# UnitedHealthcare Community & State

2023 IHCP Works Annual Seminar

**Behavioral Health**

United Healthcare®

Belen Stewart, Senior Provider Relations Advocate for Northern Indiana

# Agenda

- Contacts
- Enrollment
- Attestation
- Prior Authorization
- CommunityCare
- Claims
- Telehealth

# Provider Relations Advocates


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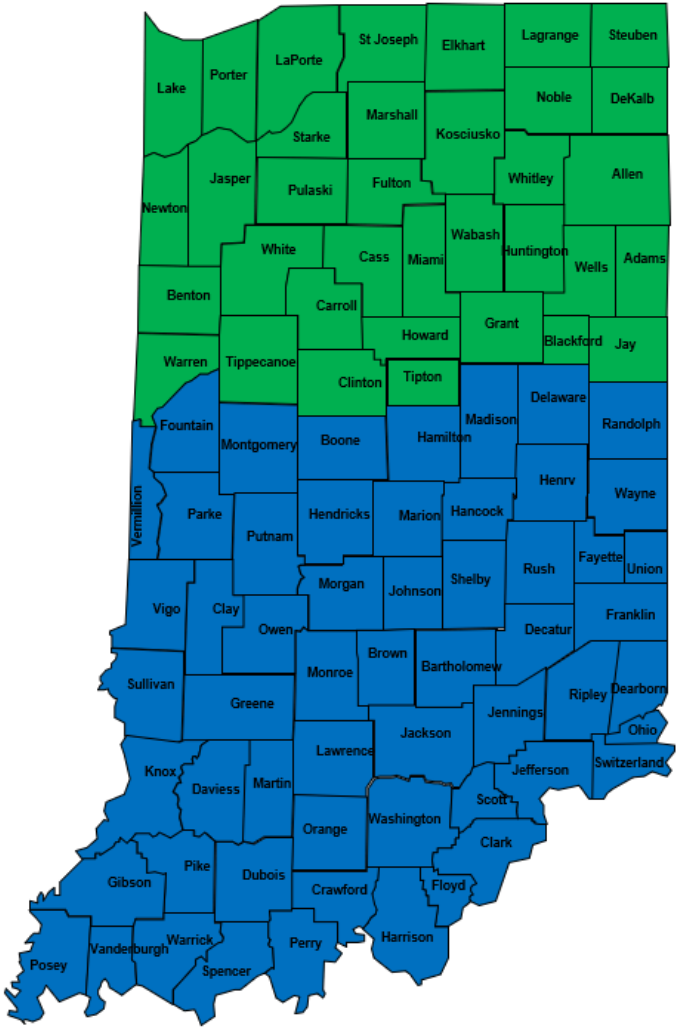


# Optum Behavioral Health Network Providers

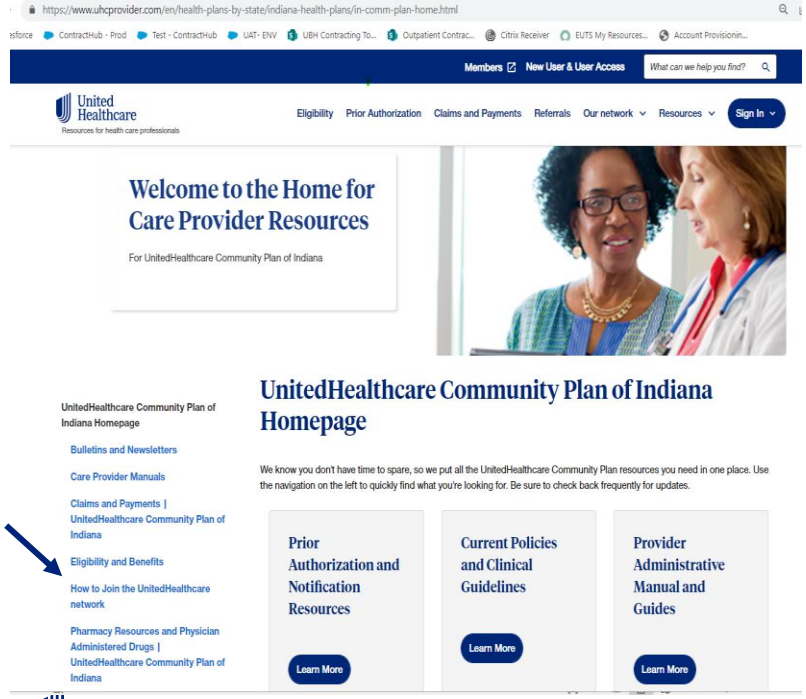
- Board Certified Behavior Analyst (BCBA)
- Clinical Nurse Specialist (CNS)
- CSR – Prescriptive Authority (CSR-Pres Auth)
- Doctor of Osteopathic Medicine (DO)
- Health Service Provider in Psychology (HSPP)
- Licensed Clinical Addiction Counselor (LCAC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Mental Health Counselor (LMHC)

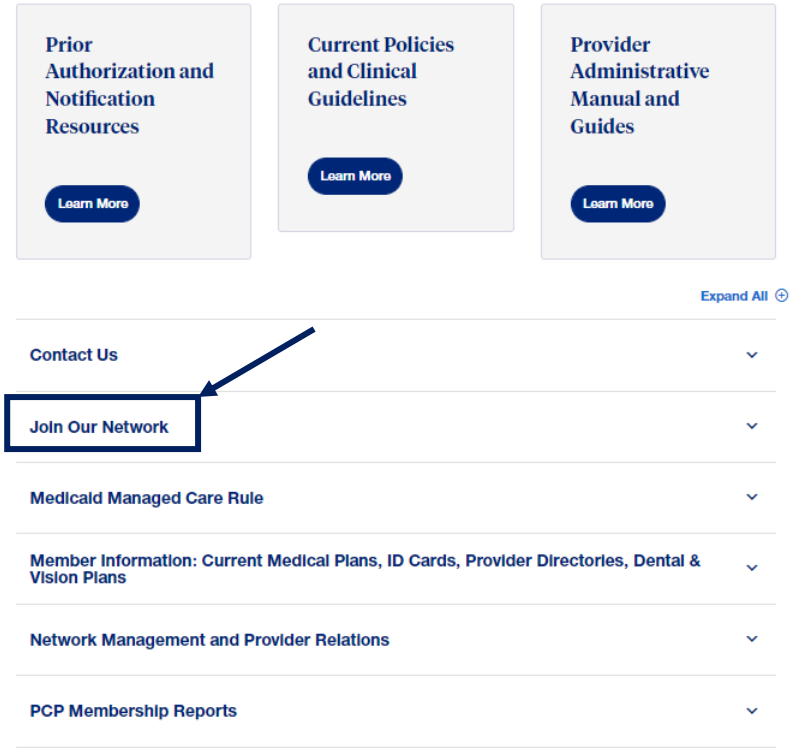
# Optum Behavioral Health Network Providers cont.

