



Arkansas Medical Society

21st Annual Insurance Conference

October 2024

United
Healthcare

Agenda

- Provider Portal Help & Resources
- Digital Solutions
- National Gold Card Program
- Surest
- Claim Resolution Service Model
- Resources
- Questions



Provider Portal Help & Resources

Training, Guides and Chat

United
Healthcare



UHCprovider.com

UHCprovider.com

You'll Find Everything you Need in One Place!

- Easily access information and online tools to submit, view and act on claims.
- Quickly find administrative guides, policies and protocols.
- Stay current with the newest developments from UnitedHealthcare and Optum.

Add UHCprovider.com to your bookmarks!



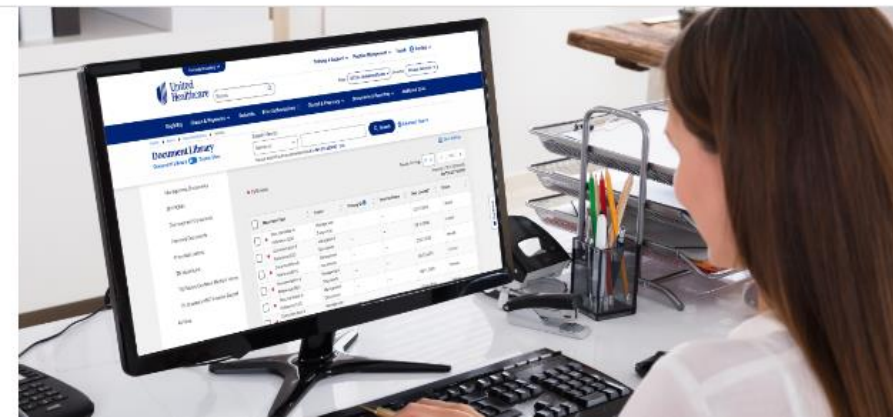


Welcome health care professionals

We invite you to use this website, created especially for health care professionals, to find resources that can help you as you care for your patients. Here you can find our medical policies, stay up to date on the latest news or get training on our many tools and benefit plans. This website is **there for what matters** to health care professionals like you.

Looking for a claim letter?

Forget the mail. Soon Medicare Advantage and commercial plan claim letters must be accessed in Document Library or through an API connection.

[See the details](#)

**Health plans, policies, protocols and guides**

Policies for most plan types, plus protocols, guidelines and credentialing information

Administrative guides and manuals

Specifically for Commercial and Medicare Advantage (MA) products

COVID-19 updates and resources**Drug lists and pharmacy**

Pharmacy resources, tools, and references

Health plans

View health plans available by state

Choose a Location:

Education and training

Updates and getting started with our range of tools and programs

Reports and quality programs

Reports and programs for operational efficiency and member support

Telehealth

Resources and support to prepare for and deliver care by telehealth

News

Important news updates for you

Resource library

Tools, references and guides for supporting your practice

The UnitedHealthcare Provider Portal resources

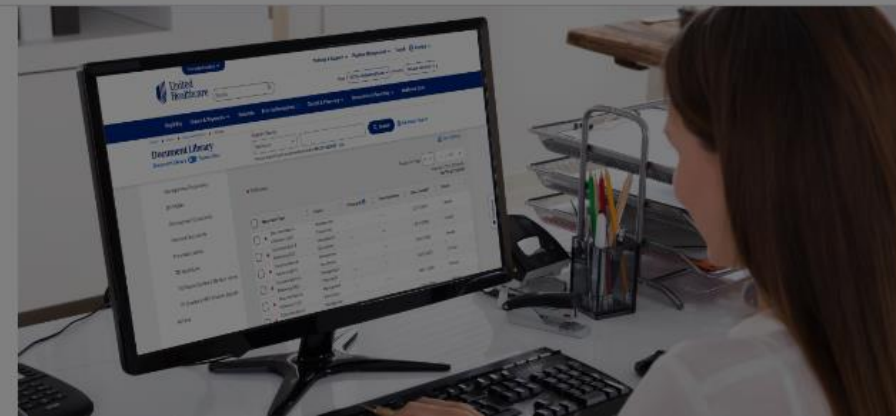
Log in for our suite of tools to assist you in caring for your patients

care professionals

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Healthcare Professional Education and Training

We provide a full range of training resources including interactive self-paced courses and instructor-led session. The training content is organized by categories to make it easier to find what you need.

[Digital Solutions](#) [Plans and Products](#) [Clinical Tools](#) [Coding Corner](#) [Smart Edits](#) [State Specific Training](#) [Instructor-Led Learning
Events](#) [Delegated Providers](#) [Veterans Affairs Community
Care Network \(VA CCN\)](#) 

Getting Started with UnitedHealthcare

This is the first course all new care providers should complete. Whether you are new to our network, have a new employee, or simply need a refresher, this self-paced course is designed to give you what you need to get started working with us.

