



AAHAM



April 2023

United
Healthcare

Agenda

1. Introductions
2. ID Card Changes
3. Portal Updates
4. Technology Enhancements
5. naviHealth
6. General Updates



Introductions

- Margaret Rocca – Manager, Provider Advocate Account Managers DE/DC/MD
mrocca@uhc.com
- Traci Cross - Hospital Facility Advocate
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- Lori Muir - Hospital Facility Advocate
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- Amy Meister - Hospital Facility Advocate
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New ID Cards

ID Card Changes 2023-2024

- UnitedHealthcare is continuing a phased rollout of a new claims processing system as part of a multi-year plan to simplify your benefits, claims, payments and referral experiences with us.
- Beginning in April 2023, new cards started to hit the streets. We want you to be aware of some changes to member ID cards for fully insured and All Savers® plans that are part of this process.
- MAHP is targeted for September 2023





Key points: New member ID cards for fully insured plans

While these new member ID cards will look much the same, there are a few key differences (below) that are important to check during each member appointment. Review the details summary below:

United Healthcare OPTUMRX

Member: [Redacted]
Member ID: [Redacted] Group Number: [Redacted]
PCP Name: [Redacted]

Office: \$40 Spec: \$80
ER: \$400 UrgCare: \$50

INN: Ded INDIFAM OOPM INDIFAM
\$5000/\$10000 \$7200/\$14400

HMO
DOI-1701

Payer ID 87726
Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UNITEDRX

Referrals Required
UnitedHealthcare Charter
Underwritten by UnitedHealthcare of Illinois, Inc.

Printed: 02/28/2022

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more. PCP to send electronic referrals.

Web: myuhc.com
Phone: 888-200-0299

Providers: 877-842-3210 or uhcprovider.com
Medical Claims: PO Box 31394 Salt Lake City, UT 84131

Shared Savings
MultiPlan
Emergent/Out-of-Network Only

Pharmacists: 888-290-5416
Pharmacy Claims: OptumRx PO Box 650540, Dallas, TX 75265-0540

Details on fully insured member ID card changes:

- **Group number:** While the group number will remain a 7-digit numeric sequence, the actual numbers will change on the new member ID cards
- **Rx Grp code:** This code is changing from “UHC” on the current member ID cards to “UNITEDRX” on the new cards
- **Medical claims address:** The mailing address for medical claims has changed from an Atlanta, GA, address to one in Salt Lake City, UT





Key points: New member ID cards for transition of All Savers plans

Members on All Savers commercial health plans are transitioning to either UnitedHealthcare level-funded or Oxford level-funded plans. The new member ID cards (below) will look different and include key changes to member benefit and claims processing information. Review the details summary below.

United Healthcare Oxford

Member: C

Member ID: 2 Group Number:

PCP Name:

V:

PCP: \$25 Spec: \$75
ER: \$300 UrgCare: \$50

INN: Ded IND/FAM \$2000/\$4000
OON: \$4000/\$8000

OPM IND/FAM \$6900/\$13800
\$8000/\$16000

Payer ID 06111

Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UNITEDRX

Self-funded 1701

LEVEL FUNDED

Oxford Liberty Network
Administered by Oxford Health Plans LLC

For emergencies, call 911 or your local rescue unit. Printed: 09/05/2022

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more.

Web: myuhc.com

Phone: 800-444-6222

Providers: 800-666-1353 or uhcprovider.com

Medical Claims: PO Box 31394 Salt Lake City, UT 84131

UnitedHealthcare Core Network

Pharmacists: 888-290-5416

Pharmacy Claims: OptumRx PO Box 650540, Dallas, TX 75265-0540

Details on transitioning All Savers member ID card changes:

- **Logo:** Either a UnitedHealthcare or UnitedHealthcare/Oxford blended logo
- **Member ID:** New all-numeric sequence
- **Group number:** New UnitedHealthcare number
- **Payer ID:** 087726 for UnitedHealthcare and 06111 for UnitedHealthcare Oxford
- **Rx Grp code:** New code is UNITEDRX
- **Provider website:** [UHCProvider.com](https://uhcprovider.com)
- **Provider phone number:** Now 877-797-8812 for UnitedHealthcare and 800-666-1353 for UnitedHealthcare Oxford
- **Medical claims address:** P.O. Box 31394, Salt Lake City, UT 84131-0375
- **Pharmacist phone number:** 888-290-5416





UHC Portal Tools

Document Library

As announced in UnitedHealthcare's Network News articles over the past several months, we will no longer mail overpayment and appeal decision letters to network health care professionals (primary and ancillary) and facilities.

