



MCE Joint Presentation Spring Roadshow 2024



Introduction to PathWays MCEs



Anthem 

Provider Relations Team Email:
INMLTSSProviderRelations@anthem.com



Humana
Healthy Horizons®
in Indiana

Provider Relations Team Email:
INMedicaidProviderRelations@humana.com



 **UHC**
UnitedHealthcare®

Provider Relations Team Email:
IN_ProviderServices@uhc.com

Agenda For Meeting



**INTRODUCTIONS TO
EACH MANAGED
CARE ENTITY (MCE)**



**CLAIMS AND
AUTHORIZATION**



QUESTIONS



**MCE PROVIDER
ENROLLMENT**



**ISSUE
RESOLUTION
PROCESS**

PathWays Membership



- Anticipated membership size: 130,000 members across the three MCEs
- Member eligibility overview:
 - Hoosiers aged 60 and over and eligible for Medicaid
- Member plan selection:
 - Maximus is the enrollment broker Phone: 87-PATHWAY-4 (877-284-9294)
 - Member notices went out in February and have until 5/1/24 to select an MCE through the enrollment broker
 - After 5/1/24, members will be auto-assigned to MCE
- Member must remain with chosen health plan for a one-year period if they remain eligible, or may change health plans if one of the reasons apply:
 - Within 90 days of starting coverage
 - Once per calendar year for any reason
 - At any time using the just cause process
 - During plan selection period to be effective the following calendar year
 - Upon reenrollment if a temporary loss of enrollment has caused the member to miss annual disenrollment

HCBS Provider Enrollment Process Overview



- All Home-and-Community Based (HCBS) providers must be certified as a provider with the Division of Aging or Office of Medicaid Policy and Planning (OMPP) after July 1, 2024 and actively enrolled with Indiana Health Coverage Programs (IHCP) to begin the application and contracting process. IHCP enrollment information can be found on the [Indiana Medicaid Provider Webpage](#).



Required Supporting Documents for each MCE Application

Anthem	Humana Healthy Horizons® in Indiana	UHC
Required documents:		
<ul style="list-style-type: none">• Completed application• W-9• Copy of License, if applicable		

** Providers are encouraged to submit the **IHCP Waiver Provider Certification Letter** during provider enrollment process*

Anthem Enrollment : HCBS Providers



New PathWays Providers

- HCBS Waiver Providers New to Managed Care

HCBS providers wishing to join the Anthem network must complete the online application through our Digital Provider Enrollment (DPE) Tool.

To Join the Network:

- Be registered as a provider in Availity Essentials
- If organization is not currently registered for Availity Essentials, the designated Administrator in your organization should go to [Availity.com](https://www.availity.com) and select Register Organization
- Once organization is registered in Availity Essentials, complete the online application through our DPE Tool by following these steps on [Availity.com](https://www.availity.com) > Payer Spaces > Anthem Blue Cross and Blue Shield > Provider Enrollment

For all Contracting Inquiries, please reach out to INLTSSProviderContracting@anthem.com

Anthem Enrollment: Existing Providers



Existing Anthem Medicaid Network

- Participating Physical Health, Behavioral Health, Skilled Nursing Facilities, Skilled Home Health, Hospice and Durable Medical Equipment Providers

Anthem has sent an Amendment by Notification (ABN) via United States Postal Service (USPS) certified mail to their existing network of providers, adding Indiana PathWays for Aging Medicaid line of business to their contracts. The ABNs were sent out, one per Tax ID, to the addresses obtained from the State's IHCP file.

- For skilled providers needing to add HCBS services, such as a SNF adding an ALF to their contract, they should visit the DPE application within Availity Essentials to enroll for HCBS services.
- For skilled providers that received an ABN that are not adding an HCBS service, no further action is needed.

For all Contracting Inquiries, please reach out to INLTSSProviderContracting@anthem.com

How to Register for Availity Essentials

All Providers:

- Both **Anthem and Humana Healthy Horizons** use Availity Essentials for their provider portal.
- Providers who are new to Availity Essentials can initiate registration on Availity Essentials at [Availity.com](https://www.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 Essentials website screen.

