	Days to Attest	50
Document Library Teams View	New Documents	3



# UnitedHealthcare Provider Contact Information

HCBS Provider Lead	Provider Services Director	Provider Services Manager
Dorian Trice	Amanda Wilson	David Hoover
<a href="mailto:IN_providerservices@uhc.com">IN_providerservices@uhc.com</a>	<a href="mailto:Amanda_Wilson@uhc.com">Amanda_Wilson@uhc.com</a>	<a href="mailto:David_Hoover@uhc.com">David_Hoover@uhc.com</a>
763-361-1650	317-352-6600	317-275-8269

## Additional Resources and Contacts

Website	<a href="http://www.uhcprovider.com/INcommunityplan">www.uhcprovider.com/INcommunityplan</a>
Workforce Development Administrator	Joanna Peak <a href="mailto:Joanna_peak@uhc.com">Joanna_peak@uhc.com</a>
Service Coordination General Mailbox	<a href="mailto:in_service_coordination@uhc.com">in_service_coordination@uhc.com</a>
Contracting Requests	<a href="mailto:HCBSprovidernetwork@uhc.com">HCBSprovidernetwork@uhc.com</a>



# What's Next?

- Join our Facebook group!
  - [Indiana PathWays Provider Community](#)
- More webinars to come on topics such as:
  - Quality Measurements and Data
  - Service and Care Coordination and How to Collaborate as a Provider
  - Reviewing PathWays Notices and How to Talk to Members About Them
- Keep up to date using [www.in.gov/pathways](http://www.in.gov/pathways)
- Contact us at [-BackHome.Indiana@FSSA.IN.gov](mailto:-BackHome.Indiana@FSSA.IN.gov)



# Q & A



# If I am already contracted with these MCEs outside of PathWays do I need to get a new contract?

Anthem	Humana	UnitedHealthcare
<p>No. Existing providers will receive an amendment to their current contract. If you are currently contracted but wish to add an HCBS service, you will need to submit an application through DPE for the addition of the PathWays services you wish to provide and be receiving an amended contract, to include Indiana PathWays for Aging specifics.</p> <p>If you are currently contracted and not adding any HCBS services to your contract, you will be receiving an Amendment by Notification.</p>	<p>Yes. All HCBS providers will require a new contract to participate in Humana's PathWays network.</p>	<p>No. Existing providers will receive an amendment to their current contract.</p>



# What do I need to do to make sure I am in the provider network for each MCE?

Anthem	Humana	UnitedHealthcare
<p>For new providers, each provider will need to ensure they are registered with Availity and also submit an application and required documentation through our Digital Provider Enrollment portal. If you would prefer to submit your network participation application to us by email or postal mail, please download the form, complete the necessary application information, attach all necessary documentation, and send the completed form to either: Email: <a href="mailto:INMLTSSProviderRelations@anthem.com">INMLTSSProviderRelations@anthem.com</a> Mail: Anthem Blue Cross and Blue Shield [220 Virginia Ave. IN0204-C497 Indianapolis, IN. 46204]</p>	<p>Humana: Contact the Provider Education and Outreach team at 866-274-5888 or Email: <a href="mailto:INMedicaidProviderRelations@humana.com">INMedicaidProviderRelations@humana.com</a></p>	<p>If you have not already received an invite to join our network reach out to us at <a href="mailto:hcbsprovidernetwork@uhc.com">hcbsprovidernetwork@uhc.com</a> or at <a href="mailto:in_providerservices@uhc.com">in_providerservices@uhc.com</a>.</p>



# If I reached out to an MCE but haven't heard back, what should my next steps be?

Anthem	Humana	UnitedHealthcare
Contact your dedicated provider specialist at email: <a href="mailto:INMLTSSProviderRelations@anthem.com">INMLTSSProviderRelations@anthem.com</a> or via phone: Northern Indiana: 317-503-0843; Central: 317.726.6358; Southern: 317.671.2141	Contact the Provider Education and Outreach Team at 866-274-5888 or Email: <a href="mailto:INMedicaidProviderRelations@humana.com">INMedicaidProviderRelations@humana.com</a>	Email Dorian Trice <a href="mailto:dorian_trice@uhc.com">dorian_trice@uhc.com</a> or David Hoover <a href="mailto:david_hoover@uhc.com">david_hoover@uhc.com</a>





# PathWays

FOR AGING

