



UNITED BEHAVIORAL HEALTH (UBH) PROVIDER NETWORK PARTICIPATION FREQUENTLY ASKED QUESTIONS

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Q1: Who is United Behavioral Health and what does it offer?

A1: United Behavioral Health (UBH) is an industry leader in personal health improvement service with over 20 years of experience. Of the more than 60 million members we serve, over 5 million public sector members in public sector programs such as Medicaid and Medicare have received our services since 1993. Services include:

- Health and wellness programs
- Behavioral health support
- Specialty network access, etc.
- Integrated behavioral and medical care and much more.

To learn more about UBH, visit us online at www.ubhonline.com

Q2: How is UnitedHealthcare Community Plan related to United Behavioral Health and how does this change affect me or my organization?

A2: UnitedHealthcare Community Plan is a UnitedHealth Group, Inc. company. UnitedHealthcare Community Plan is committed to providing its members with broad access to quality health and wellness services. UBH is a sister company of UnitedHealthcare Community Plan that provides the full spectrum of resources specializing in the delivery of behavioral health and substance abuse services. UnitedHealthcare Community Plan has contracted with UBH to provide and manage the provider network and delivery of all behavioral health and substance abuse services for UnitedHealthcare Community Plan members, effective January 1, 2011.

Q3: I am (or my organization is) currently credentialed and contracted with UnitedHealthcare Community Plan directly but I am not a UBH provider. How does this transition affect my provider contract with UnitedHealthcare Community Plan?

A3: Your UnitedHealthcare Community Plan contract ended on December 31, 2010 as stated in a previous mailing to you. Therefore, **in order to continue to provide behavioral health care services to UnitedHealthcare Community Plan members, you must be a participating provider with UBH.** UnitedHealthcare Community Plan is working with UBH to streamline the contracting process. If you have not received a network participation package from UBH, we encourage you to contact UBH by calling 866-660-7181. "



Q4: I am already a UBH provider. What do I need to do to continue seeing UnitedHealthcare Community Plan members?

A4: You should have received a packet from UBH which contains contract amendment materials related to UnitedHealthcare Community Plan business. In order to continue seeing UnitedHealthcare Community Plan members, please complete the amendment materials as quickly as possible and return them to UBH to the address listed in the cover letter accompanying the packet.

Q5: What are some of the advantages of joining the UBH Network?

A5: There are several advantages to joining UBH's network:

- UBH is one of the largest companies that specialize in providing quality mental health and substance abuse services for the Medicaid population.
- UBH believes that its participating clinicians and facilities are key to meeting the needs of our Medicaid members and endeavors to work closely and collaboratively with each participating provider to facilitate the highest quality behavioral health care services to our members.
- UBH does not require pre-authorization on many routine outpatient behavioral health services thereby relieving the administrative burden from the provider.

Q6: What will happen if I (my organization) choose/s to opt-out of participation in the UBH Network?

A6: If you/your organization choose/s to not join the UBH network, you will be deemed terminated from the UnitedHealthcare Community Plan network as of December 31, 2010. UBH will work with you to transition members currently in your care to in-network providers in accordance with your UnitedHealthcare Community Plan contract provisions.

Q7: What is the effective date of this transition?

A7: January 1, 2011

Q8: I (my organization) is already credentialed with UnitedHealthcare Community Plan? Do we have to go through the credentialing process again?



A8: The credentialing process for participation in the UBH network is independent from your previous credentialing with UnitedHealthcare Community Plan. If you/your organization is already participating in the UBH network, you do not have to complete the credentialing process again. You will only need to complete a Disclosure of Ownership and Control Interest Statement which is required by Federal Regulation of all providers of Medicaid services. Your participation in the network is contingent upon the completion of this form, so we encourage you to complete it as soon as possible and return it to the address listed on the cover letter of your network amendment packet. If you/your organization are not participating in the UnitedHealthcare Community Plan network, it will be critical that you/your organization complete the credentialing process for UBH.

Q9: How can I (my organization) become a credentialed provider with UBH?

