Key Points

• Care providers in Minnesota, North Dakota, South Dakota and western Wisconsin who recently completed an agreement with UnitedHealthcare will begin serving patients on these agreements starting Sept. 1, 2018.
• Members accessing the LaborCare network will transition to the UnitedHealthcare network on Sept. 1, 2018. ID cards, group numbers and payer IDs will not change for these members.
• Members accessing the Medica Choice® Passport network will begin to transition to the UnitedHealthcare provider network on Jan. 1, 2019 or upon renewal of group contracts. These members will receive new ID cards and the UnitedHealthcare payer ID will apply.
• Care providers transitioning from a LaborCare and/or Medica Choice® Passport to a UnitedHealthcare agreement must be credentialed by UnitedHealthcare by March 1, 2019. UnitedHealthcare will notify providers when to start the credentialing process.
• It is important for participating care providers to update UnitedHealthcare of any changes to their demographic information as soon as possible. This will allow for more accurate member directories and claim payments.

Overview
Beginning in September 2018, UnitedHealthcare, will begin selling medical coverage in Minnesota, North Dakota, South Dakota and western Wisconsin. In support of this market expansion, the UnitedHealthcare network team has been engaging directly with care providers in these areas to develop a high-value network for our members.

Below are answers to questions we frequently receive from care provider groups.

Frequently Asked Questions and Answers

Market and Membership

Q1: When is our new UnitedHealthcare agreement effective?
Many of the initial contracts UnitedHealthcare completed in this region had an effective date of July 1, 2018. This date was changed in order to allow time to properly load contracts and test claims processing.

Care providers with completed UnitedHealthcare agreements were notified of the effective date change the week of June 18, 2018 by certified mail.

The UnitedHealthcare membership currently accessing Medica’s LaborCare network will transition to the UnitedHealthcare Open Access provider network on Sept. 1, 2018. Joint products offered with Medica (Medica Choice® Passport) will begin to transition to the UnitedHealthcare provider network starting on Jan. 1, 2019 or upon renewal of the employer group’s contract. UnitedHealthcare will provide additional communication prior to the joint membership (Medica Choice® Passport) transitioning.

Q2: Which UnitedHealthcare products will be offered in Minnesota, North Dakota, South Dakota and western Wisconsin and when?
A2: Beginning Sept. 1, 2018, UnitedHealthcare will offer small to large employer group products that include Choice Plus, Choice, Select, Select Plus and Options PPO. UnitedHealthcare’s standard commercial contracts include these product offerings for Minnesota, North Dakota, South Dakota and Western Wisconsin.

UnitedHealthcare is planning to offer Medicare Advantage products in Minnesota beginning Jan. 1, 2019.

UnitedHealthcare already offers Medicaid products in Wisconsin. We are assessing the possibility of expanding Medicaid in Minnesota, North Dakota and South Dakota in the future.

For more information on the UnitedHealthcare products visit UHCprovider.com.

Q3: How many UnitedHealthcare members will be transitioning on Sept. 1, 2018 vs. Jan. 1, 2019 and later?
A3: Approximately 219,000 UnitedHealthcare members access Medica’s LaborCare network today. These members will transition to UnitedHealthcare open access provider network on Sept. 1, 2018.

Approximately 218,000 large employer group members access the Medica Choice® Passport network today. This membership will begin to transition to the UnitedHealthcare provider network on Jan. 1, 2019 or upon renewal of group contracts.
**ID Cards & Payer IDs**

**Q4: Will our UnitedHealthcare patients get new ID cards?**

A4: UnitedHealthcare members accessing the LaborCare network who will transition to the UnitedHealthcare network on Sept. 1, 2018 will not receive new ID cards. These members will continue to have standard commercial UnitedHealthcare ID cards (Select Plus ID card example to the right). Some cards may have “LaborCare” indicated on the back. This logo will be removed as policies are renewed and cards are re-issued. The timing of this change will vary. The payer ID (87726) will stay the same.

