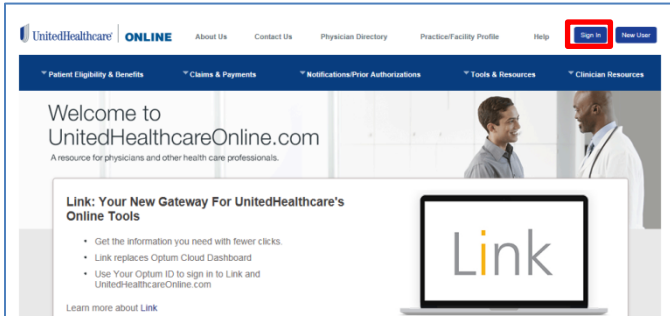


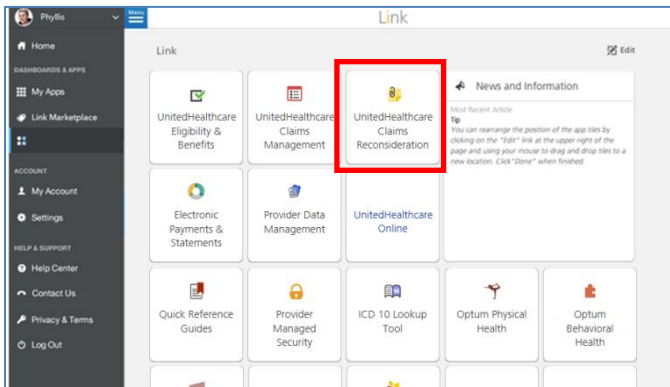
This application allows you to submit claim reconsideration requests, check their status, and update and resubmit requests electronically, via Link. Note: Tips are included at the end of this document.

Getting Started

1. Sign In to [UnitedHealthcareOnline.com](https://www.unitedhealthcareonline.com)

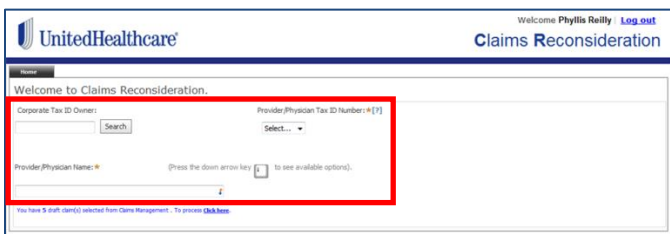


2. Select Claims Reconsideration



Locate Existing Request

1. Complete **Provider/Organization, Corporate Tax ID Owner, Provider/ Physician Tax ID Number** and **Provider/Physician Name** on the homepage



Note: To view all available requests at the bottom of the screen, click **Recently Opened Tickets**

Recently Opened Tickets

Click on the appropriate **Detail** link to view a specific request.



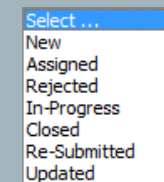
Locate Existing Request (continued)

2. Click the **Request Search** button



3. Enter at least one search criteria then click **Search**

Note: A search may be done based on **Ticket Status** alone by leaving all fields blank and choosing a status from the pull-down menu.



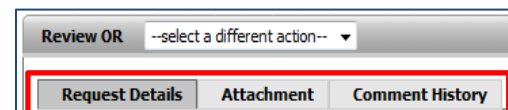
4. Click on the appropriate **Detail** link to view a specific request.

Reconsideration Request Ticket #	UHC Claim ID	Member ID	Submission Date	Patient First Name	Patient Last Name	Date Of Service	Request Ticket Status	Submitter Name	External Account Number	Detail
PPROR-11111	123456789	987654321	4/22/2013	BOB	PATIENT	3/30/12	Assigned	Test Provider	3235456789A-1	Detail
PPROR-11112	123456789	987654321	4/22/2013	BOB	PATIENT	3/30/12	New	PerformanceTest	3235456789B-1	Detail
PPROR-11113	123456789	987654321	4/22/2013	BOB	PATIENT	3/30/12	Assigned	Test Provider	3235456789C-1	Detail
PPROR-11114	123456789	987654321	4/22/2013	BOB	PATIENT	3/30/12	New	PerformanceTest	3235456789D-1	Detail
PPROR-11115	123456789	987654321	4/22/2013	BOB	PATIENT	3/30/12	Assigned	Test Provider	3235456789E-1	Detail
PPROR-11116	123456789	987654321	4/22/2013	BOB	PATIENT	3/30/12	New	PerformanceTest	3235456789F-1	Detail

Note: Results can be sorted by clicking on the column headings

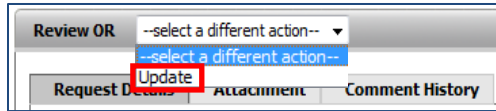
Note: Every Ticket viewed will open as a separate tab. Up to 24 tabs may be open at one time.