HCBS Providers Specifically:

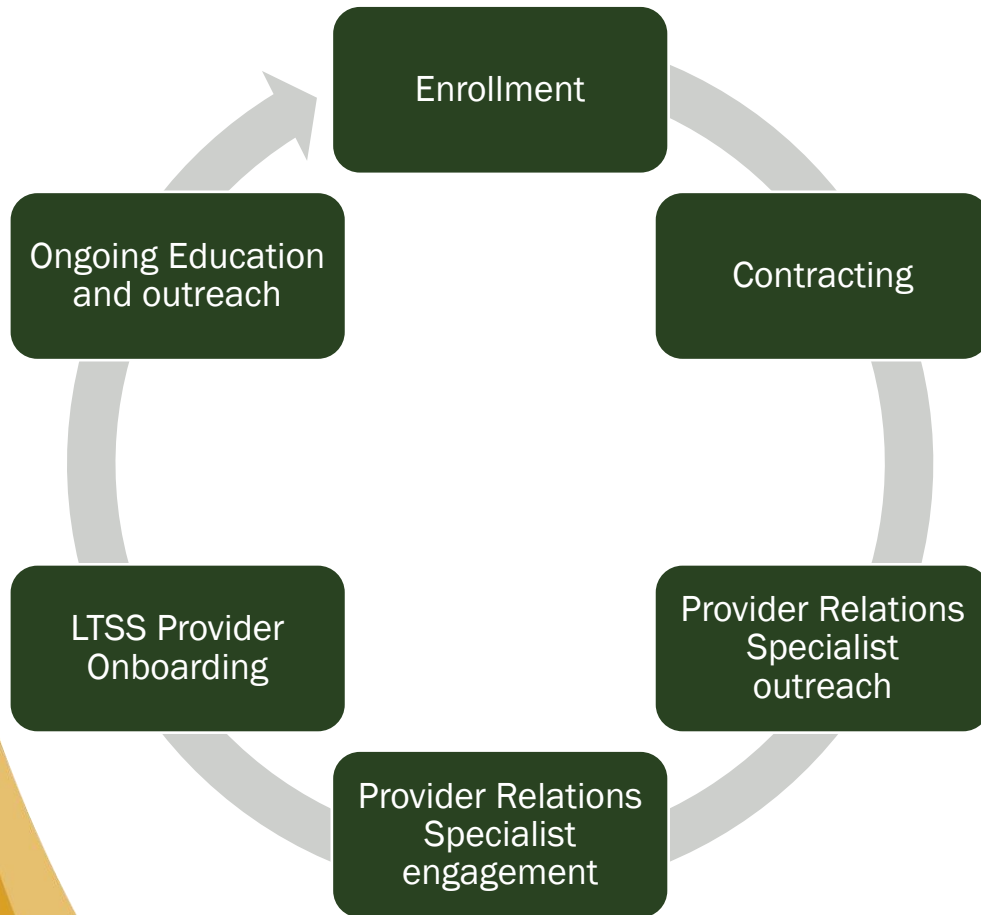
- HCBS Providers are considered *Atypical/Non-medical Providers*
- Atypical providers should select the option “**This organization does NOT have an NPI.** This organization is an atypical provider and does not provide healthcare as defined in 45 Code of Federal Regulations (CFR) section 160.103.”

**Note: The designated administrator must be the one to register the organization*

Anthem's Digital Provider Enrollment Helpful Reminders

- Providers will want to choose Long-term Services and Supports (LTSS) when selecting from the **What type of provider are you?** field.
- Reminder to providers on the required documents needed to complete their application, including:
 - W-9
 - License, if applicable
 - *Optional: IHCP Waiver Provider Certification Letter*
- The dashboard page also allows providers to check the status of their applications, once submitted.
- MCEs have a 30 day turn around time for enrollment; it is highly recommended to have a completed application by June 1st, 2024.