- Medical Doctor (MD)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN)
- Community Mental Health Centers (CMHC)
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Substance Use Disorder Agencies
- Inpatient Facilities

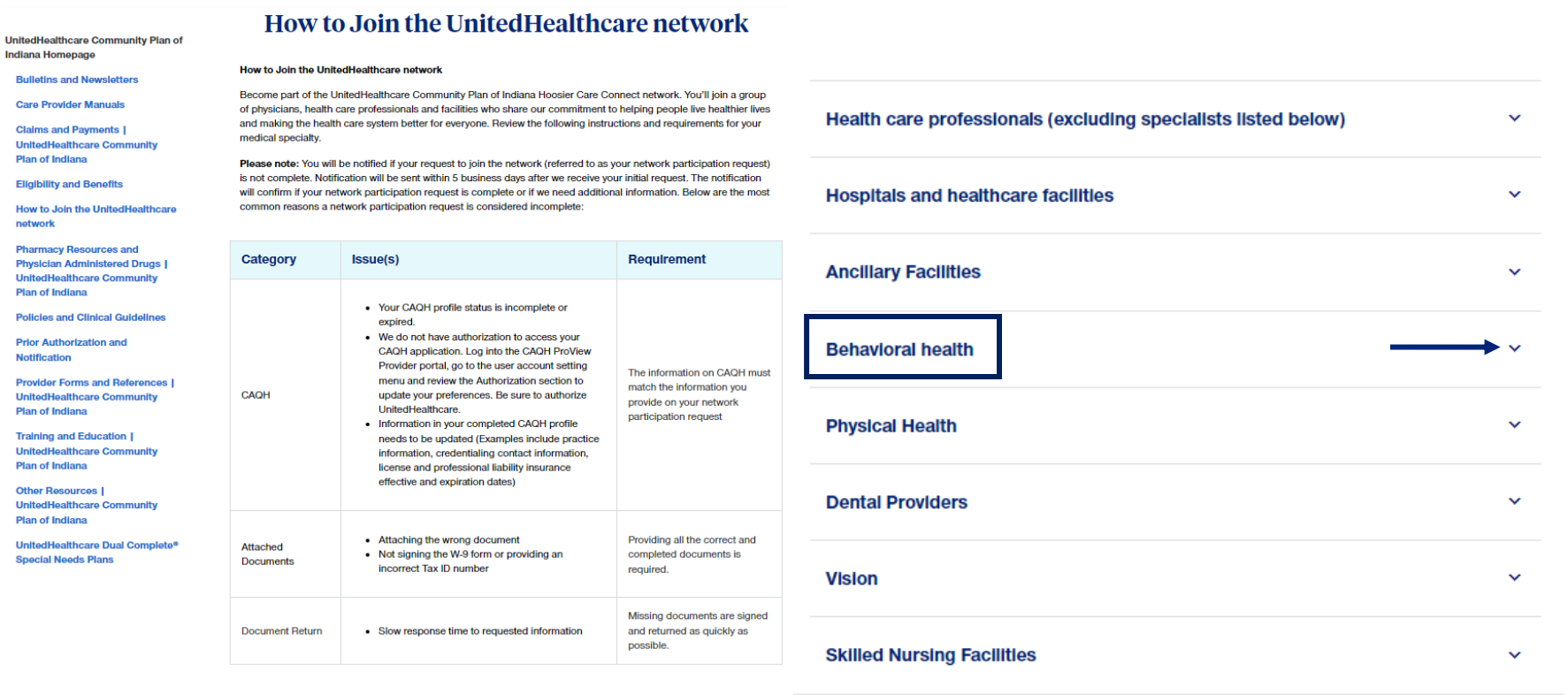
# Provider Enrollment – Individual Providers

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



# Provider Enrollment – Individual Providers cont.



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

**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:

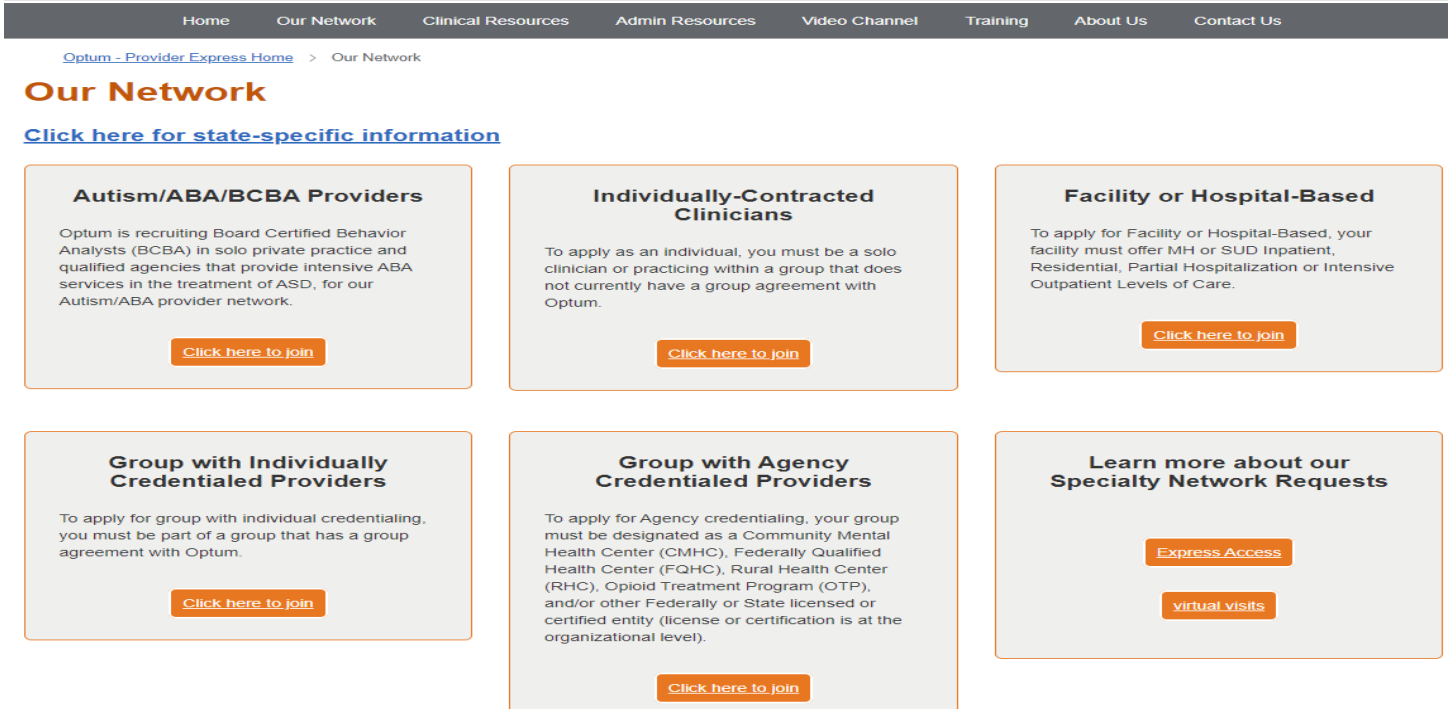
| Category | Issue(s) | Requirement |
|---|---|---|
| CAQH | • Your CAQH profile status is incomplete or expired.<br>• We do not have authorization to access your CAQH application. Log into the CAQH ProView Provider portal, go to the user account setting menu and review the Authorization section to update your preferences. Be sure to authorize UnitedHealthcare.<br>• 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<br>• 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 cont.

