



# 2022 IHCP Roadshow

## **Elevating Education for Hoosier Care Connect Providers**

Presented by Karen Cockerham, Provider Relations Advocate

UnitedHealthcare Community and State Hoosier Care Connect

May 4-5, 2022

**United  
Healthcare**

# Agenda

## 1. Strategic Initiatives

- 2022 Quality
- Care Coordination Integration
- Prior Authorization Information
- Provider Portal Tool
- Provider Education
- Community Activities
- Claims
- Dental

## 2. Question and Answers





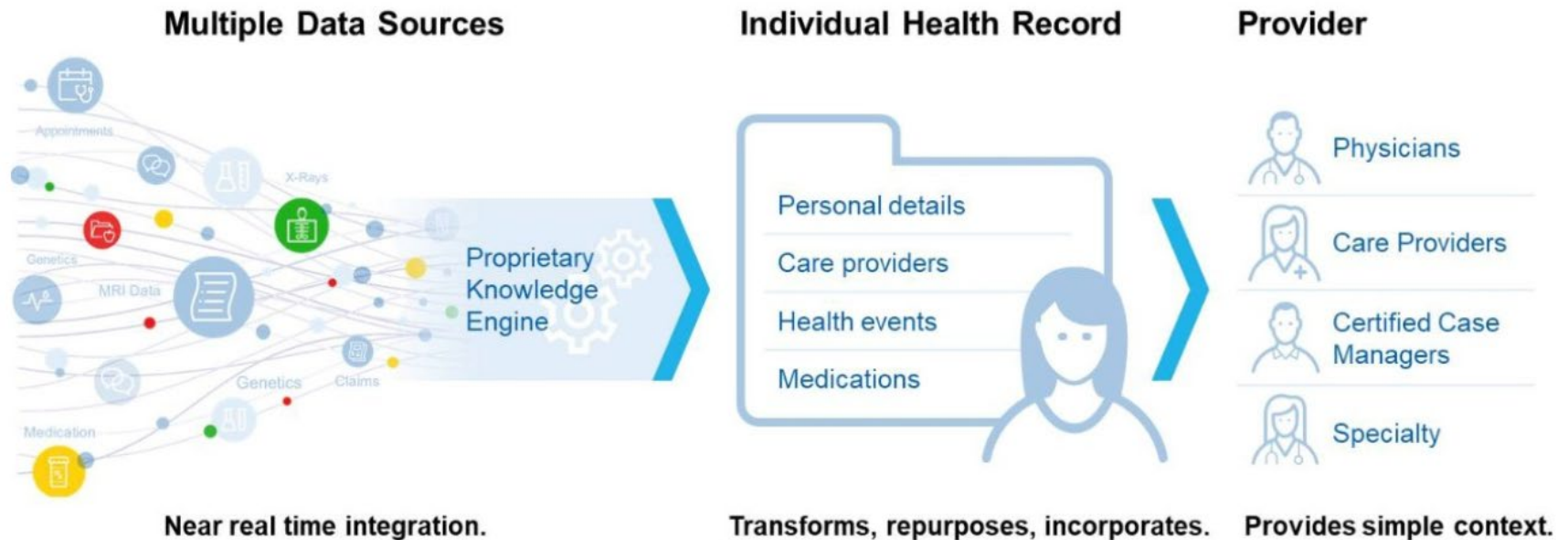
# Individual Health Record



# Individual Health Record

[Individual Health Record™ \(IHR\) | UHCprovider.com](https://UHCprovider.com)

## Establishing a solid foundation.



# Individual Health Record

**Individual Health Record™**

TEST TEST

🔍 Patient Search    👤 Patient Summary - minnie V mouse

👤 > minnie V mouse    GENDER: TRANSGENDER    BIRTHDATE: May 26, 1959    AGE: 61 years    Choose New Individual

### Health Conditions

Problem	Onset
<a href="#">Diabetes Mellitus Type 2</a>	Mar 16, 2018
<a href="#">External Otitis</a>	Jul 27, 2018
<a href="#">Hyperlipidemia</a>	Mar 16, 2018
<a href="#">Complete Rotator Cuff Tear or Rupture</a>	Mar 24, 2020
<a href="#">Hydronephrosis with Renal and Ureteral Calculous Obstruction</a>	May 04, 2020
<a href="#">Diverticular Disease of Large Intestine</a>	May 04, 2020
<a href="#">Shoulder Impingement Syndrome</a>	Sep 24, 2019
<a href="#">Influenza</a>	Jan 15, 2019
<a href="#">Frank Hematuria</a>	May 04, 2020
<a href="#">Exposure to Sunlight</a>	Jan 30, 2020

[More Items](#)

### Medications

Medication	Last Filled	Source
<a href="#">Atorvastatin Calcium Oral Tablet 20 mg</a>	Dec 16, 2019	🏥
<a href="#">Triamcinolone Acetonide Injection Suspension 10 mg/mL</a>		🏥
<a href="#">Drug Description Not Provided (Unclassified)</a>		🏥
<a href="#">Marcaine Injection Solution 0.25 %</a>		🏥
<a href="#">MetFORMIN HCLER Oral Tablet Extended Release 24 Hour 750 mg</a>	Jan 16, 2020	🏥
<a href="#">Ciprofloxacin HCl Oral Tablet 500 mg</a>	May 08, 2020	🏥
<a href="#">Trulicity Subcutaneous Solution Pen-injector 1.5 mg/0.5mL</a>	Apr 23, 2020	🏥
<a href="#">OxycODONE HCl Oral Tablet 5 mg</a>	May 08, 2020	🏥
<a href="#">Tamsulosin HCl Oral Capsule 0.4 mg</a>	May 05, 2020	🏥
<a href="#">Telmisartan Oral Tablet 80 mg</a>	Jan 16, 2020	🏥

[More Items](#)

### Visit History

Visit Type	Start Date	Rendering Provider
<a href="#">Outpatient Visit</a>	Apr 23, 2020	
<a href="#">Outpatient Visit</a>	Mar 24, 2020	
<a href="#">Outpatient Visit</a>	Oct 11, 2018	
<a href="#">Outpatient Visit</a>	May 07, 2020	
<a href="#">Outpatient Visit</a>	Sep 24, 2019	
<a href="#">Outpatient Visit</a>	Jan 15, 2019	
<a href="#">Outpatient Visit</a>	May 04, 2020	
<a href="#">Outpatient Visit</a>	Jan 16, 2020	
<a href="#">Outpatient Visit</a>	Jan 30, 2020	
<a href="#">Outpatient Visit</a>	Aug 23, 2018	

