



# UnitedHealthcare Community & State

2023 IHCP Works Annual Seminar

FQHC/RHC

Presented by Kelly Carpenter– Sr Provider Relations Advocate

United  
Healthcare®

# Agenda

- Enrollment
- Rendering Providers
- Covered Services
- Prior Authorizations
- Encounters
- Hospital Services
- Quality - Provider Incentive Program



# Our Service Lines

❖ UnitedHealthcare



Resources for physicians, administrators and healthcare professionals

❖ Optum Behavioral Health



❖ March Vision



❖ UnitedHealthcare Dental



# Enrollment

The process to request participation in our network can be different depending on what services are provided.

Medical

Behavioral  
Health

Dental

Vision

- Onboard Pro 877-842-3210
- Provider Express 877-614-0484
- UHC Dental 800-822-5353
- Spectera 800-638-3120



# Rendering Providers

- Physician
- Physician assistant
- Pediatrician
- Advanced practice registered nurse (APRN)
- Licensed clinical psychologist
- Licensed clinical social worker (LCSW)
- Licensed clinical addiction counselor (LCAC)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- Dentist
- Dental hygienist
- Podiatrist
- Optometrist
- Chiropractor



# Covered Services

- IHCP will reimburse for services, and supplies incidental to such services, that the IHCP would otherwise cover if furnished by a physician or incidental to a physician's services.
- Any ambulatory service included in the Medicaid State Plan to be a covered FQHC or RHC service, IF the FQHC or RHC offers such a service.
- IHCP reimburses for services to homebound individuals only in the case of FQHCs and RHCs located in areas with shortages of home health agencies, as determined by FSSA.
- Prior Authorization requirements follow that of all other IHCP providers.



# Prior Authorization

- [Prior Authorization and Notification | UnitedHealthcare Community Plan of Indiana | UHCprovider.com](#)
- [Prior Authorization and Notification Tool \(PAAN\)](#)
- [Welcome Indiana \(providerexpress.com\)](#)
- [Dental Provider Portal | UnitedHealthcare \(uhcdental.com\)](#)




# Medical – How to Request a Prior Authorization

How to submit Prior Authorization once you have confirmed it is required:

a) Online PAAN Tool

b) Phone: 877-610-9785

 See the latest feature and find out what you are looking for using the menu of the [self-paced guide](#).

**STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS**

Check if prior authorization is required for medical service  
Check by Procedure Code(s), Product Type, State & Diagnosis [+ CHECK BY CODE](#)

-----

Check by Member, Procedure Code(s) & Case Details to generate a Reference # (Decision ID)  
[+ CHECK BY MEMBER](#)

**View status of existing submissions, drafts and make updates**  
[SEARCH EXISTING SUBMISSIONS & DRAFTS](#)

-----

Search by Decision ID for a previous determination or prior authorization not required  
[LOOKUP DECISION ID](#)

**Create a new notification or prior authorization request**  
[+ CREATE NEW SUBMISSIONS](#)

**RADIOLOGY, CARDIOLOGY, ONCOLOGY AND RADIATION ONCOLOGY TRANSACTIONS**


Create or view the status for a notification or prior authorization submission for Radiology, Cardiology, Oncology and Radiation Oncology  
*\* Excludes MDIPA and Optimum Choice*  
[SUBMISSION & STATUS](#)

**PT, OT, ST OUTPATIENT THERAPY TRANSACTIONS**

Create or view the status for a notification or prior authorization submission for PT, OT, ST Therapy Services  
*\* Excludes Medicaid and UnitedHealthcare Exchange members. See below for further instructions*  
[SUBMISSION & STATUS](#)

**SPECIALTY PHARMACY TRANSACTIONS**


Create or view the status for a notification or prior authorization submission for Specialty Pharmacy  
[SUBMISSION & STATUS](#)





# How to Check Prior Authorization Requirements

Click “Check by Code” in the “Check if Prior Authorization is required for medical service” box

 See the latest feature and find out what you are looking for using the menu of the [self-paced guide](#).

#### STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS

Check if prior authorization is required for medical service  
Check by Procedure Code(s), Product Type, State & Diagnosis [+ CHECK BY CODE](#)

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#### SPECIALTY PHARMACY TRANSACTIONS

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[SUBMISSION & STATUS](#)



# Prior Authorization Decision Turn-Around-Times

Type of Request	Decision TAT	Practitioner Notification of Approval	Written Practitioner/Member Notification of Denial
Non-urgent Pre-service	Within 7 calendar days of receipt of medical record information required but no longer than 14 calendar days from receipt	Within 24 hours of the decision	Within 2 business days of the decision
Urgent/Expedited Pre-service	Within 72 hours of request receipt	Within 72 hours of the request	Within 72 hours of the request
Concurrent Review	Within 1 business day	Notified within 24 hours of determination	Notified within 24 hours of determination and member notification within two business days
Retrospective Review	Within 30 calendar days of receiving all pertinent clinical information	Within 30 days of determination	Within 30 days of determination



- Most outpatient Behavioral Health services do NOT require an authorization
- Call the number on the back of the member's card or contact 877-610-9785 to determine if authorization is required

- Or -

[Provider Express - Indiana Medicaid](#)



Optum | Provider Express

Log In | First-time User | Global | Site Map

Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home > Our Network > State-Specific Provider Information > Welcome Indiana

### Welcome to the Optum Network!

**Optum Network Manual**

- [Network Manual](#)
- [Provider Policy and Procedures Manual and Associated Forms](#)

**Best Practice Guidelines**

- [BP Guidelines](#)

**Autism/Applied Behavior Analysis**

- [Indiana Medicaid ABA Program](#)

InterQual Level of Care Guidelines are used and criteria can be provided upon request for specific cases.

ASAM Level of Care Guidelines are used for Substance Use Disorder (SUD).

Additional information and forms are available, including psychiatry/psych testing guidelines, credentialing plans, and Disability Solutions Manual, on the Provider Express [Guidelines/Policies & Manuals](#) and [Optum Forms](#) pages.

### Indiana Medicaid-Specific Resources

- **Provider Communications and General Resources**
- **Important Materials regarding joining the network**
- **Claims**
- **Prior Authorization and Appeals**

For BH prior authorization, please submit the Universal PA form to 844-897-6514.

  - [Universal Prior Authorization Form](#)
  - [Substance Use Disorder \(SUD\) Universal Prior Authorization Form](#)
  - [IHCP SUD Admission Assessment Form](#)
  - [IHCP SUD Reassessment Form](#)
  - [Psych-Neuropsych Prior Authorization Request Form](#)
  - [UNITED HEALTHCARE COMMUNITY PLAN OF INDIANA HOOSIER CARE CONNECT BEHAVIORAL HEALTH PRIOR AUTHORIZATION LIST](#)

For appeals information: [uhcprovider.com/Indiana](https://uhcprovider.com/Indiana)



# Behavioral Health

## How do I request Behavioral Health Prior Authorization?

- Initiate phone authorization process by calling 877-610-9785 or the number on the back of the member's ID card.
- Securely login to Provider Express and select “Auth Request” from the “AUTH's” dropdown box.
- To check on status, select “Auth Inquiry”
- Utilize the paper Universal Prior Authorization Form from [Provider Express - Indiana Medicaid](#) and clicking “Prior Authorizations and Appeals”
- Fax to 844-897-6514



# Behavioral Health

## How do I request Behavioral Health Prior Authorization?

The screenshot shows the Optum Provider Express interface. At the top, there is a navigation menu with options: Elig & Benefits, Claims, Auths, Appeals, My Network Status, and More. Below the menu, there are buttons for 'Auth Request' and 'Auth Inquiry'. A 'Need' button is also visible. A welcome message reads 'Welcome to Provider Express!' and 'Find Member Eligibility & Benefits'. Below this, there is a search area for patients with tabs for 'My Patients', 'Member ID Search', and 'Name / DOB Search'. The search results show 0 records and a table with columns for First Name, Last Name, Member ID, Date Of Birth, and State.

