



2016 Quick Reference Guide

UnitedHealthcare Commercial Products and UnitedHealthcare Community Plan of Michigan

UnitedHealthcare Commercial



How to Reach Us

Phone: **877-842-3210**
Web: **UnitedHealthcareOnline.com**

Mailing address for general communication:
UnitedHealthcare
P.O. Box 740800
Atlanta GA, 30374-0800

Mailing address for claims:
Mail to the claims address
on the back of the member's ID card.



How to Use Your ID Card

- Call customer service at **877-842-3210** to get your "C" reference number *before contacting your provider advocate.*
- Resubmit claims through **LINK Claims Reconsideration.**
- Mail documents to the address on the back of the member's ID card.



How to Contact Us

Phone: **877-842-3210**

Benefits and Eligibility:
UnitedHealthcareonline.com > Eligibility and Benefits Center

Claims and Payment Status:
UnitedHealthcareonline.com-LINK > Claims Management



Where to Send Claims

UnitedHealthcare
P.O. Box 740800
Atlanta, GA 30374-0800

Please verify the address on the back of the member's ID card.



Where to Submit Your
Prescription Refill

UnitedHealthcare Payer Path: 87726

This document is provided for informational purposes only, is subject to change and not intended to replace any provisions or requirements contained in your contract with UnitedHealthcare or its affiliates.
Doc#: UHC2857a_20140225



How to Submit Corrected Claims

- **Resubmit** all corrected claims on a UnitedHealthcare claim reconsideration request form online or use a printed form.
- **Select** box 4: "Resubmission of a corrected claim" and list changes in the comments section at the bottom of the form.
- **Attach** a copy of the corrected claim and supporting documentation, if required.
- **Stamp** "Corrected Claim" (required) on the form.
- **Mail** to the claims address on the back of the member's ID card.
- **Please use LINK for claims reconsiderations with attachments.**

Please submit corrected claims with all corrections and include all services performed on that day, not just the corrected code.



LINK

- Cloud-based website with capabilities such as **online claims reconsideration requests, with attachments**
- Gateway to **UnitedHealthcareOnline.com** and other UnitedHealthcare websites.
- Accepts requests for reconsideration with attachments for Commercial, Medicare Solutions, Oxford, UnitedHealthcare West and UnitedHealthcare Community Plan but not for UnitedHealthcare of the River Valley claims.
- **Please use LINK for claims reconsiderations with attachments.**



Enhanced Communication

Member Online Payments

- Members can make payments online.
- You can receive member payments online.
- Benefits include convenience for members and quicker payments for your practice.



How to File an Appeal

If you resubmitted the original claim for additional review and the denial reason was upheld, you may submit a formal appeal. To submit an appeal, include all supporting documentation and a written explanation of why you feel the claim should be paid and mail to:

UnitedHealthcare Provider Appeals
P.O. Box 30559
Salt Lake City, UT 84130-0575

Reminder: an appeal is the last attempt for claims resolution.



UnitedHealthcareOnline.com Help
 Desk and LINK-Optum Support
 Center

866-842-3278

UnitedHealthcare Community Plan



How to Reach Us

Phone: **800-903-5253**

Web: **UnitedHealthcareOnline.com**

Mail:
UnitedHealthcare Community Plan
P.O. Box 30991
Salt Lake City, UT 84130-0991



If You Have a Claims Question

Call Customer Service at **800-903-5253**.

- Mail documents to:
UnitedHealthcare Community Plan
P.O. Box 30991
Salt Lake City, UT 84130-0991
- Resubmit claims through
Unitedhealthcareonline.com-LINK > Claims
Reconsideration.