| | |
|---|---|
| **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.<br><br>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).<br><br>• Please complete all fields and submit all applicable information<br>• Make sure all CAQH information is current and attested<br>• Ensure all requested documents are current and accurate<br>• Review the Optum Provider Express Onboarding Process for additional details<br><br>You must also be enrolled with Indiana Health Coverage Programs (IHCP). If you haven't already done so, complete your provider enrollment.<br><br>A complete request to join the Optum Behavioral Health network must include:<br><br>• Active Medicaid ID obtained through IHCP<br>• Current CAQH application, with access granted to UnitedHealthcare<br>• National provider identification (NPI) number<br>• W-9<br>• Phone & fax number<br>• Email address<br>• Physical address, including suite number if applicable<br>• 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.<br><br>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. |

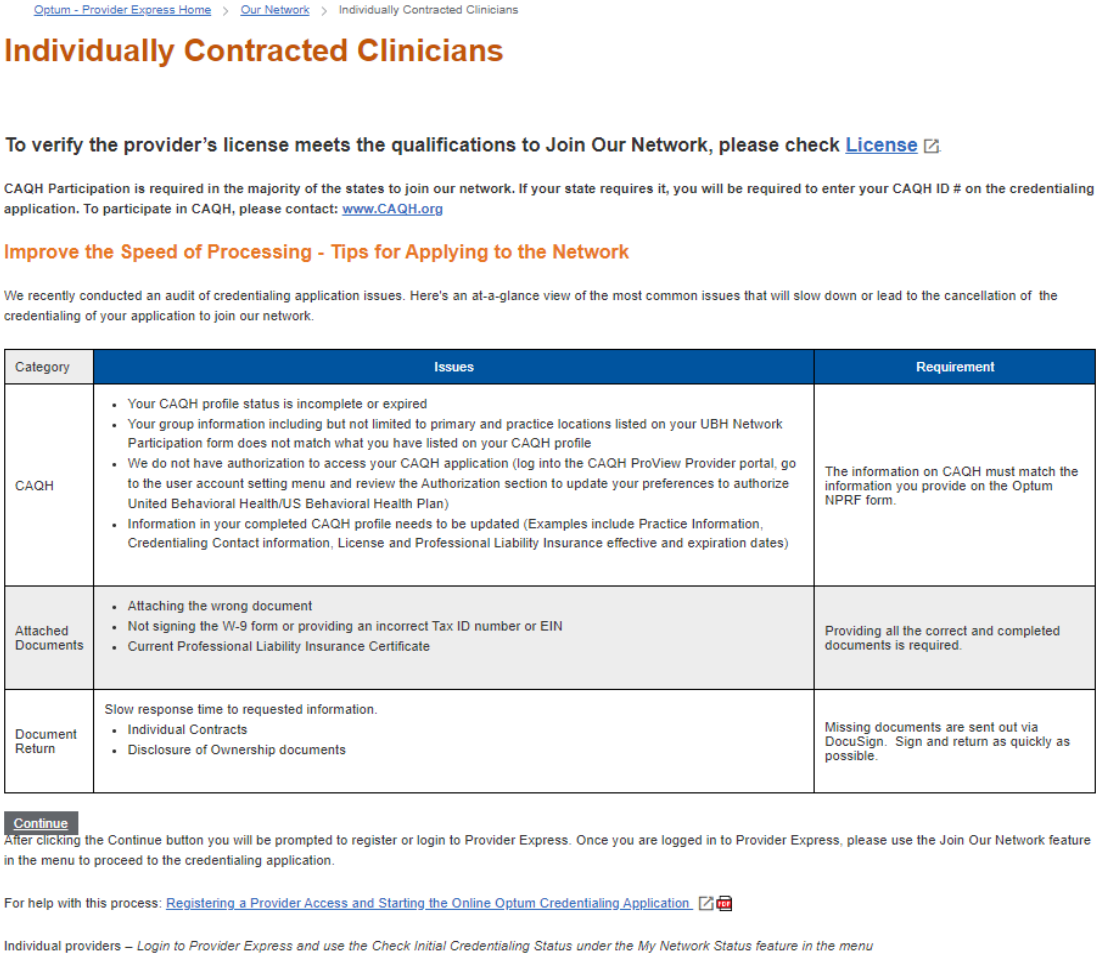
# Enrollment Options



# Individual Providers

•Individually Contracted Clinicians: To apply as an individual, you must be a solo clinician or practicing within a group that does not currently have a group agreement with Optum.

https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/individually-contracted-clinicians.html



Optum - Provider Express Home > Our Network > Individually Contracted Clinicians

## Individually Contracted Clinicians

**To verify the provider's license meets the qualifications to Join Our Network, please check License**

**CAQH Participation is required in the majority of the states to join our network. If your state requires it, you will be required to enter your CAQH ID # on the credentialing application. To participate in CAQH, please contact: www.CAQH.org**

### Improve the Speed of Processing - Tips for Applying to the Network

We recently conducted an audit of credentialing application issues. Here's an at-a-glance view of the most common issues that will slow down or lead to the cancellation of the credentialing of your application to join our network.

| Category | Issues | Requirement |
|---|---|---|
| CAQH | • Your CAQH profile status is incomplete or expired<br>• Your group information including but not limited to primary and practice locations listed on your UBH Network Participation form does not match what you have listed on your CAQH profile<br>• 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 to authorize United Behavioral Health/US Behavioral Health Plan)<br>• 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 the Optum NPRF form. |
| Attached Documents | • Attaching the wrong document<br>• Not signing the W-9 form or providing an incorrect Tax ID number or EIN<br>• Current Professional Liability Insurance Certificate | Providing all the correct and completed documents is required. |
| Document Return | Slow response time to requested information.<br>• Individual Contracts<br>• Disclosure of Ownership documents | Missing documents are sent out via DocuSign. Sign and return as quickly as possible. |

Continue

After clicking the Continue button you will be prompted to register or login to Provider Express. Once you are logged in to Provider Express, please use the Join Our Network feature in the menu to proceed to the credentialing application.