5. Review the **Request Details, Attachments** or **Comment History** by selecting the appropriate tab



Update/Resubmit Request

1. Select **Update** from the pull-down menu



2. Update your "Reason for Request" and "Comment" from the **Request Details** tab

Note: You are required to describe what has been updated in the "Comment" field

3. Add a new Attachment or Delete an existing Attachment from the **Attachment** tab



4. Once complete, click on the **Submit** button



Additional Quick Reference Cards are available on UnitedHealthcareOnline.com

Tips

Status of Claim Reconsideration Request Tickets

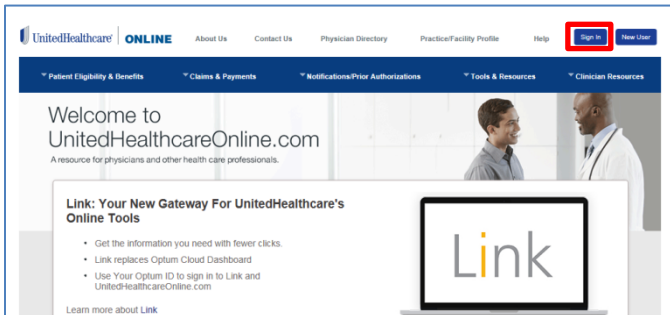
- **New** – A new Reconsideration Request Ticket Submission
- **Assigned** – UnitedHealthcare has done an initial review of the information and confirmed that attachments are readable and the ticket is assigned to a claims processor.
- **In-Progress** – UnitedHealthcare is doing further research on your request
- **Closed** – UnitedHealthcare has completed the review
- **Rejected** – UnitedHealthcare has done an initial review and determined there is an issue with an attachment(s) that requires the submitter to make an update.
- **Re-submitted** – The reconsideration request ticket has been re-submitted with new information. This will be handled like a new submission and will move to "Assigned" next

SUBMISSION

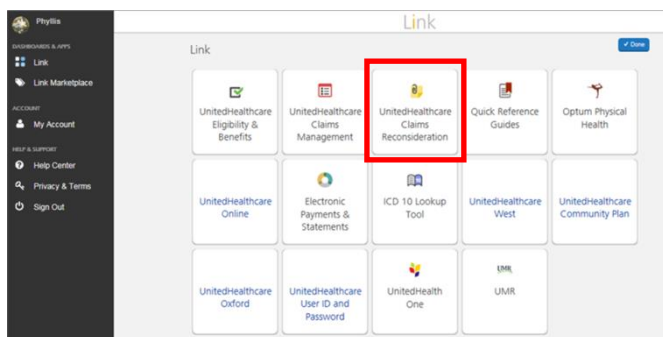
This application allows you to submit claim reconsideration requests, check their status, and update and resubmit requests electronically, via Link. Note: Tips are included at the end of this document.

Getting Started

1. Sign In to UnitedHealthcareOnline.com



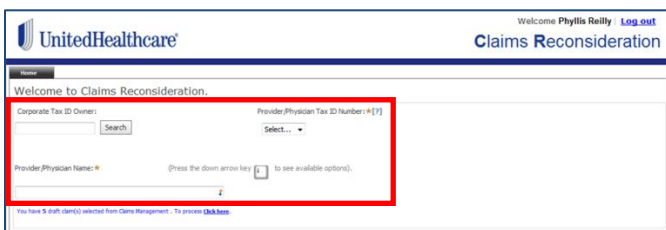
2. Select Claims Reconsideration



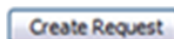
Start Claim Reconsideration Request

Note: Requests can only be submitted for claims in a paid or denied status

1. Complete **Provider/Organization, Corporate Tax ID Owner, Provider/ Physician Tax ID Number and Provider/Physician Name** on the homepage



2. Once complete, select **Create Request**



Start Claim Reconsideration Request (continued)

Note: If you "Created a Claim Reconsideration" from the Claims Management application, the following message will appear:

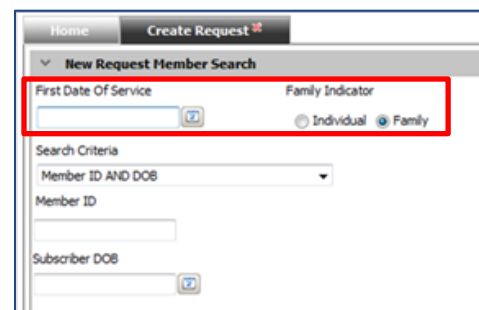
You have 5 draft claim(s) selected from Claims Management . To process [Click here](#).

You would select **Click here**, then select the appropriate **Details** link to process the request.

