



UnitedHealthcare Community Plan

2024 IHCP Works Annual Seminar

Behavioral Health

Presented by Paulette Means, Senior Provider Relations Advocate for Northern Indiana

PCA-02-24-01026-UHN-PRES_05282024

United
Healthcare

Optum Behavioral Health Network Providers Agenda

1. Provider Enrollment
2. Attestation
3. Prior Authorization
4. CommunityCare
5. Claims
6. Telehealth
7. Contacts



Optum Behavioral Health Network Providers

- Board Certified Behavior Analyst
(B.C.B.A.)
- Clinical Nurse Specialist (C.N.S.)
- Doctor of Osteopathic Medicine (D.O.)
- Health Service Provider in Psychology
(H.S.P.P.)
- Licensed Clinical Addiction Counselor
(L.C.A.C.)
- Licensed Clinical Social Worker
(L.C.S.W.)
- Licensed Marriage and Family Therapist
(L.M.F.T.)
- Licensed Mental Health Counselor
(L.M.H.C.)



Optum Behavioral Health Network Providers

- Medical Doctor (M.D.)
- Nurse Practitioner (N.P.)
- Physician Assistant (P.A.)
- Registered Nurse (R.N.)
- Advanced Practice Nurse (A.P.N.)
- Community Mental Health Centers (CMHC)
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Substance Use Disorder Agencies
- Inpatient Facilities



Provider Enrollment – Individual Providers

UnitedHealthcare Community Plan of Indiana Homepage

[Bulletins and Newsletters | UnitedHealthcare Community Plan of Indiana](#)

[Care Provider Manuals](#)

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

[Eligibility and Benefits](#)

[How to Join the UnitedHealthcare network | Indiana](#)

[Pharmacy Resources and Physician Administered Drugs | UnitedHealthcare Community Plan of Indiana](#)

[Policies and Clinical Guidelines | UnitedHealthcare Community Plan of Indiana](#)

[Prior Authorization and Notification | UnitedHealthcare Community Plan of Indiana](#)

[Provider Forms and References | UnitedHealthcare Community Plan of Indiana](#)

How to Join the UnitedHealthcare network

Last update: Jan. 18, 2024

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	<ul style="list-style-type: none">Your CAQH profile status is incomplete or expired.We do not have authorization to access your CAQH application. Log into the CAQH Provider Data Portal, go to the user account setting menu and review the Authorization section to update your preferences. Be sure to authorize UnitedHealthcare.	The information on CAQH must match the information you provide on your network participation request.

Provider Enrollment – Individual Providers (cont.)

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

To start the network participation request process, go to Optum’s [Our Network \(providerexpress.com\)](https://providerexpress.com) page and click on the button associated with your provider type (e.g., Individual Clinician, Agency, Facility, Autism/ABA).

- Please complete all fields and submit all applicable information
- Make sure all CAQH information is current and attested
- Ensure all requested documents are current and accurate
- Review the [Optum Provider Express Onboarding Process for Individual Providers](#) for additional details
- You must also be enrolled with Indiana Health Coverage Programs (IHCP). If you haven’t already done so, complete your [Indiana Medicaid: Providers: Provider Enrollment](#).



Enrollment Options

Autism/ABA/BCBA Providers

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

[Click here to join](#)

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.

[Click here to join](#)

Facility or Hospital-Based

To apply for Facility or Hospital-Based, your facility must offer MH or SUD Inpatient, Residential, Partial Hospitalization or Intensive Outpatient Levels of Care.

[Click here to join](#)

Group with Individually Credentialed Providers

To apply for group with individual credentialing, you must be part of a group that has a group agreement with Optum.

[Click here to join](#)

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).