For help with this process: Registering a Provider Access and Starting the Online Optum Credentialing Application

Individual providers – *Login to Provider Express and use the Check Initial Credentialing Status under the My Network Status feature in the menu*

# Applied Behavioral Analysis (ABA)

## Individual Board Certified Behavior Analysts – Solo Practitioner

- Board Certified Behavior Analyst (BCBA) requires a master's degree in psychology or behavior analysis with active certification from the national Behavior Analyst Certification Board, ***and***
- Medicaid ID
- Compliance with all state autism mandate requirements, as applicable to behavior analysts
- A minimum of six months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Minimum professional liability coverage of $1 million per occurrence / $1 million aggregate

## ABA / IBT Groups

- BCBAs must meet standards above and hold Supervisory Certification from the national Behavior Analyst Certification Board if in supervisory role
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBAs required to possess an undergraduate degree and must have active certification from the national Behavior Analyst Certification Board
- Behavior Technicians must be a high school graduate and receive appropriate training and supervision by BCBAs
- BCBA on staff providing program oversight
- BCBA performs skills assessments and provides direct supervision of BCaBAs/Behavior Technicians in joint sessions with client and family
- $1 million/occurrence and $3 million/aggregate of professional liability and $1m/$1m of general liability if services are provided in a clinic setting
- $1million/occurrence and $3million/aggregate of professional liability and $1m/$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)

## Agency Enrollment

Group with Agency Credentialed Providers: To apply for Agency credentialing, your group must be designated as a Community Mental Health Center (CMHC), Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Opioid Treatment Program (OTP), and/or other Federally or State licensed or certified entity (license or certification is at the organizational level).

- https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/Group-with-agency-credentialed-providers.html

# Group with agency credentialed providers

In order to apply for Agency credentialing, your group must be designated as a Community Mental Health Center (CMHC), Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Opioid Treatment Program (OTP), and/or other Federally or State licensed or certified entity (license or certification is at the organizational level).

Your organization must have the minimum Liability insurance of $1 million/ $3 Million for both General Liability and Professional Liability.

If you meet these requirements, click here to complete the Agency application.

For questions or help – *contact Network Management at (877) 614-0484*

If your Agency only provides ABA services, click here to complete the Autism/ABA/BCBA application.

Please note that the following documents will be required (as applicable):

- A current state license or certificate for all services and locations where you offer services
- Optum accepts the below accreditations. **If you are not accredited, a site audit will be required before the credentialing process will be complete**
  - Accreditation Association for Ambulatory Health Care (AAAHC)
  - Accreditation Commission for Health Care, Inc. (ACHC)
  - Commission on Accreditation of Rehabilitation Facilities (CARF)
  - Community Health Accreditation Program (CHAP)
  - Center for Improvement in Healthcare Quality (CIHQ)
  - Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (DNV NIAHO)
  - Healthcare Facilities Accreditation Program (HFAP)
  - Joint Commission (TJC)
  - Council on Accreditation (COA)
- Medicaid and/or Medicare certification letters with applicable registration numbers
- Current Professional and General Liability insurance certificates showing limits, policy number(s) and expiration date(s)
- W9 form
- Current Staff roster including license, taxonomy and NPI
- For Opioid Treatment Programs (OTP), copies of the prescribers' DEA licenses are required

# Facility or Hospital Enrollment

Facility or Hospital-Based groups: For Facility or Hospital-Based enrollments, your facility must offer MH Inpatient, Residential, Partial Hospitalization or Intensive Outpatient Levels of Care.

- https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/facility-or-hospital.html

# Facility or Hospital-Based Providers

## Facility or Hospital-Based Providers

- Do you offer licensed/certified Mental Health and/or Substance Use Disorder (SUD) inpatient and/or lower level of care services (i.e., Inpatient, Detox, Residential, Partial Hospitalization (PHP), and Intensive Outpatient (IOP) programs?
- Do you have minimum professional liability coverage of $5 million/$5 million for acute inpatient services, and minimum professional and comprehensive liability coverage of $1 million/$3 million for non-acute inpatient services (unless state requirements vary)?

If meet above requirements, please click on the Facility Application link below to complete and select all applicable Level(s) of Care you provide.

***IMPORTANT: For covered facility-based services billed with Revenue Code or Revenue Code + HCPC or CPT code on a UB-04 form, please complete the Facility Application. For covered facility-based services billed with single HCPC code or HCPC code + CPT code on a CMS 1500 form, please confirm the appropriate application to complete before completing the Facility Application.***

Facility Application

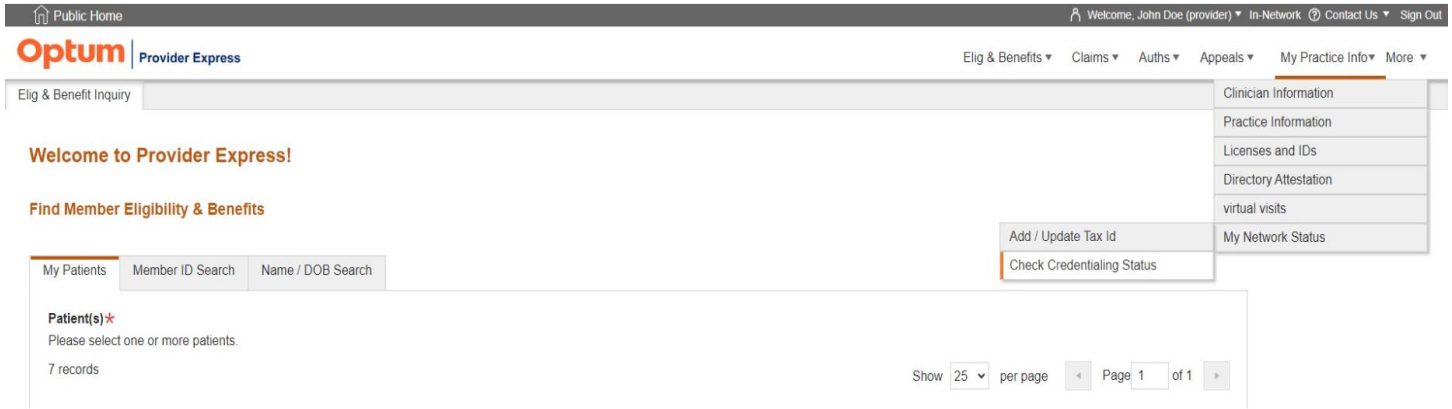
For questions or help – *contact Network Management at (877) 614-0484*