[Register for live training](#) [Start course](#) 

Healthcare Professional Education and Training

[Clinical Tools](#)

[Coding Corner](#)

[Delegate Providers](#)

[Digital Solutions Training and Guides](#)

[Instructor-Led Learning Events](#)

[Plans and Products](#)

[Smart Edits](#)

[State Specific Training](#)

[Veterans Affairs Community Care Network \(VA CCN\)](#)

Instructor-Led Learning Events

Register for an instructor-led session to learn how to use the digital solutions available on the Provider Portal.



Featured Course: Claims Overview

Overview of the features on the UnitedHealthcare Provider Portal for the entire claim process, from the initial submission of a single claim (1500) to checking status and submitting a reconsideration or appeal, if needed and more!

[Register for live event](#)

Claims Overview

Overview of the features on the UnitedHealthcare Provider Portal for the entire claim process, from the initial submission of a single claim (1500) to checking status and submitting a reconsideration or appeal, if needed and more!

[Register for live event](#)

Document Library, Paperless Delivery and TrackIt

See how to get letters the day they are generated, access reports, track reconsiderations and pended claims, flag claims for easy access and more.

[Home](#) > [Policies and Protocols for Providers](#)

Policies and Protocols for Healthcare Providers

This library includes UnitedHealthcare policies and protocols. The policies and protocols presented here may not apply to all UnitedHealthcare plans.

[For Commercial
Plans](#) >[For Medicare
Advantage Plans](#) >[For Community
Plans](#) >[For Individual
Exchange Plans](#) >

Additional Resources

- [Clinical Guidelines](#)
- [Dental Clinical Policies and Coverage Guidelines](#)
- [Requirements for Out-of-Network Laboratory Referral Requests](#)
- [Protocols](#)
- [UnitedHealthcare Credentialing Plan 2023-2025](#) [↗](#)
- [Credentialing Plan State and Federal Regulatory Addendum: Additional State and Federal Credentialing Requirements](#) [↗](#)



Provider Portal



Provider Portal

Save time, get better documentation and reduce paper by using our online tools!

- Check eligibility and benefits information
- Submit prior authorization requests
- Access items in Document Library
- Access claims information like status updates, reconsiderations and appeals
- And more



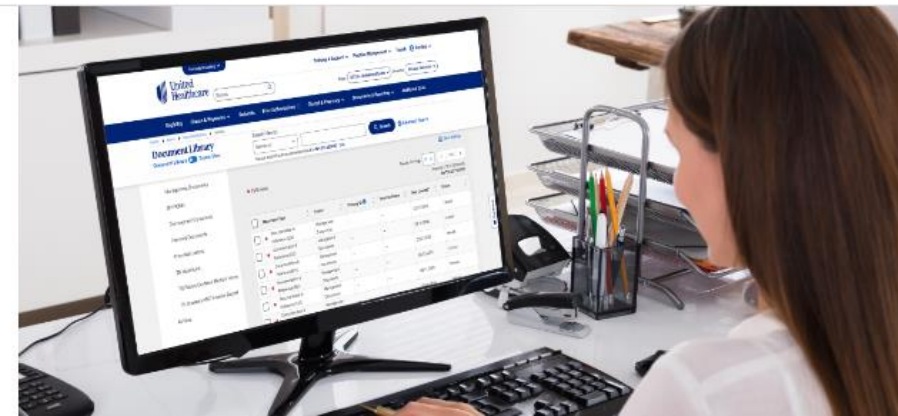


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Looking for a claim letter?

Forget the mail. Soon Medicare Advantage and commercial plan claim letters must be accessed in Document Library or through an API connection.

[See the details](#)

Access Requests

Pending user requests

✓ 0

Expiring user requests

✓ 0

Pending 3rd party requests

⚠ 1

Expiring 3rd party requests

✓ 0

Welcome, Michelle!

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

[Customize Tabs](#)

⚠ Action Required 0

☂ Eligibility

💰 Claims & Payments

🔄 Referrals

📋 Prior Authorizations & Notifications

📄 Documents & Reporting

Action Required

View and take action on items below that required attention.