[Click here to join](#)

Learn more about our Specialty Network Requests

[Express Access](#)

[virtual visits](#)




Individual Providers

- Individually Credentialed 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.
- Individually Credentialed Clinicians (providerexpress.com)

[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	<ul style="list-style-type: none"> Your CAQH profile status is incomplete or expired 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 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) 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	<ul style="list-style-type: none"> Attaching the wrong document Not signing the W-9 form or providing an incorrect Tax ID number or EIN Current Professional Liability Insurance Certificate 	Providing all the correct and completed documents is required.
Document Return	Slow response time to requested information. <ul style="list-style-type: none"> Individual Contracts 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

If you have any questions regarding ABA, please reach out to Olivia Smith, Specialty Network Manager at olivia.smith14@optum.com.



Applied Behavioral Analysis (ABA) (cont.)

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 another federally or state licensed or certified entity (license or certification is at the organizational level).

[Group with agency credentialed providers \(providerexpress.com\)](https://providerexpress.com)

[Optum - Provider Express Home](#) > [Our Network](#) > Group with agency credentialed providers

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 Mental Health Inpatient, Residential, Partial Hospitalization, or Intensive Outpatient levels of care.

[Facility or Hospital Based \(providerexpress.com\)](https://providerexpress.com)

[Optum - Provider Express Home](#) > [Our Network](#) > Facility or Hospital Based

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

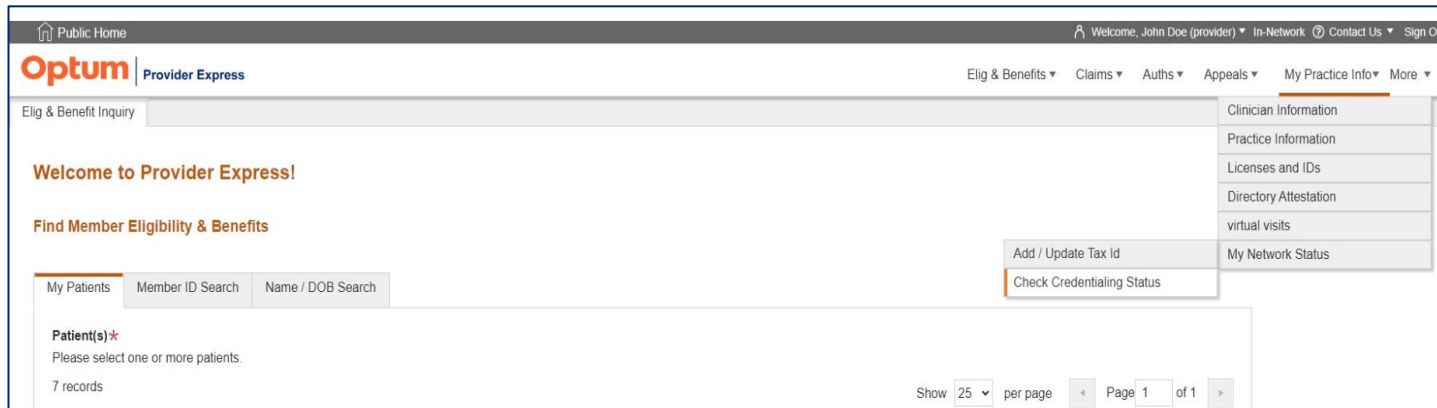
Please note following documents will be required (As Applicable):

- 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.



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 in to the secure transactions area of Provider Express, hover over *My Practice Info >> My Network Status >>* click on *Check Initial Credentialing Status*.



Agency, 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](#).

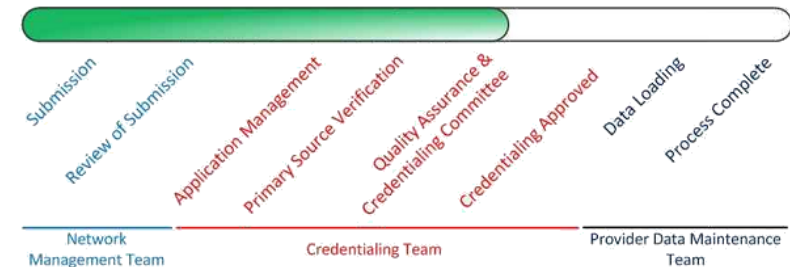
Provider Credentialing Status Toolbar

Great news! You can now easily track the status of your online submission as it moves along the approval process using the new [Credentialing Status Toolbar](#). Following up on valuable feedback we've heard from providers just like you, we've created an online tool that lets you see at-a-glance where you are in the credentialing process.