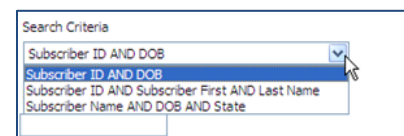
UHC Claim #	Member ID	Patient First Name	Patient Last Name	Patient Account Number	Date Of Service	Submitter Name	Submitted On	Details	Delete
0007	793004111	MEG	REY		01/31/2012	M Smith	4/29/2014	Details	Delete
0008	797000222	ALEX	GOOD		06/17/2012	M Smith	4/29/2014	Details	Delete
0005	797000222	JAN	DYSON		05/05/2012	M Smith	4/29/2014	Details	Delete
0005	797000222	JAN	GOOD		05/05/2012	M Smith	4/29/2014	Details	Delete
0001	765005988	JOE	DYSON		07/04/2012	M Smith	4/29/2014	Details	Delete

For details on how to import claims from the Claims Management application, please consult the **Quick Reference Guide for Claims Management**.

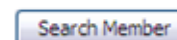
1. Complete the **First Date of Service and Family Indicator**



2. Select one of three available **Search Criteria** and enter the appropriate information



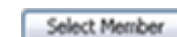
3. Click **Search Member**



4. Select the appropriate radio button

Member	Subscriber Name	Member ID	Subscriber DOB	Subscriber Address	Relationship	Policy	Coverage Start Date	Coverage End Date
1	BARTST BOB	123456789	1/1/2011	1212 MAIN ST, BIRMGHAM, USA	OMB	7894321	1/1/2012	1/23/9999

5. Click **Select Member**



Search for Claim (if prompted)

Depending on the line of business, you may be prompted to perform a Claim Search

1. Select a Search criteria and enter the appropriate information

2. Click **Search Claim**

3. Select the radio button for the claim you wish to be reconsidered

Select Claim	First Date of Service	Patient First Name	Patient Last Name	Member ID	Patient Account Number	Claim Number	Billed Amount	Status	Payable Amount
<input checked="" type="checkbox"/>	3/9/2012	BOB	PATENT	123456789	47887069	1234567890	\$187.50	Denied	\$0.00

4. Click **Create Reconsideration Request**

5. Complete the Request Form

Note: If you were not prompted to perform a claim search you will be asked to enter the claim information on the Request Form

Complete the Request Form

1. Enter the **Amount Owed** (this should be the total amount owed or expected, including any payment already received)
2. Select "Reason for Request" from the drop down list

3. Enter **Comments**
4. Click on **Add/View Attachments**

5. Complete the required information (noted by asterisks) in the pre-populated Request Form

Attach Documents (if needed)

1. Click on **Add Attachments**

Note: If you manually entered the claim information you will be reminded to attach a copy of the claim in addition to other attachments

2. Click on "Browse" to select a document from your computer
3. Click **OK**
4. Repeat this process until all required documents are attached

Attach Documents (continued)

Note: The following document types can be attached:

.pdf, .doc, .docx, .ppt, .pps, .xls, .xlsx, .jpg, .jpeg, .jfif, .gif, .tif, .png, .bmp, .webp, .csv, .txt, .xps

The largest individual allowable size is 25 MB. If greater, users can split it and attach as multiple documents.

Note: Enter a “File Name” (up to 60 characters) for easier identification

Submit Request

1. Click **Submit**



2. You will receive a confirmation response with a **Ticket Number**, which can be used to view status

Confirmation	
Your request has been transmitted. Please keep this page for your records.	
Ticket Number:	PTPCR-12618
Ticket Status:	Assigned
Provider Name:	CHILDRENS HOSPITAL
Provider Tax ID:	321098765
Claim #	1234567890
Date of Service:	3/9/2012
Claim Status:	Denied
Claim Amount:	\$187.50
Payable Amount:	\$0.00
Reconsideration Type:	Previously denied for no Authorization
Member ID #	123456789
Patient Name	PATIENT, BOB
Patient Account Number	47887069
Submit / Re-Submit / Updated Date	4/16/2014

Additional Quick Reference Cards are available on UnitedHealthcareOnline.com

Tips

Status of Claim Reconsideration Request Tickets

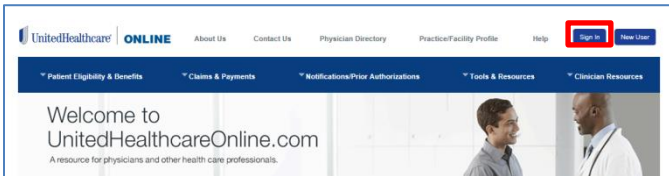
- **New** – A new Reconsideration Request Ticket Submission
- **Assigned** – UnitedHealthcare has done an initial review of the information and confirmed that attachments are readable and the ticket is assigned to a claims processor.
- **In-Progress** – UnitedHealthcare is doing further research on your request
- **Closed** – UnitedHealthcare has completed the review
- **Rejected** – UnitedHealthcare has done an initial review and determined there is an issue with an attachment(s) that requires the submitter to make an update.
- **Re-submitted** – The reconsideration request ticket has been re-submitted with new information. This will be handled like a new submission and will move to “Assigned” next