☐ Show only items that require action

Claims
Smart Edits

0 Expiring Soon

Claims
Medicare Pending

0 Require Action

Claims
Reconsiderations

0 Require Action

Claims
Pended Tickets

0 Require Action

Prior Authorizations

Additional clinical records needed

0 Require Action

Document Library Teams View

0 New Documents

PAAN

Benefits and Features

- Determine if notification or prior authorization is required
- Submit a new request
- Check the status or update a request
- Upload clinical notes or attach medical records
- Provide pertinent clinical information
- And more

The screenshot displays the United Healthcare PAAN portal. At the top, the United Healthcare logo is on the left, and navigation links for 'Training & Support', 'Practice Management', and 'TrackIt' are on the right. A search bar is positioned below the logo. To the right of the search bar, there are dropdown menus for 'Payer' (set to '87726 - UnitedHealthcare') and 'Provider' (set to 'Hospital'). Below this is a dark blue navigation bar with links for 'Eligibility', 'Claims & Payments', 'Referrals', 'Prior Authorizations', 'Clinical & Pharmacy', 'Documents & Reporting', and 'Additional'. A red-bordered alert box at the top center states: 'You have 1 Smart Edit that needs attention. Add the appropriate documentation within 5 days to this claim and resubmit. View Claim'. On the left side of the main content area is a vertical sidebar with icons and labels for 'Eligibility', 'Claims & Payments', 'Referrals', 'Prior Authorizations & Notifications', 'Documents & Reporting', and 'UnitedHealthcare Updates' (with a note 'Updated 1/4/2023'). The main content area is titled 'Select a Task' and contains three buttons: 'Create Request' (highlighted in blue), 'View Existing', and 'Check if Required'. Below these buttons, there are three sections: 1. 'Create new submission for standard services not listed below' with a 'Create a new request' button and a note about Medicaid Behavioral Health requests. 2. 'Create new or view the status of submission for the following medical services' with a button for 'Radiology, Cardiology, Oncology and Radiation Oncology' and a note about MDIPA, Optimum Choice, and Surest members. 3. A button for 'PT, OT, ST Therapy Services' with a note about Medicaid, UnitedHealthcare Exchange, and Surest members. 4. A button for 'Specialty Pharmacy' with a note about Surest members. On the far right, there are two sidebars: 'PAAN Resources' with links for 'Tool resources', 'Interactive training guide', and 'Peer to peer requests'; and 'Quick Links & Tools' with links for 'Practice Assist', 'Secure Messenger Clinical Submission', 'Individual Health Record', and 'Care Conductor and Notification Pregnancy'.

United Healthcare

Training & Support Practice Management TrackIt 10

Search

Payer 87726 - UnitedHealthcare Provider Hospital

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

You have 1 Smart Edit that needs attention.
Add the appropriate documentation within 5 days to this claim and resubmit
[View Claim](#)

Select a Task

Create Request View Existing Check if Required

Create new submission for standard services not listed below

Create a new request

This includes all Medicaid Behavioral Health requests. All other behavioral health requests should be submitted on [ProviderExpress.com](#)

Create new or view the status of submission for the following medical services

Radiology, Cardiology, Oncology and Radiation Oncology

Radiology requests for MDIPA, Optimum Choice and Surest members should be submitted using the "Create a new request" button.
Includes Genetic Molecular Testing (Rocky Mountain Health Plan)

PT, OT, ST Therapy Services

PT and OT requests for Medicaid, UnitedHealthcare Exchange and Surest members should be submitted using the "Create a new request" button.

Specialty Pharmacy

Specialty Pharmacy requests for Surest members should be submitted using the "Create a new request" button.

PAAN Resources

[Tool resources](#)

[Interactive training guide](#)

[Peer to peer requests](#)

Quick Links & Tools

[Practice Assist](#)

[Secure Messenger Clinical Submission](#)

[Individual Health Record](#)

[Care Conductor and Notification Pregnancy](#)

Eligibility & Benefits

Benefits and Features

- Check member eligibility
- View, download, save the ID card
- Find the member's cost share
- Determine network and tier status
- View coverage details and limits
- View detailed benefits information
- View previous member benefit plans
- View preventive care opportunities*
- If referrals, notification and prior authorization are needed
- Therapy accumulator information
- And more

Welcome, Michelle!

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

 Eligibility

 Claims & Payments

 Referrals

 Prior Authorizations & Notifications

 Documents & Reporting

Verify Eligibility & Benefits

Select Your Eligibility Search Criteria*

*Required Fields

Member ID & Date of Birth

Member ID*

Date of Birth*

MM/DD/YYYY

[+ Search for Multiple Members](#)

Search Range:



Predefined Date



Custom Date

Select a Policy Date Range*

Today's Date 08/27/2022

Verify Eligibility



Welcome, Michelle!

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



Eligibility



Claims & Payments



Referrals



Prior Authorizations & Notifications



Documents & Reporting

Referrals Search

What is a referral? Referrals are the directing of a patient to a medical specialist by a primary care physician.