Most commercial and UnitedHealthcare Medicare Advantage plans – beginning September 23, 2022

UnitedHealthcare Community Plan (Maryland) - beginning May 5, 2023



Please note, this includes letters sent by Optum for payment accuracy reviews they perform on behalf of UnitedHealthcare. This does NOT include overpayment letters sent by any other vendor. Those letters will continue to be mailed.



Electronic Letters

Most claim, prior authorization, payment (including overpayment and appeal) letters and reports are in Document Library.



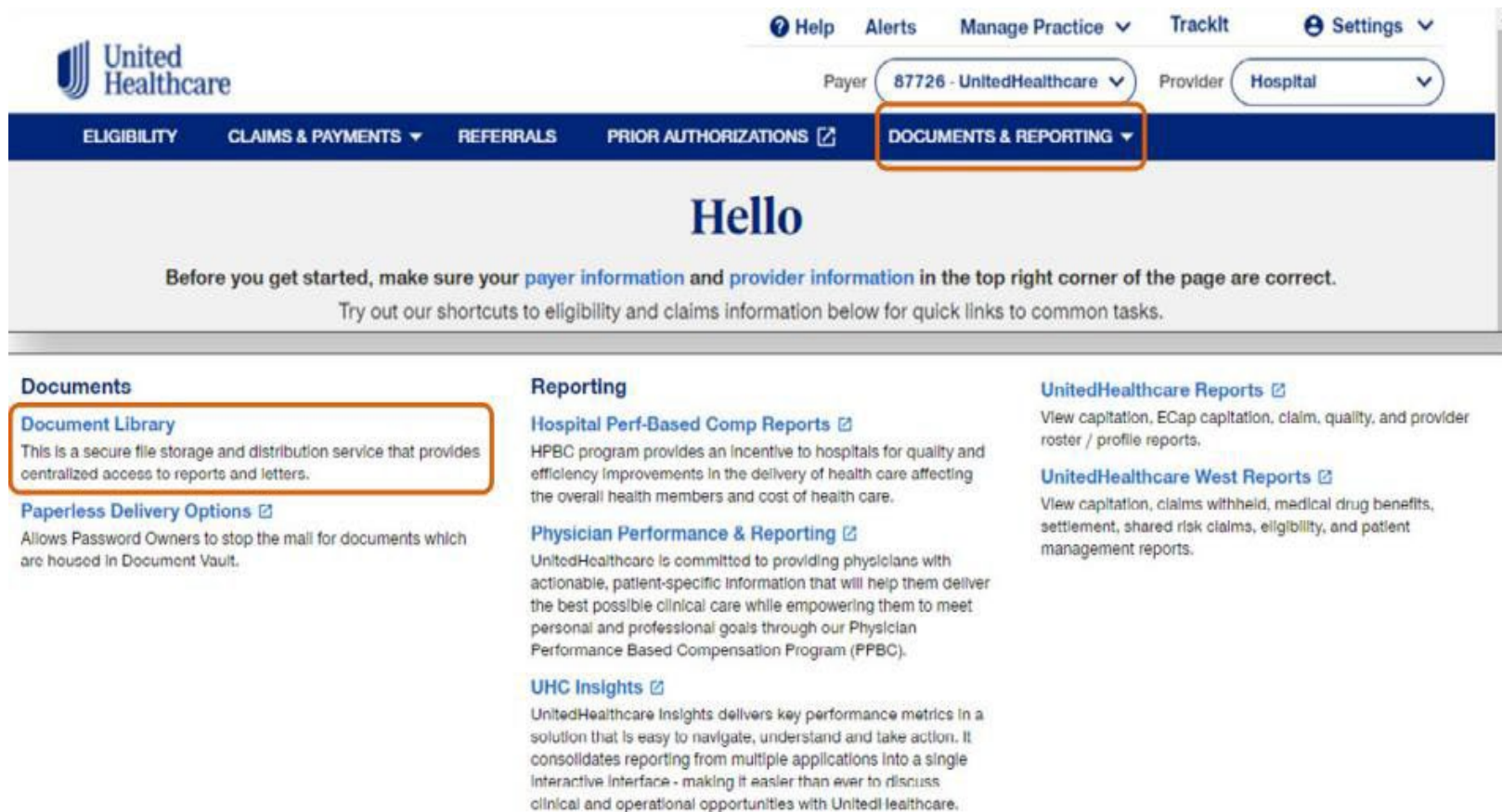
They are available the day they're generated, so all authorized users in your organization can view them right away.