Anthem Enrollment: What to expect next



After applying to enroll in the network, providers can expect:

- A **Welcome Letter** will be mailed, welcoming you to the Anthem Indiana PathWays for Aging network
- Outreach from a dedicated Long-term Services and Supports (LTSS) Provider Relations Specialist for introductions and to talk through an *Implementation Survey* to get to know your organization's mission, vision and philosophy
- Engagement opportunities, including:
 - Provider Office Hours
 - Monthly Webinars
 - LTSS Provider Onboarding
 - Targeted Provider Training

How to Contract with Humana Healthy Horizons



Step 1: Enroll with IHCP – Collect your Division of Aging Waiver Certification Letter to submit to Humana.

Step 2: Initiate Request to Join Humana Healthy Horizons Network:

- Email: LTSSContracting@humana.com
- Phone: **866-274-5888**

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 Healthy Horizons Agreement will also be provided upon complete application.

Step 4: Return your documents to Humana Healthy Horizons, including certificate of insurance if you have it. Humana Healthy Horizons provides the flexibility to return your documents electronically (through link provided by your contractor) including ability to sign your Agreement through a secure Adobe Sign electronic application, or if preferred Humana Healthy Horizons will accept documents returned via mail or email.



Humana Mailing Address:
P.O. Box 74007
Louisville, KY 40201

Humana Healthy Horizons Enrollment Process



Humana Healthy Horizons provider website offers a step by step, [Join Our Network Resource Guide](#), located at [Humana.com/INDocuments](https://www.humana.com/INDocuments). specific to Humana Healthy Horizons process [Join Our Network Resource Guide](#)

A complete **HCBS** provider enrollment application must include:

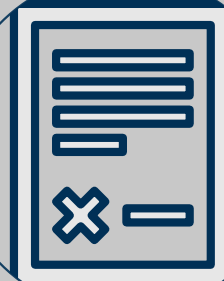
- A signed HCBS/LTSS provider assessment form
- A W-9 tax form
- HCBS certification from the Division of Aging or other applicable state division

Humana Healthy Horizons Contract Effective Date Policy and Welcome Letter

Effective date policy:

- The effective date is no sooner than the IHCP effective date.
- A new provider that is not part of an existing contract with Humana Healthy Horizons is effective the first of the month following the contract execution date.
- A provider added to an existing contract is effective the first of the month following receipt of the network participation request from the provider.

Contract Effective Date Policy



Indiana Medicaid Welcome Letter

- If a provider serves both Humana's Medicare and Humana's Medicaid, the provider should expect to receive 2 welcome letters, one for each line of business.

Pre-go live

- Three batches of welcome letters will be manually sent, 60 days pre-go live, 30 days go live and on 7/1. After 7/1, providers will receive system generated letters.

Post-go live

- Welcome Letter packets (including a provider's executed contract) will be sent out every Friday upon load completion.

Welcome Letter



How to Contract with UHC-HCBS and Non-certified Home Health



The HCBS and Non-Medicare Certified Home Health contracting detailed instructions can be found at:

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

How to Join the UnitedHealthcare network

Once on this web page, click the Home and Community Based Services (HCBS) accordion. Then go to Step 1: to get started

Home and Community Based Services (HCBS)



Step 1: Get Started

E-mail Request to Contract- UHC



To start the contracting process, submit following information via e-mail to hcbsprovidernetwork@uhc.com:

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

What's Next for HCBS and Non-Certified Home Health?-UHC



- You will receive a Demographic Form from the National ACSS (Ancillary Community Support Services) Team within **24 business hours** through a secure application called Adobe Sign. Instructions on how to return the form, and other documents will be included.
- Once the completed Demographic Form is received with all required documents, UHC will review your application and advise within **5 calendar days** if there is any missing information preventing your application from moving forward.
- Once the completed Demographic Form and all required documents are received with no errors, a contract will be sent via e-mail through Adobe Sign with 30 business days.

Medicare Certified Home Health and Hospice-UHC



- All Medicare Certified Home Health Providers receive a Home Health base contract.
- Certified Home Health providers are not required to enroll with a Medicare Advantage program to enroll with Medicaid.
- The HCBS agreement can be added to a Home Health base contract. A separate base contract for HCBS services is not required for Certified Home Health providers.
- Hospice providers will be offered a Medicaid based agreement.