Network Participation Request Form

Your application is currently under review with our Credentialing Department's Quality Assurance Team. This review ensures that all regulatory and NCGA standards have been met. Should the file not meet standards, it may be sent back to the Processing Team to address.



You may now close this window and check back at later date for the current status of your request. If you need further assistance, please contact the Optum Provider Line at (877) 614-0484.



Attestation

Why is attestation so important?

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



Determine Behavioral Health Service Prior Authorization Requirement

- Most outpatient behavioral health services does NOT require a prior authorization
- Call the number on the back of the member's card or call 877-610-9785 to determine if a prior authorization is required.
- If you have clinical questions, please call 800-888-2998.

- Or -

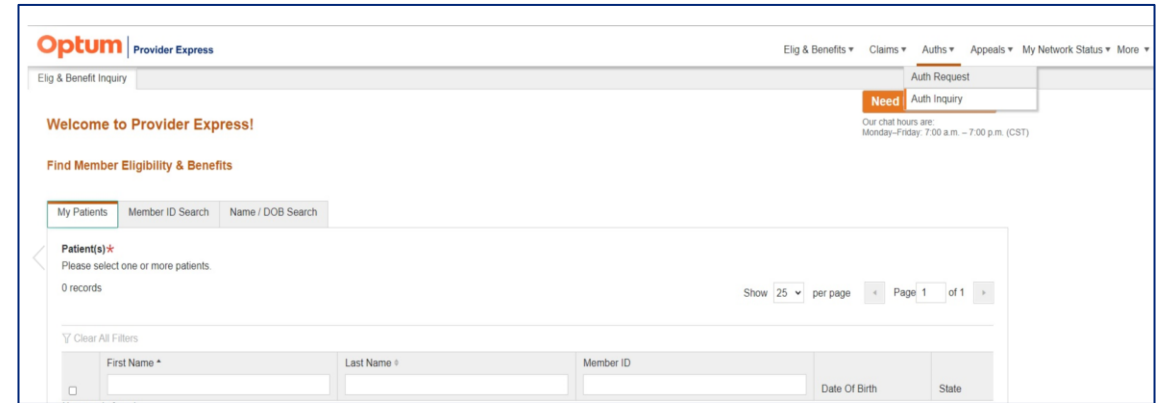
- [Provider Express – Indiana Medicaid](#)

The screenshot shows the Optum Provider Express website. At the top right, there are links for 'Log In', 'First-time User', 'Global', and 'Site Map'. Below the logo is a search bar. The navigation menu includes 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The breadcrumb trail is 'Optum - Provider Express Home > Our Network > State-Specific Provider Information > Welcome Indiana'. The main heading is 'Welcome Indiana Behavioral Health Providers'. There are sections for 'Optum Network Manual', 'Best Practice Guidelines', and 'Autism/Applied Behavior Analysis'. A right-hand sidebar titled 'Upcoming Webinars' features a link to 'Indiana PathWays for Aging: UnitedHealthcare Community Plan of Indiana'. Below this is a 'Provider Communications and General Resources' section, followed by a 'Prior Authorization and Appeals' section. This section contains text about submitting a Universal PA form to 844-897-6514 and a list of links: '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', and 'United Healthcare Community Plan of Indiana Hoosier Care Connect Behavioral Health Prior Authorization List'. A blue arrow points to the last link. At the bottom, there is a link for 'Indiana Medicaid Network Participation' and a note about appeals information at 'uhcprovider.com/Indiana'.