STATUS, ATTACHMENTS
AND APPEALS

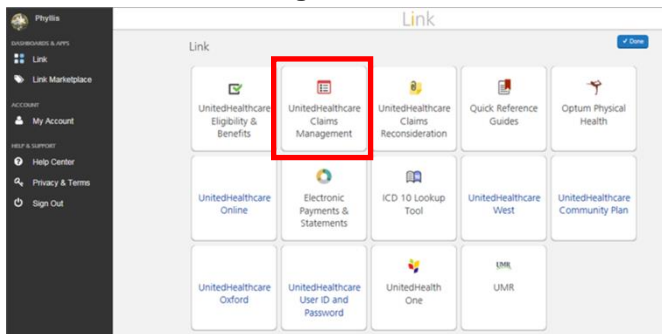
This application allows you to look up claim status and payment information and understand how a claim was paid (Claims processed within the last 2 years are available), via Link. You may also submit attachments for Pended claims, send Processed claim information to Claims Reconsideration, and submit Appeals (not yet available in all areas).

Get Started

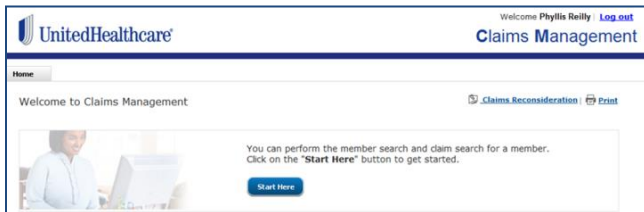
1. Sign In to UnitedHealthcareOnline.com



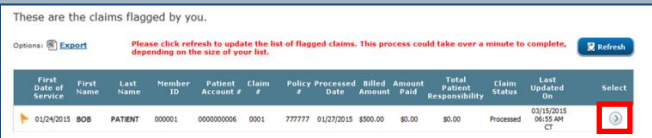
2. Select Claims Management



3. Click Start Here

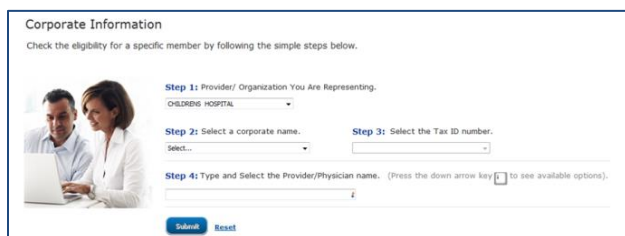


NOTE: If you have flagged claims, they will appear at the bottom of this page. **Select** the desired claim to review.



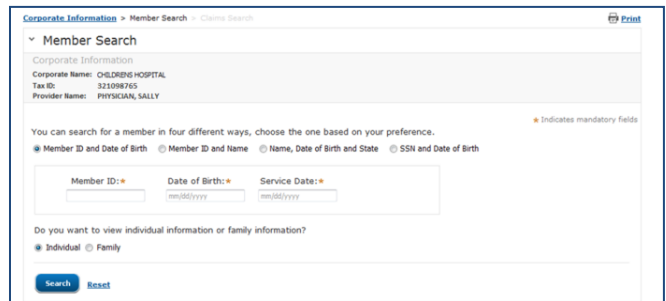
Corporate Information

1. Select the appropriate **Provider/Organization, Corporate Name, Tax ID Number** and complete the **Provider/Physician Name**
2. Click **Submit**



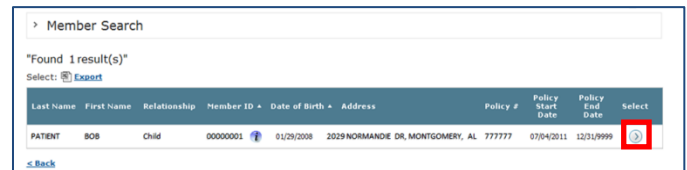
Member Search

1. Select **Search Method** by clicking on appropriate radio button
2. Enter required information
3. Choose **Individual or Family**, if offered
4. Click **Search**



NOTE: When performing a **SSN and Date of Birth** search, due to privacy rules, some members may not have elected to provide their SSN which will result in "No results found". If so, please try another search option.

5. Select the desired patient



NOTE: Clicking the Information icon will give **Grace Period Information**

Premium Paid Through Date	Month of Grace	Provider Explanation
05/31/2015	2nd	By law, exchange members who receive a subsidy have a three-month grace period to pay their premiums. We will process claims during the first month. During the second and third month of the grace period, we will pend claims if the premium hasn't been paid. If we receive the premium payment within the grace period, we will process this claim.