[More Items](#)

### Immunizations

Immunization	Start Date
<a href="#">Influenza Virus Vaccine</a>	Oct 10, 2018
<a href="#">Influenza Virus Vaccine</a>	Oct 10, 2018
<a href="#">Influenza Virus Vaccine</a>	Sep 20, 2019

### Tests/Exams/Assessments

Procedure	Start Date	Indicator
<a href="#">Complete Blood Count (CBC) with Automated Differential</a>	Oct 11, 2018	

### Care Team - Practitioners

Name	Specialty	Source
<a href="#">Guzman, Myra Athena</a>	Family Medicine	🏥
<a href="#">Mathias, Matthew</a>	Internal Medicine	🏥
<a href="#">Beidler, Elena</a>		🏥



Quality



# PCPi (Primary Care Professional incentive) Program

UnitedHealthcare works with primary care providers to ensure our Hoosier Care Connect members have access to comprehensive health, wellness, prevention and care coordination services.

Incentives for qualifying physician practices tied to addressing key patient care opportunities.

Incentives for 2022:

- Adult's Access to Preventive/Ambulatory Health Services (AAP)
- Well Child visits 3-21 years old (WCV)
- Smoking/Tobacco Cessation Counseling



# PCPi (Primary Care Professional incentive) Program

Measure Name	Target Score – Tier 1	Payment for Each Closed Care Opportunity	Payment for Each Closed Care Opportunity If Target is Met
Child and Adolescent Well-Care Visits (WCV)	75 <sup>th</sup> %tile	\$20	\$40
Adult Access to Preventative/Ambulatory Health Services (AAP)	75 <sup>th</sup> %tile	\$20	\$40





# Additional incentive opportunity

Measure Name	Payment for Each Closed Care Opportunity	Bonus Opportunity Qualifications
Smoking Cessation Counseling	\$20/Counseling claim \$30/Counseling if member subsequently engaged with Quitline.	Qualifying providers will receive a bonus payment for delivering tobacco/vape cessation counseling, and an additional amount if member subsequently engages with Quitline.



# Provider quality outreach representatives

This team assists providers in navigating Quality incentives and opportunities to improve member health outcomes around important services for our members like annual preventive visits, dental visits, lead screenings and immunizations.

This team also identifies members on a PMP's panel who have not been seen and works with the PMP's office to get those members in for initial visits and their well visits.



## **Provider Quality Outreach Representatives**

Rebecca Church - [rebecca\\_church@uhc.com](mailto:rebecca_church@uhc.com)  
317-352-6561

Will Ray - [will\\_ray@uhc.com](mailto:will_ray@uhc.com)  
317-864-4436



# Important quality reminders

## COVID-19 vaccine counseling

UnitedHealthcare and the Indiana Health Coverage Programs (IHCP) encourages member education about the COVID – 19 vaccine.

- Effective for dates of service on or after November 2, 2021, the IHCP reimburses providers for educating members about the COVID-19 vaccine.
- The IHCP will cover procedure code 99401 (25) – Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
- Refer to COVID bulletin is [BT202196 \(indianamedicaid.com\)](https://www.indianamedicaid.com/bulletin/BT202196)



# Important quality reminders

## Blood lead-level testing

Indiana statute requires that ALL children enrolled in Medicaid are to receive a blood lead level test at 12 and 24 months of age; ANY child enrolled in Medicaid between 36 and 72 months with no record of a previous blood lead test must also be tested.

Indiana statute (410 IAC 29-3-1) requires that ALL blood lead tests, REGARDLESS OF RESULTS are required to be reported to the Indiana Department of Health by the entity examining the specimen (i.e., Laboratory, Clinic, Physician, etc.) not later than one (1) week after completing the test.





# Integrated care coordination



# Promote coordination with providers

Our care coordination program seeks to empower UnitedHealthcare Hoosier Care Connect members, care providers and our community to improve member outcomes and help providers coordinate member care across the continuum.

Care coordination has three levels of coordination:

1. Disease Management
2. Care Management
3. Complex Case Management

Care Coordination goals:

- Promote integration - treat the whole person
- Coordinate with providers on appropriate referrals and necessary authorizations
- Assist with community resources and transportation
- Share medical/behavioral care plans and treatment summaries so they are closely aligned
- Deploy community health worker to do home visits and safety checks
- Leverage better treatment options and improve health outcomes





# CommunityCare tool



# CommunityCare tool

To access the CommunityCare Provider Portal, select the "Sign In" button in the upper right corner from [UHCprovider.com](https://UHCprovider.com).

Once logged in, select "Clinical & Pharmacy" and then select "UnitedHealthcare CommunityCare".

The screenshot displays the UnitedHealthcare CommunityCare Provider Portal. At the top, the UnitedHealthcare logo is on the left, followed by a search bar. On the right, there are links for "Training & Support", "Practice Management", and "TrackIt", along with a user profile icon. Below these, the "Payer" is set to "87726 - UnitedHealthcare" and the "Provider" field is empty. A dark blue navigation bar contains several menu items: "Eligibility", "Claims & Payments", "Referrals", "Prior Authorizations", "Clinical & Pharmacy" (which is highlighted with a yellow border and an upward arrow), "Documents & Reporting", and "Additional Tools". The main content area is divided into three columns. The left column, titled "Clinical Tools", includes links and descriptions for "Care Conductor and Notification of Pregnancy", "Individual Health Record", "Practice Assist", and "Secure Messenger Clinical Data Submission". The middle column, titled "Test Registry", describes the application for laboratories to register services. The right column, titled "Pharmacy Tools", includes links and descriptions for "CoverMyMeds", "Patterns of Care", and "PreCheck MyScript". The "UnitedHealthcare CommunityCare" link in the middle column is highlighted with a yellow border.

**UnitedHealthcare**

Search

Training & Support Practice Management TrackIt

Payer 87726 - UnitedHealthcare Provider

Eligibility Claims & Payments Referrals Prior Authorizations **Clinical & Pharmacy** Documents & Reporting Additional Tools

**Clinical Tools**

**Care Conductor and Notification of Pregnancy**

Access, review and comment on Member Care Plans and Assessments through Care Conductor, complete and submit Obstetrics Risk Assessments (OBRAF) through Notification of Pregnancy for Community Plan.

**Individual Health Record**

The Individual Health Record (IHR) exclusively from UnitedHealthcare is a digital tool that aims to improve the health of every individual by creating a more comprehensive story of a person's health.