Request Behavioral Health Prior Authorization


- Initiate phone authorization process by calling the number on the back of the member's ID card
- Securely log in to Provider Express and select “Authorization Request” from the “Auths” dropdown box
 - To check on status, select “Auth Inquiry”
- Use paper Universal Prior Authorization Form from [Provider Express - Indiana Medicaid](#) and click “Prior Authorizations and Appeals”
 - Fax 844-897-6514



The screenshot shows the Optum Provider Express interface. At the top, there are navigation tabs for 'Elig & Benefit Inquiry', 'Auths', 'Appeals', and 'My Network Status'. The 'Auths' tab is active, and a dropdown menu is open, showing 'Auth Request' and 'Auth Inquiry' options. A 'Need' button is visible next to the 'Auth Inquiry' option. Below the navigation, there is a 'Welcome to Provider Express!' message and a 'Find Member Eligibility & Benefits' section. The 'My Patients' section is visible, showing a search bar and a table with columns for 'First Name', 'Last Name', 'Member ID', 'Date Of Birth', and 'State'. The table currently shows 0 records.

▼ 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](#) 

For appeals information: uhcprovider.com/Indiana



Request Prior Authorization for ABA Therapy Services

Provider Express – Indiana Medicaid

Optum | Provider Express

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search

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[Optum - Provider Express Home](#) > [Our Network](#) > [State-Specific Provider Information](#) > Welcome Indiana

Welcome Indiana Behavioral Health Providers

Optum Network Manual

- [Network Manual](#)
- [UnitedHealthcare Community Plan of IN 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/neuropsych testing guidelines, credentialing plans, and Disability Solutions Manual, on the Provider Express [Guidelines/Policies & Manuals](#) and [Optum Forms](#) pages.

Indiana Medicaid Network Participation

Upcoming Webinars

[Indiana PathWays for Aging: UnitedHealthcare Community Plan of Indiana](#)

Provider Communications and General Resources

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](#)

Optum | Provider Express

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search

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[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)

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

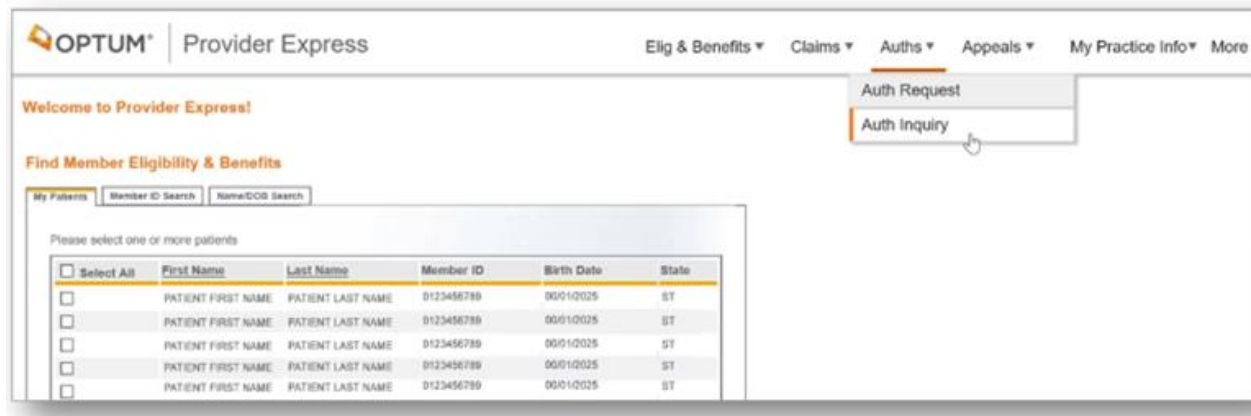
Olivia Smith
Specialty Network Manager
olivia.smith14@optum.com



Escalate to a Provider Advocate

If provider submits a prior authorization request and does not receive a response within the required turnaround time, do the following:

1. Check the Provider Express portal



2. Call the number on the back of the member's ID card or call 877-610-9785.
3. If 1 and 2 do not provide a response, please reach out to your Optum Behavioral Health Advocate



Appeal a Prior Authorization Decision

In the event an authorization is denied, and an appeal is necessary, make sure to include the following information with the appeal:

- Member name
- Member date of birth
- Member Recipient ID number
- Prior Authorization request
- Denial letter
- Any additional supporting documentation

Send to:

National Appeals Team

Attn: Appeals Department/Retrospective Review

P.O. Box 30512

Salt Lake City, UT 84130-0512

Fax: 855-312-1470

Phone: 866-556-8166



Use CommunityCare To Benefit Your Practice And The Member

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

- Our Care Management team then reviews what is uploaded and helps ensure that 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.
- CommunityCare Training and Education tools [Training and Education | UnitedHealthcare Community Plan of Indiana | UHCprovider.com](#)



Submit Behavioral Health Claims

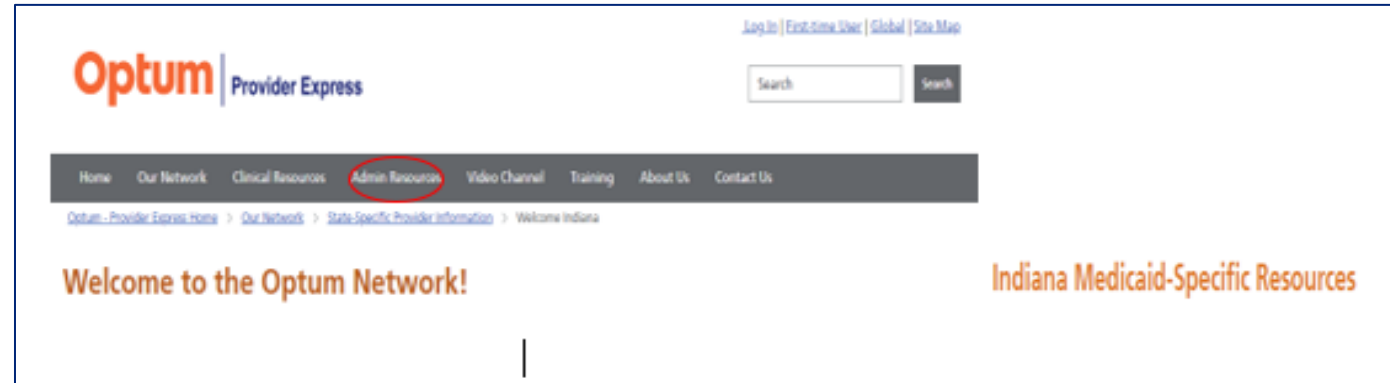
- Submit claims using the *CMS-1500* Claim Form (v 02/12) or UB-04 form, whichever is appropriate
- Standard Timely Filing for Participating Providers – 90 calendar days from the date of service (DOS)
- Non-Contracted Providers Timely Filing – 90 calendar days from DOS
- Newborn Claims Timely Filing – 90 calendar days from DOS
- Secondary Claims Timely Filing – 90 calendar days from date of Primary Explanation of Benefits (EOB) for both In-Network Providers and Out-of-Network Providers
- 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 Claims and Payments | UnitedHealthcare Community Plan of Indiana | UHCprovider.com](#)
- Behavioral Health Professional claims (*CMS-1500*) on our Optum Provider Express Portal



Claim Submission

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

- Claims problem resolution
- Claim submission hints
- Outpatient claims
- Training - [Training \(providerexpress.com\)](https://providerexpress.com/training)



Claim Submission Tips

- All clinicians should submit a valid International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) 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 (cont.)

- For observation claims – Outpatient Place of Service code should be used whenever observation bed level of care lasts less than 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
- [Training \(providerexpress.com\)](https://providerexpress.com)
 - Behavioral Health Tool Kits
- Guided Tours
 - Claim Entry
 - Claim Inquiry and Claim Adjustment Request
 - Overview of Filing COB and Corrected Claims