Claim Search

1. Choose a search method
2. Enter the required information

Claim Search (continued)

3. Click Search

Claim Search

Corporate Information

Corporate Name: CHILDRENS HOSPITAL
 Tax ID: 321098765
 Provider Name: PHYSICIAN, SALLY

Patient Information

Member ID: 000000001
 First Name: BOB
 Last Name: PATIENT
 Date of Birth: 01/29/2008

You can search for a claim in different ways, choose the one based on your preference.

First and Last Date of Service
 Claim Number
 Patient Account Number

First Service Date: Last Service Date:

NOTE: If "Found 0 result(s)" displays, you may choose a different **Provider Name** and click **Search** again.

Claim Search

Corporate Information

Corporate Name: CHILDRENS HOSPITAL
 Tax ID: 321098765
 Provider Name: **PHYSICIAN, SALLY**

Patient Information

Member ID: 000000001
 First Name: BOB
 Last Name: PATIENT
 Date of Birth: 01/29/2008

4. Select the desired Claim

Corporate Information > Member Search > Claim Search

Claim Search

"Found 1 result(s)"

Options:

Note: To flag claim(s), click on the flag icon(s). Then go to Homepage and click on "Refresh" to see added claim(s).

First Date of Service	First Name	Last Name	Member ID	Patient Account #	Claim #	Policy #	Processed Date	Billed Amount	Amount Paid	Total Patient Responsibility	Claim Status	Select
01/24/2015	BOB	PATIENT	000001	000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed	<input type="button" value="Flag"/>

NOTE: To flag/unflag a claim, click on the flag icon

Options:

Note: To flag claim(s), click on the flag icon(s). Then go to Homepage and click on "Refresh" to see added claim(s).

First Date of Service	First Name	Last Name	Member ID	Patient Account #	Claim #	Policy #	Processed Date	Billed Amount	Amount Paid	Total Patient Responsibility	Claim Status	Select
01/24/2015	BOB	PATIENT	000001	000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed	<input type="button" value="Flag"/>

NOTE: To view existing Reconsideration Requests, click on the attachment icon

Options:

Note: To flag claim(s), click on the flag icon(s). Then go to Homepage and click on "Refresh" to see added claim(s).

First Date of Service	First Name	Last Name	Member ID	Patient Account #	Claim #	Policy #	Processed Date	Billed Amount	Amount Paid	Total Patient Responsibility	Claim Status	Select
01/24/2015	BOB	PATIENT	000001	000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed	<input type="button" value="Attachment"/>

5. Review the claim information

UnitedHealthcare

Welcome Phyllis Reilly [Log out](#)

Claims Management

Home Search **DETAIL**

My Actions

Claim Number: 000000007 | Patient Account Number: 00000000006

Corporate Information

Corporate Name: CHILDRENS HOSPITAL
 Tax ID: 321098765
 Provider Name: PHYSICIAN, SALLY

Patient Information

Member ID: 000000001
 First Name: BOB
 Last Name: PATIENT
 Date of Birth: 01/29/2008

Claim Summary

First Date of Service: 08/20/2012 Policy Number: 777777 Processed Date: 09/27/2012 [Letters](#)
 Billed Amount: \$733.00 Amount Paid: \$0.00 Other Insurance Paid Amount: \$0.00
 Total Patient Responsibility: \$0.00 Claim Status: Processed DRG: 0000 [EOB](#)
 Received Date: 09/10/2014
 Diagnosis Code: 99599 ; V715

Payment Information

Payment Type	Check Number	Check Issue Date	Check Amount	Draft Number	Draft Amount
No items					

Line Level Details

Line Num	Date of Service	Processed Date	Billed Amount	Net Covered Amount	Provider Adjusted/Disallowed Amount	Allowed Amount	Copy	Ded	Co-Ins	Medicare Paid Amount	Paid Amnt	Rev Code	Line Lvl Svc Code	Head	Line Lvl Rem Code
1	08/20/2012 - 08/20/2012	09/27/2012	\$400.00	\$0.00	\$168.71	\$231.29	\$20.00	\$0.00	\$0.00	\$0.00	\$211.29	000	99204	25, T3	JP
2	08/20/2012 - 08/20/2012	09/27/2012	\$333.00	\$0.00	\$175.50	\$157.50	\$0.00	\$0.00	\$0.00	\$0.00	\$157.50	000	57452	NONE	JP
0	08/20/2012 - 08/20/2012	09/27/2012	\$20.00	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	000		NONE	UG
0	08/20/2012 - 08/20/2012	09/27/2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	000		NONE	UG
Claim Total:			\$753.00	\$20.00	\$364.21	\$388.79	\$20.00	\$0.00	\$0.00	\$0.00	\$368.79				

[More Information](#)

Code Descriptions

Claim Level Remark Code or Pend Code Description(s): Which code(s) were not helpful?