**Practice Assist**

A convenient online tool that helps you identify and address open care opportunities for your patients.

**Secure Messenger Clinical Data Submission**

Simple process for submitting clinical data to UHC in partnership to meet HEDIS and Medicare STARS quality standards.

**Test Registry**

The Test Registry application will allow laboratories who submit claims to UnitedHealthcare to register their laboratory services as required. Within the Test Registry application laboratories will be able to provide a comprehensive list of their laboratory testing services.

**UnitedHealthcare CommunityCare**

Access care management documents (e.g. care plans, assessments) and send messages to UHC Care Management staff on member specific needs.

**VirtualHealth/Hellos**

Access care management documents (e.g. care plans, assessments) and send messages to UHC Care Management staff on member specific needs.

**Pharmacy Tools**

**CoverMyMeds**

Easily integrates with pharmacy systems, EHRs, and PBMs to create the industry's most efficient electronic prior auth solution.

**Patterns of Care**

This program provides insight around the dimensions of pharmacy cost and quality, as it leverages benchmarks to better understand utilization and prescribing patterns for Accountable Care Organizations (ACOs) and provider communities.

**PreCheck MyScript**

This tool is reserved for users who are currently registered for PreCheck MyScript. Price drugs and provide alternatives based on plan. You can also submit an electronic Prior Authorization.





# Benefits of using CommunityCare provider portal for rosters

## CommunityCare roster benefits

- Excel format which is filterable and sortable.
- Flexibility to add and remove export fields for customization.
- Flexibility to pull at the individual or TIN level to support large and small practices.
- Contains clinical data to support whole person care:
  - HEDIS
  - Gaps in Care
  - Inpatient Hospital Admissions
  - Emergency Room Discharges
- Internal access has the same view as provider.
- Identifies members added within the last 30 days

## Limitations of UnitedHealthcare reports and mailed reports

### UnitedHealthcare Reports Found on the Portal

- PDF document is not filterable or sortable.
- Can only pull data at the individual practitioner level (causing challenges for large practices).
- Does not contain clinical data to support whole person care.

### Mailed Reports

- Paper documents can be hundreds of pages for large practices.
- Mailed monthly so user must wait to identify changes.



# CommunityCare tool – behavioral health

This tool is required for behavioral health providers to use to help with care coordination.

Within 5 days of initial behavioral health visit, please upload:

**Treatment  
Plan**

**Diagnosis**

**Medication  
List**

**Other  
Pertinent  
Information**

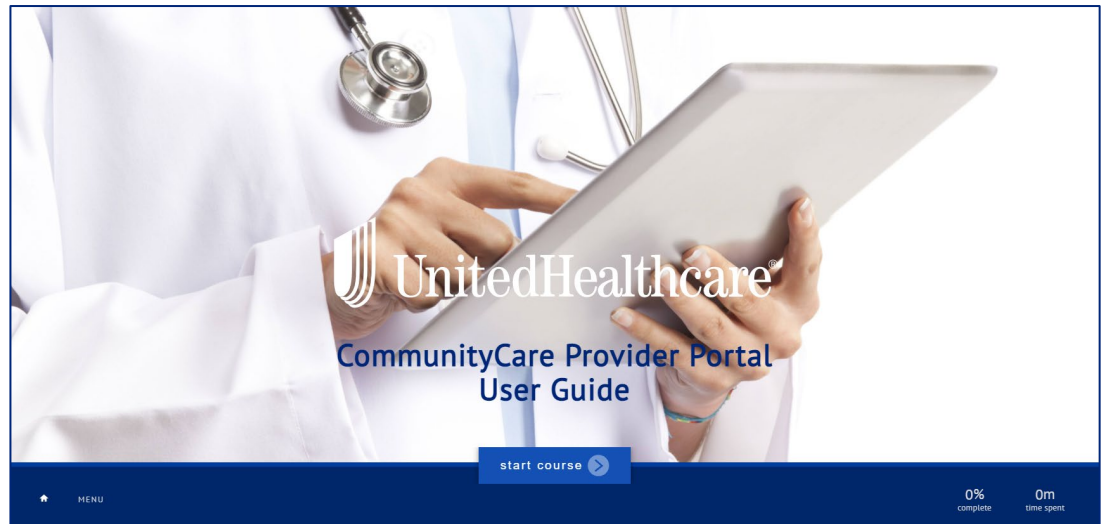


# CommunityCare tool

Visit **[UHCprovider.com/training](https://UHCprovider.com/training)** to access our CommunityCare Provider Portal user guide. You can find the guide under the Digital Solutions category.

In the guide, you'll find:

- Getting started
- Population dashboard
- Care plan
- Activities
- Quality measures
- My members
- Inpatient admissions and discharges
- Emergency room discharges
- Tips





# Prior authorization



# Prior authorization updates

## Provider Bulletin BT 202215 – IHCP Rescinds Certain Temporary COVID-19 Policies

- With the number of COVID cases declining in Indiana, IHCP PA policies returned to normal business operations effective 4/1/22.
- Please review the bulletin applicable to your provider specialty below for details on what temporary PA policy ended on 3/31/22.
- UnitedHealthcare follows all State guidelines.

*Table 1 – Temporary COVID-19 policies announced in bulletins that will end March 31, 2022*

<b>Bulletin</b>	<b>Policy start date</b>	<b>Policy end date</b>
<a href="#"><u>BT202174</u></a> : IHCP temporarily reinstates revisions to PA process for acute care hospital non-elective inpatient admissions	8/30/21	3/31/22
<a href="#"><u>BT202178</u></a> : IHCP temporarily revises time frames for certain PA approvals	9/1/21	3/31/22
<a href="#"><u>BT202179</u></a> : IHCP reinstates inpatient SUD and psychiatric admission policy changes	9/8/21	3/31/22
<a href="#"><u>BT202180</u></a> : PA changes temporarily reinstated for some DME/HME supplies and services	9/8/21	3/31/22
<a href="#"><u>BT202181</u></a> : IHCP reinstates temporary PA changes for managed care SNF admissions	9/8/21	3/31/22
<a href="#"><u>BT202182</u></a> : IHCP temporarily reinstates PA policy for LTAC and AIR facility admissions	9/8/21	3/31/22



# Decisioning Point of Care (D-POC)

## Prior Authorization and Notification tool (PAAN)

- New prior authorization functionality
- Submit prior authorization for a real-time approval based on IHCP medical policy and InterQual for certain services

## **Provider cannot submit a retroactive case using the enhanced PAAN experience**

- The system will allow retroactive dates to be entered but the Submit button will not function

## **Warning Message**

- No message or warning to the provider will appear in the system letting them know what is happening. The submit button will not function or take them to the next screens.

