UnitedHealthcare Community & State

2022 IHCP Works Annual Seminar

Hoosier Care Connect Provider Network Participation

Presented by Amanda Wilson, Provider Services Director

Agenda

- How to Credential.

- How to Check the Status of your Application.

- Network Effective Date Policy

- How to Update Demographic Information.

- Open Network Status

- Questions and Answers

Acronyms

- CAQH-Council for Affordable Quality Healthcare

- IHCP-Indiana Health Coverage Programs

- MCE-Managed Care Entity

- RFP-Request for Participation

- UHC- UnitedHealthcare

Our Service Lines

❖ UnitedHealthcare

❖ Optum Behavioral Health

❖ March Vision

❖ UnitedHealthcare Dental

Medical

Participation in UHC Medical Provider Network

- UHC contracts providers in all specialties for its Hoosier Care Connect provider network

- Credentialing begins the process

- Provider enrollment data in the IHCP enrollment system and UHC's enrollment system must match

- www.uhcprovider.com/INcommunityplan.

Click Get the details to see a list of provider types.

Join Our Network

Thank you for your interest in joining the network for the UnitedHealthcare Community Plan of Indiana Hoosier Care Connect. In joining our network, you'll become part of a group of health care professionals and facilities who share our commitment to helping Indiana Hoosier Care Connect members live healthier lives and making the health care system better for everyone.

There are three key phases to joining the network:

1. **Credentialing:** The process of reviewing the qualifications and appropriateness of a provider to join the health plan's network. Credentialing requirements and processes will follow all National Committee for Quality Assurance (NCQA) guidelines.
2. **Contracting/Negotiating:** The process of the provider and managed care entity (MCE) formally executing an agreement that outlines reimbursement rates, scope of services, etc. for the provider to deliver medical services.
3. **Enrollment:** The process of loading a contracted and credentialed provider to all MCE internal systems, loading for claims payment and loading to the provider directory (if applicable).

Please review the detailed requirements and instructions, as they do differ based on your medical specialty.

Get the details

- Click the appropriate provider type.
- Follow the instructions indicated in the Get Started section.

Health care professionals (excluding specialists listed below)

Hospitals and healthcare facilities

Ancillary Facilities

Behavioral health

Physical Health

Dental Providers

Vision

Skilled Nursing Facilities

How to Credential with UHC: Practitioners

- Practitioners use the "Request for Participation" or RFP Portal.

- Complete the online RFP in its entirety and submit.

- Make sure to include your CAQH number.

- Contact networkhelp@uhc.com or Provider Services at 1-877-610-8795 with questions or status request.

- UHC will complete credentialing within 30 days of receipt of your completed request.

- Practitioners must be enrolled with Indiana Medicaid.

- Go to the IHCP Provider Portal to complete the IHCP enrollment application.

- Submit managed care information via the MCE Practitioner Enrollment form.

Join Our Network

Thank you for your interest in becoming a network provider with UnitedHealthcare Community Plan of Indiana. In joining our network, you'll become part of a group of health care professionals and facilities who share our commitment to helping Indiana Hoosier Care Connect members live healthier lives and making the health care system better for everyone.

If you have any questions, please contact Provider Services Monday through Friday, 8am to 8pm EST at 877-610-9785.

Step 1: Get started

The first step is to let us know you'd like to join our network – known as submitting a Request for Participation (RFP).

- Submit your request through our RFP portal ⧉

To participate with UnitedHealthcare Community Plan and Indiana Hoosier Care Connect, you must also be enrolled in Indiana Medicaid:

- Indiana Medicaid Provider Enrollment ⧉

Managed Care Entity (MCE) enrollment forms

- IHCP MCE Practitioner Enrollment form ⧉
- IHCP Hospital and Ancillary Provider Enrollment and Credentialing form ⧉
- Instructions for Credentialing and Enrollment with IHCP Managed Care Entities ⧉

How to Credential with UHC: Facility

- Complete the UHC facility application in its entirety and submit.

- Facilities must be enrolled with Indiana Medicaid.

- Go to the IHCP Provider Portal to complete the IHCP enrollment application.

- Include the complete facility name, Tax ID, NPI, CAQH ID and description of request.

- Contact networkhelp@uhc.com or Provider Services at 1-877-610-8795 with questions or status request.

- Submit managed care information via the MCE Hospital and Ancillary Provider Enrollment and Credentialing form.