JP: IT IS IMPORTANT FOR US TO KNOW WHETHER OR NOT YOU OR YOUR COVERED FAMILY MEMBER(S) HAVE OTHER INSURANCE. THIS WILL HELP US PAY YOUR CLAIMS QUICKLY AND ACCURATELY. WE ASK FOR THIS INFORMATION EVERY YEAR BECAUSE COVERAGE CAN CHANGE. TO UPDATE THIS INFORMATION, GO TO THE COORDINATION OF BENEFITS SECTION ON YOUR MEMBER WEBSITE OR CALL US TOLLFREE AT 1-888-262-4001.

Claim Search (continued)

NOTE: Click on these icons for available **Letters** and **Explanations of Benefits (EOB)**, or **More Information** for **Reimbursement Policies** related to the Remark Codes

[Letters](#)

[EOB](#)

[More Information](#)

NOTE: Under the **My Action** menu, you may **Export**, **Print** or **Flag/Unflag** the claim.

My Actions

Export
Print
Flag
Refresh

0000007 | Patient Account Number: 00000000006

Corporate Information

Corporate Name: CHILDRENS HOSPITAL

Patient Information

Member ID: 000000001
 First Name: BOB
 Last Name: PATIENT

Create Claim Reconsideration (if needed)

If the Claim Status is "Processed" then you may **Create a Claim Reconsideration**

1. Select **Create Claim Reconsideration** from the **My Action** menu

My Actions

Export
Print
Flag
Refresh

0000007 | Patient Account Number: 00000000006

Create Claim Reconsideration

Feedback:

Corporate Information

Corporate Name: CHILDRENS HOSPITAL
 Tax ID: 321098765
 Provider Name: PHYSICIAN, SALLY

Patient Information

Member ID: 000000001
 First Name: BOB
 Last Name: PATIENT
 Date of Birth: 01/29/2008

2. The claim information will be sent to the **Claim Reconsideration** application. Please consult that Quick Reference Guide for more information.

UnitedHealthcare

Welcome Phyllis Reilly [Log out](#)

Claims Management

Home Search **DETAIL**

My Actions

The claim information has been sent to the Claims Reconsideration Application.

Claim Number: 000000007 | Patient Account Number: 00000000006

Additional Quick Reference available on UnitedHealthcareOnline.com

Submit Attachment (if needed)

If the Claim Status is "Pended" then you may **Submit an Attachment**

My Actions
Export
Print
Flag
Submit Attachment
Feedback

0000007 | Patient Account Number: 00000000006

Corporate Name: CHILDRENS HOSPITAL
Tax ID: 321098765
Provider Name: PHYSICIAN, SALLY

Patient Information
Member ID: 000000001
First Name: BOB
Date of Birth: 01/29/2008
Last Name: PATIENT

1. On the new tab, choose a **Submission Reason**
2. Enter **Comments**
3. Click on **Add Attachments**

Summary of Search

Provider: 321098765
Member ID: 000000001
Patient: PATIENT, BOB

Provider Name: PHYSICIAN, SALLY
IBC Claim Number: 000000007
Service Date: 08/20/2012

Member Information

Member ID: 000000001
Member Last Name: PATIENT
First Name: BOB
MI

Street Address: 2029 NORMANDIE DR
City: MONTGOMERY
State: AL
Zip: 36111

Patient Name Last: PATIENT
First: BOB
MI

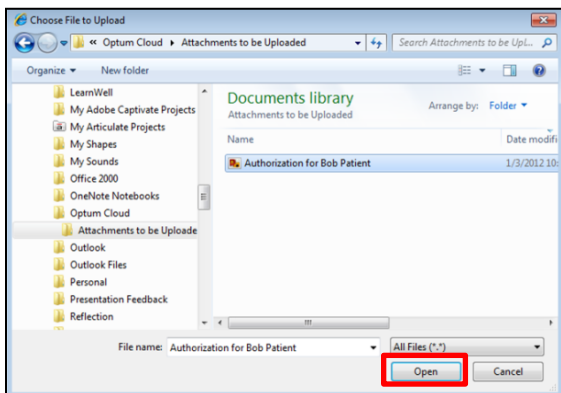
Claims Information
Physician/Health Care Information
Submission Reason: Select...
Reason: *

Comments *

Add Attachments

File Name	Operator	Date	Attachment Type
No matching data was found.			

4. Choose the desired file from your computer directory and click **Open**



Submit Attachment (continued)

5. Once the files are attached, click **Submit**

View/Add Document(s)

Add Attachments

File Name	Operator	Date	Attachment Type
Attachment	Phyllis Reilly	03/19/2015	External

Displaying 1 record

Submit

Note: The following document types can be attached:

.pdf, .doc, .docx, .ppt, .pps, .xls, .xlsx, .jpg, .jpeg, .jif, .gif, .tif, .png, .bmp, .webp, .csv, .txt, .xps

The largest individual allowable size is 25 MB. If greater, users can split it and attach as multiple documents.

