



The quarterly newsletter for Indiana health care professionals



News you can use

The UnitedHealthcare Community Plan of Indiana Hoosier Care Connect newsletter provides information that helps you do business with us.

The newsletter will be published quarterly. We'll cover a range of topics, including the benefits of digital tools, manual overviews, Indiana Department of Health guidance and more.



Questions?

Review our [UnitedHealthcare Community Plan of Indiana homepage](#).

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Exploring hospice services

Hospice care offers a range of essential services. Let's review what is and isn't covered, plus how to handle hospice care billing.

Covered hospice services

UnitedHealthcare Community Plan of Indiana provides comprehensive hospice services, which include in-home hospice and short-stay inpatient hospice services.

In-home routine care

This service covers routine home care benefits for each day the hospice member is at home while under hospice care. Routine in-home care includes medication management, wound care and emotional support. It can be extended to medical crises inpatient care when a hospice member requires continuous nursing care to manage their symptoms.

Inpatient respite care

This type of care offers short-term relief to caregivers and is available in inpatient hospital or nursing facilities. Inpatient respite care is limited to a maximum of 5 days per month, including the day of admission but not the day of discharge.

Inpatient care for medical crisis

Inpatient care is available to members who face sudden medical crises, such as pain control or the management of acute/chronic symptoms that cannot be effectively managed in other settings. This care is provided in either a hospital or an in-network hospice inpatient facility that meets required standards.

In-home, inpatient respite and medical crisis hospice services require **prior authorization**.



Hospice services not covered

UnitedHealthcare Community Plan of Indiana does not cover residential hospice services. This is covered by the state of Indiana. Residential hospice services, also known as inpatient hospice care, provide a patient with round-the-clock care, pain management and emotional support in a home-like setting. Residential hospice services are often used for patients who are in the last stages of their illness and who do not need or want to be in a hospital or nursing home.



Inpatient care limitations

Inpatient respite care is designed to provide relief to family members or caregivers and is provided on an occasional basis, with a maximum of 5 consecutive days, including the admission date. Inpatient care for a medical crisis is available for pain control or acute/chronic symptom management related to the terminal illness that cannot be managed elsewhere.



Navigating the reimbursement process

When a nursing facility resident chooses hospice care, whether through Medicare or Medicaid, Indiana Health Coverage Programs (IHCP) payment directly to the nursing facility for that resident must stop. The responsibility for coordinating all hospice care falls on the hospice health care provider. Once the resident elects the Medicare or Medicaid hospice benefit, the nursing facility is no longer permitted to bill IHCP directly for room-and-board services.

To stay in line with the guidelines of 405 IAC 1-16-4, IHCP-enrolled hospice health care providers and IHCP-enrolled nursing facilities must adhere to the following procedures:

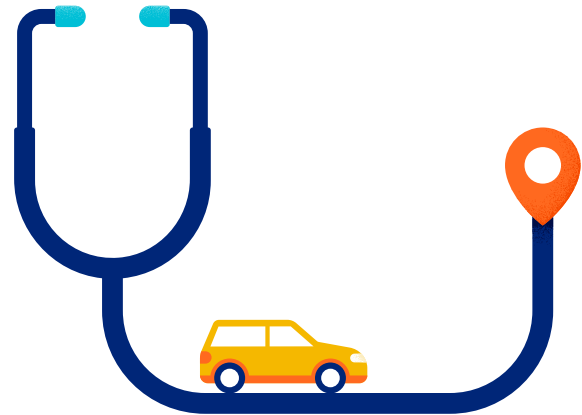
- A written agreement (contract) must be in place between the nursing facility and the hospice health care provider, clearly stating the hospice provider assumes full responsibility for professionally managing the individual's hospice care.
- This contract should explicitly outline that the nursing facility agrees to provide room-and-board services as outlined in 42 USC 1396d(o)(3).
- Importantly, hospice services cannot commence until a finalized contract is in place between both parties.

Failure to follow these procedures may result in fund recoupment.

If you have questions, please refer to the [IHCP Hospice Provider Module](#).

Member transportation: Enhancing access to care

We offer a transportation benefit to help members when going to medical appointments, the pharmacy, Family Social Service Administration meetings or when they need access to community services, such as Women, Infants and Children (WIC) appointments and food pantries. You can refer a member for transportation services or book transportation on a member's behalf.



Transportation benefit highlights

Our transportation benefits include the following:

- **Patient-centered approach** – We collaborate with you to provide tailored transportation services to members, helping them access medical appointments and community services.
- **Effortless coordination** – Our dedicated Member Services team is ready to assist with scheduling transportation, streamlining the entire process and ensuring a smooth experience.
- **Advance scheduling** – You or the member can book transportation at least 2 business days in advance, ensuring a well-coordinated arrangement that prioritizes their convenience.
- **Urgent appointment assistance** – We understand the urgency that accompanies certain health care appointments. For urgent appointments, our system expedites arrangements to help ensure members receive timely care without any delays.
- **Strengthening community health** – We help improve member health and community well-being by providing reliable transportation.