How to Contract with UHC Home Health and Hospice



Certified Home Health and Hospice contracting detailed instructions can be found at:

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

Once on this web page, click Ancillary Facility accordion. Then go to Step 1: to get started.

Ancillary Facilities



Step 1: Get Started

Home Health and Hospice Credentialing-UHC



- **Credentialing is Required for:**
 - Home health/Home infusion (Note that Home infusion is credentialed/contracted only if it is part of a Home Health agency)
 - Hospice
 - **Not yet credentialed with UnitedHealthcare:** Submit your request to join our network through UnitedHealthcare's On-Board pro system. A One Healthcare ID is required to sign in.
 - [On-Board Pro](#)
 - **Already credentialed with UnitedHealthcare:** Email National Ancillary Contracting Team:
 - Home Health Care + Hospice requests: HHCNetwork@uhc.com

In the email, please note if the request is for a new health care professional/group or if you are adding someone to an existing contract. Include the Tax(s) ID and NPI(s).

Skilled Nursing Facility Contracting UHC



- **Skilled Nursing Facility contracting detailed instructions can be found at:**
 - [How to Join the UnitedHealthcare network | Indiana | UHCprovider.com](https://www.uhcprovider.com/indiana-join-network)

Once on this web page, click Hospitals and Health Care Facilities (including Skilled and Long-Term Care Facilities) accordion. Then go to Step 1: to get started.

Hospitals and Health Care Facilities (including Skilled and Long Term Care Facilities)





MCE Care and Service Coordination

- **Care Coordinators** develop a comprehensive Individual Care Plan (ICP) with the member to guide self-identified goals and integrates their physical health, behavioral health, and ancillary care plans.
 - All members will be offered a Care Coordinator at time of enrollment.
- **Service Coordinators** develop a comprehensive Service Plan (SP) to coordinate natural supports, social, functional, educational, and housing service needs, goals, interventions, and outcomes.
 - Members that meet Nursing Facility Level of Care (NFLOC) will also have a Service Coordinator.
- A member has the flexibility to opt for service coordination either through an MCE service coordinator or via AAAs and Independent Case Management entities, as per their preference. The Care and Service Coordinator will jointly support the member and work collaboratively to avoid duplication and ensure a consistent and integrated outcome.

What's Next for Home Health, Hospice and Skilled Nursing Facilities?-UHC



- When a request to contract is submitted on-line a unique ID will be provided once submitted.
- UHC will review the application and advise within **5 days** if there is any missing information preventing the application from moving forward.
- Once all required documents are received with no errors, a contract will be sent via e-mail through Adobe Sign with 30 days.



MCE Authorization Process

A Person-Centered Care and Service Plan (PCSP) is developed with the member in collaboration with the member's Interdisciplinary Care Team including the caregiver, providers, and Care and Service Coordinator

The PCSP includes the member's service plan and is inclusive of authorized HCBS services. There is no need for HCBS providers to submit additional authorizations

Providers can log in to the **MCE's provider portal** to view the care/service plan and authorizations

Reassessment occurs annually or due to a trigger event (i.e., hospitalization, change in housing) to develop changes to the care/service plan and authorizations

MCE Prior Authorization Non-HCBS Services

Standard timeframes

- Humana Healthy Horizons will provide a **notice of decision** no later than **7 calendar days** following receipt of the request for service.
- The member or the member's provider may request an extension up to **14 calendar days**.
- Humana Healthy Horizons may request an extension up to **14 calendar days** if Humana Healthy Horizons can justify there is a need for more information and explain to the state how the extension is in the best interest of the member. Written notice of the extension will be provided to the member and will include the reason for the extension and the member's right to file a grievance.
- If Humana Healthy Horizons fails to respond to a prior authorization request not pertaining to medications within **7 calendar days** of receiving the necessary documentation, the authorization is considered granted.

Expedited/urgent

- When a provider indicates, or Healthy Horizons determines, that following the standard time frame could seriously jeopardize the member's life, health or ability to attain, maintain or regain maximum function, Humana Healthy Horizons completes an expedited authorization as expeditiously as the member's health condition requires and provides the decision and notice **no later than 48 hours after receipt**.
- The member or the member's provider may request an extension up to **14 calendar days**.
- Humana Healthy Horizons may request an extension up to **14 calendar days** if we can justify there is a need for more information and explain to the state how the extension is in the best interest of the member. Written notice of the extension will be provided to the member and will include the reason for the extension and the member's right to file a grievance.