Sign in at UHCprovider.com then select Documents & Reporting in the Provider Portal •
If not yet registered, consult UHCprovider.com/access

Select Document Library Document library
[Electronic Letters | Document Library](#)



Electronic Letters continued



United Healthcare

Help Alerts Manage Practice TrackIt Settings

Payer 87726 - UnitedHealthcare Provider Hospital

ELIGIBILITY CLAIMS & PAYMENTS REFERRALS PRIOR AUTHORIZATIONS DOCUMENTS & REPORTING

Hello

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct. Try out our shortcuts to eligibility and claims information below for quick links to common tasks.

Documents

Document Library
This is a secure file storage and distribution service that provides centralized access to reports and letters.

Paperless Delivery Options
Allows Password Owners to stop the mail for documents which are housed in Document Vault.

Reporting

Hospital Perf-Based Comp Reports
HPBC program provides an incentive to hospitals for quality and efficiency improvements in the delivery of health care affecting the overall health members and cost of health care.

Physician Performance & Reporting
UnitedHealthcare is committed to providing physicians with actionable, patient-specific information that will help them deliver the best possible clinical care while empowering them to meet personal and professional goals through our Physician Performance Based Compensation Program (PPBC).

UHC Insights
UnitedHealthcare Insights delivers key performance metrics in a solution that is easy to navigate, understand and take action. It consolidates reporting from multiple applications into a single interactive interface - making it easier than ever to discuss clinical and operational opportunities with UnitedHealthcare.

UnitedHealthcare Reports

View capitation, ECap capitation, claim, quality, and provider roster / profile reports.

UnitedHealthcare West Reports

View capitation, claims withheld, medical drug benefits, settlement, shared risk claims, eligibility, and patient management reports.



Electronic Letters continued

Search Options:

- A. Basic (with 1 criterion from the dropdown menu)
- B. Advanced (with multiple criteria)
- C. Browse by Folder then subfolder(s)

The screenshot displays the UnitedHealthcare Document Library interface. At the top, there is a navigation bar with links for Training & Support, Practice Management, and TrackIt. Below this is a search bar with the UnitedHealthcare logo and a search icon. The main navigation bar includes links for Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The left sidebar shows a hierarchy: Admin > Home > Document Library. The main content area is titled 'Document Library' and 'Home'. It features a search section with a 'Search Files By' dropdown menu set to 'Member ID', a search input field, a 'Search' button, and an 'Advanced Search' link. Below the search section, there is a section for 'Health System | 74121212' and 'Recently Added' documents. A table lists documents with columns for Document, Primary ID, Folder, and Provider Name. The table shows two documents, both marked as 'Commercial Prior Auth/Approved' and 'Unread'. The interface is annotated with three orange circles and letters: 'A' points to the search bar, 'B' points to the left sidebar, and 'C' points to the document table.

UnitedHealthcare Search

Training & Support Practice Management TrackIt

Payer 87726 - UnitedHealthcare Provider Health System

Eligibility Claims & Payments Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

Admin Home Document Library

Document Library Home

Search Files By

Member ID

Search Advanced Search

You are searching for documents related to TIN 74121212 Edit

Document Library Home

Folders

- Appeals and Disputes
- Claim Letters
- Delegation Management
- Episodes of Care
- Management Documents
- NY PCMH
- Overpayment Documents

Health System | 74121212

Recently Added

See a snapshot of newly created provider correspondence. Documents below are listed in the order of the date they were placed in Document Library with the most recent at the top. [View more recents](#) to see and manage the full list of files.

Bulk Actions [Mark as Read](#) [Mark as Unread](#)

Select multiple items below.

5 Unread

<input type="checkbox"/>	Document	Primary ID	Folder	Provider Name
<input type="checkbox"/>	Commercial Prior Auth/Approved	A479479479	Prior Auth Letters	HS ASC
<input type="checkbox"/>	Commercial Prior Auth/Approved	A479479479	Prior Auth Letters	HS ASC



Is Authorization Required?