Select Your Referral Search Criteria*

* Required Fields

Member ID & Date of Birth

Currently Selected Provider: **Grace** [Edit](#)

Member ID*

Date of Birth*

MM/DD/YYYY

Submit Search

Referrals

Benefits and Features

- Find out if a referral is needed
- Submit a referral request and receive a confirmation number
- Check the status of a referral request
- View, print or save confirmation numbers and timelines for submitted referrals
- And more



Search 

Payer **87726 - UnitedHealthcare** ▾ Provider **Grace** ▾

ments ▾ Referrals Prior Authorizations  Clinical & Pharmacy ▾ Documents & Reporting ▾ Additional Tools

le!

for [payer information](#) and [provider information](#) in the top right corner of the page are correct.

Customize Tabs

Select Task

☒ Look Up a Claim ☐ Search Single PRA

Select Your Claims or Ticket Search Criteria * *Required Fields

Member ID & Date of Birth ▾

Search By: ☒ TIN 133333308 [Edit](#) ☐ Provider Grace [Edit](#)

Member ID * Date of Birth * MM/DD/YYYY

Select Range: ☒ Custom Date ☐ Predefined Date

You may search for claims up to 18 months in the past.

First Service Date * Last Service Date * MM/DD/YYYY

Submit Search

Claims & Payments Resources

[Tool resources](#) 

[Interactive training guide](#) 

[Electronic payment solutions](#) 

[New York health plan](#) 

Quick Links & Tools

[Optum Pay](#) 

[UMR](#) 

[UnitedHealthcare Claim Estimator](#) 

[Direct Connect](#) 

1 2 < >

Claims

Benefits and Features

- View claims information for multiple UnitedHealthcare® plans
- Access letters, remittance advice documents and reimbursement policies
- Submit additional information requested on pended claims
- Flag claims for future viewing
- Submit corrected claims or claim reconsideration requests
- Receive instant printable confirmation for your submissions
- And more

1 Sign in at UHCprovider.com

2 Select **Claims & Payments** from the Provider Portal

- If not yet registered, consult UHCprovider.com/access

3 Enter the criteria and **Submit Search**

4 Select a claim from the Search Results

5 Review the claim

The screenshot shows the UnitedHealthcare Provider Portal. At the top, there's a header with the UnitedHealthcare logo, a search bar, and user information for Michelle. Below the header is a navigation bar with links to Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The main content area is titled 'Welcome, Michelle!' and includes a message about verifying payer and provider information. On the left is a sidebar with icons for Eligibility, Claims & Payments (highlighted with a red box), Referrals, Prior Authorizations & Notifications, and Documents & Reporting. The central 'Select Task' section has two radio buttons: 'Look Up a Claim' (selected) and 'Search Single PRA'. Below this is a dropdown for 'Select Your Claims or Ticket Search Criteria *'. The 'Search By' section has two radio buttons: 'TIN' (selected) and 'Provider Grace'. There are input fields for 'Member ID *' and 'Date of Birth *' with a calendar icon. The 'Select Range' section has two radio buttons: 'Custom Date' (selected) and 'Predefined Date'. There are input fields for 'First Service Date *' and 'Last Service Date *' with calendar icons. A 'Submit Search' button is at the bottom. On the right is a sidebar with 'Claims & Payments Resources' (Tool resources, Interactive training guide, Electronic payment solutions, New York health plan) and 'Quick Links & Tools' (Optum Pay, UMR, UnitedHealthcare Claim Estimator, Direct Connect).

Reconsideration








Digital Solutions

Overview

A series of three dark blue wavy lines that flow from the left side of the slide, under the 'Overview' text, and extend towards the right side, ending near the United Healthcare logo.

United
Healthcare

Digital Solutions Overview

Electronic Data Interchange (EDI)	UnitedHealthcare Provider Portal	Application Programming Interface (API)
		
Electronic interchange of information between partners using an industry	Public and secure website to obtain information and conduct transactions	Automated solution accessing real-time data in a secure environment
• Fully automated	• Partially automated	• Fully automated
• Integrate through clearinghouse	• Access with One Healthcare ID	• Direct automated data requests returned real-time
• HIPAA industry standard information	• Detailed information with extended attributes	• Detailed information with extended attributes
• Medium to high volume	• Low volume	• Medium to high volume
• Cost – Varies	• Cost – Free	• Cost – Free



Learn more at UHCprovider.com. Go Digital!

The future of health
care is here.

surest™

A UnitedHealthcare Company

surest.

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Surest health plan helpful resources.