Large group members who begin to transition to the UnitedHealthcare network beginning Jan. 1, 2019 will receive new standard UnitedHealthcare ID cards upon renewal. Their cards will no longer display the Medica logo. The payer ID will change to 87726.

**Q5: Will member ID numbers change for the UnitedHealthcare patients we serve today?**

A5: UnitedHealthcare member ID numbers will remain the same during the network transition.

**Q6: Will UnitedHealthcare policy and group numbers change?**

A6: There will be no change to policy and group numbers for members transitioning to the UnitedHealthcare network on Sept. 1, 2018. For renewing large and national groups, there will be no change to policy and group numbers when they transition on or after Jan. 1, 2019.

**Q7: Which payer ID should we use to submit claims for UnitedHealthcare members?**

A7: The Payer ID for UnitedHealthcare is **87726**. This is the payer ID care providers should continue to use for members transitioning to the UnitedHealthcare network on Sept. 1, 2018. For membership transitioning on or after Jan. 1, 2019, care providers should use the UnitedHealthcare payer ID (instead of Medica’s payer ID).

For a full listing of payer IDs for UnitedHealthcare, affiliates and strategic alliances, including UMR, go to [UHCprovider.com](http://UHCprovider.com).
Claims

Q8: How will claim submission be affected once UnitedHealthcare’s network is effective Sept. 1, 2018?
A8: We don’t expect you’ll experience a difference in the claim submission process.

For large and national account members who transition to the UnitedHealthcare network on or after Jan. 1, 2019, the only change to the claims submission process will be the payer ID. Care providers should use the UnitedHealthcare payer ID of 87726 to submit claims for these members.

Q9: How will care providers be able to identify if a UnitedHealthcare member’s claims are subject to UnitedHealthcare policies and procedures vs. Medica’s policies and procedures?
A9: Claims submitted to the UnitedHealthcare payer ID 87726 are subject to UnitedHealthcare policies and procedures. Medica’s reimbursement and medical policies are applied to claims submitted to the Medica payer ID 94265.

Q10: How should care providers appeal or resolve claim issues for dates of service prior to the network transition?
A10: LaborCare claim questions should be directed to UnitedHealthcare at 877-842-3210. Medica Choice® Passport claim questions should be directed to 800-458-5512 or your Medica contract manager.

Q11: What if claims are accidentally sent to the wrong payer ID? Will the claims be forwarded to the appropriate place?
A11: If a claim is sent to the incorrect payer ID for a UnitedHealthcare eligible member, the payer will deny or reject the claims based on ineligibility and send the claims back to the care provider. The payer will not forward those claims to UnitedHealthcare.
**Credentialing and Demographic Data Changes**

**Q12:** We completed a new network agreement with UnitedHealthcare. Do our practitioners need to be credentialed with UnitedHealthcare before they can serve your members?

**A12:** Credentialing is required for all licensed independent practitioners and facilities participating in the UnitedHealthcare networks and prior to seeing UnitedHealthcare members. [Click here](#) for UnitedHealthcare’s 2017–2019 Credentialing Plan.

**UnitedHealthcare’s credentialing relationship with Medica ended on Aug. 31, 2018.**

Beginning September 2018, all licensed independent practitioners and facilities contracted with UnitedHealthcare will need to begin credentialing directly with UnitedHealthcare. To ensure continuity of care for UnitedHealthcare members, contracted care providers must complete the credentialing process by Feb. 28, 2019. We will work closely with you to communicate expectations and processes leading up to this transition date.

Care providers who want to initiate credentialing directly with UnitedHealthcare should submit credentialing applications to the Council for Affordable Quality Healthcare (CAQH) or the Minnesota Credentialing Collaborative (MCC).