The screenshot displays the UnitedHealthcare Tiara portal. At the top, the UnitedHealthcare logo is on the left, and navigation links for Training & Support, Practice Management, TrackIt (53), and Tiara are on the right. Below the logo is a search bar. To the right of the search bar are dropdown menus for Payer (87726 - UnitedHealthcare) and Provider (Hosp). A dark blue navigation bar contains links for Eligibility, Claims & Payments, Referrals, Prior Authorizations (highlighted with a blue checkmark), Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The main content area begins with a 'Welcome, Tiara!' message and a note about verifying payer and provider information. A 'Customize Tabs' button is also present. On the left, a vertical menu lists: Eligibility, Claims & Payments, Referrals, Prior Authorizations & Notifications (highlighted with an orange box), Documents & Reporting, and UnitedHealthcare Updates (Updated 3/1/2023). The central 'Select a Task' section offers 'Create Request', 'View Existing', and 'Check if Required' buttons. It provides instructions on how to check for authorization requirements by code or by member. The right sidebar contains 'PAAN Resources' (Tool resources, Interactive training guide, Peer to peer requests) and 'Quick Links & Tools' (Practice Assist, Secure Messenger Clinical Data Submission, Individual Health Record, Care Conductor and Notification of Pregnancy). A vertical sidebar on the far right includes 'Training Tips' and 'Feedback' buttons.

UnitedHealthcare

Training & Support Practice Management TrackIt 53 Tiara

Search

Payer 87726 - UnitedHealthcare Provider Hosp

Eligibility Claims & Payments Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

Welcome, Tiara!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

Customize Tabs

- Eligibility
- Claims & Payments
- Referrals
- Prior Authorizations & Notifications**
- Documents & Reporting
- UnitedHealthcare Updates
Updated 3/1/2023

Select a Task

Create Request View Existing **Check if Required**

Check if prior authorization is required for a medical service

Check by Procedure Code(s), Product Type, State & Diagnosis

Check by Code

Check by Member, Procedure Code(s) & Case Details to generate a Reference # (Decision ID)

Check by Member

* Excludes Rocky Mountain Health Plan (RMHP)

PAAN Resources

- Tool resources
- Interactive training guide
- Peer to peer requests

Quick Links & Tools

- Practice Assist
- Secure Messenger Clinical Data Submission
- Individual Health Record
- Care Conductor and Notification of Pregnancy

Training Tips

Feedback



Is Authorization Required?



NOTIFICATION/PRIOR AUTHORIZATION INQUIRY SEARCH

Notification or Prior Authorization is not required for the requested services

You are not required to submit a notification/prior authorization based on the information provided. The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. If you still wish to submit your request for review, please select the **Continue with Submission** button below.

Decision ID #:D3052002

The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.



[+ Expand all](#) [- Collapse all](#)

- If a provider attempts to get a prior authorization and PAAN indicates no auth is needed, the provider will still get a determination number which would be Dxxxxx for reference.
- Decision numbers are not stored or archived on the ProviderPortal.
- It is important for providers to make a note of these numbers in their practice management systems for reference especially in cases where they have been misinformed and services really do require authorization.



Technology Enhancements

Coming soon: Faster and easier online credentialing

In June 2023, all medical health care professionals in all states* will use Onboard Pro to begin the credentialing and contracting process with UnitedHealthcare. Onboard Pro will replace the Request for Participation (RFP) portal.

Onboard Pro is an easy-to-use tool found in the UnitedHealthcare Provider Portal. It integrates with the Council for Affordable Quality Healthcare (CAQH) ProView® and other state-specific credentialing applications. Onboard Pro will automatically retrieve most of your demographic and credentialing information from those applications and lets you know immediately if additional information is required. Your personal dashboard shows the real-time status of every enrollment request you've submitted.

To help you prepare for this transition:

1. Be sure to register with CAQH, update your attestation and expired documents, and authorize UnitedHealthcare to see your information
2. Create a One Healthcare ID to access the UnitedHealthcare Provider Portal, if you don't already have one
3. Explore Onboard Pro and start learning about the new process in our Onboard Pro interactive guide. The guide will be updated in June.

Questions?