6. You will get a confirmation, including a reference number, which you can print

Your submission was processed successfully. Please print this page for your records. Print

Provider Name:	PHYSICIAN, SALLY	Date of Service:	08/20/2012
Provider Tax ID:	321098765	Claim Status:	Pended
Member ID Number:	000000001	Claim Amount:	\$247.50
Patient Name:	PATIENT, BOB	Submission Reason:	UAT
Patient Account Number:	808000001	Submitted Date:	03/19/2015
Claims Number:	000000007	FTPCBM:	CH-999
Comments:	Please allow up to 30 days for processing.		

Attachments

File Name	Operator	Date	Attachment Type
Attachment	Phyllis Reilly	03/19/2015	External

Displaying 1 record

NOTE: With the addition of a document, a new claim number will be assigned, so for later follow up, you would search by the date of service.

Additional Quick Reference available on
UnitedHealthcareOnline.com

Submit Appeal

Note: If the claim is not yet eligible for online appeal, that option will not appear under **My Actions**. Please follow your existing process for submitting appeals.

Note: The Claim Status must be "Processed" to allow an online **Appeal**

1. Choose **Appeal** from the **My Actions** pull-down menu

The screenshot shows the UnitedHealthcare Claims Management portal. The 'My Actions' menu is open, and 'Appeal' is highlighted with a red box. The patient information displayed is: Patient Account Number: 000000000000, Member ID: 000000001, First Name: BOB, Last Name: PATIENT, Date of Birth: 01/28/2008, Tax ID: 321098765, and Provider Name: PHYSICIAN, SALLY.

2. On the new tab, complete the **Questionnaire**

The 'Appeal - Questionnaire' form contains the following questions and options:

1. Is your request involving multiple claims for this patient?
 Yes No
2. What State was the service(s) provided?
CA
3. Are You Intending To Submit An Appeal Or Claim Reconsideration?
 Appeal Reconsideration

A 'Create Appeal' button is located at the bottom of the form.

3. Add **Comments** in the **Request Form**

The 'Appeal - Request Form' includes the following sections:

- Summary of Search:** Provider: 321098765, Member ID: 123456789, Patient: PATIENT, BOB; Provider Name: CHILDRENS HOSPITAL, UHC Claim Number: 1234567890, Service Date: 01/12/2015.
- Member Information:** Member ID: 123456789, Member Last Name: PATIENT, First Name: BOB, MI; Street Address: 1212 MAIN ST, City: NEW YORK, State: NY, Zip: 11215; Patient Name Last: PATIENT, First: BOB, MI.
- Claim Information:** Control/Claim #: 1234567890, First Date of Service: 01/12/2015, Billed Amount: \$6,780.00.
- Physician/Health Care Information:** Tax ID Number (TIN): 321098765, Last Name: CHILDRENS HOSPITAL, MI; Address: 1000 PROVIDER AVE, City: NEW YORK, State: NY, Zip: 11215.

Below the information is a 'Comments' section with a text area and an 'Add/View attachments' button.

Submit Appeal (continued)

4. Click on **Add/View Attachments** and select a **Document Type**

The 'Attach A File' dialog box shows a 'Document Type' dropdown menu with the following options: Select..., Proof of Eligibility, Member Authorization/AOR, Medical Records, Physician Referral, Waiver of Liability - WOL, Additional Information, Intent of Submission, and Explanation of Benefits - EOB. The 'OK' and 'Cancel' buttons are at the bottom right.

5. Select the files from your directory and once uploaded, click **Submit**

The 'View/Add Document(s)' table displays the following information:

File Name	Operator	Date	Attachment Type	Displaying 1 record
Attachment	Phyllis Reilly	03/19/2015	External	

A 'Submit' button is highlighted with a red box at the bottom right of the table.

Note: The following document types can be attached:

.pdf, .doc, .docx, .ppt, .pps, .xls, .xlsx, .jpg, .jpeg, .jfif, .gif, .tif, .png, .bmp, .webp, .csv, .txt, .xps

The largest individual allowable size is 25 MB. If greater, users can split it and attach as multiple documents.

Additional Quick Reference available on UnitedHealthcareOnline.com

New Search

1. When finished with this claim, instead of starting over again from the Home tab, you may choose the **Search** tab to find another Claim for the same patient and provider

The screenshot shows the UnitedHealthcare Claims Management interface. The 'Search' tab is highlighted with a red box. Below the navigation bar, there are fields for 'Claim Number' (000000007) and 'Patient Account Number' (00000000006). Corporate information includes 'CHILDRENS HOSPITAL' and 'PHYSICIAN, SALLY'. Patient information includes 'Member ID: 000000001', 'First Name: BOB', and 'Date of Birth: 01/29/2008'.