Facility Credentialing and Recredentialing Application instructions

Step 1: Get Started

To begin the process

Submit your request to join our network through UnitedHealthcare's Facility RFP portal open_in_new

The facility must also be enrolled with Indiana Medicaid. If you haven't already done so, complete your provider enrollment. open_in_new

- NOTE: Federally qualified health centers (FQHCs) and rural health centers (RHCs) should use the practitioner enrollment form for each practitioner

A complete request to join our network must include:

- Active Medicaid ID obtained through IHCP
- Completed UnitedHealthcare facility application form open_in_new
- Proof of malpractice and general liability insurance
- W-9
- Specialty / Facility Type
- NPI
- Tax ID
- Physical facility address, including suite number if applicable
- ZIP code + 4
- Phone number
- Fax number
- Email address
- Website
- Billing Remittance Address
- Billing Phone Number
- Completed Provider Roster Template (FQHC/RHC only)

How to Credential with UHC: Physical Health Providers

- Physical Health Providers will start credentialing by accessing the Optum Physical Health webpage.

- www.MyOptumHealthPhysicalHealth.com

- For questions email Optum at: www.MyOptumHealthPhysicalHealth.com

- Or call Optum Physical Health 1-800-873-4575.

Chiropractor, Outpatient Therapy Provider/Clinic (Physical/Occupational/Speech) or an Alternative Medicine Provider ^

If you work in one of these specialty areas, you'll contact a partner who handles credentialing and contracting on behalf of UnitedHealthcare: Optum Physical Health. (Note that alternative medicine providers (CAM) include acupuncturists, naturopaths and massage therapists.)

To get started, go to **MyOptumHealthPhysicalHealth.com** [↗] or call 800-873-4575.

The Credentialing Program has been developed in accordance with state and federal requirements and accreditation guidelines. In accordance with those standards, UnitedHealthcare members will not be referred and/or assigned to you until the credentialing process and contracting process have been completed.

Here is What Happens Next:

- We will review the network participation submission within 5 business days.

- Notification will be sent within 5 business by mail or email if the request is accepted, or if we need additional information.

- If the request is accepted, a unique ID number will be provided in the communication.

- The credentialing process will be completed within 30 days.

- Upon completion of credentialing a welcome letter will be issued with the provider's effective date within 5 business days.

Here is What Happens Next (cont.)

- Upon completion of credentialing a welcome letter will be issued with the provider's effective date within 5 business days

- Upon completion, the provider will be registered across all systems

- A welcome letter will be issued with the provider's effective date

- To check status of a submission e-mail networkhelp@uhc.com.

- Include the Tax Identification number and name within the e-mail subject.

- Or, call our Provider Services Team at 877-610-9785, Monday-Friday 8 a.m. to 8 p.m. EST.

Behavioral Health

Provider Enrollment – Individual Providers

- Individually contracted Behavioral Health clinicians apply via the United Healthcare website at UnitedHealthcare Community Plan of Indiana Homepage | UHCprovider.com

Provider Enrollment – Individual Providers

How to Join the UnitedHealthcare network

UnitedHealthcare Community Plan of Indiana Homepage

Bulletins and Newsletters

Care Provider Manuals

Claims and Payments | UnitedHealthcare Community Plan of Indiana

Eligibility and Benefits

How to Join the UnitedHealthcare network

Pharmacy Resources and Physician Administered Drugs | UnitedHealthcare Community Plan of Indiana

Policies and Clinical Guidelines

Prior Authorization and Notification

Provider Forms and References | UnitedHealthcare Community Plan of Indiana

Training and Education | UnitedHealthcare Community Plan of Indiana

Other Resources | UnitedHealthcare Community Plan of Indiana

UnitedHealthcare Dual Complete® Special Needs Plans

How to Join the UnitedHealthcare network

Become part of the UnitedHealthcare Community Plan of Indiana Hoosier Care Connect network. You'll join a group of physicians, health care professionals and facilities who share our commitment to helping people live healthier lives and making the health care system better for everyone. Review the following instructions and requirements for your medical specialty.

Please note: You will be notified if your request to join the network (referred to as your network participation request) is not complete. Notification will be sent within 5 business days after we receive your initial request. The notification will confirm if your network participation request is complete or if we need additional information. Below are the most common reasons a network participation request is considered incomplete:

Category	Issue(s)	Requirement
CAQH	• Your CAQH profile status is incomplete or expired. • We do not have authorization to access your CAQH application. Log into the CAQH ProView Provider portal, go to the user account setting menu and review the Authorization section to update your preferences. Be sure to authorize UnitedHealthcare. • Information in your completed CAQH profile needs to be updated (Examples include practice information, credentialing contact information, license and professional liability insurance effective and expiration dates)	The information on CAQH must match the information you provide on your network participation request
Attached Documents	• Attaching the wrong document • Not signing the W-9 form or providing an incorrect Tax ID number	Providing all the correct and completed documents is required.
Document Return	• Slow response time to requested information	Missing documents are signed and returned as quickly as possible.