- **For help with One Healthcare ID:** Call UnitedHealthcare Web Support at providertechsupport@uhc.com or 866-842-3278, option 1, 7 a.m.–9 p.m. CT, Monday–Friday
- **For help with contracts or credentialing:** Please email the Network Management Resource team at networkhelp@uhc.com
- **For more information, visit [Onboard Pro](#)**

**Previously, Onboard Pro was only used by medical health care professionals, practices and health systems when adding new practitioners to an existing contract. The expansion of Onboard Pro to individuals and small practices that do not have a current contract with UnitedHealthcare does not apply to medical health care professionals who want to be contracted for a UnitedHealthcare Community Plan (Medicaid) in Arizona or Texas. Additionally, medical groups under a delegated credentialing arrangement (delegated groups) are excluded from this process and should continue to submit through their normal process for delegated entities.*

PCA-1-22-03856-PO-NEWS_03102023

We heard you.

“What takes us half a day with other payers, took less than an hour with Onboard Pro.”

– Jenny and Debbie, Riverview Health



Chat With Us

1. Chat with a live service advocate when you sign into the portal (on the Contact Us page).
2. They can help resolve your questions about claims, credentialing, prior authorizations and even member benefits.
3. Claim support may be limited by member state.
4. Download a transcript of the chat conversation



Early Warning System

- UnitedHealthcare has implemented an internal process to identify real-time denial trends.
- We are monitoring shifts in denial rates using long term (last 12 months) and short term (last 3 months) historical data across all lines of business (*excludes affiliates.*)
- Allows advocates to communicate, via phone or email, trending denial issues as they occur to aid facilities/physicians to update systems if appropriate.





NaviHealth

NaviHealth

Hospital discharge transfers to SNF/Rehab – Medicare members

- Members who admit to SNF, AIR, LTAC
- Delegation is for Medicare Part A benefit only
- Product lines included:
 - Medicare Advantage
 - Dual Eligible Special Needs Plan (DSNP) – Excludes DC DSNP
 - Chronic Special Needs Plans (CSNP)
 - Medicare Component of Fully Integrated Dual Eligible (FIDE)
- Admissions to SNF are expected to have a preservice authorization
- Provider Portal – nH access
- Hours of Operation for Pre-Service Authorization
 - Monday – Friday 8:00am-8pm ET / 7:00am-7:00pm CT / 5:00 am-5:00 pm PT
 - Saturday and Sunday 11:00 am-7:00 pm ET / 10:00am-6:00pm CT / 8:00am-4:00pm PT



nH Access



nH Access Multi-Facility User Setup

Important: All facilities and New Users will be required to assign a Facility Administrative User (FAU). To complete this form, please [here](#) and send the completed form to support.nhaccess@navihealth.com.

You are welcome to submit the Facility Administrative User and New User forms together!

For more information regarding the Facility Administrative User process, please see the FAQ [here](#)

How to Complete the New User Form:

Step 1 - Enter Facilities: Go to the "**Site Information**" tab. Complete all fields (columns A-L) for each location or facility being requested.

- "**Site Name**" is the Name of the Facility or Location being requested.
- "**Site Administrator Name and Email**" is the Facility Administrative User for the site.

Step 2 - Enter Users: Go to the "**User Information**" tab. Each row to be completed with each user's information.

- Please ensure the FAU is listed on the User Information tab if requesting to be provisioned
- **Please note:** Every user listed on this tab will receive access to every site listed on the "**Site Information**" tab.





General Updates

CMS outpatient place of service

UnitedHealthcare will reimburse CPT and HCPCS codes when reported with an appropriate place of service (POS). UnitedHealthcare aligns with The Centers for Medicare & Medicaid Services (CMS) POS Code set, which are two-digit codes submitted on the CMS 1500 Health Insurance Claim Form or its electronic equivalent to indicate the setting in which a service was provided.

- Applies to Commercial, Medicare and Medicaid line of business
- CMS code changes effective January 1, 2023
- Place of service 22
- UHC updated system 3/2023
- Claims projects are underway to capture coding update

For additional information, please refer to UHCprovider.com and search “*Procedure and Place of Service Policy, Professional*”



