



# 2018 Quick Reference Guide

## UnitedHealthcare Commercial Products and UnitedHealthcare Community Plan of Michigan

### UnitedHealthcare Commercial



#### How to Reach Us

Phone: **877-842-3210**

Web: **UHCprovider.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 Verify Status

Phone: **877-842-3210**

Benefits and Eligibility:

**UHCprovider.com - Link** > *Eligibility and Benefits Center*

Claims and Payment Status:

**UHCprovider.com - Link** > *Claims Management*



#### Where to Mail Claims

**UnitedHealthcare**

**P.O. Box 740800**

**Atlanta, GA 30374-0800**

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



#### If You Have a Claims Question

- 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.



#### Where to Submit Electronic Data Interchange (EDI) Claims

**UnitedHealthcare Payer Path: 87726**



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## 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.***



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## 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.***



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## Electronic Payments and Statements

**Enroll now at**  
**[www.optumhealthfinancial.com](http://www.optumhealthfinancial.com)**  
**Questions – 1-877-620-6194**

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## LINK

- Cloud-based website with capabilities such as **online claims reconsideration requests, with attachments**
- Gateway to UHCprovider.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.***



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## Enhanced Capabilities

### 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.



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## UHCprovider.com

### Help Desk and LINK-Optum Support Center

**866-842-3278**

# UnitedHealthcare Community Plan

## How to Reach Us

Phone: **800-903-5253**

Web: **UHCprovider.com**

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

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.*



## 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  
**UHCprovider.com - LINK > Claims Reconsideration.**



## How to Verify Status

Phone: **800-903-5253**

Benefits and Eligibility:  
**UHCprovider.com - LINK > Eligibility and Benefits Center**

Claims and Payment Status:  
**UHCprovider.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 Submit Electronic Data Interchange (EDI) Claims

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



## How to Submit Corrected 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.”
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- **Please use - UHCprovider.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.**

- Any **supporting documentation**
- The **line of business:** Medicaid, (MICChild is now reported as Medicaid) **Required attachments:**
  - 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 UHCprovider.com > *Tools and Resources.*

**PRA/ERA** – Available at **UHCprovider.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.

## LINK

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**Unitedhealthcareonline.com Help Desk and LINK-Optum Support Center  
866-842-3278**



## How to File an Appeal

Mail or fax the following:

- **Description** of dispute including our response to your reconsideration request and the date your reconsideration was completed