Person-Centered Planning



- MCEs will use a Person-Centered Services and Supports framework when developing a member's service plan and authorizing HCBS Services
- Service Plan development and delivery to occur in a manner that is participant-driven, involves caregivers, and addresses SDOH
- Within 30 calendar days of the member's enrollment date, the MCE will conduct the Comprehensive Health Assessment (CHAT) or State-approved Nursing Facility Level of Care (NFLOC) assessment for LTSS members in a nursing facility.
- Service Coordination/Interdisciplinary Care Team (ICT) support

Continuity of Care: Smooth Transitions



- From the launch of PathWays for Aging on July 1, 2024, a Continuity of Care (COC) provision will be in place. This provision ensures any current authorizations or service levels for a member who meets the HCBS Level Of Care and has an approved service plan by the FSSA or another MCE are maintained for 90 days from enrollment.
- After the initial 90-day period, the member's level of need will be reassessed by the MCE Service Coordinator.



MCE Claim Submission

- Claims submitted correctly the first time are considered a *clean claim*
- **A *clean claim* means** that all information necessary to adjudicate the claim is provided with the first submission
- A claim may be returned if it is submitted with incomplete or invalid information
- Claims are encouraged to be submitted electronically either on the MCE provider portal or through a clearinghouse, but may also be submitted via paper mail

MCE Methods of Submission: Electronic Claims



- **Electronic claims** are paid within 7 business days from the date of receipt for HCBS services. All other electronic claims are processed within 21 calendar days
- Providers are encouraged to submit electronic claims over paper claims for faster claims processing, streamlined claims submission and tracking, reducing administrative burden, and reduced billing errors
- Providers can bill as often as they'd like

Submit electronic claims to:



Anthem

- Availity Essentials at [Availity.com](https://www.availity.com) and navigate to Anthem Payer Spaces: Care Central
- Payer ID: 00130

Humana Healthy Horizons

- Availity Essentials at [Availity.com](https://www.availity.com)
- Payer ID 61101

UHC

- UHC Provider Portal at www.uhcprovider.com
- Payer ID: 87726

MCE Methods of Submission: Paper Claims



- Paper claims are scanned for clean and clear data recording so it is important to ensure paper claims are legible and submitted in the proper format
- **Clean paper claims** are paid within 30 calendar days
- Submit claims on an original claim form (*CMS – 1500 or UB-04*), printed or typed in a large, dark font



Mail paper claims to:

Anthem

Anthem Blue
Cross Blue
Shield Claims
Mailstop: IN999
P.O. Box 61010
Virginia Beach,
VA 23466

Humana Healthy Horizons

Humana Healthy
Horizons
Claims
P.O. Box 14169
Lexington, KY
40512-4169

UHC

UnitedHealthcare
Community
Plan of Indiana
P.O. Box 5270
Kingston, NY
12402-5270

MCE Claims Processing



- **Claims are processed by each MCE** using their systems to analyze and validate the claim for member eligibility, covered services, and proper formatting
- **Each MCEs processing systems** validate billing, rendering, and referring provider information against IHCP files
- Medical review is performed, as necessary
- If no payment is warranted, a notice will be sent to the provider with the specific claims processing information



MCE Claims Timeframes

Timely Filing:

- 90 calendar days from the date of service for in-network providers
- 90 calendar days from the date of service for out-of-network providers

Processing Turn-around Timeframes:

- Clean electronic claims are processed within 21 calendar days
- Clean paper claims are processed within 30 calendar days
- Clean electronic HCBS claims are paid within 7 business days
- Clean paper HCBS claims are processed within 30 calendar days



Claims Testing for Providers

- Each MCE will provide a Pre-go-live claims testing opportunity for providers.
- All MCEs will have the same testing timeframe that will include two 2-week testing periods.
- Notification will be forthcoming from the MCEs for how to engage in testing.