## **Provider should**

- Call Provider Services for assistance with a retroactive prior authorization need



# Decisioning Point of Care (D-POC)

Providers can submit a request for prior authorization consideration for multiple procedure codes

## **Mixtures of Codes in and out of scope for the enhanced experience**

- The system will allow the Decision Tree Questionnaire (DTQ) to be answered and will return a pending status
- The system will provide a recommendation for approval or pending status based on the DTQ answers
- The information for all code will be sent to ICUE and internal UnitedHealthcare staff to be manually reviewed

## **Multiple codes in scope for the enhanced experience**

- It is possible to get an approval status from the system on multiple procedure codes
- The system will determine if an approval can be returned based on the answers to the DTQs

[Advance Notification and Plan Requirement Resources | UHCprovider.com](https://UHCprovider.com)



# Decisioning Point of Care (D-POC)

## Today's PAAN Experience

- Input decision criteria into PAAN
- May render a decision or a pended case
- Delayed decision when additional medical information is needed

## Enhanced PAAN Experience

- Internal system connection
- Real time decisions for expanded services
- InterQual and Medical Policy








# Provider Portal Tools




# Eligibility & Benefits

[Eligibility and Benefits | UHCprovider.com](https://UHCprovider.com)




Search

Training & Support ▼ Practice Management ▼ TrackIt  ▼

Payer 87726 - UnitedHealthcare ▼ Provider ▼


Eligibility

Claims & Payments ▼ Referrals Prior Authorizations  Clinical & Pharmacy ▼ Documents & Reporting ▼ Additional Tools

Admin ► Home ► Eligibility & Benefits


## Eligibility & Benefits Search


### Verify Eligibility & Benefits

 [View Recent Search Results](#)


Eligibility Search Criteria\* \*Required Fields

Member ID & Date of Birth ▼

Member ID\* 

Date of Birth\* 

MM/DD/YYYY

 [Search for Multiple Members](#)

Search Policies: ☒ Predefined Date ☐ Custom Date

Select a Policy Date Range\*

Today's Date ▼

Verify Eligibility

### Helpful Resources

[Policies for Commercial Plans !\[\]\(b1b0a02de0d009aa0f986d15f66af74d\_img.jpg\)](#)

[Policies for Medicare Plans !\[\]\(36961bb920583e81444ee61b08ebf887\_img.jpg\)](#)

[Policies for Medicaid Plans !\[\]\(d7e8883554b737b5697b3630409cb345\_img.jpg\)](#)

[Prior Authorization and Notification Resources !\[\]\(307ba6ff0eed059dd2864849312b8205\_img.jpg\)](#)

[Radiology Prior Authorization and Notification !\[\]\(38122da19d06ed52175c970dc46361ab\_img.jpg\)](#)



# Medical Claims & Payments

The screenshot displays the UnitedHealthcare portal's 'Claims & Payments' section. At the top, the UnitedHealthcare logo is on the left, and navigation links for 'Training & Support', 'Practice Management', 'TrackIt', and a user icon are on the right. Below the logo is a search bar. To the right of the search bar are dropdown menus for 'Payer' (set to '87726 - UnitedHealthcare') and 'Provider'. A dark blue navigation bar contains links for 'Eligibility', 'Claims & Payments' (highlighted with an orange box), 'Referrals', 'Prior Authorizations', 'Clinical & Pharmacy', 'Documents & Reporting', and 'Additional Tools'. The main content area is divided into three columns. The left column, titled 'Claims Tasks', includes links for 'Look up a Claim', 'Submit a Claim' (with a description of the claim submission process), 'Claims Research Project' (for reconsideration requests), and 'RC Claim Assist' (for drug code lookups). The middle column, titled 'Payment Tools', includes links for 'UnitedHealthcare OneNet PPO Pricing', 'Direct Connect' (a web-based platform for providers), 'Fee Schedule Lookup' (for contracted rates), 'HBMA Find a Medical Biller', and 'InstaMed Payments'. The right column includes links for 'Office Ally', 'Optum Pay', 'UnitedHealthcare Claim Estimator', and 'UnitedHealthcare Search PRA'. At the bottom, a 'Verify Eligibility' section features radio buttons for 'Predefined Date' (selected) and 'Custom Date', a 'Select a Policy Date Range' dropdown (showing 'Today's Date 10/06/2021'), and a large blue 'Verify Eligibility' button.

**UnitedHealthcare**

Search

Training & Support Practice Management TrackIt

Payer 87726 - UnitedHealthcare Provider

Eligibility **Claims & Payments** Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

### Claims Tasks

[Look up a Claim](#)

[Submit a Claim](#)

Use Claim Submission to enter claims electronically using the same information as the CMS-1500 paper form. This tool is ideal for small practices that don't work with an electronic data interchange (EDI) clearinghouse.

[Claims Research Project](#)

This lets you search and submit a reconsideration request for multiple claims with the same reason for denial.

[RC Claim Assist](#)

RCCA Lite is a self-service website for physicians and providers to search for Medical Pharmaceuticals by Drug Name, HCPCS/CPT® Codes or NDC to determine the appropriate HCPCS/CPT® Drug Code to NDC relationship.

### Payment Tools

[UnitedHealthcare OneNet PPO Pricing](#)

[Direct Connect](#)

Direct Connect is a web-based platform that helps providers and UnitedHealthcare communicate effectively, automate workflows and drive overpayment resolutions.

[Fee Schedule Lookup](#)

Allows participating providers to look up contracted rates of Commercial plans for CPT and HCPC codes, for a specific physician/healthcare professional name and product.

[HBMA Find a Medical Biller](#)

This helps identify medical billing companies by specialty and certification.

[InstaMed Payments](#)

UnitedHealthcare members can pay you via the myuhc.com® member portal as soon as claims are adjudicated. Allow patients to pay how they want.

### Office Ally

Our programs allow patients, providers and IPAs/Health Plans to interact in real time, providing immediate communication between all parties.

### Optum Pay

This transforms the payment process by moving the claims and electronic remittance data with the electronic payment.

### UnitedHealthcare Claim Estimator

Allows you to pre-determine patient benefits, allowable service bundling, and claim financials.

### UnitedHealthcare Search PRA

(Formerly known as Single EOB)  
Search, view, and/or print Provider Remittance Advice (PRA) documents.