Network

UnitedHealthcare® Choice Plus • Select • Options PPO • Optum Behavioral Health

If you're contracted with UnitedHealthcare and Optum networks, you're in-network for Surest members.

Details

Surest is UnitedHealthcare's fastest-growing employer-sponsored health plan, available nationwide to those with 51+ employees.

Care types

Surest has two plan designs: Surest and Surest Flex (including flexible coverage). For Surest Flex only, members **must** activate coverage for a limited number of procedures at least three business days in advance — coverage is good for 120 days following activation. **Important:** If coverage is not activated, the claim(s) will be denied. Verify member coverage and confirm they have activated at 1-844-368-6661.

Scan the QR code for a sample list of flexible coverages



Where do provider claim reconsiderations go?



How to submit claims

- Add Surest payer ID number into systems
- Payer ID 25463 or P.O. Box 211758, Eagan, MN 55121
- Include rendering address if different from billing
- Submit claims with subscriber information

How to file a clinical appeal

If you are a provider filing a clinical appeal (for prior authorization or other), you can:

Mail:
UHC Appeals-UHSS
P.O. Box 400046
San Antonio, TX 78229
Fax: 1-888-615-6584
Phone: 1-800-808-4424 ext. 15227



What to look for on a Surest ID card:

Cards may look different depending on employer and member address.*

surest. United Healthcare Group: 12345678
Payer ID: 25463
Effective Date: 01/01/2020

Subscriber: Mia Swenson ID number: 123456789123
Dependents: Ty Swenson 123456789124
Benjamin Swenson 123456789125
Sofia Swenson 123456789126

Rx PHARMACY
ESEN 123456
RPHN 99
RQUP 99
COPAY: Variable

Service type: Medical Rx
Care type: Surest health plan
Access code: 18enefits.Surest.com
Member Services: 1-888-683-6440

Deductible: \$0
Out-of-pocket maximum: Individual \$4,000 Family \$8,000
In-network: \$0
Out-of-network: \$6,000 \$16,000

Payer ID and claim mailing address: P.O. Box 211758, Eagan, MN 55121

Network and provider resources (may depend on provider location): UHCprovider.com, Provider Portal, Provider Help/Eligibility, PreCert

Pharmacy type and contact information: Rx PHARMACY, Pharmacy Name, P.O. Box 123, Anytown, USA, Pharmacies/Prescribers

This card does not guarantee coverage.

*Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

Helpful resources

- Eligibility and benefits: UHCprovider.com or call 1-844-368-6661
- Prior authorization and advance notifications: submit requests through UHCprovider.com or call 1-877-237-0006 for confirmation

Download the Surest Provider Guide.



And that's not all! Additional resources for providers ...

Surest.com/providers

- Surest Provider Bulletin sent via email
- Surest Provider Guide PDF, available to download now via webinar console
- Email providers@surest.com for presentations, support, questions
- Quarterly webinars

UHCprovider.com/Surest

- A UnitedHealthcare resource to help you learn more about the Surest plan

UnitedHealthcare Network News:

- Periodic Surest announcements, updates, reminders, etc.

Member-specific escalations:

- Email your UnitedHealthcare/Optum advocate with details

Have questions? We're here to help.

**Call your UnitedHealthcare or
Optum provider advocate.**

Call UnitedHealthcare Shared
Services: 1-844-368-6661

General Surest inquiries:
[Surest.com/contact-us](https://surest.com/contact-us)

Visit us:
[Surest.com/providers](https://surest.com/providers)

UnitedHealthcare Provider Portal

You can use the UnitedHealthcare Provider Portal for all of your online services, including claims, eligibility, prior authorization, referrals and much more.

The portal allows you to act and quickly access claims-related information using our digital features and tools. It's a one-stop shop for working with us more efficiently.

Servicing Care Provider ⓘ

✔ Provider is **In-Network** with this policy.

Network status is for the Member's **medical policy only**. All non-medical providers should view the [directory](#) to determine their network status.

Provider Organization

Tax ID Number

Provider

Change Servicing Care Provider

UnitedHealthcare

Search

Training & Support ▾ Practice Management ▾ TrackIt Laura ▾

Payer 25463 - Surest ▾ Provider ▾

Eligibility

Claims & Payments ▾

Referrals

Prior Authorizations ⓘ

Clinical & Pharmacy ▾

Documents & Reporting ▾

Additional Tools

Access Requests

Pending user requests

✔ 0

Expiring user requests

✔ 0

Pending 3rd party requests

✔ 0

Expiring 3rd party requests

✔ 0

Welcome, Laura!