### ▼ Prior Authorization and Appeals

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For appeals information: [uhcprovider.com/Indiana](http://uhcprovider.com/Indiana)





- Endodontics (root canals, root treatments)
- Periodontics (gum tissue treatment)
- Prosthodontics (dentures)
- Oral surgery (extractions, correction of oral issues)
- Orthodontics (braces), and moderate/deep sedation anesthesia



# Dental How do I request Prior Authorization?

- You can submit your Prior Authorization request online at [www.uhcdentalproviders.com](http://www.uhcdentalproviders.com)
- You can also submit your Prior Authorization request via mail at the following address:

Prior Authorization  
P.O. Box 1313  
Milwaukee, WI 53201

- Please include with your Prior Authorization request, a completed ADA Claim Form with the box titled “Request for Predetermination/Preauthorization” checked





# Encounters

- Medical encounters
- Dental encounters
- Valid Place Of Service (POS) codes:
  - 02 – Telehealth
  - 03 – School
  - 04 – Homeless Shelter
  - 11 – Office
  - 12 – Home
  - 31 – Skilled nursing facility
  - 32 – Nursing facility
  - 50 – FQHC
  - 72 – RHC
- Multiple Encounters on Same Date of Service
- T1015 reimbursed once daily unless the primary Dx code differs for each additional encounter
- Dental encounter code D9999 will be reimbursed only once per member, per billing provider, per day
- Encounter codes should be billed at \$0.00, but a dollar amount billed will not cause the claim to deny, but will only reimburse at \$0.00



# Hospital Services

- *CMS-1500* should be used to bill professional claims by FQHCs and RHCs for services provided in all settings.
  - Hospitals
  - Other facilities that do not qualify as FQHCs or RHCs encounter settings.
- POS 19 through 26
  - Services are considered non-FQHCs or non-RHCs services provided by a valid practitioner in a setting that does not meet the valid POS.



# Claim Mailing Addresses

- Medical and Behavioral Health Services

- UnitedHealthcare Community Plan  
P.O. BOX 5240  
Kingston, NY 12402  
Electronic Payer ID: 87726

- Dental Services

- UnitedHealthcare Dental Claims  
P.O. BOX 781  
Milwaukee, WI 53201  
Electronic Payer ID: GP133

- Vision Services

- March Vision Care  
6601 Center Drive West, Suite 200  
Los Angeles, CA 90045  
Electronic Payer ID: 52461

[Claims and Payments | UnitedHealthcare  
Community Plan of Indiana | UHCprovider.com](#)

[IHCP Provider Reference Module: Claim  
Submission and Processing](#)



# Quality – PIP (Physician Incentive Plan)

- Adult preventive visits
- Well-child visits
- Billing with SDOH codes
- Tobacco Cessation Counseling



Quality questions?  
Contact Rebecca Church  
[Rebecca\\_church@uhc.com](mailto:Rebecca_church@uhc.com)  
317-352-6561



# Quality Incentives

Measure Name	Target Score – Tier 1	Payment for Each Closed Care Opportunity meeting Target Score	Payment for Each Closed Care Opportunity Before Target Score is Met
Child and Adolescent Well-Care Visits - Total (WCV)	57.44%	\$80	\$10
Adult Access to Preventative/Ambulatory Health Services (AAP)	80.86%	\$80	\$10
Social Determinants of Health Assessment (TBD)	NA	NA	\$10



# Quality Incentives

Incentive	Qualifiers	Payment for Each Closed Care Opportunity
Tobacco Cessation Counseling	Administered in accordance with IHCP Bulletin BT2022100 NOVEMBER 15, 2022, for CPT codes 99406 and 99407  Indiana Health Coverage Program (IHCP) Bulletins are found at: <a href="https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-bulletins/">https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-bulletins/</a>	\$20