Search Policies: ☒ Predefined Date ☐ Custom Date

Select a Policy Date Range\*

Today's Date 10/06/2021

**Verify Eligibility**

# Medical Prior Authorization



Search

Training & Support ▾ Practice Management ▾ TrackIt ⓘ ▾

Payer 87726 - UnitedHealthcare ▾ Provider

Eligibility Claims & Payments ▾ Referrals **Prior Authorizations** Clinical & Pharmacy ▾ Documents & Reporting ▾ Additional Tools

TrackIt: Action Required

Take action on any tickets that require attention.

Claims


0 Require Action >

**Prior Authorizations**

0 Require Action >

## Hello,

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct. Try out our shortcuts to eligibility and claims information below for quick links to common tasks.



### Verify Eligibility & Benefits

[View Recent Search Results](#)

Eligibility Search Criteria\*

\* Required Fields

Member ID & Date of Birth ▾

Member ID\*

Date of Birth\*

MM/DD/YYYY

[+ Search for Multiple Members](#)

Search Policies:

☒ Predefined Date ☐ Custom Date

Select a Policy Date Range\*

Today's Date 04/26/2022 ▾

Verify Eligibility

\$

### Look Up a Claim or Ticket

[View Flagged Claims in TrackIt](#)

Select Your Claim or Ticket Search Criteria\*

\* Required Fields

Member ID & Date of Birth ▾

Search By:

☒ TIN ☐ Provider

Member ID\*

Date of Birth\*

MM/DD/YYYY

Select Range:

☒ Custom Date ☐ Predefined Date

You may search for claims up to 18 months in the past.

First Service Date\*

MM/DD/YYYY

Last Service Date\*

MM/DD/YYYY

Submit Search

Feedback

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28

# Behavioral Health Prior Authorization

**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](#)

**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 psych/neuropsych 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**
- ▶ **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 LITIGATION](#) ☐

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

**OPTUM® Provider Express**

[Elig & Benefits](#) [Claims](#) [Auths](#) [Appeals](#) [My Practice Info](#) [More](#)

Welcome to Provider Express!

**Find Member Eligibility & Benefits**

[My Patients](#) [Member ID Search](#) [Name/DOB Search](#)

Please select one or more patients.

<input type="checkbox"/> Select All	First Name	Last Name	Member ID	Birth Date	State
<input type="checkbox"/>	PATIENT FIRST NAME	PATIENT LAST NAME	0123456789	00/01/2025	ST
<input type="checkbox"/>	PATIENT FIRST NAME	PATIENT LAST NAME	0123456789	00/01/2025	ST
<input type="checkbox"/>	PATIENT FIRST NAME	PATIENT LAST NAME	0123456789	00/01/2025	ST
<input type="checkbox"/>	PATIENT FIRST NAME	PATIENT LAST NAME	0123456789	00/01/2025	ST
<input type="checkbox"/>	PATIENT FIRST NAME	PATIENT LAST NAME	0123456789	00/01/2025	ST





# Provider Education



# New provider network participation request process

## UnitedHealthcare Community Plan of Indiana Homepage

We know you don't have time to spare, so we put all the UnitedHealthcare Community Plan resources you need in one place. Use the navigation on the left to quickly find what you're looking for. Be sure to check back frequently for updates.

**Prior Authorization  
and Notification  
Resources**

[Learn More](#)

**Current Policies and  
Clinical Guidelines**

[Learn More](#)

**Provider  
Administrative  
Manual and Guides**

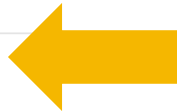
[Learn More](#)

[Expand All](#) 

**Contact Us**



**Join Our Network**



# New provider network participation request process

## How to Join the UnitedHealthcare network

<b>Health care professionals (excluding specialists listed below)</b>	▼
<b>Hospitals and healthcare facilities</b>	▼
<b>Ancillary Facilities</b>	▼
<b>Behavioral health</b>	▼
<b>Physical Health</b>	▼
<b>Dental Providers</b>	▼
<b>Vision</b>	▼
<b>Skilled Nursing Facilities</b>	▼






# New provider network participation request process

[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](#)
- [Indiana Medicaid Provider Manual](#) 

**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 psych/ne guidelines, credentialing plans, and Disability Solutions Manual, on the Provider Express [Guidelines/Policies & Manuals](#) and [Optum Forms](#) pages.

**Indiana Medicaid Network Participation**

**How to Submit an Optum Participation Request:**

- Go to [Join Our Network](#) and click on the button associated with your provider type (e.g., Individual Clinician, Agency, Facility, Autism/ABA)
- Provider Network Participation Process Definitions and the Summary of IN Medicaid Provider Credentialing Policy are listed under "Important Materials regarding joining the network" below

**Individual Clinician Requirements:**

- [Indiana Approved License Information](#)
- [Link to Create or Update your CAQH Application](#)
- Link to [One Healthcare ID](#) login. Click here to login and to check the status of your network participation application
- [Common Issues During the Application Process](#)

**Individual Clinician Step by Step Guides:**

- [Provider Guide to Start the Application Process](#)
- [Step by Step Guide to Complete the Individual Application Form](#)

**Agency Requirements:**

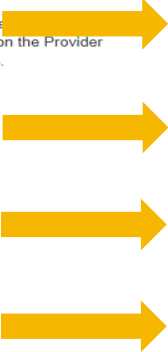
- [Requirements ,Required Documentation ,Common Issues](#)
- [Step by Step Guide to Complete the Agency Application Form](#)

**Facility Requirements:**

- [Requirements ,Required Documentation ,Common Issues](#)
- [Step by Step Guide to Complete the Facility Application Form](#)

**Autism/Applied Behavior Analysis:**

- [Indiana Medicaid ABA Program Specific Information](#)
- [Requirements to participate](#)
- [General Requirements and the Link to the BCBA Application Forms](#)
- [Step by Step Guide to Complete the BCBA Individual Application](#)



# New provider network participation request process

The “Join our Network” webpage is designed to improve and streamline the provider experience for joining our Provider Network!

Each provider type accordion details the steps and documentation necessary to request participation in UnitedHealthcare’s provider network. Follow the steps below.

1. Request participation
2. Pursue credentialing
3. Receive provider contract
4. Pend provider loading (once complete)

**Note:** Once provider loading is complete, the provider will receive a welcome letter from us confirming participation and the network effective date.

**Note:** Providers can receive assistance through the following:

Network Help - email [networkhelp@uhc.com](mailto:networkhelp@uhc.com).