**Please note following documents will be required (As Applicable):**

- Current State License(s)/ Certificate(s) for all behavioral health services you provide, i.e. psychiatric, substance abuse, residential, intensive outpatient, etc. A18 – include all documentation for multiple facility locations.
- Accreditation status (i.e. The Joint Commission, CARF, COA, etc.)
- ASAM CARF Level of Care Certification, if applicable
- Medicare or Medicaid certification letter with Medicare number (REQUIRED if applying for participation in Medicaid or Medicare networks)
- Program Description-including any specialty program descriptions and hours per day/ days per week
- Copy of completed Ownership & Disclosure Form (REQUIRED if applying for participation in Medicaid networks)
- Copy of completed Ownership & Disclosure Form (REQUIRED if applying for participation in Medicaid networks)
- Current Professional and General Liability insurance certificates showing limits, policy number(s) and expiration date(s). If self - insured, attach a copy of an independently audited financial statement which shows retention of the required amounts.
- W9 form: If multiple tax ID numbers used, one W9 must be submitted for each (NOTE: required if adding or changing tax ID or entity name)
- Staff Roster for all behavioral health staff involved with your programs. Please list their degrees, licenses and/or certificates. We do not need an actual copy of their licenses or certifications.
- Daily Program Schedule(s) – include an hour-by-hour schedule showing a patient's daily treatment for each level of care you provide. Include weekend scheduling, where appropriate,
- Policy and Procedure on Intake/Access Process to Behavioral Medicine
- Policy and Procedure on Intake/Access Process if done through E.R.
- Policy and Procedure on Holds/Restraints
- Policy and Procedure for Discharge Planning

# Checking Status – Practitioner Initial Credentialing

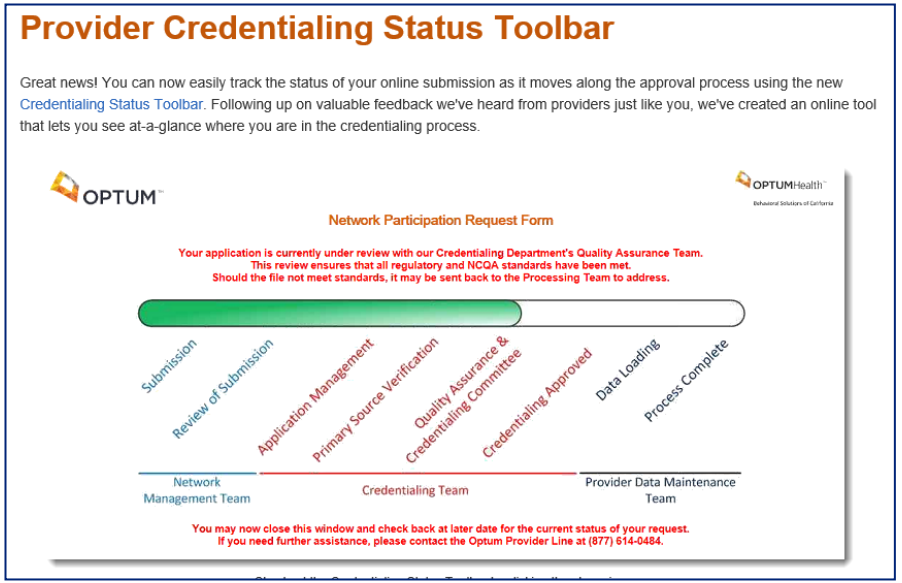
Using the **Initial Credentialing Status Toolbar** you can easily track the status of your online submission as it moves along the approval process. Log into the secure transactions area of Provider Express, hover over *My Practice Info >> My Network Status >>* click on *Check Initial Credentialing Status*.




**Agency or Group Practice, or Facility** – contact Network Management at (877) 614-0484.

# Practitioner Credentialing Tips

- Ensure your CAQH is accurate and up to date.
- Missing documents from Optum can be submitted via DocuSign. Sign and return as quickly as possible.
- Check the status of your application with the Credentialing Status Toolbar that is available at Indiana - Provider Express.



# Attestation

Why is attestation so important?

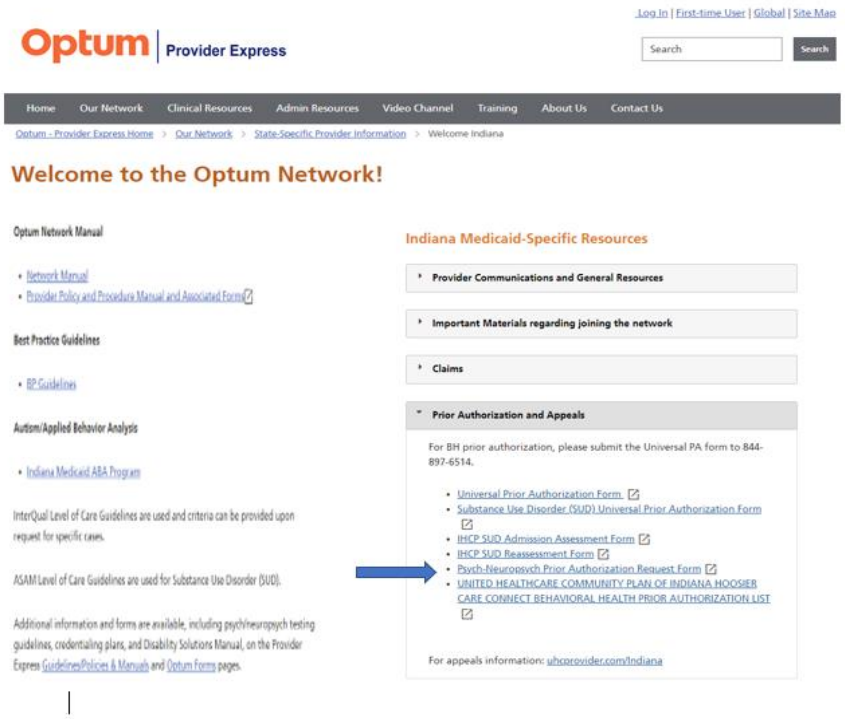
- Ensures that provider information is current and accurate.
- Allows opportunity to expand on areas of expertise to help grow patient volume.
- Keeps providers and groups current on our directory.
- Improves triennial re-credentialing cycle efficiency.