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

Verify Eligibility & Benefits

Select Your Eligibility Search Criteria*

*Required Fields

Member ID & Date of Birth

Member ID*

25463

Date of Birth*

MM/DD/YYYY

Search for Multiple Members

Search Range:

Predefined Date

Custom Date

Select a Policy Date Range*

Today's Date 02/06/2023

Verify Eligibility

Eligibility & Benefits Resources

Tool resources ⓘ

Interactive training guide ⓘ

Drug lists and pharmacy ⓘ

North Carolina health plan ⓘ

Quick Links & Tools

UMR ⓘ

All Savers ⓘ



Claim Resolution

Service Model

A series of three dark blue wavy lines that flow from the left side of the slide, under the 'Service Model' text, and extend towards the right side, ending near the UnitedHealthcare logo.

United
Healthcare

Step 1



Submit your claim reconsideration online or by phone.

- Obtain the online ticket or call reference number of your original claim
 - Online (preferred method):** Sign in to the Provider Portal at UHCprovider.com/claims
 - Phone:** Call Provider Services at **877-842-3210**
- Allow up to 30 days for processing

Step 2



Check the status of your reconsideration request.

- You should receive notice of our decision within 30 days
- If you haven't received a notice, check its status at UHCprovider.com/claims

Step 3



Don't agree? Contact Provider Relations via chat function.

- Get real-time answers to your questions about your claim reconsideration. To chat with a live advocate, go to UHCprovider.com and click Sign In at the top-right corner. Chat is accessed from the Contact Us page and is available 6 a.m.–6 p.m. MT, Monday–Friday.
- Please have the following information ready for the chat:
 - Member name, date of birth, ID number and plan name
 - Claim number, date of service and billed amount
 - Reason for escalation
 - Rendering care provider name, tax ID number
 - Call reference or online ticket number
- Allow up to 30 days for processing

Step 4



Don't agree? Submit a final appeal.

- If you don't agree with the response from Provider Relations, you may submit a final appeal
 - Use the File Appeal button in the Claims tool at UHCprovider.com/claimsportal
 - Attach all supporting materials
- Allow up to 60 days for processing

Resources

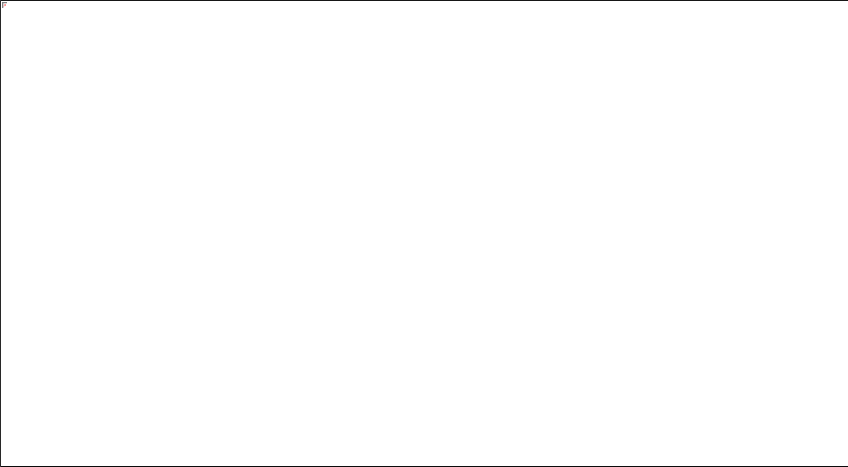




Network News

Less emails, more information specific to you

We're making changes. We want to simplify the way you receive updates and how often. When you fill out your preferences, it allows us to reduce and consolidate the amount of Network News email you receive a month.



When you **subscribe to Network News**, you'll have the option to receive only updates that are specific to you and your organization, such as specialty, role, state or health plan.

News | UHCprovider.com





Chat Support

Unlock the Power of Chat

Do you need answers quickly but not sure where to find them? Are you looking for a way to lessen the time you spend on administrative tasks, so you can free up more time to focus on your patients? Our chat feature in the UnitedHealthcare Provider Portal has you covered.

Our knowledgeable advocates are ready to offer support when you're not sure of your next steps or need help finding information. When you pop into chat, not only will you get the support you need, you also may streamline your administrative processes.

Our chat feature currently offers support on the following:

- Claims
- Eligibility & benefits
- Prior authorization
- Credentialing
- Technical support

How and where to access chat

To sign in to the portal, go to UHCprovider.com and click Sign In at the top-right corner. Then, enter your One Healthcare ID. Have a team member who doesn't have a One Healthcare ID yet? Have them go to UHCprovider.com/access to get started.

After signing in to the portal, chat can be accessed on the Contact Us page, 7 a.m.–7 p.m. CT, Monday–Friday.