How to Verify Status

Phone: **800-903-5253**

Benefits and Eligibility:
Unitedhealthcareonline.com-LINK eligibility
and Benefits Center

Claims and Payment Status:
Unitedhealthcareonline.com-LINK > Claims
Management



Where to Mail Claims

UnitedHealthcare Community Plan
P.O. Box 30991
Salt Lake City, UT 84130-0991

*Please verify the address on the back of
the member's ID card.*



Where to Mail Conditional Status
Insurance Enrollment Claims

Payer Path: 95467

Filing Time Limits and Corrected Claims for UnitedHealthcare and UnitedHealthcare Community Plan



Filing Time Limits

Possible denial scenarios due to a filing time limit
on a claims submission:

- Patient did not tell you they have
UnitedHealthcare insurance.
- Patient told you they had another
primary insurance.
- We did not receive your original submission.

**Please review your contract for standard filing
time limits.**

What to do if you receive a denial due to a filing time limit:

1. **Complete** a UnitedHealthcare claim
reconsideration request form online or use
a paper copy from your provider advocate.
2. **Attach** a copy of the claim and supporting
proof of timely filing documentation such as:
 - **Electronic claim confirmation** –
email a receipt from the vendor that
UnitedHealthcare or one of its affiliates
accepted your claim.
 - **Paper claim confirmation** – print a screen
shot from your accounting software that
shows the date you submitted the claim,
the patient name and date of visit.
 - **Proof of timely filing also includes:** other
insurance carrier's denial/rejection,
explanation of benefits document or letter
indicating terminated coverage or a
plan participant.
3. **Mail to:**
UnitedHealthcare
P.O. Box 740800
Atlanta, GA 30374-0800

-OR-

UnitedHealthcare Community Plan
P.O. Box 30991
Salt Lake City, UT 84130-0991

*Please verify the address on the back of
the member's ID card.*

**Please use LINK for claims reconsiderations
with attachments.**



How to Submit Corrections Claims

Submit within one year of the date of service if the original claim was received within your filing time limit. Please review your contract for standard filing time limits.

For claim corrections submitted on a CMS-1500 form: Enter "7" in the area for the resubmission code in Box 22. Enter the original 12-digit claim number in the original reference number area.

For claim corrections submitted on a UB form:

Populate Field 37 with the 12-digit claim number that was assigned to the original claim.

Correcting service line items:

- On the form Locator 4, labeled "Type of Bill," the third digit indicates the frequency of the claim.
- For claims that have corrections to service line items, a "7" as the third digit indicates to replace a prior claim submission.
- Form Locator 84 "Remarks" indicates the reason for resubmission.

Voiding claims:

- Bill with "8" if the claim was billed in error and does not require correction.
- Please do not resubmit voided claims and claims coded "7."

- **Please use Unitedhealthcareonline.com-LINK for claims reconsiderations with attachments.**
- Mail to the claims address on the back of the member's ID card.
- **Submit corrected claims and include all services performed on that day, not just the corrected code.**

- Copy of Provider Remittance Advice (PRA) or Explanation of Benefits (EOB)
- Claim form (with corrections if necessary)

Mail:
UnitedHealthcare Community Plan
Attn: Claims Administrative Appeals
P.O. Box 30991
Salt Lake City, UT 84130-0991

Appeal submissions fax only:
Urgent Appeals: 801-994-1261
Non-urgent Appeals: 801-994-1082

Reminder: an appeal is the last attempt for claims resolution.

Contracting and Credentialing – Please follow the National Credentialing Committee process (same as UnitedHealthcare process).

Roster reports are available at **UnitedHealthcareOnline.com > Tools and Resources.**

PRA/ERA – Available at **UnitedHealthcareOnline.com > Claims and Payments > Electronic Payments and Statements.** Enter the information under single explanation of benefits (EOB) search. Click "View EOB" for a full version.



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UnitedHealthcare Online Support Center
Desk and LINK-Open Support Center
866-842-3278



Mail or fax the following:

- **Description of dispute** including our response to your reconsideration request and the date your reconsideration was completed
- **Any supporting documentation**
- **The line of business:** Medicaid, (MICHild is now reported as Medicaid) **Required attachments:**