Be sure your application on the Council for Affordable Quality Healthcare (CAQH) or the Minnesota Credentialing Collaborative (MCC) includes the following information. This information should be current for the states where you’ll be practicing. Having this information in your application helps us process it without delays:

- [ ] Active (not temporary) licensure
- [ ] Drug Enforcement Administration (DEA) registration number and/or a Controlled Dangerous Substance (CDS) registration, as required by your state
  - If you don’t have a DEA or CDS registration, list the name of the UnitedHealthcare participating care provider who will be able to write prescriptions on your behalf.
- [ ] Proof of professional liability insurance
- [ ] List your active hospital privileges; courtesy privileges aren’t sufficient.
  - If you don’t have hospital privileges, please list the UnitedHealthcare participating care provider you have arranged to admit patients on your behalf.
- [ ] A completed residency program in your designated specialty (required for MD, DO or DPM)
- [ ] List your work history in MM/YYYY format. Please comment on any work history gap of six months or more
- [ ] Contact information for someone we can contact with questions about your credentialing application
We offer two options for submitting your credentialing application and supporting information:  

**Option 1:** Submit your application electronically to UnitedHealthcare using The Council for Affordable Quality Healthcare’s (CAQH) ProView™.

- If you’re already registered with CAQH, go to proview.CAQH.org/pr and update your information. You’ll also need to add UnitedHealthcare as an Authorized Plan so we can access your data.
- If you need to register with CAQH, go to proview.CAQH.org/pr and click on “Register Now” to create your account, get a CAQH ID to complete your application. Be sure to add UnitedHealthcare as an Authorized Plan so we can access your data.

To learn more about CAQH and the credentialing application program, visit [CAQH.org](http://CAQH.org). They also have an online demonstration of the application process. If you can’t find the answers you need online, please call the CAQH Help Desk at 888-599-1771 or send an email to providerhelp@proview.CAQH.org.

**Option 2:** Submit your application electronically to UnitedHealthcare using ApplySmart from the Minnesota Credentialing Collaborative (MCC).

- Log into [credentialsmart.net/mcc](http://credentialsmart.net/mcc)
- Go to “Application” at the top menu
- Click “Preferences” on the left navigation bar
- Type “Health Plan” in Credentialing Org text box, and “Minnesota” in State text box.
- Choose “UnitedHealthcare”
- Go to “Audit” on left navigation bar
- Choose “UnitedHealthcare” and the Minnesota application you will be sending
- Review and update any information with concentration on the red X’s on the left navigation bar.
- Go to “Send Application”
- Follow the online steps in sending your application.

If you haven’t registered to use ApplySmart, go to [credentialsmart.net/mcc](http://credentialsmart.net/mcc) to set up an account. Once your account is setup, you can complete your application and submit it to UnitedHealthcare following the steps outlined above.

If you have any questions regarding the ApplySmart application, contact customer support at supportmcc@credentialsmart.net or 847-425-4616.
Care providers new to serving UnitedHealthcare members after Sept. 1, 2018: Please follow the credentialing process outlined at UHCprovider.com or call 877-842-3210 to request to be a participating care provider. Enter your Tax Identification Number (TIN). Select Credentialing, then Medical, and then Join the Network. You will be transferred to a provider service representative who will need information about your practice.

Q13: We need to update the roster information we provided to UnitedHealthcare during the contracting process. How can we submit those changes before our contract is effective?
A13: Contact the Network Account Manager you worked with to complete the contract. Individual and group demographic changes can also be submitted to UnitedHealthcare using the Care Provider Paper Demographic Information Update Form or the Group/Organization Demographic Information Update Form available at UHCprovider.com.

As a general rule, care providers with a Medica and UnitedHealthcare agreement should contact Medica and UnitedHealthcare (and any other payer they work with) when there are changes to their demographic information.

To submit a demographic change to Medica, care providers can reference the information available at medica.com/providers/administrative-resources/demographic-change.

Q14: Who do I contact if I have questions?
A14: Please contact the Provider Relations team for your state with any questions.
- Minnesota – mn_provider_relations@uhc.com
- North Dakota – nd_provider_relations@uhc.com
- South Dakota – sd_provider_relations@uhc.com