Health care professionals (excluding specialists listed below) ⌄

Hospitals and healthcare facilities ⌄

Ancillary Facilities ⌄

Behavioral health ⌄

Physical Health ⌄

Dental Providers ⌄

Vision ⌄

Skilled Nursing Facilities ⌄

Provider Enrollment – Individual Providers

To begin the process

This section applies to behavioral health practitioners, ABA providers and facilities. If you work in this specialty area, the process to join our network begins with Optum Behavioral Health. They handle credentialing and contracting on behalf of UnitedHealthcare.

To start the network participation request process, go to Optum's Join Our Network page and click on the button associated with your provider type (e.g., Individual Clinician, Agency, Facility, Autism/ABA).

- Please complete all fields and submit all applicable information
- Make sure all CAQH information is current and attested
- Ensure all requested documents are current and accurate
- Review the Optum Provider Express Onboarding Process for additional details

You must also be enrolled with Indiana Health Coverage Programs (IHCP). If you haven't already done so, complete your provider enrollment.

A complete request to join the Optum Behavioral Health network must include:

- Active Medicaid ID obtained through IHCP
- Current CAQH application, with access granted to UnitedHealthcare
- National provider identification (NPI) number
- W-9
- Phone & fax number
- Email address
- Physical address, including suite number if applicable
- ZIP code + 4

Here's what happens next

Optum Behavioral Health will quickly review your application. Within 5 business days, they'll notify you by mail or email if your request is complete or if they need additional information from you (see the list above outlining what must be included for a request to be considered complete).

How to check the status of a network participation request

If you have questions about the status of an Optum Behavioral Health request for network participation, call 877-614-0484. Please provide your One Healthcare ID for clinicians or your Provider Reference Number for agencies or facilities (provided at time of submission of your request for network participation) to facilitate checking status of your request.

For individual practitioners, you can also use your One Healthcare ID to check status throughout the network participation request process using the Initial Credentialing Toolbar on the Provider Express website.

Questions?

If you have questions, call Optum Behavioral Health Solutions at 877-614-0484.

Enrollment and Credentialing for March Vision Care

- To become a MARCH® Vision Care Provider visit:

- www.marchvisioncare.com

- Click on Join the Network and complete the online MARCH® Provider Application.

- **Enrollment:** To ensure you are eligible for Medicaid claims payment, please comply with the enrollment requirements for Indiana. The Affordable Care Act mandates that state Medicaid agencies require all furnishing, ordering, referring, and prescribing providers enroll as participating providers.

- **Credentialing:** All providers are required to complete an electronic Provider Credentialing Application or submit their CAQH and NPI numbers for credentialing. Providers must have an active Medicaid ID and be correctly enrolled with the state for each active practice location to participate.

Vision Provider Resources: MarchVision Care
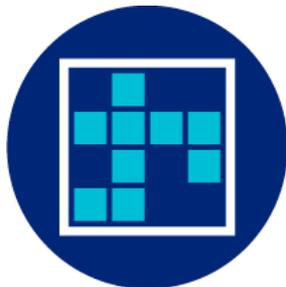
MARCH Vision Care

IMPORTANT UPDATE ON COVID-19

Your health is our top priority. We're taking action to support our members during this unprecedented time. MARCH Vision Care will work with and follow all COVID-19 guidance and protocols provided by the Centers for Disease Control and Prevention (CDC), and state and local public health departments.

We recommend you follow CDC guidance about visits to doctors. Be sure to contact your doctor's office directly to confirm office hours and appointments before seeking care.

To learn more about COVID-19, go to CDC.gov.

MARCH®VIP™
Vision Integration Program
POWERED BY
eyeSynergy®

DOCTORS & OFFICE STAFF

➜ Join Our Network
➜ ICD-10 Information
➜ Compliance Information
➜ Provider Resources
➜ Training & Education
➜ Update Your Email

CLICK HERE ▸

HEALTH PLANS

➜ Check Eligibility
➜ View Benefits
➜ Review Claims
➜ Access Reports

CLICK HERE ▸

NEWS BRIEF

EDUCATION

Dental

How to Enroll with UHC Dental

- UHC contracts providers in all dental specialties for its Hoosier Care Connect provider network.

- www.uhcdental.com

- Select Join Our Network on the home page.

• Select *"Join Our Network"*.

How to Enroll with UHC Dental (cont.)

- Select provider packet request form.