The screenshot displays the Optum Provider Express website interface. At the top right, there are links for 'Log In', 'First-time User', 'Global', and 'Site Map', along with a search bar. The main navigation bar includes 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. Below this, a breadcrumb trail reads 'Optum - Provider Express Home > Training'. The 'Training' section lists several items: 'Webinars/Training Resources', 'My Practice Info Navigation for Groups', 'Behavioral Health Tool Kits', and a note about training resources in ReviewOnline. The 'Guided Tours' section lists: 'Auth Inquiry', 'Claim Entry' (with a sub-item 'Overview of the Long Form: COB claims & Filing Corrected Claim'), 'Claim Inquiry and Claim Adjustment Request', 'Contact Us', 'Eligibility & Benefits', 'First-time Users', 'My Practice Info', 'Message Center', 'Message Center Guided Tour', and 'Provider Express Technical Guide'. Blue arrows point to the 'Behavioral Health Tool Kits' link, the 'Claim Entry' link, and the 'Overview of the Long Form: COB claims & Filing Corrected Claim' sub-item.



Claim Problem Resolution

Typically, there are 2 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:

- Log in 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



Submit A Claim Reconsideration

Securely log in to Provider Express [Optum - Provider Express Home](#)

- 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

The screenshot shows the 'Claim Inquiry' page in the Optum Provider Express system. The page has a navigation bar with 'Claim Entry', 'Claim Inquiry', 'My Submitted Claims', and 'My Submitted Adjustments'. A dropdown menu is open over 'Claim Inquiry', showing 'Claim Entry', 'Claim Inquiry', 'My Submitted Claims', and 'My Submitted Adjustments'. Below the navigation, there are tabs for 'My Patients', 'Member ID Search', and 'Name / DOB Search'. The 'Member ID Search' tab is active, showing input fields for 'Member ID*' and 'First Name*'. Below these fields are radio buttons for 'Dates of Service' with options: 'Month / Year', 'Date Range', 'Previous 12 Months', and 'Previous 24 months'. A 'Search' button is located at the bottom of the form.

The screenshot shows the 'Claim Summary' page in the Optum Provider Express system. The page displays a table of claims for the period 'Claims between 01/29/2023 to 07/28/2023'. The table has 10 columns: Claim Number #, Member Name *, Dates of Service #, Claim Status #, Claim Amount #, Paid Amount #, Provider/Practice Name #, Appeals #, and Adjustment Request. The first row of data shows a claim number of 123456789 for John Doe, with dates of service from 07/11/2023 to 07/11/2023, a status of 'Finalized', a claim amount of \$125.00, and a paid amount of \$125.00. The provider is listed as 'Provider, Jane'. There is an 'Enter' button under the 'Adjustment Request' column. The table also includes a 'New Inquiry' button at the bottom left.

Claim Number #	Member Name *	Dates of Service #	Claim Status #	Claim Amount #	Paid Amount #	Provider/Practice Name #	Appeals #	Adjustment Request
123456789	John Doe	07/11/2023-07/11/2023	Finalized	\$125.00	\$125.00	Provider, Jane		<input type="checkbox"/> Enter



Submit A Claim Reconsideration (cont'd)

- 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”

The screenshot shows the 'Claim Adjustment' form in the Optum Provider Express system. The form is for a claim adjustment for John Doe, Member ID 98765432-00, Provider Jane. The form includes a table with the following data:

Claim Number	Date(s) of Service	Date Paid
123456789	07/11/2023-07/11/2023	07/18/2023

Claim Amount	Copay Amount	Disallowed Amount	Paid Amount
\$125.00	\$10.00	\$50.00	\$65.00

The 'Reason' dropdown menu is open, showing the following options:

- Select
- Select
- Corrected Claim
- New or Updated Information
- Change in Patient Eligibility
- Claim Over/ Under Paid
- Incorrect Member Liability
- Paid to Incorrect Provider

The 'Comments' field contains the text: "Claim processed against member deductible, which was met on 6/10/2023. Please reprocess and pay." The 'Submit' button is highlighted.



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 Family and Social Services Administration (FSSA).
- Prior authorization requirements follow that of all other IHCP providers.



