

# Join Our Network – Indiana Only

All participation with UnitedHealthcare Community Vision Network / March Vision Network requires an active and current enrollment with Indiana Health Coverage Programs (IHCP). To become a provider or verify enrollment, please go to <https://www.in.gov/medicaid/providers/provider-enrollment/> for more information.

Below are instructions on the enrollment, credentialing, and contracting processes to join our vision networks. Please review and complete the required documents.



## 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).*

- Adding a Provider Only (All provider types)
  - If a provider is currently in our vision networks and needs to be added to an existing location or is a new provider requesting to be in the network, each provider must complete the [Demographic Form](#).
- Adding a Service Location
  - To add a new service location to an existing TIN in our network, a Demographic Form must be completed, along with the most recent version of the W9, signed and dated. To add a service location, please complete the [Demographic Form](#).

## Contracting

*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.*

A provider relations advocate will send an electronic contract through Adobe Sign with a fee schedule to the point of contact by request (email). Once the signed agreement is received/accepted by our contracting department with no errors, it will initiate the credentialing process for the provider, if it applies. If the provider is already credentialed, internal steps with the provider data team will be initiated to completion.

## 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.*

If the provider is already participating in our networks, and not due for recredentialing, there are no credentialing steps needed. If credentialing is needed, we require the provider's CAQH (Council for Affordable Quality Healthcare) profile to be reviewed by the credentialing team. The estimated time for credentialing only is 20-30 days.

## Instruction Sheet for Network Participation Requests and Demographic Form

A provider relations advocate will be assigned to your request and reach out to you directly within 5 business days to confirm the request was received and the documents attached are legible and complete. That advocate will be your point of contact through completion of your participation request.

Please submit the required documents based on your request to [visionnominations@uhc.com](mailto:visionnominations@uhc.com). In the subject field of the email, please write **Request to Join the Network Indiana Medicaid**. Be sure to provide the point of contact's name, phone number and email address we should use for correspondence until the request is satisfied.

The entire process to enroll, contract and credential varies and is based on timely responses between us and the point of contact for the request.

### Improve the Speed of Processing – Tips for Applying to the Network

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"> <li>Your CAQH profile status is incomplete or expired</li> <li>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 Spectera Eyecare Networks) <b><i>*Please be advised our CAQH account is tied to our other vision networks previous name, Spectera Eyecare Networks, we are in the process of modifying this to include UnitedHealthcare   March Vision Care, but until then you will need to select this option to grant us access*</i></b></li> <li>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)</li> </ul>	The information on CAQH must match the information you provide on the Optum NPRF form.
Attached Documents	<ul style="list-style-type: none"> <li>Attaching the wrong document</li> <li>Not signing the W-9 form or providing an incorrect Tax ID number or EIN</li> <li>Current Professional Liability Insurance Certificate</li> </ul>	Providing all the correct and completed documents are required
Document Return	Slow response time to requested information <ul style="list-style-type: none"> <li>Individual Contracts</li> <li>Disclosure Ownership documents</li> </ul>	Missing documents are sent out via DocuSign. Sign and return as quickly as possible

For Network Participation Status, please call 1.844.486.2724 or complete our online [Contact Us](#) form and choose the subject: Network Participation Status Check (IN providers only).