- Fill out the request form and submit to the appropriate e-mail address based on the practice region.

- A Network Contactor will contact you once the request is submitted and processed.

- Scroll to the middle of the page and there you will see a link stating, *"Provider Packet Request Form"*. Click the link.

Request a provider packet and get started today.

- Click to access the provider packet request form and email your completed form to one of the following email addresses* that applies to your state and region. Click on the Regional Map below as your guide.
  - Central Region - ce_packetrequest@uhc.com
  - Northeast Region - ne_packetrequest@uhc.com
  - Southeast Region - se_packetrequest@uhc.com
  - West Region - we_packetrequest@uhc.com

Please indicate in the email subject line - "Packet Request [State] [County]".

Regional Map

OR

  - Call our Provider Services Team at **(800) 822-5353**

A Network Contractor will contact you to review dental fees and the application process.

Important Note: *Only the requests to join our network are processed through the email addresses above with the completed Provider Packet Request Form. If your request does not relate to a packet request, please contact our provider services team at **800-822-5353** for further assistance.*

UnitedHealthcare®

Provider Packet Request Form

Please complete all fields and email the completed form to the email address* that applies to your state and region: (Refer to the **Regional Map** below as your guide.)

Central Region: **ce_packetrequest@uhc.com**   Northeast Region: **ne_packetrequest@uhc.com**
Southeast Region: **se_packetrequest@uhc.com**   West Region: **we_packetrequest@uhc.com**

Please indicate in the email subject line - **Packet Request [State] [County]**.

| Dentist First Name:	Dentist Last Name:	Associate/Owner:	NPI:	Specialty:

Please check the dental network(s) that you wish to join:
☐PPO (Commercial)   ☐Medicare   ☐Medicaid   ☐DHMO/Direct Compensation

Email Address:	Contact Name:	
Practice Name:	Phone Number:	
Address:	County:	
City:	State:	ZIP Code:
Mailing Address: (If Different from Practice Address)		
City:	State:	ZIP Code:
Are the Dentists above being added to an existing participating location? ☐Yes ☐No		
Is this a new practice location? ☐Yes ☐No		

Regional Map

West Region we_packetrequest@uhc.com	Central Region ce_packetrequest@uhc.com	Southeast Region se_packetrequest@uhc.com	Northeast Region ne_packetrequest@uhc.com
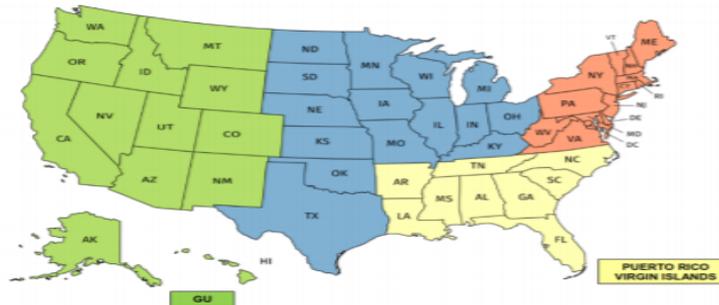
Important Note: Only requests to join our network are processed through the email addresses above. If your request does not relate to a provider joining our network or a packet request, please contact our Provider Services Team at **1-800-822-5353** for further assistance.   V6/2019

Dental Credentialing & Recredentialing

- To become a participating provider, all applicants must be fully credentialed and approved by our Credentialing Committee. In addition, to remain a participating provider, all practitioners must go through periodic recredentialing approval (typically every 3 years unless otherwise mandated by the state in which you practice).

- For specific credentialing & re-credentialing questions, contact your assigned Provider Advocate or call Provider Services at **1-844-402-9118**.

- New providers are credentialed within 30 days.

- A welcome letter will be sent to the practice when credentialing is complete.

2020UHCCP_DENTAL_05

How to Check the Status of your Application

- United Healthcare Dental offers two ways a provider can check the status of their credentialing application.

- Contact the either:

    - Your assigned Provider Advocate

    - Provider Services at **844-402-9118**

Network Effective Date

Network Effective Date

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS   BT2021104   NOVEMBER 30, 2021

IHCP establishes MCE network participation request effective date policy

- UnitedHealthcare has adopted the effective date policy outlined in BT2021104.

- BT2021104 (indianamedicaid.com)

- Also see clarification bulletin BT2021109 (indianamedicaid.com)

Network Effective Date Policy

- The policy applies to any network participation requested received on or after January 1, 2022.

- Under this policy, the effective date for **all health care professionals and facilities** will be the 1st of the month following the receipt of a **complete** network participation request, regardless of the contract execution date or credentialing completion date.