# Your FQHC Provider Advocate Account Manager

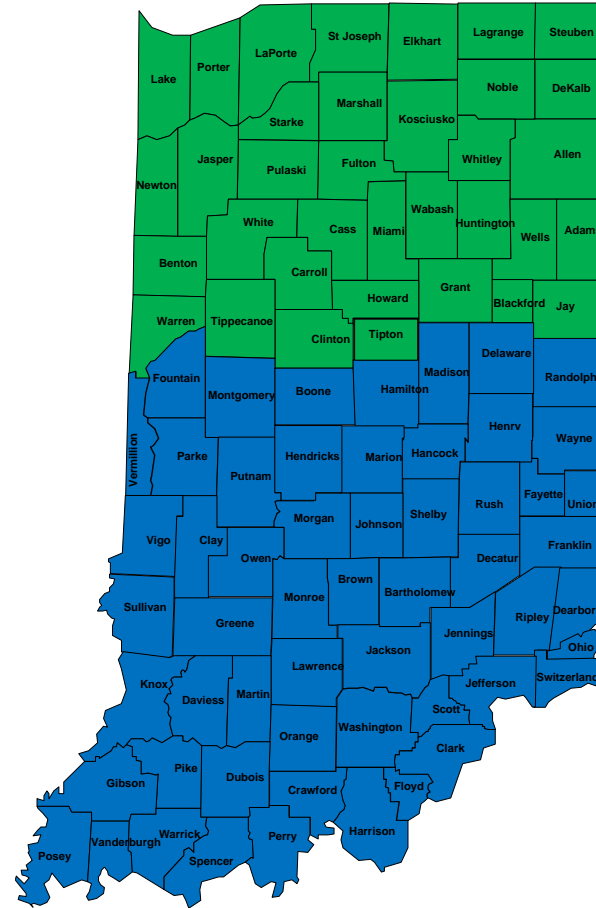
**Kelly Carpenter**  
All Indiana FQHCs  
763-348-6102  
kelly\_carpenter@uhc.com



# Your Optum Behavioral Health Advocate Team

**Belen Stewart**  
**Senior Provider Relations Advocate**  
Behavioral Health  
612-632-5962  
Belen.Stewart@optum.com

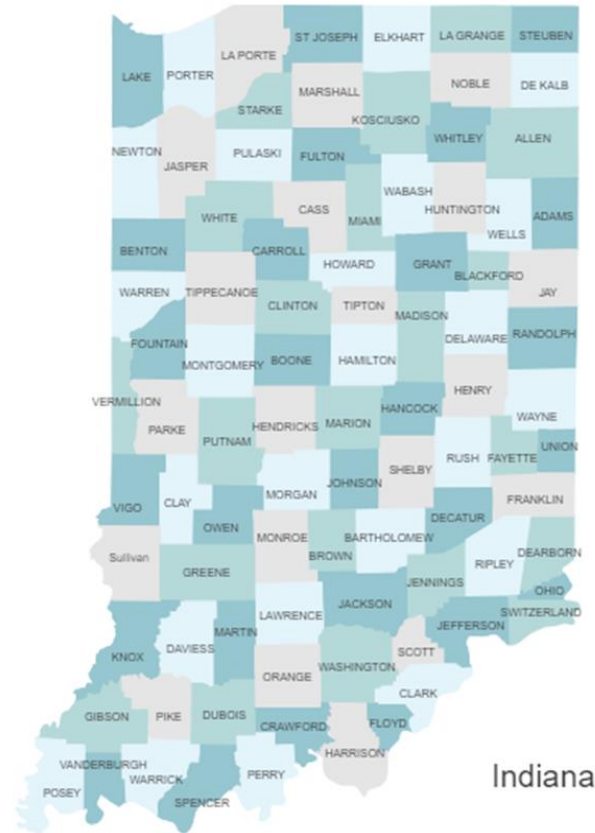
**Paulette Means**  
**Senior Provider Relations Advocate**  
Behavioral Health  
612-476-6567  
Paulette.Means@optum.com





# Your Dental Advocate Team

**Kristy Jachowske**  
Provider Advocate  
763-273-9594  
[Kristy\\_jachowske@uhc.com](mailto:Kristy_jachowske@uhc.com)



# Your March Vision Advocate

**Vicky Quintanilla**  
**Sr. Provider Relations Advocate**  
714-601-4336  
[Vicky.quintanilla@uhc.com](mailto:Vicky.quintanilla@uhc.com)



# Provider Reference Appendix



## Provider Service Line Website Links

- United Health Community Plan (Medical): [www.uhcprovider.com/INcommunityplan](http://www.uhcprovider.com/INcommunityplan)
- UHC Dental: [www.uhcdentalproviders.com](http://www.uhcdentalproviders.com)
- MarchVision: [www.marchvisioncare.com](http://www.marchvisioncare.com)
- Optum Behavioral Health: [Provider Express - Indiana Medicaid](#)



# Questions and Answers

Thanks for Attending Today's Session

