



Billing and Claims FAQ's

Claims and Billing FAQ- United Healthcare Community plan of Indiana. Hoosier Care Connect PathWays for Aging

How do I check eligibility?

Member eligibility is available on the UnitedHealthcare Provider Portal. Register for access or log in with your One Healthcare ID [Here](#). If you do not understand the denial reason or think the claim denied was erroneously, please contact Provider Customer Service at 1-877-610-9785 8 a.m. to 8 p.m. Eastern Time Monday-Friday.

How do I check claim status?

Claims status is available on the UnitedHealthcare Provider Portal. Register for access or log in with your One Healthcare ID [Here](#). If you do not understand the denial reason or think the claim was denied erroneously, please contact Provider Customer Service at 1-877-610-9785 8 a.m. to 8 p.m. Eastern Time Monday-Friday.

What is a clean claim?

A clean claim is a CMS 1500 or UB-04 that has:

- A health service provided by an eligible care provider to a covered UnitedHealthcare Community Plan member
- All the required documentation, including correct diagnosis and procedure codes
- The correct amount claimed

If I bill electronically, will I get paid faster?

UnitedHealthcare process “clean” claims on a “first in first out” basis. “Clean” electronic claims are generally processed within twenty-one (21) days and paper claims are processed within thirty (30) days. Electronic Home and Community Based Service (HCBS) claims that are deemed clean are processed within seven (7) business days.



How do I submit a corrected claim?

The best way to submit a corrected claim is to use the claims reconsideration application on the Provider Portal [Here](#) . Access the Provider Portal Here. Sign In using your One Healthcare ID. You may also submit the corrected claim by mail.

UnitedHealthcare Community Plan
P.O. Box 5240
Kingston, NY 12402-5240

What is a reconsideration?

Claim issues include overpayment, underpayment, denial, or an original or corrected claim determination you do not agree with. A reconsideration is the first step of a dispute and the quickest way to address your concern about whether a claim was paid correctly.

How do I submit a reconsideration?

If you disagree with a claim determination, submit a claim reconsideration request electronically, by phone or mail.

- Electronically: Use the Claim Reconsideration application on the Provider Portal. Include electronic attachments. You may also check your status using the Provider Portal.
- Phone: Call Provider Services at 877-610-9785 or use the number on the back of the member's ID card. The tracking number will begin with SF and be followed by 18 numbers.
- Mail: Submit the Claim Reconsideration Request to UnitedHealthcare Community Plan P.O. Box 5240 Kingston, NY 12402-5240

Do I need a sterilization consent form for a patient who is having a hysterectomy?

Yes- Please include the sterilization form with the claim(s) billed for this service. The sterilization form can be found [Here](#) or by going to www.uhcprovider.com/INcommunityplan and click in the Provider Forms and Reference section of the home page.

Does UnitedHealthcare follow Indiana Medicaid billing requirements?

Yes – UnitedHealthcare does follow Indiana Medicaid billing requirements. Specifically, the Indiana Health Coverage Programs (IHCP) Claim Submission and Processing manual. To access the State of Indiana billing requirements follow the link to the Indiana Health Coverage Programs (IHCP), Claim Submission and Processing [Claim Submission and Processing](#) .

What are the timely filing requirements?

Timely filing requirements are generally 90 days from the date of service. Non-network provider and secondary claims filing limit is 6 months from date of discharge or date of service.

What is UnitedHealthcare Community Plan's time frame on processing a care provider's credentialing application?

We are required to credential providers within 30 days as required by the State of Indiana.