Act now: What you can do

We encourage you to tell members about this valuable transportation benefit. Members can call the Member Services number on the back of their card to call Member Services and book an appointment.

To refer your patient who is a UnitedHealthcare Community Plan member or book an appointment for a member, or if you have questions, chat with a live advocate 7 a.m.–7 p.m. CT from the UnitedHealthcare Provider Portal Contact Us page. You can also call Provider Services at **877-610-9785** 8 a.m.–8 p.m. ET, Monday–Friday.



Statewide Uniform Preferred Drug List: Ensuring continuous access to medication

On July 5, 2023, Indiana switched from a Fee-for-Service (FFS) Preferred Drug List to a Statewide Uniform Preferred Drug List (SUPDL). The goal of this change was to streamline patients' medication access.



Statewide Uniform Preferred Drug List: Ensuring continuous access to medication (cont.)

Important changes

- We aligned the SUPDL and the Preferred Drug List to keep drug designations, clinical criteria and prior authorization submissions consistent. See the [Indiana Health Coverage Program bulletin](#) for more information.
- Members who currently use nonpreferred products should transition to preferred products within 90 days of the July 5, 2023, implementation date. If you transition to a preferred drug within the 90 days, you do not need to complete a prior authorization request. You will be required to complete a prior authorization request to prescribe preferred drugs to members currently on a nonpreferred drug after the 90-day implementation date.

Prior authorization guidance and support

If you determine a member's health requires continuing a nonpreferred product or if you miss the 90-day implementation date, please submit a prior authorization request. Use [prior authorization criteria and forms](#) to submit the request.



Maximize efficiency and streamline your tasks with TrackIt

We're excited to introduce you to an innovative tool designed to increase your efficiency and simplify your daily tasks. TrackIt allows you to:

- **Simplify your workday** – Update information on a recent claim submission or track the status of a prior authorization request.
- **Organize and centralize your essential tasks** – Turn your daily to-do list into a centralized platform that organizes and makes essential tasks easier to manage. You can submit information to pended claims, review appeals and track claim reconsiderations.
- **Gain insights and streamline workflows** – Search requests, pended claims, appeals, smart edits and more. Directly add information and documents to pended claims and streamline your workflow.
- **Discover personalization** – Set up personalized email alerts for specific activities, fine-tune your preferences and use filters to view your and colleagues' tasks. You can also flag claims for quick access and use search options.

Why use TrackIt

TrackIt offers a thorough view of activities, allowing you to execute and monitor tasks from a single platform. You'll have the convenience of accessing documents usually found within the Document Library, ensuring you stay well-informed and ready for success.

Accessing TrackIt

TrackIt is available on the UnitedHealthcare Provider Portal home page.

- Go to [UHCprovider.com](#) and click Sign In at the top-right corner
- Enter your One Healthcare ID and password
 - If you don't have a One Healthcare ID, visit [UHCprovider.com/access](#) to get started
- Select "TrackIt" on the top right corner of the home page



Questions?

Find more information about TrackIt or access the [TrackIt Interactive Guide](#).

The Individual Health Record

The Individual Health Record (IHR) is a technology platform that provides a robust digital record of a person's UnitedHealthcare health care history. IHR takes data from across systems and transforms it into a record that communicates each person's health history and current health status.



Information

The platform delivers patient information across all patient encounters in the health care delivery system.

- Includes diverse data such as inpatient, outpatient, ambulatory, in-network, out-of-network and reported sources are combined into a single record
- Gives you access to current and historical diagnoses, visits, medications and tests from physicians outside your practice



Care

Provides a broader view of your patient's overall health care experience. It benefits care teams in several important ways:

- Making the most of the patient's visit, potentially closing gaps in care
- Identifying potential admission/readmission risks early, so you can take preventive measures



Coordination

Reduces unnecessary or duplicated tests and appointments as all clinical teams work from the same patient information.

- Helps reduce your administrative burden by automating the movement of data
- Near real-time data is used in the IHR, helping decrease possible test duplication and increase the ability to monitor items, such as medication
- Get a broader understanding of your patients' overall health care experience

How do I request access to IHR?

- Go to [UHCprovider.com/newuser](https://uhcprovider.com/newuser)
- Contact UnitedHealthcare Web Support at providertechsupport@uhc.com
- Call **866-842-3278**, option 1, 7 a.m.–9 p.m. CT, Monday–Friday

Whom can I reach out to for questions about IHR?

Call the Dedicated Service Team at **888-761-0346** 7 a.m.–7 p.m. CT, Monday–Friday. The Dedicated Service Team will research the issue and validate the information.

