

Home health and hospice service questionnaire

Required steps:

1. Fill out digital PDF
2. Save/download completed form
3. Email completed form with required documentation to HHCnetwork@uhc.com

Please be advised that the name provided is what will be loaded into UnitedHealthcare claim processing systems (if you are contracted). If your staff bills with any other name than the exact name provided, there will be claim issues.

Provider name

Provider type (Please mark all that apply)

Home health (skilled service: nursing, OT, PT, ST)

Hospice

General questions

Are you currently contracted with any UnitedHealthcare product? (Check all that apply and provide state(s) detail)

UnitedHealthcare commercial products – Which state(s):

UnitedHealthcare® Medicare Advantage – Which state(s):

Community & State (Medicaid) of – Which state(s):

Does **NOT** participate in any of the UnitedHealthcare products listed above

Medicare certified?

Yes, Medicare number:

No

Pending

Medicaid certified?

Yes, Medicaid number:

No

Pending

Geographic coverage

Please indicate area(s) of the United States in which you are authorized to provide services:

Alabama	Hawaii	Michigan	North Carolina	Utah
Alaska	Idaho	Minnesota	North Dakota	Vermont
Arizona	Illinois	Mississippi	Ohio	Virginia
Arkansas	Indiana	Missouri	Oklahoma	Washington
California	Iowa	Montana	Oregon	West Virginia
Colorado	Kansas	Nebraska	Pennsylvania	Wisconsin
Connecticut	Kentucky	Nevada	Rhode Island	Wyoming
Delaware	Louisiana	New Hampshire	South Carolina	
District of Columbia	Maine	New Jersey	South Dakota	
Florida	Maryland	New Mexico	Tennessee	
Georgia	Massachusetts	New York	Texas	

Service exception areas (if applicable)

*If you do not offer all services in all locations within a state, please specify the services provided in each state/county.

Provider contact and billing information

Contact name:		Title:	
Email:		Phone number:	
Mailing address:		Billing address:	
Provider website:			

Please indicate whether you bill on a 1500 (HCFA 1500/CMS-1500/1500 HCF) or UB (UB92/UB04)

HCFA 1500

UB

It is imperative that you notify us before changing your bill type. A contractual amendment will need to be executed and loaded into UnitedHealthcare systems before the bill type change can take effect.

Do you provide services out of more than 1 location?

Yes No

Tax ID information

Tax ID number	NPI number	Associated legal name	Legal DBAs affiliated with provider

Home health services provided by your organization

Please check all that apply. If you provide a service(s) that is not listed below, please provide a description (with the appropriate billing code) of any specialty services you provide. Attach an additional sheet if needed.

Skilled RN nursing	Registered dietitian	Phototherapy services
Skilled LPN nursing	Home health aide	Enterostomal therapy
Physical therapy	Private duty nursing (RN/LPN)	Medical social worker
Respiratory therapy	Postnatal services	Registered dietitian services

How many clients/members can you accommodate?

Population(s) your organization serves

- Adults
- Pediatric patients
- Geriatrics
- Long-term care

Is the home health agency currently credentialed with UnitedHealthcare?

- Yes
- No

W-9 required

Please include a W-9 with your completed questionnaire.

 Thank you for completing the questionnaire

Confidential and Proprietary

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.