Humana Healthy Horizons Issue and Claim Resolution



Informal Claims Dispute:

- Online: [Availity.com](https://www.availity.com)
- Written:

Humana Healthy Horizons in Indiana
Informal Claims Dispute
P.O. Box 14169
Lexington, KY 40512 - 4601

Formal Claims Dispute:

- Written:
Humana Healthy Horizons in Indiana
201 North Illinois Street Suite 1200
Indianapolis, IN 46204
- Email: INFormalDispute@humana.com

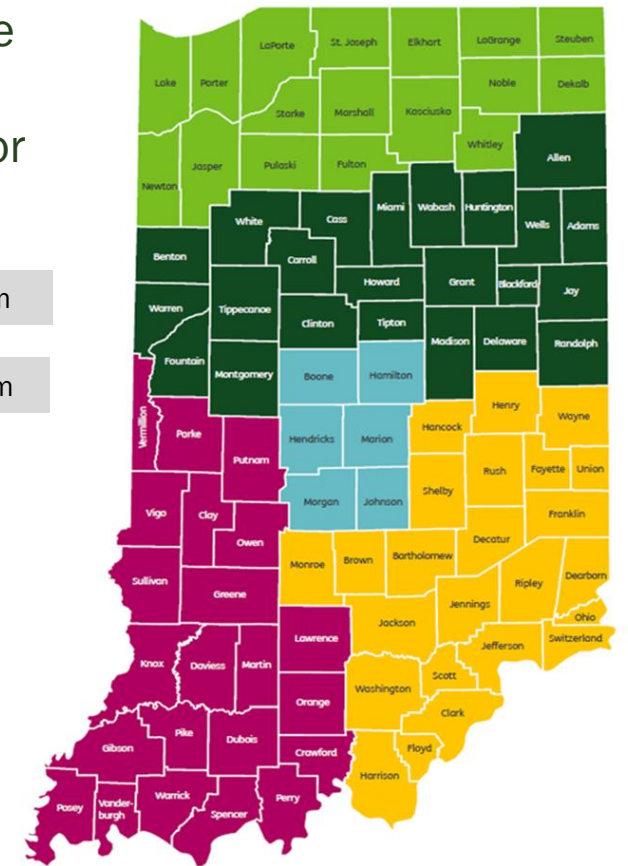
Humana Healthy Horizons Issue and Claim Resolution cont'



Providers will initiate the issue and claim resolution process by contacting their local assigned provider education outreach representative for guidance. These representatives will assist providers throughout the end-to-end process. Providers will rely on their dedicated education and outreach representative for support during the reservations process.

Region 1	INLTSSProviderRelations_T1@humana.com	Region 4	INLTSSProviderRelations_T4@humana.com
Region 2	INLTSSProviderRelations_T2@humana.com	Region 5	INLTSSProviderRelations_T5@humana.com
Region 3	INLLTSSProviderRelations_T3@humana.com		

Adult Day Care/Hospice	INLTSSAdultDayHospice@humana.com
Skilled Nursing Assisted Living	INLTSSNursingFacilityAssistedLiving@humana.com
Home Health/Personal Care Attendant	INLTSSPersonalCareAttendant@humana.com



UHC Claim Reconsiderations

- Claims reconsiderations can be submitted in the provider portal.
- When reviewing a claim that is in final status, “providers” can select Act on Claim.
- Then click on Create a Claim Reconsideration.
- A claim reconsideration must be submitted within 90 days of the PRA (Provider Remittance Advice) date for in-network providers and 180 days for out-of-network provider.

How To Request a Claim Reconsideration

Providers in states other than Maryland and California may submit processed claims for reconsideration, or appeal a decision online. The system will display available options based on the claim. [Click the tabs to learn more.](#)

The screenshot shows a user interface titled "Act on Claim" with a pencil icon and an upward arrow. Below the title, there are four main sections, each with a button:

- Corrected Claim:** Includes the text "This is not available for this claim." and a button labeled "Submit Corrected Claim".
- Claim Reconsideration:** Includes a question "When should you submit a claim reconsideration request?" and a button labeled "Create Claim Reconsideration". This button is highlighted with a yellow border.
- File Appeal/Dispute:** Includes a question "When should you submit an Appeal/Dispute?" and a button labeled "File Appeal/Dispute".
- Add Attachment for Pending Claim:** Includes the text "Please provide requested documentation to complete the adjudication of this claim." and "This is not available for this claim, at this time." and a button labeled "Add Attachments".