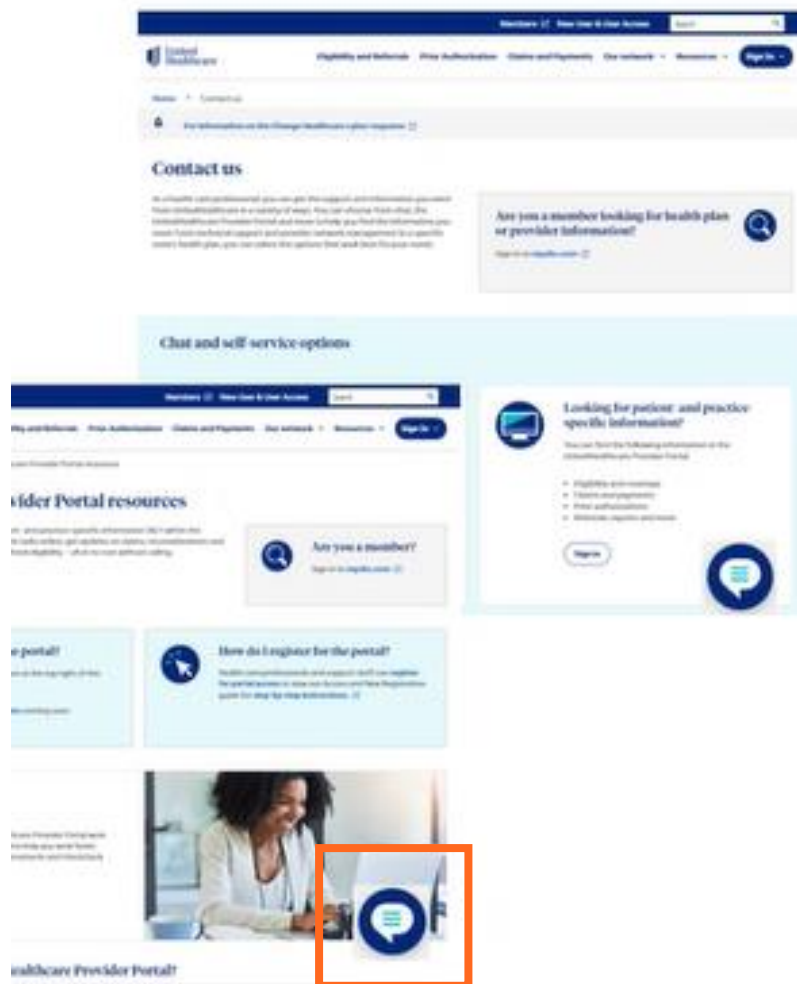


Support is just a click away at UHCprovider.com/chat.



Chat Support

User sees the chat on the Contact Us or Portal Resources pages. User is not able to input freeform text at the start of chat. Upon opening the chat, the following message appears on the contact us and portal resources pages:





Coding Corner

Coding Corner

What is Coding Corner and who should use this resource?

- Coding Corner is a virtual and on-demand coding resource created for our provider community
- Our resource library has multiple coding vignettes addressing common coding errors found in both professional and facility claims spaces.
- Our vision is to empower our provider community in their quest for payment accuracy by providing comprehensive and self-service educational tools

How do I access Coding Corner?

- Coding Corner can be found on the UHC Provider Portal — visit UHCprovider.com/training and select the Coding Corner category
- Or use [this link](#) for direct access
- Then, expand the menu for Facility or Professional Coding to view the coding resource library

The screenshot shows the United Healthcare Coding Corner webpage. At the top, there is a navigation bar with the United Healthcare logo, a search bar, and links for Members, Find Dr., New User & User Access, and a Sign In button. Below the navigation bar, a breadcrumb trail reads: Home > Resource Library > Healthcare Professional Education and Training > Coding Corner. A 'Print' icon is also visible. The main content area features a sidebar on the left with a 'Healthcare Professional Education and Training' header and a list of links: Clinical Tools, Coding Corner (highlighted), Delegated Providers, Digital Solutions, Instructor-Led Learning Events, Plans and Products, Smart Edits, State Specific Training, and Veterans Affairs Community Care Network (VA CCN). The main content area has a heading 'Coding Corner' followed by a paragraph: 'We use facility and professional claims history to find opportunities to improve coding accuracy. Our courses provide information and resources to help decrease the potential for claim denials.' Below this is a featured course section titled 'Featured Course: Facility Coding for Sepsis' with a description: 'Learn about the DRG Coding Guidelines and UnitedHealthcare Clinical Review Guidelines used during clinical validation audits of claims with sepsis-related diagnosis.' and a 'Start course' button. At the bottom, there are two expandable sections: 'Facility Coding' and 'Professional Coding', each with a downward arrow icon. An 'Expand All' link is located to the right of these sections.