- To be considered complete, all required fields must be completed and all required supporting documentation must be provided

- The UnitedHealthcare network effective date must be after the IHCP effective date, as required by IHCP.

- If the provider is not enrolled and effective with IHCP prior to submitting a complete participation request to UnitedHealthcare, the effective date will be adjusted to match the IHCP effective date

Network Effective Date Policy Cont.

- The effective date policy applies whether the provider or facility is being added to an existing contract, or if you are a brand-new provider who is not part of an existing contract.

- A facility or provider will not be fully effective until all credentialing and/or contracting activities are completed.

- Please hold all claims until the welcome letter is received, or conformation of enrollment.

- Welcome letters will be sent within 5 days of the completed request.

- This policy applies to all provider types including medical, behavioral health, dental, vision, ancillary and facilities

- This policy does not apply to provider who enter into a delegation agreement

How to Update Demographic Information

- UHC provider data must always match Indiana Medicaid provider data.

- Indiana Medicaid provider enrollment data can be updated at: IHCP Provider Portal > Home (indianamedicaid.com)

Making Updates Using the Provider Healthcare Portal

The IHCP Portal is an internet-based solution that offers enhanced reliability, speed, ease of use, and security to providers and other partners doing business with the IHCP. Providers can use the Portal to view and make updates to their provider profile. Delegates with the proper authorization can also access the Portal to view and update profile information.

Making Updates Using Paper Forms

All provider profile updates may be made using paper forms. You may use stand-alone forms designed for certain updates or resubmit a full IHCP provider packet, detailing the updated information.

- The following table provides links to stand-alone forms used to update your provider profile. Select the appropriate form from the list and download it to your computer and complete it, following the directions provided.
- When you are making updates for which no stand-alone form exists, you must submit your updates using the appropriate IHCP provider packet.
- When you are making numerous changes at the same time, you may submit updates using the IHCP provider packet, rather than using multiple stand-alone forms.

Instructions:

1. Download and complete the appropriate IHCP provider packet or stand-alone form:

   - To submit updates using the **IHCP provider packet,** go to Complete an IHCP Provider Enrollment Application and select your provider type to locate the appropriate packet. Download the packet and then follow the instructions to complete the update.
   - To submit updates using a **stand-alone form**, follow, select the appropriate form from the table below. Download the form and follow the instructions to complete the update. If other changes are needed, select and complete another form.

2. Save a copy of all update forms and other documentation for your records.

3. Mail the update forms and other required documentation to the following address:

My Practice Profile

- https://www.uhcprovider.com/en/demographics-profiles-attestation/link-my-practice-profile.html

- New users must register and will be issued a One HeathCare ID.

- Tutorials are available either live or self paced on the UHC portal.

- Make enrollment updates with UHC via paper or electronic methods..

- Correct provider data helps ensure claims are processed accurately.

My Practice Profile

Update and Attest to Your Care Provider Demographic Data

The My Practice Profile tool on the UnitedHealthcare Provider Portal lets you view, update and attest to the care provider demographic information UnitedHealthcare members see for your organization. Use the tool to make demographic changes just one time, in one place – and get those updates into our systems more quickly.

Self-Paced User Guide   **Register for Live Training**

Benefits and Features

My Practice Profile makes it easy for authorized users to update the following information:

- Office address(es) and hours
- Phone, fax, email address, and website
- Provider accepting patients / panel status
- View and export accepted health insurance plans and effective dates
- Hospital and group affiliations
- Ages and genders served
- Languages spoken
- Specialty
- Area of Expertise
- Provider date of birth
- Add and remove physicians from your TIN
- National provider identifier (NPI) number
- Professional licenses and degrees

Go to My Practice Profile

Open Network

Hoosier Care Connect has an Open Network

- The UHC Hoosier Care Connect plan operates with an open network.

- While we have an open network, we will not require prior authorization (PA) for members to see out-of-network providers that are IHCP enrolled.

- Prior Authorization is still required for inpatient stays and codes listed on our provider authorization (PA) list.

- Out-of-network providers are generally paid 98% of the IHCP fee schedule for covered services.

- Some services such as Ambulance and Emergency Room services are paid 100% of the IHCP fee schedule regardless of network status.

- The out-of-network claim filing limit is 180 days from the date of service.

Questions and Answers

Provider Reference Appendix

Provider Service Line Website Links

- United Health Community Plan (Medical): www.uhcprovider.com/INcommunityplan

- UHC Dental: www.uhcdentalproviders.com

- MarchVision: www.marchvisioncare.com

- Optum Behavioral Health: www.providerexpress.com