Anthem Issue Resolution

- Provider Claim Disputes/Appeals can be initiated one of 3 ways:
 1. Provider Services Phone: (833) 569-4739
 2. Online: Use the secure Provider Availity Payment Appeal Tool at [Availity.com](https://www.availity.com)
 3. Mail to:
 - Anthem BCBS
 - Attn: Provider Disputes and Appeals
 - P.O. Box 61599
 - Virginia Beach, VA 23466
- Provider Grievances and Appeals can be filed on our website at www.providers.anthem.com/IN > Resources > Forms

Anthem Provider Training Opportunities



Go-live support from Provider Relations Team:

- **Provider Support Visits:** LTSS providers will be assigned a local and dedicated Provider Relations Specialist. Equipped with the expertise to offer comprehensive support, they will conduct in-person or virtual support visits to include individualized training, resources, and tools dependent on your needs and preferences.
- **Bi-weekly Office Hours:** We offer virtual sessions where LTSS providers can interact, ask questions, and get technical help in preparation for PathWays implementation. Bi-weekly sessions will separately cater to HCBS and SNF providers, providing a platform for each care provider type to ask questions and give feedback.
- **Monthly Onboarding Webinars:** We will host structured training webinars covering a variety of LTSS provider-focused topics designed to support provider readiness for PathWays 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



Humana Healthy Horizons Provider Education/Outreach

Humana Healthy Horizons will work to reduce administrative burden and enable success for providers

Dedicated Provider Education/Outreach Representative



Provider engagement and training



Provider website and self-service tools



Continued provider support and education

Provider education and 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 Healthy Horizons in Indiana Provider website: [Humana.com/HealthyIN](https://www.humana.com/HealthyIN)



Training offered by UHC

- Side by Side and Group Training
 - 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

Anthem LTSS Provider Relations Team



LTSS Provider Relations Email:	INMLTSSProviderRelations@anthem.com
LTSS Provider Contracting Email:	INMLTSSContracts@anthem.com
Anthem Provider Website:	https://providers.anthem.com/indiana-provider/patient-care/pathways-aging
Anthem Provider Relations Map:	Indiana PathWays for Aging Network Relations Map and Supports

Additional contacts:

**Workforce Development
Administrator**
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[317-864-9693](tel:317-864-9693)

**LTSS Provider Training
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Ryan.Fennessy@anthem.com
[317-671-3230](tel:317-671-3230)

**HCBS Contracting
Network Specialist**
April Walton
April.Walton@Anthem.com
[219-742-5323](tel:219-742-5323)

**Value Based Program
Specialist**
Haley Osborne
Haley.Osborne@anthem.com
[317-671-2141](tel:317-671-2141)

Humana Healthy Horizons Provider Relations Team Contact Information



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: Phone 463-280-5327 | dwatson31@humana.com

Kevin Cox, Manager of Provider Engagement
: Phone 812-572-0110 | kcox23@humana.com

Stephen Price, Associate Director of Provider Engagement
: Phone 574-292-9189 | sprice30@humana.com

Sue Reams, Workforce Development | HumanaINWorkforce@humana.com

General questions or concerns:
Phone 866-274-5888 | INMedicaidProviderRelations@humana.com



UnitedHealthcare Provider Contact Information

HCBS Provider Lead	Provider Services Director	Provider Services Manager
Dorian Trice	Amanda Wilson	David Hoover
IN_providerservices@uhc.com	Amanda_Wilson@uhc.com	David_Hoover@uhc.com
763-361-1650	317-352-6600	317-275-8269

Additional Resources and Contacts

Website	www.uhcprovider.com/INcommunityplan
Workforce Development Administrator	Joanna Peak Joanna_peak@uhc.com
Service Coordination General Mailbox	in_service_coordination@uhc.com



Q & A



PathWays

FOR AGING