# Provider directory validation project

UnitedHealthcare will conduct a quarterly Provider Directory Validation Project in 2022.

The validation project will be managed by the Provider Verification Office (PVO).

Validation will be handled telephonically.

Directory elements to be verified include:

- Provider Name
- Provider Specialty
- Provider Address(es) including zip code + 4
- Provider telephone number(s)
- Provider's website



# Provider directory validation project (cont.)

Our goal is to match our contracted provider network demographic data to the State of Indiana's provider network demographic data.

If discrepancies are found, providers will be directed to update incorrect information with the State of Indiana and/or UnitedHealthcare.

Practitioners/Groups are encouraged to use My Practice Profile to manage/update their provider demographics or use the demographic update form to report changes in provider demographics.

Facilities and ancillary providers must use the demographic update form to report changes to your Network contractor.



# Provider demographic updates

[UnitedHealthcare Demographic Change Request Form \(uhcprovider.com\)](https://uhcprovider.com)



## UnitedHealthcare | Practice Address Change Request

Please choose to let us know what you'd like to update:

☐

Add

☐

Change

☐

Delete

If you would like to update more than one address, please submit both practice address change request pages for each additional location.

### SUBMITTER DETAILS

Date Today (MM/DD/YYYY) \*

Practice Type \*

Practice Tax ID Number (TIN) \*

Practice National Provider ID (NPI) Number \*

Practice Name \*

Provider Name \*

Submitter Name \*

Submitter Email Address \*

Submitter Title

Submitter Phone \*

Submitter Phone Extension

### NPI DETAILS

Atypical Provider?

Atypical Provider Explanation

NPI Taxonomy Code

NPI Issue Date (MM/DD/YYYY)

Basis for NPI Number (Refer to NPI Table)



# My Practice Profile

UnitedHealthcare encourages practitioners and group providers to register and use My Practice Profile to manage their demographic information.

[My Practice Profile | UHCprovider.com](#)

## 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
- Telehealth services
- 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



# My Practice Profile

VIEWING AND UPDATING INFORMATION

## Provider Demographics

Use the Provider Demographics tab to view and update information. Changes made will be highlighted in yellow and tracked at the bottom. You'll be able to review a summary of all proposed changes before submitting.

MY PRACTICE PROFILE

N/A  
123456789 : TIN

PROVIDER DEMOGRAPHICS

PROVIDER LOCATIONS

GROUP DEMOGRAPHICS

GROUP LOCATIONS

DISPLAYING:  
ALL PROVIDERS

DETAILS	REMOVE	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	GENDER	PROVIDER NPI	SPECIALTIES
			DAVID	E		MALE		ALLERGY AND IMM
			WENDY	L		FEMALE		NURSE PRACTITIONER
			ALEXANDER	C		MALE		ALLERGY AND IMM

1 out of 1  
100 items per page  
1 - 3 of 3 items

ADD A PROVIDER

**Please Note:** My Practice Profile does not currently support Facilities (e.g. Hospitals) and Ancillaries organization types. If you would like to view/update data, please visit the UnitedHealthcare Facility/Practice Profile tile from your LINK dashboard or [click here](#).

- View Details
- Provider Details
- Provider Products
- Telehealth Services
- Add a Provider
- Enter Required Information
- Delete a Provider



# 2022 UnitedHealthcare town hall

- This year's event will be held virtually July 14, 2022.
- UnitedHealthcare will notify providers in advance to register for the Town Hall.
- Attendees will learn about the latest information about products, resources and services available to help providers.
  - Presentations given by our expert staff.
  - Interact with our speakers live.
  - Win prizes!







# 2022 Community Events



# Hoosier Care Connect Outreach

Hoosier Care Connect Outreach works with:

- Community Based Organizations (CBOs)
- Faith based Organizations (FBOs)
- FQHCs and other high-volume providers
- CMHCs
- Navigators

**The Goal of Team is Member Retention and Growth.**

**Dr. Health E. Hound is our Community and State mascot**



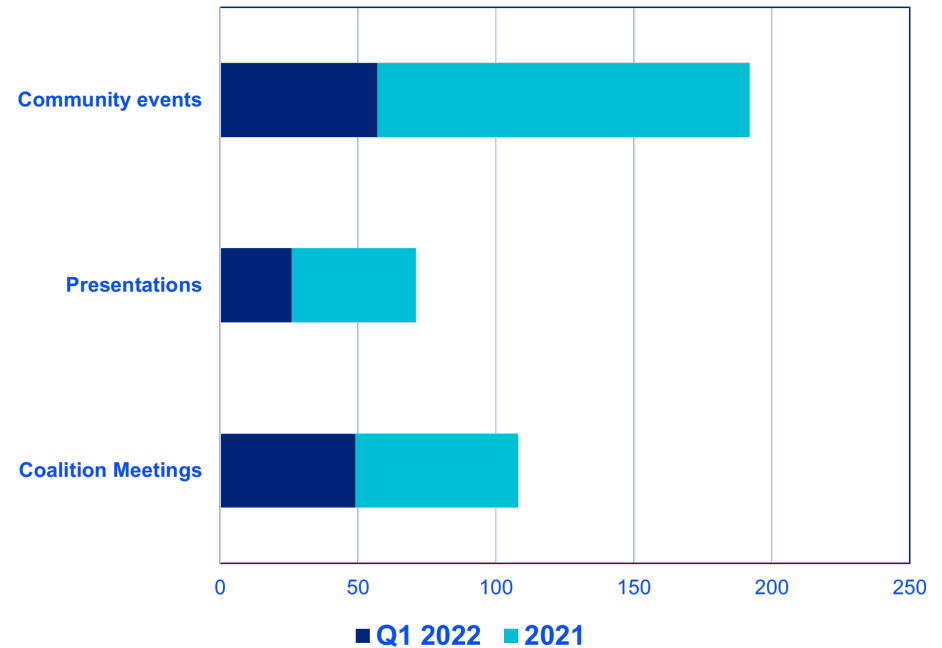
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# Outreach activities

## Q1 2022 Activities

- **57 Community events that included**
  - Partnering with 12 FQHC's
  - Events at Familial Dental locations
  - Events at local Laundromats
  - UnitedHealthcare co-branded events
  - Open Enrollment events
- **26 Presentations**
- Participated in 49 **Coalition meetings**



# Upcoming events

- Sponsor: Birth Equity Conference (St. Joseph County)
- Sponsor: BINGO with UnitedHealthcare (Randolph County)
- Sponsor: Impact Project/Disabilities Resource Carnival (Morgan County)
- Co-branded: UnitedHealthcare & Gary Health Department Vaccination & Community event (Lake County)
- Co-branded Laundry Love Event (Knox County)



# Upcoming events (cont.)

- UnitedHealthcare and South Bend Housing Authority
- Hoosier Care Connect Presentation
- Geminus Older Youth Service
- Here For You Events



# UnitedHealthcare projects

## UnitedHealthcare Catalyst (2022-2024)

- In process of implementation in Indianapolis.
- Partner with Indianapolis Housing Agency, FQHCs and Community Based Organizations

Determine issue to impact/improve in targeted community.