We're Here to Help

If you're experiencing issues or have questions concerning provider education, Optum education letters, face-to-face presentations or Coding Corner courses, please contact us using the following resources:



UHCprovider.com
Contact Us



Education.info@optum.com
CodeChat@Optum.com



Coding Corner



Smart Edits

Smart Edits Overview



Smart Edits is a claims optimization tool that identifies potential billing errors within a claim and allows providers the opportunity to review and repair problematic claims.

Why Use Smart Edits?



Save Time

Catch and fix claim errors before claims are processed, resulting in less claims rework after processing.



Increase Collaboration

Collaborate with UHC to help ensure claims are submitted accurately. We'll tell you if what you submit doesn't match with our policies sooner rather than later or if we need supporting documentation.



Speed Up Claims Processing

Receive notification of claims that are likely to be denied within hours of submission so you can correct them and receive payments sooner.



Enhance Existing Claims Workflow

Collaborate with UHC to help ensure claims are submitted accurately. We'll tell you if what you submit doesn't match with our policies sooner rather than later or if we need supporting documentation.



Smart Edits are sent **within 24 hours** of claim submission



277CA clearinghouse rejection report will explain why the claim was flagged.



Take appropriate action, if needed, based on Smart Edit received.

Online Resources — Interactive Guides

Smart Edits

This is a claims optimization tool that identifies claim billing errors and provides the opportunity to review and repair problematic claims. Smart Edits are reported within 24 hours of claim submission so timely adjustments can be made to avoid claim denials.

Smart Edits 101

Learn what the different types of Smart Edits are, what they mean and what actions you can take to respond to them.

Take course 



Interactive courses

Discover how Smart Edits can auto-detect claims with potential errors. Learn where they're found, the time frame for responding and step-by-step instructions on how to do so.

Find a course

Click Here to view our Smart Edit Interactive Guides



Interactive Guide library includes these top viewed Smart Edit classes:

- Smart Edits 101
- Types of Smart Edits
- Always Therapy Smart Edit
- Professional/Technical Component Based on Place of Service
- Clinical Laboratory Improvement Amendments (CLIA)
- Inappropriate Primary Diagnosis Code (IPDDN)
- Inappropriate Modifier
- National Drug Code (NDC)
- Replacement Code Denial (RCPDN)
- Bundling/Unbundling Smart Edits
- Modifier 25
- Duplicate Claim
- Non-Covered Codes

Visit Smart Edits Landing Page: www.uhcprovider.com/smartedits



Contact Us

If you have any questions on Smart Edits, please contact EDI Support.



Online:

Complete the [EDI Transaction Support Form](#) and we'll respond to you by phone or email



Email:

SupportEDI@uhc.com or ac_edi_ops@uhc.com (Community Plan)



Phone:

Call 800-842-1109 or 800-210-8315 (Community Plan)



Provider Services

If you need to speak with someone, we're here to help!

UnitedHealthcare Web Support

- 24/7 Chat (Sign in Required)
- 1-866-842-3278

Provider Services

(Including Prior Authorizations)

- 1-877-842-3210

Provider Services Individual Exchange Plans

(Including Prior Authorizations)

- 1-888-478-4760

Optum Pay™ Helpdesk

- 1-877-620-6194

Front of Card

 UnitedHealthcare Community Plan	
Health Plan (80840) 911-87726-04	
Member ID: 95576576	Group Number: FLMMA
Member: JON J	Payer ID: 87726
PCP Name: LILIANE PCP Phone: (333)589-1111	 OPTUMRx™ Rx Bin: 610494 Rx Grp: ACUFL Rx PCN: 4444
Effective Date: 10/22/2018	
Copay: OFFICE/SPEC/ER/UrgCare \$0/\$0/\$0/\$0	
PCP referral required for specific specialty services. MMA DOI -0501 Underwritten by UnitedHealthcare of Florida, Inc.	

Back of Card

In an emergency go to nearest emergency room or call 911. Printed: 10/26/16	
	
This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website www.uhccommunityplan.com or call.	
For Members: AHCA: Behavioral Health: NurseLine:	888-716-8787 TTY 711 888-419-3456 800-582-8220 877-552-8105 877-842-3210
For Providers: Medical Claims: Health Plan:	UHCprovider.com PO Box 31365, Salt Lake City, UT 84131-0365 3100 SW 145th Avenue, Miramar, FL 33027 / Suite 201
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903 For Pharmacists: 877-305-8952 Rx Prior Auth: 800-310-6826	

Questions





Thank You!