A9: UBH has credentialing criteria for different provider types:

- **For providers who are classified as an individual practitioner or independent practice groups -** UBH uses CAQH for credentialing of our providers. This is a national web based service that you may already belong to. If you are not already participating with CAQH, it is quick and easy to complete your credentialing application online and allows you to share your application with any other health plans who participate with CAQH. The CAQH website can be accessed at www.caqh.org. If you are interested in becoming a provider, please take time to visit the UBH website at www.ubhonline.com for additional information. Should you have any questions, please contact UBH Public Sector Customer Service at 866-660-7181.
- **For providers who are classified as a general or general acute hospital that offers MHSA (Mental Health and Substance Abuse) inpatient and outpatient services, a freestanding psychiatric hospital, a CMHC (Community Mental Health Center), FQHC (Federally Qualified Health Center) or RHC (Rural Health Clinic)-** UBH seeks to simplify the credentialing process by credentialing at the facility or legal entity level. Your organization will work with dedicated UBH Facility Contracting staff to complete the credentialing and contracting process. Your organization will or should have received the UBH Facility Credentialing application or Outpatient Group Clinic application for your review and completion.

Q10: How can I (my organization) become a contracted provider with UBH?

A10: UBH utilizes a specific contracting process applicable to each provider type:

- **For providers who are classified as an individual practitioner, independent practice group, freestanding outpatient clinic that only provides outpatient services, CMHC, FQHC or RHC that only provides outpatient services<**



You/your organization should/should have received a UBH Provider Agreement (to include the applicable reimbursement schedule). Please review and return this information as quickly as possible so that it can be loaded in the provider file system. Should you have any questions, please contact UBH Public Sector Customer Service at 866-660- 7181.

- **For providers who are classified as a general or general acute hospital that offers MHSA inpatient and outpatient services, a freestanding psychiatric hospital, a CMHC, FQHC or RHC that offers higher levels of care** Upon completion and submission of your facility credentialing application, your organization will work with dedicated UBH Facility Contracting staff to complete the contracting process. Your designated UBH Facility Contract Manager will outreach to you directly around the credentialing and contracting process. It is critical that you/your organization complete the credentialing process as quickly as possible. Please return your credentialing application to 877-694-7190 (fax). Should you have any questions, please contact UBH Public Sector Customer Service at 866-660-7181.

Q11: Will the reimbursement be the same as reflected in my UnitedHealthcare Community Plan agreement?

A11: UBH will reimburse providers consistent with the prevailing rates in your geographic area. In most cases, the rates will remain consistent with your existing UnitedHealthcare Community Plan rate of reimbursement.

Q12: If I am a UBH provider, but was not a UnitedHealthcare Community Plan provider, can I serve UnitedHealthcare Community Plan members?

A12: At the present time, the network is restricted to prior UnitedHealthcare Community Plan providers. However, if there is a need for additional providers, we will contact you in the future should the opportunity arise.

Q13: I am not interested in joining the UBH network but I would like to continue seeing UnitedHealthcare Community Plan members? Can I still see UnitedHealthcare Community Plan members and be reimbursed for services?

A13: UBH encourages eligible providers to participate in the UBH network; however, UBH is aware that there are providers who are and will remain out-of-network. Providers that are out-of-network will be required to complete the UBH accommodations process to obtain reimbursement for services rendered. Additionally, a UBH participating provider who renders *non-contracted* service(s) is also required to obtain an accommodation for non-contracted services rendered. The term "Accommodation" refers to the process used to obtain pre-authorization (as applicable) for services; and to seek and obtain payment for services rendered to consumers. The Accommodation agreement serves as a legally binding agreement between the parties that addresses the operational protocols and reimbursement for services. The following steps are required to request and complete an Accommodation:



A. In preparation for requesting an Accommodation, please make sure that you have immediate access to the following information:

- Provider/Facility Name (Legal entity name and applicable DBA)
- Provider Licensure Type (MD, PhD, LISW, LPCC, etc)
- Tax ID Number
- NPI Number
- Provider/Facility point of contact name (first and last name)
- Provider/Facility contact phone number (area code + 7 digit phone number w/ applicable extension)
- Provider/Facility fax number (area code + 7 digit phone number)
- Provider/Facility email address
- Complete Provider/Facility Service Location Address
- Complete Billing address
- Service Start Date for Accommodation

B. Call UnitedHealthcare Community Plan Clinical Care at 866-261-7692.

C. State that you are calling to request an Accommodation

D. A UBH Customer Service Representative will direct you to the Clinical Care team to begin the Accommodations process.

It is important to note that UBH adheres to HIPAA guidelines as it pertains to disclosure of confidential patient information. As such, please be advised that as part of this accommodations process, UBH Accommodations staff is prohibited from disclosing confidential patient information directly to patients, parents or guardians. Consumers should contact Member Services directly for additional information.