- Listening sessions
- Community Needs Assessments
- Develop & implement interventions & measure success.
- Use Catalyst Model.
- Improvement measurement.



# UnitedHealthcare community investments

UnitedHealth Group Foundation  
(2021-2023)

Recent donation to support a mobile health initiative with Healthnet.

- Mobile Unit provides services in rural counties of Morgan and Monroe and will also be used to impact specific neighborhoods in Indianapolis.
- Primary care, mental health services and preventive screenings provided.



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# UnitedHealthcare community investments (cont.)

## Empowering Health Grants through UnitedHealthcare

Healthier Moms and Babies

Gleaners

Girls on the Run

Indiana Primary Health Care Association

Indiana Rural Health Association







# Claims



# Claims

## 2022 Claim Strategy

- “Identify” claim adjudication anomalies
- “Collaborate” to provide information, examples and any necessary education
- “Investigate and remediate” to review examples and when necessary, reprocess claims to pay

Example: Reduce claim denials related to billing NPI, address and Zip Code +4 mismatches.



# Smart Edits

Smart Edits is a claims optimization tool that identifies billing errors within a claim and allows care providers the opportunity to review and repair problematic claims.

When claims are submitted accurately and in compliance with the latest policies and regulations, it results in less re-work, quicker approvals and faster payments.

[Smart Edits | UHCprovider.com](https://UHCprovider.com)

Members New User & User Access

United Healthcare  
Resources for health care professionals

Eligibility Prior Authorization Claims and Payments Referrals Our network Resources Sign In

Home > Resource Library > Healthcare Professional Education and Training > Smart Edits

Healthcare Professional Education and Training

- Clinical Tools
- Coding Corner
- Delegated Providers
- Digital Solutions
- Instructor-Led Learning Events
- Plans and Products
- Smart Edits**
- State Specific Training
- Veterans Affairs Community Care Network (VA CCN)

## Smart Edits

Smart Edits is a claims optimization tool that identifies billing errors within a claim and allows care providers the opportunity to review and repair problematic claims. These courses provide more details on each of the edits.

**Featured Course: Smart Edits 101**

Discover more about Smart Edits which auto-detects claims with potential errors. Learn about where Smart Edits are found, the timeframe for responding and how to respond.

[Start course](#)

Feedback



# UnitedHealthcare Insights

[UnitedHealthcare Insights | UHCprovider.com](https://UHCprovider.com)

## Centralized reporting



- Consolidates reporting from multiple sources, making it easier to get an at-a-glance look at your clinical and operational performance metrics
- Data is updated frequently to give you the most recent reporting possible

## Actionable data



- Available through the [UnitedHealthcare Provider Portal](#)
- Identify areas of opportunity to help drive the overall performance of your practice by adopting real-time Point of Care Assist® services in your EMR workflow

## Digital and customer-centric



- Trend analysis tools offer personalized metrics and interactive reporting
- Continuous enhancement of the tool using your feedback and suggestions





# Dental



# UnitedHealthcare dental benefits

## Covered Benefits

- All benefits as required by Hoosier Care Connect contract.
- Periodontal maintenance every 6 months.

## Services with No Prior Authorization Required

- Endodontic therapy age 0-20.
- Deep sedation/general anesthesia.

## Enhanced benefits exploring internally

- Topical application of fluoride varnish.



# UnitedHealthcare dental partnerships

## Partnerships

- IN Oral Health Coalition
- Dental Advisory Panel
- IN Society of Pediatric Dentistry Board of Directors

Collaboration	Subject	Meet
IN Oral Health Coalition	Medicaid claims Access to care/ general anesthesia	January, March
Dental Advisory Panel	Intro to Hoosier Care Connect Intro to UHC/ network info	June, November
IN Society of Pediatric Dentistry BOD	IN Hoosier Care Connect/ foster children	September



# UnitedHealthcare Dental 2022

## Strategies and Interventions to Improve ADV

- PMP – Dental office collaboration

Provider Quality Outreach campaign includes ADV.  
ADV part of PCOR (provider non-compliant report).  
Dental Manager/Medical Director meetings.

- Member Reward for annual dental visit
- Q4 2021 pilot to look at visits autistic children found dental services.
- Working with dental providers on opportunities to encourage children to visit dentist early.





# UnitedHealthcare - Hoosier Care Connect

## Care Coordination Support for Dental

- Assess member needs through Comprehensive Health Assessment Tool (CHAT.)
- Care Managers coordinate dental care.
- Work closely with DBP/network to find appropriate dental providers for members.
- Care plans include dental care needs, frequency, dentist contact information.



# Hoosier Care Connect customer service

## Customer Service Enhancements: Portal Training

- Call Center trainings enhanced to encourage provider portal usage.
- Portal submissions encouraged for provider participation requests.
- Portal training created to assist providers in submitting and resubmitting claims/authorizations, verifying coverage and eligibility, and enrollment in electronic payments.
- Customer service reminders sent via Tips of the Day to encourage portal usage.