General Billing Guideline Reminders

UnitedHealthcare Community Plan of Indiana follows the IHCP Module [Indiana Medicaid Claims Submission and Processing](#)

- For Professional claims – In field 33, please enter the service location name and address (including zip code+4) as listed on the provider enrollment profile for the billing provider. The service location address is the actual physical location where a service was rendered. However, 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.
- The address should match the service location, not the legal (home office), pay-to, or mail-to address) on file for the billing provider. This address may be different from the provider's mail-to, pay-to, or legal addresses on file with the IHCP.
- The UHC claim processing system compares data from the claim fields to the billing provider's IHCP Provider Profile to make a 1-to-1 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.



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
P.O. Box 31364
Salt Lake City, UT 84131-0364

- Submit within “Claims” on our UnitedHealthcare Provider Portal [Claims and Payments | UnitedHealthcare Community Plan of Indiana | UHCprovider.com](#)



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
P.O. Box 31364
Salt Lake City, UT 84131-0364



Telehealth Providers

IHCP Began Enrollment for Telehealth-Only Providers

- IHCP allows the following provider types and specialties to enroll as a billing or group provider for telehealth-only services:
 - ❖ Type 09 – Advanced Practice Registered Nurse
 - ❖ Type 10 – Physician Assistant
 - ❖ Type 11 – Behavioral Health Provider
 - ❖ Type 14 – Podiatrist
 - ❖ Type 17 – Therapist
 - ❖ Type 31 – Physician
- To view the specific specialties, please see IHCP Bulletin [BT202417 \(in.gov\)](#).

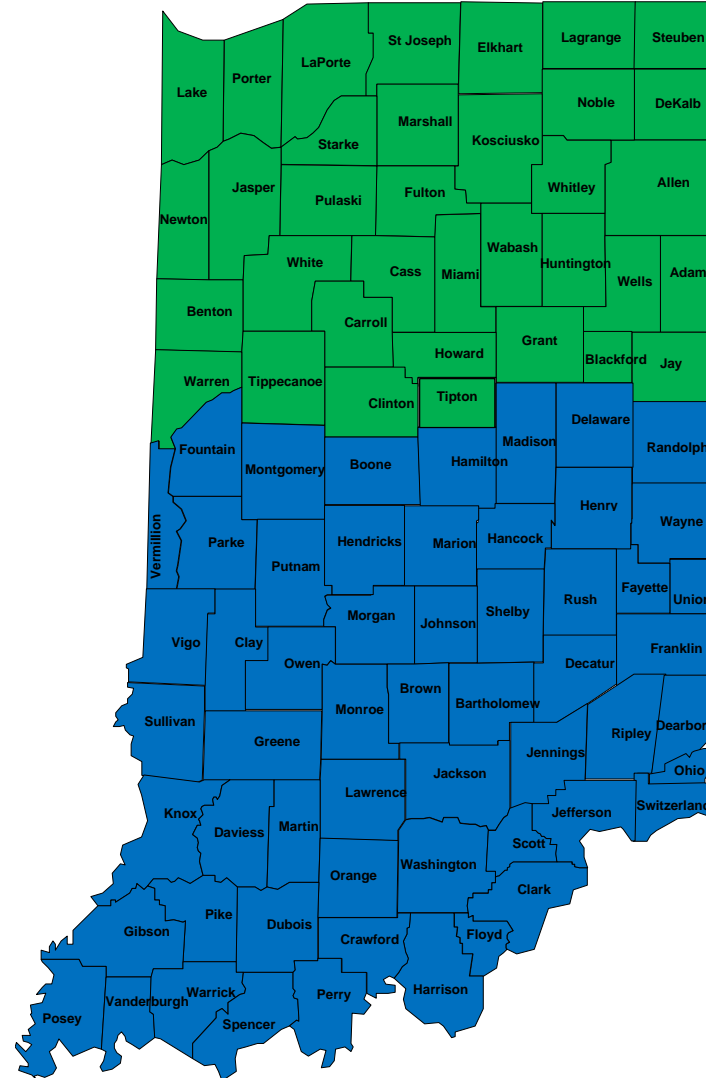


Your Optum Behavioral Health Advocate Team

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Thank you

Questions?

A decorative graphic element consisting of three thick, dark blue wavy lines that flow across the bottom of the slide, starting from the left and ending on the right.

United
Healthcare