# How to determine if a Behavioral Health Service requires Prior Authorization

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

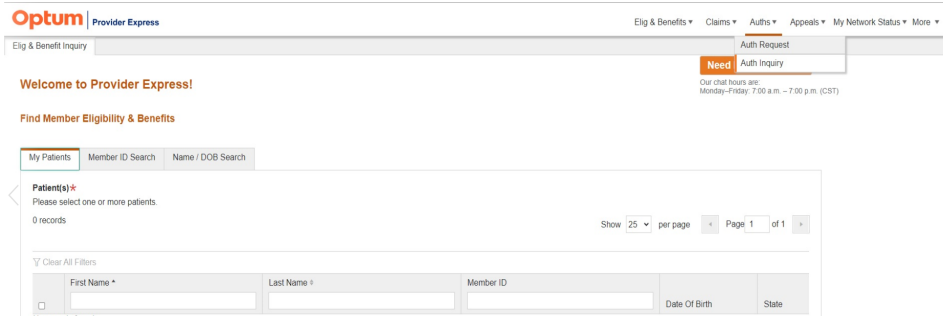
- Or -

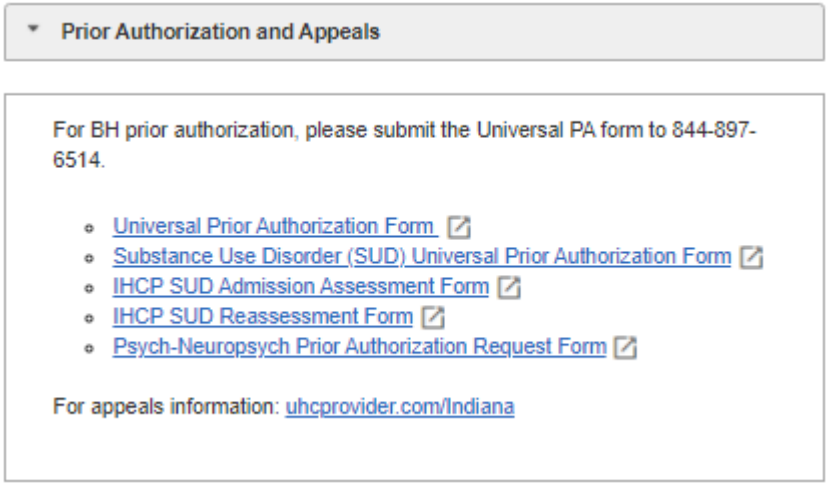
- Provider Express - Indiana Medicaid



# How to request Behavioral Health Prior Authorization

- Initiate phone authorization process by calling the number on the back of the member's ID card.
- Securely login to Provider Express and select "Auth Request" from the "Auths" dropdown box.
  - To check on status, select "Auth Inquiry"
- Utilize paper Universal Prior Authorization Form from Provider Express - Indiana Medicaid and clicking "Prior Authorizations and Appeals".
  - Fax 844-897-6514



# Behavioral Health

# How to request Prior Authorization for ABA Therapy Services

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 Procedure Manual and Associated Forms

**Best Practice Guidelines**

- BP Guidelines

Step 1

**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
- Important Materials regarding joining the network
- Claims
- Prior Authorization and Appeals
- Training Resources
- Contacts

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 > Clinical Resources > Applied Behavior Analysis Information > Indiana Medicaid ABA Program

## Indiana Medicaid ABA Program

Optum is excited to announce that **UnitedHealthcare Community Plan of Indiana** has been awarded a contract to service the statewide Medicaid Managed Care program in Indiana. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for Indiana members, effective 4/1/2021. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

- Indiana Medicaid ABA Provider Orientation
- Indiana Medicaid ABA Quick Reference Guide
- ABA Treatment Request Form
- ABA Treatment Request Form (Electronic Submission)

Step 2

Onboarding Definitions

- 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).
- 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 NCQA guidelines.
- Contracting/Negotiating – The process of the provider and MCE formally executing an agreement for the provider to deliver medical services that outlines reimbursement rates, scope of services, etc.

**Contact Us/Request to Join the Network**
Olivia Smith
Specialty Network Manager
olivia.smith14@optum.com

Provider Express - Indiana Medicaid

# How to appeal an Authorization decision

Include complete record for appeal of authorization decision.

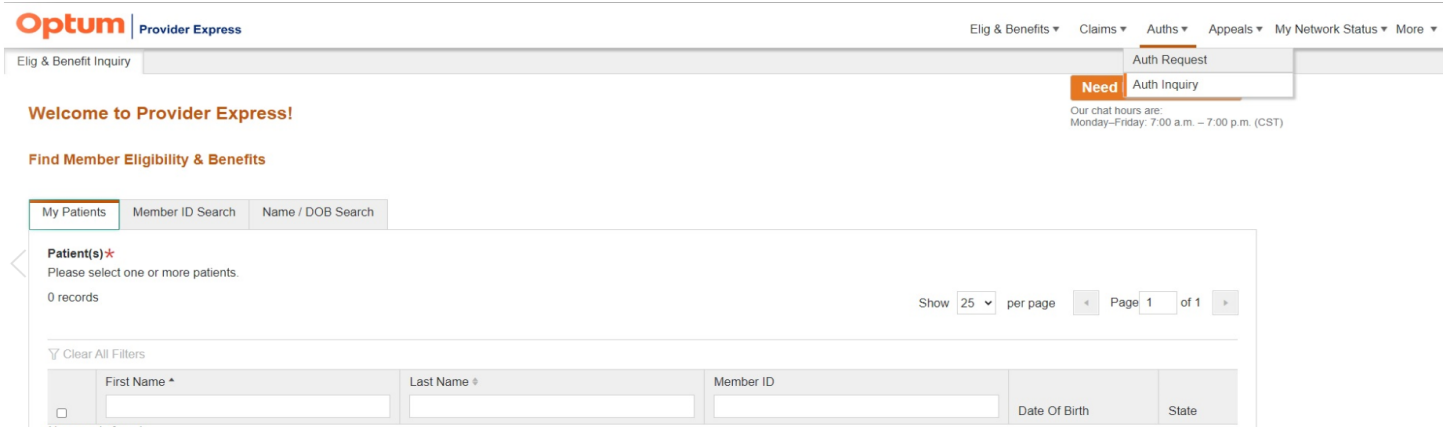
- Member info (name, DOB, and MID – Member ID)
- PA Request
- Denial letter
- Any additional supporting documentation

**National Appeals Team**
Attn: Appeals Department/Retrospective Review
P.O. Box 30512
Salt Lake City, UT 84130-0512
Fax: (855) 312-1470
Phone Number: (866) 556-8166

# When you should escalate to your Provider Advocate

If you have not heard back regarding submission of an authorization request:

- Check the Provider Express portal.
- Call the number on the back of the member's ID card.



# How to use CommunityCare to benefit your practice and the member

We ask that within 5 days of initial visit, please upload member diagnosis, medication list, treatment plan, and any other pertinent information.

- Our Care Management team then reviews what is uploaded and helps ensure the member gets any and all necessary treatment.
- Providers can verify Emergency Department and Inpatient discharge dates to help assist with getting your patients back into your office in a timely manner to help avoid relapse or other potentially dangerous scenarios.
- CommunityCare can provide insight into quality measures.

# How to file Behavioral claims

- Submit claims using the *CMS-1500* Claim Form (v 02/12) or *UB-04* form, whichever is appropriate.
- Standard Timely Filing for Participating Providers – 90 days from the date of service (DOS).
- Non-Contracted Providers Timely Filing – 180 calendar days from DOS.
- Newborn Claims Timely Filing – 180 days from DOS.
- Secondary Claims Timely Filing – 90 calendar days from date of Primary Explanation of benefits for In-network Providers and 180 for Out-of-network providers from the Primary EOB date.