Q14: I am currently a UnitedHealthcare Community Plan provider and I do not have any UnitedHealthcare Community Plan members in care at present. I have not completed credentialing and contracting with UBH. Will I have to utilize the accommodations process until UBH credentialing and contracting is complete?

A14: Yes, you will need to utilize the UBH Accommodations process until UBH credentialing and contracting is complete.

Q15: I am currently a UnitedHealthcare Community Plan provider and I have UnitedHealthcare Community Plan members in care presently. I have not completed credentialing and contracting with UBH. Will I have to utilize the accommodations process until UBH credentialing and contracting is complete?

A15: No. If you currently have UnitedHealthcare Community Plan consumers in care, your UnitedHealthcare Community Plan Provider Agreement may be extended to accommodate the members in care until March 31, 2011 (90 days). However, UBH strongly encourages you to complete the UBH credentialing and contracting process as quickly as possible to alleviate any potential coordination of care or reimbursement issues that may arise.

Q16: Where can I find the UBH Provider Manual?

A16: The UBH Provider Manual is located on our website at www.ubhonline.com. You should read the UBH Provider Manual as well as the “UBH Provider Manual Addendum for UnitedHealthcare Community Plan” for your state. The manual and addendum will give you information and guidance on



UBH policies and procedures. Items in the addendum supersede the corresponding item in the UBH Provider Manual for the UnitedHealthcare Community Plan book of business.

Q17: What will happen to the members currently in care if I (my organization) is not contracted with UBH prior to January 1, 2011?

A17: Any member receiving services from you (your organization) under a course of treatment will be able to continue to receive behavioral health care services from you (your organization) up to 90 days past December 31, 2010.

Q18: How does this transition affect non-behavioral health services rendered under my UnitedHealthcare Community Plan agreement?

A18: If your agreement with UnitedHealthcare Community Plan includes the provision of services other than behavioral health care services, then your agreement with UnitedHealthcare Community Plan shall remain in effect only for provision of those services.

NOTE: FOR ISSUES REGARDING CLINICAL CARE AND CLAIMS, PROVIDERS SHOULD CONTINUE TO BE DIRECTED TO UNITEDHEALTHCARE COMMUNITY PLAN CUSTOMER SUPPORT LINE AT 800-600-9007.

Q19: Which clinical guidelines should I be using for UnitedHealthcare Community Plan members after January 1, 2011?

A19: UBH will not be using the Interqual Guidelines for the UnitedHealthcare Community Plan business. Effective January 1, 2011, the UBH Level of Care Guidelines will be in effect for this business, they can be reviewed at www.ubhonline.com

Q20: What are the phone numbers I should call with various questions?

A20: Clinical Services:	Ph: 866-261-7692
Provider Network Services:	Ph: 866-660-7181
Claims/Appeals:	Ph: 800-600-9007

Q21: What websites should I access?

A21: To process claims, access the provider directory or check eligibility, please access:

www.uhcommunityplan.com

For all other Behavioral Health Resources (Provider Manual, Forms, Clinical and Administrative Resources): www.ubhonline.com.

We recommend providers establish a log-in for both websites.

Should you have any issues obtaining access:

For the UnitedHealthcare Community Plan Provider Portal: 800-600-9007

For the UBH Provider Portal: 866-209-9320



Q22: Where should I send paper claims?

A22: Paper claims should be sent to the following addresses depending on your state:

STATE	PA	DC	DE
CLAIMS ADDRESS	Claims Submission PO Box 8207 Kingston, NY, 12402	UnitedHealthcare Community Plan Claims PO Box 909 Monroeville, PA 15146	UnitedHealthcare Community Plan Administrative Services PO Box 1147 Monroeville, PA. 15146