New Claim ID Numbers

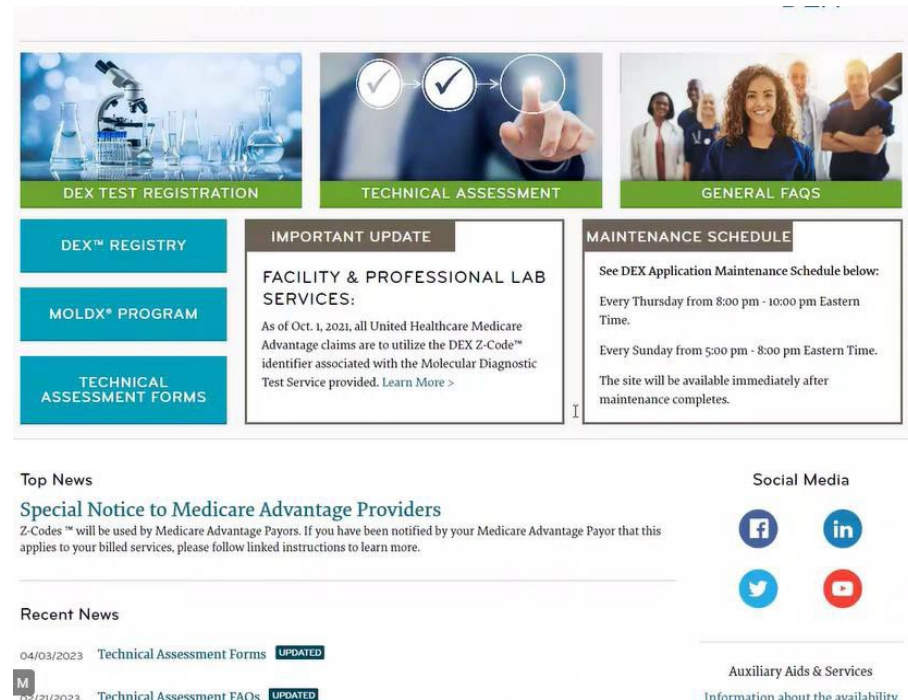
You may see new claim numbers beginning with “R”. This is a result of claims being continuously loaded throughout the day.

- Currently applies to Individual & Family Plans product.
- Other products will move at a time to be determined.
- Example: R23Exxxxxxxx



Molecular Testing

- Z-codes already in use for Medicare since 2021
- Commercial products will add molecular codes.
- Reimbursement policy announcing the change will be published on May 1 with an August 1 effective date.
 - *Molecular Pathology Policy, Professional and Facility*
- We will issue ACE edit warnings to alert you of a potential problem.
- Palmetto GBA manages the registration and will have the details on their web portal starting May 1.
- www.dexzcodes.com



The screenshot shows the homepage of the DEX Z-Code website. At the top, there are three main navigation buttons: "DEX TEST REGISTRATION" (with a microscope icon), "TECHNICAL ASSESSMENT" (with a hand pointing at a screen icon), and "GENERAL FAQS" (with a group of people icon). Below these are three columns of content. The left column has three buttons: "DEX™ REGISTRY", "MOLDX® PROGRAM", and "TECHNICAL ASSESSMENT FORMS". The middle column has an "IMPORTANT UPDATE" section titled "FACILITY & PROFESSIONAL LAB SERVICES:" with text about Medicare Advantage claims and a "Learn More >" link. The right column has a "MAINTENANCE SCHEDULE" section with text about application maintenance times. Below the main content, there is a "Top News" section with a "Special Notice to Medicare Advantage Providers" and a "Recent News" section with two entries: "04/03/2023 Technical Assessment Forms UPDATED" and "03/21/2023 Technical Assessment FAQs UPDATED". On the right side, there is a "Social Media" section with icons for Facebook, LinkedIn, Twitter, and YouTube, and an "Auxiliary Aids & Services" section with a link for "Information about the availability".

DEX TEST REGISTRATION TECHNICAL ASSESSMENT GENERAL FAQS

DEX™ REGISTRY

MOLDX® PROGRAM

TECHNICAL ASSESSMENT FORMS

IMPORTANT UPDATE

FACILITY & PROFESSIONAL LAB SERVICES:

As of Oct. 1, 2021, all United Healthcare Medicare Advantage claims are to utilize the DEX Z-Code™ identifier associated with the Molecular Diagnostic Test Service provided. [Learn More >](#)

MAINTENANCE SCHEDULE

See DEX Application Maintenance Schedule below:

Every Thursday from 8:00 pm - 10:00 pm Eastern Time.

Every Sunday from 5:00 pm - 8:00 pm Eastern Time.

The site will be available immediately after maintenance completes.

Top News

Special Notice to Medicare Advantage Providers

Z-Codes™ will be used by Medicare Advantage Payors. If you have been notified by your Medicare Advantage Payor that this applies to your billed services, please follow linked instructions to learn more.

Recent News

04/03/2023 Technical Assessment Forms **UPDATED**

03/21/2023 Technical Assessment FAQs **UPDATED**

Social Media

Auxiliary Aids & Services

[Information about the availability](#)