- For electronic submission:

  Payer ID 87726

- Claims Mailing Address:

UnitedHealthcare Community Plan
P.O. BOX 5240
Kingston, NY 12402

- Claim Submission Tool for Medical Professional claims (*CMS-1500*) on our UnitedHealthcare Provider Portal.
- Behavioral Health Professional claims (*CMS-1500*) on our Provider Express Portal.

# Claim Submission

Claim tips can be found by clicking Admir
Resources on the Provider Express –
Indiana page

- Claims Problem Resolution
- Claim Submission Hints
- Outpatient Claims
- Training

# Claim Submission Tips

- All clinicians should submit a valid ICD-10CM Mental Health/Substance Abuse primary diagnosis codes and encourages you to list all secondary codes as clinically appropriate.
- Annually update Coordination of Benefits by calling United Behavioral Health at 877-610-9785.
- Verify that claims are submitted with the Place of Service code that matches the level of care provided.

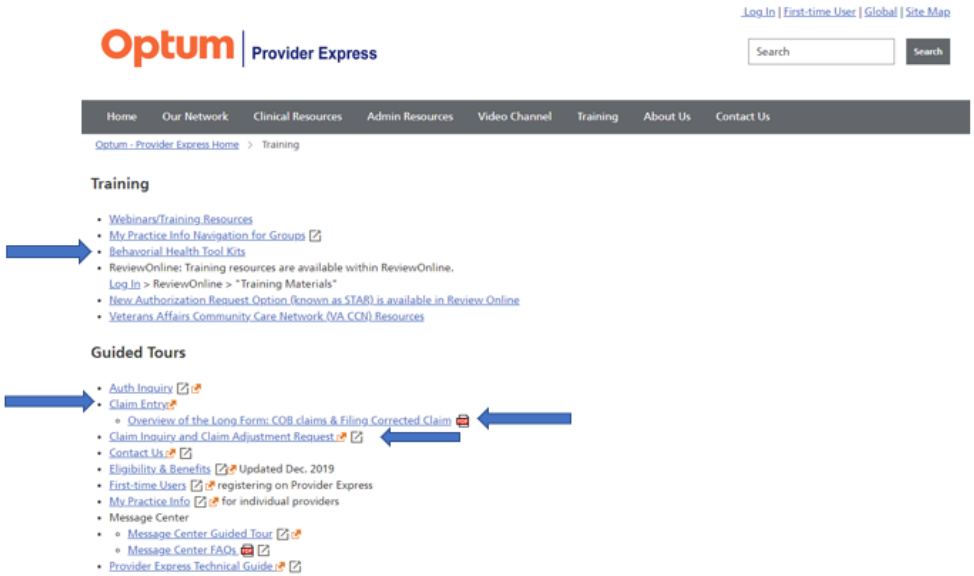
# Claim Submission Tips continued

- For Observation claims - Outpatient Place of Service code should be used whenever observation bed level of care lasts less that 24 hours and results in a discharge to a less restrictive level of care.
- Verify the claim is sent to the correct mail address OR Payer ID if submitting electronically.
- If you have claim issues, call Claims Customer Service at 800-888-2998 to reach Optum Behavioral Health.
- Ensure that appeals are sent to the Care Advocate Center that issued the Adverse Benefit Determination.
- Update Provider Demographic information online through the Provider Express portal – “My Practice Info.”

# Training Items

- Training
  - Behavioral Health Tool Kits

- Guided Tours
  - Claim Entry
  - Claim Inquiry and Claim Adjustment Request
  - Overview of Filing COB and Corrected Claims



# Claim Problem Resolution

**Typically, there are two types of claim issues:**

1. **The claim was submitted with incorrect/inaccurate information.**
2. **The claim was processed incorrectly.**

**To resolve type 1:**

- Submit corrected claims electronically through Provider Express – Indiana.
- Complete a new *CMS-1500* claim form and write "CORRECTED CLAIM" across the top and submit with the correct claim information and mail to the address on the statement.

**To resolve type 2:**

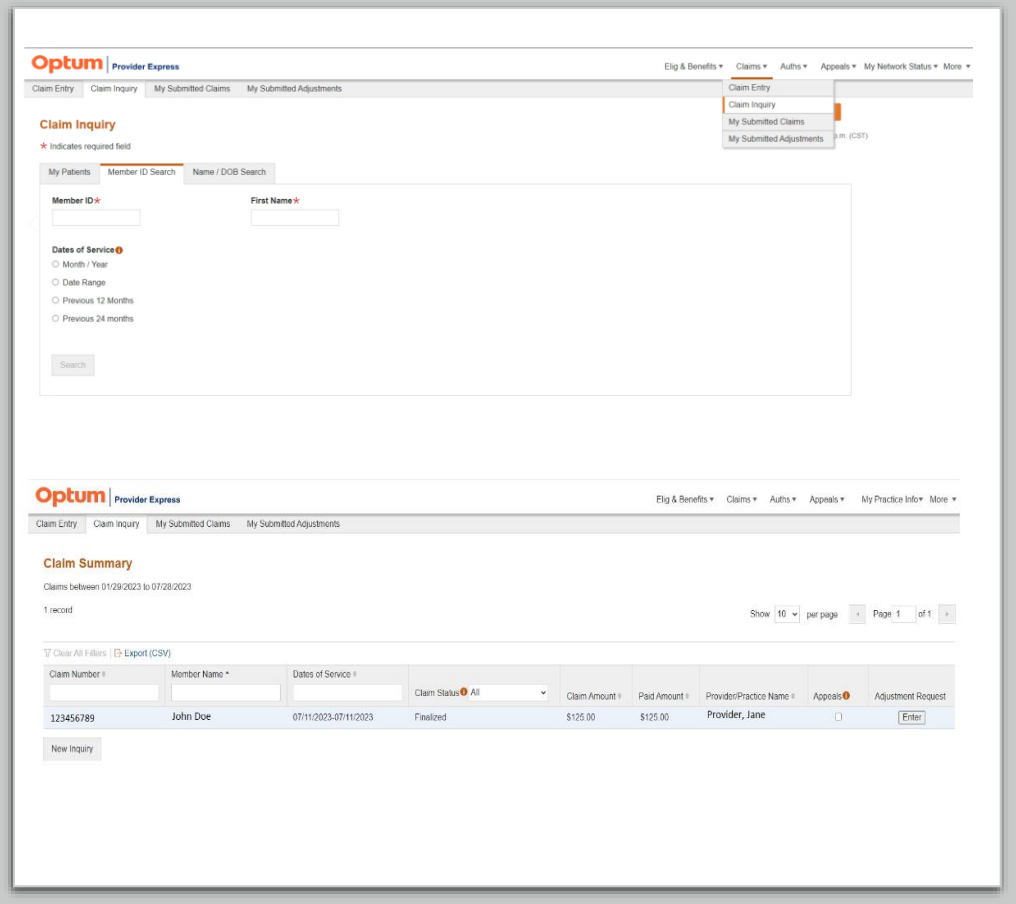
- Login to Provider Express and look up the claim via Claim Inquiry transaction and file a Claim Adjustment Request.
- Contact a claims representative via Provider Express' Live Chat.
  - Locate the claim from the claim detail page then click "Have questions about claim status?" to access Claims Live Chat.
  - Call the Customer Service number on the back of the member's card or on the Explanation of Benefits/Provider Remittance Advice.