# Appendix



# Important UnitedHealthcare links

UnitedHealthcare Community Plan

[www.uhcprovider.com/INcommunityplan](http://www.uhcprovider.com/INcommunityplan)

UHC Dental

[www.uhcdentalproviders.com](http://www.uhcdentalproviders.com)

March Vision

[www.marchvisioncare.com](http://www.marchvisioncare.com)



# Your Medical Network Provider Advocate Team

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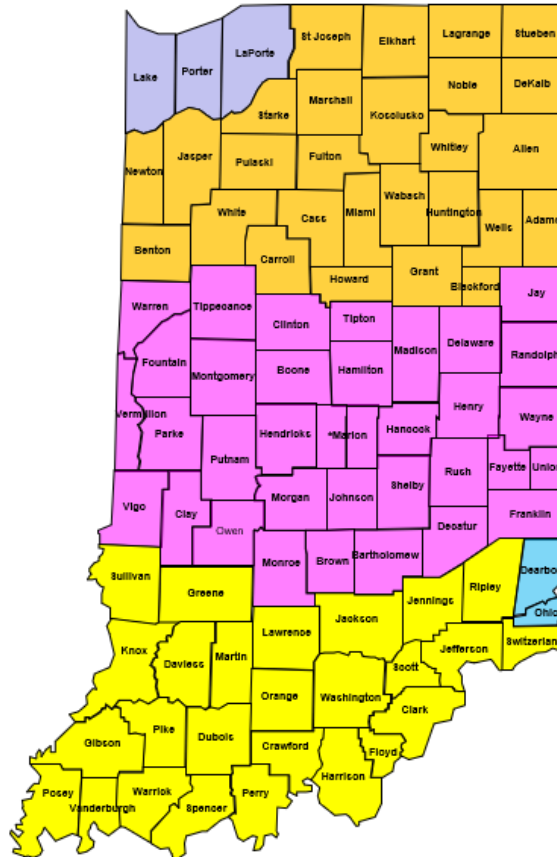
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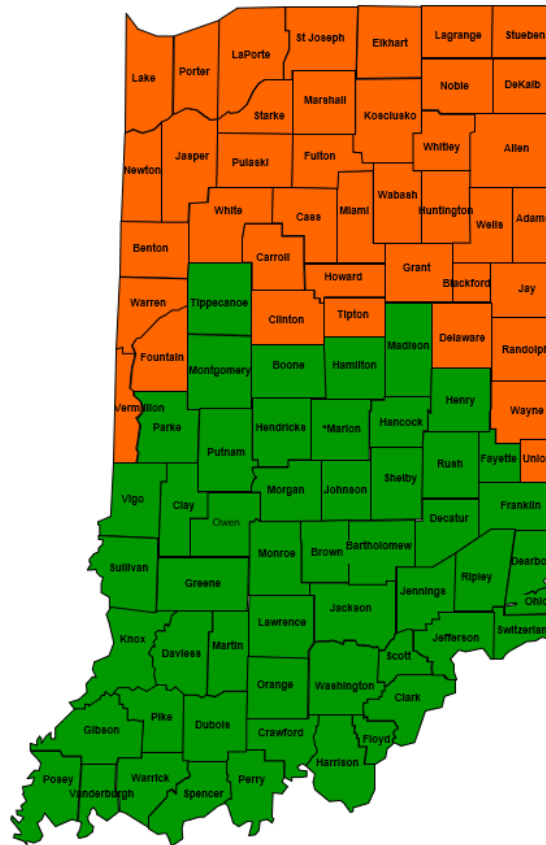
**All claim inquiries should be directed to the Central PR Team mailbox: [centralprteam@uhc.com](mailto:centralprteam@uhc.com)**



# Your Skilled Nursing Provider Engagement Team

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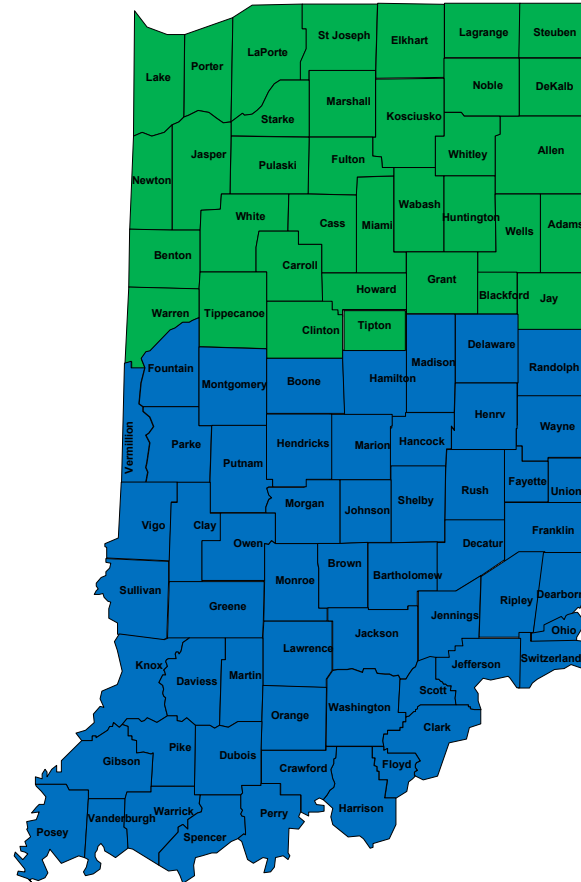
**Anne Lazzari,**  
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# Your Optum Behavioral Health Advocate Team

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# Your Optum Behavioral Health ABA Advocate

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# Your March Vision Advocate

**Cassandra Pattison**  
**Sr. Provider Relations Advocate**

210-474-5592

Cassandra\_Pattison@uhc.com

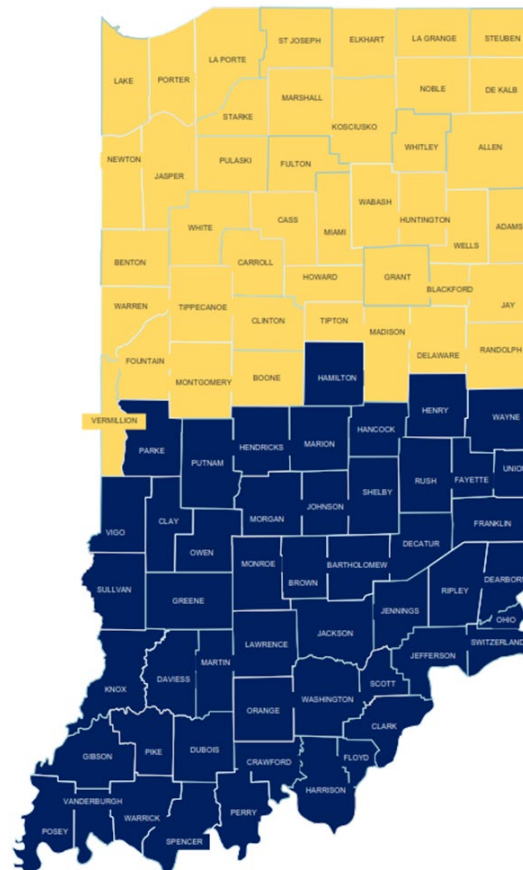
(Cassandra covers all Indiana counties)



# Your Dental Advocate Team

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**Thank you for caring for our members.**

**Questions and answers.**

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