# How to Submit a Claim Reconsideration

Securely login to Provider Express

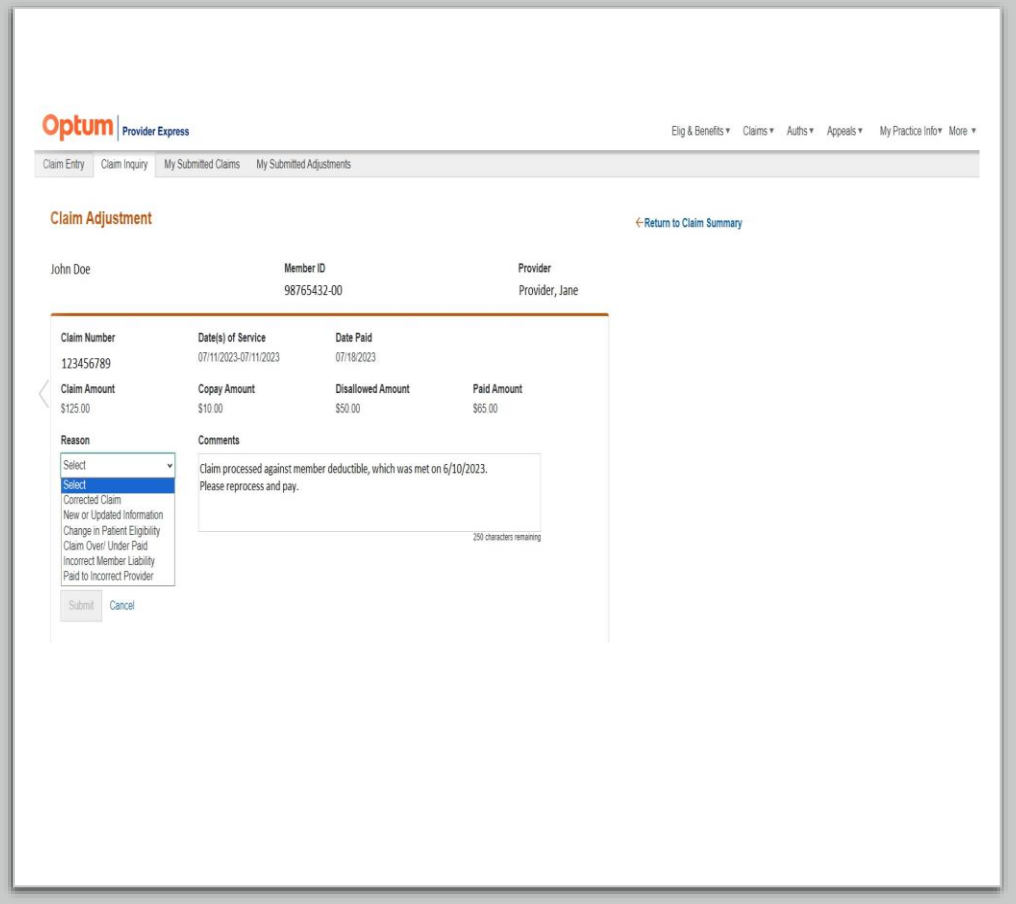
- Claim Inquiry
- Search for claim
- Click “Enter” under claim adjustment.

Providers have 90 calendar days from the original EOB date to submit a Claim Reconsideration.



# Submitting a Claim Reconsideration

- Select a reason from the dropdown.
- Select “Review.”
- Review details and add necessary comments on next screen.
- Select “Submit”.
- Once Submitted, document the “Confirmation Number” and “Issue ID”.



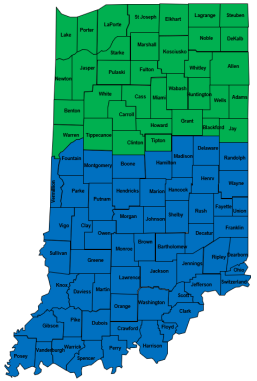
# What if I don’t agree with the outcome of my Claim Reconsideration?

If you disagree with the outcome of your Claim Reconsideration, please contact your Indiana Behavioral Advocate.

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

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

Olivia Smith
Provider Advocate
ABA Therapy – All counties
715-833-6538
Olivia.Smith14@optum.com



## UnitedHealthcare Community Plan of Indiana follows the Indiana Medicaid Claims Submission and Processing Module

For Professional claims – The actual physical service location address must be entered in Field 33 of the *CMS-1500* claim form or the equivalent field of an electronic transaction. The service location address is the actual physical location where a service was rendered. However, for professional claims, if the member is seen at a hospital, nursing facility, the member's home, or other non-office-based location, the specific service location address to which the rendering provider is linked should be used.

Only the service location address should be entered in the fields identified above. This address may be different from the provider's mail-to, pay-to, or legal addresses also on file with the IHCP. Because the service location is an actual physical location, the address in the identified fields will never be a post office (P.O.) box.

UHC's Claim processing system compares data from the claim fields to the billing provider's IHCP Provider Profile to make a one-to-one match for reimbursement purposes. If the data elements are not in the correct field or do not match the provider's enrollment profile, the claim will deny. This includes ensuring the Group Billing NPI has the service location enrolled under it with IN Medicaid.

# What is the next step in the Dispute Process?

If you continue to disagree with the outcome of your claim after the Advocate team has escalated, your next step is to file a formal dispute.

- Must be submitted within 60 calendar days from the failed reconsideration.
  - Mail to:

    UnitedHealthcare Community Plan of Indiana
    Attn: Appeals and Grievances Unit
    PO Box 31364
    Salt Lake City, UT 84131-0364

  - Submit within Claims on our UnitedHealthcare Provider Portal.

# What if I still disagree?

If you still disagree with the outcome of your formal dispute, you may file a Formal Provider Grievance.

- Must be submitted within 120 calendar days from the failed Dispute (Must include additional or new information).
- Submit electronically within Claims on the UnitedHealthcare Provider Portal.
- Mail to:

  UnitedHealthcare Community Plan of Indiana
  Attn: Appeals and Grievances Unit
  PO Box 31364
  Salt Lake City, UT 84131-0364

# Telehealth

- 4/25/2023 - BT202332 → BT202332 expands procedure code Q3014 to additional providers effect on or after 7/21/22.
- 3/02/2023 - Telehealth and Virtual Services Codes → Telehealth and Virtual Service Codes

# Questions and Answers