2. Select either **New Provider Search** or **New Claim Search**

The screenshot shows the search results page. A table lists one result with the following data:

First Date of Service	First Name	Last Name	Member ID	Patient Account #	Claim #	Policy #	Processed Date	Billed Amount	Amount Paid	Total Patient Responsibility	Claim Status
01/24/2015	BOB	PATIENT	000001	000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed

At the bottom of the table, two buttons are highlighted with red boxes: 'New Member Search' and 'New Claim Search'.

3. For a **New Claim Search**, enter the appropriate information to search for a new claim for the same patient and provider

The screenshot shows the 'New Claim Search' form. It includes fields for 'First and Last Date of Service', 'Claim Number', and 'Patient Account Number'. Corporate information is pre-filled with 'CHILDRENS HOSPITAL' and 'PHYSICIAN, SALLY'. Patient information is pre-filled with 'Member ID: 000000001', 'First Name: BOB', and 'Date of Birth: 01/29/2008'.

New Search (continued)

4. For a **New Provider Search**, enter the appropriate information to search for a new member

The screenshot shows the 'New Provider Search' form. It includes fields for 'Member ID', 'Date of Birth', and 'Service Date'. Corporate information is pre-filled with 'CHILDRENS HOSPITAL' and 'PHYSICIAN, SALLY'. Patient information is pre-filled with 'Member ID: 000000001', 'First Name: BOB', and 'Date of Birth: 01/29/2008'.

5. To perform a completely new search, return to the **Home** tab and click **Start Here**

The screenshot shows the 'Home' tab of the Claims Management interface. A 'Start Here' button is visible, which is used to begin a new search.

Additional Quick Reference available on UnitedHealthcareOnline.com

ELIGIBILITY AND BENEFITS

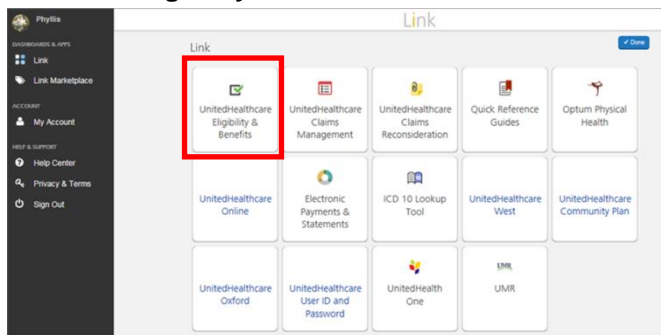
The Eligibility & Benefits function is where you can obtain information about your patient's medical coverage, via Link. You may also submit referrals and notifications/prior authorizations within this function. Please consult those Quick Reference Guides for detailed information.

Get Started

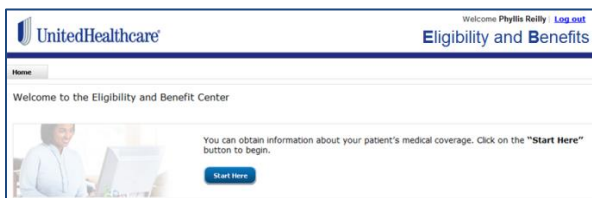
1. Sign in to UnitedHealthcareOnline.com



2. Select **Eligibility & Benefits**

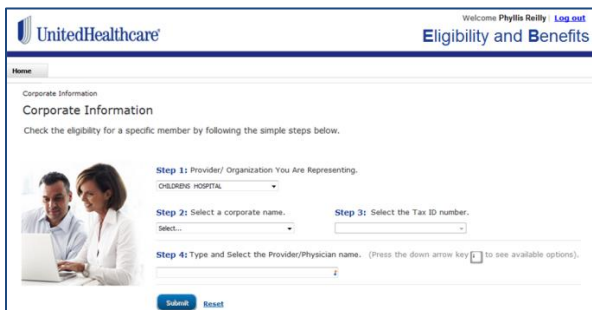


3. Click **Start Here**



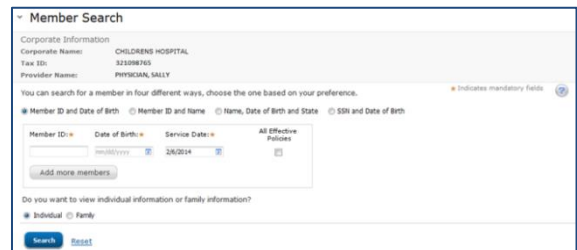
Corporate Information

1. Select the appropriate **Provider/Organization, Corporate Name, Tax ID Number and Provider/Physician Name**
2. Click **Submit**



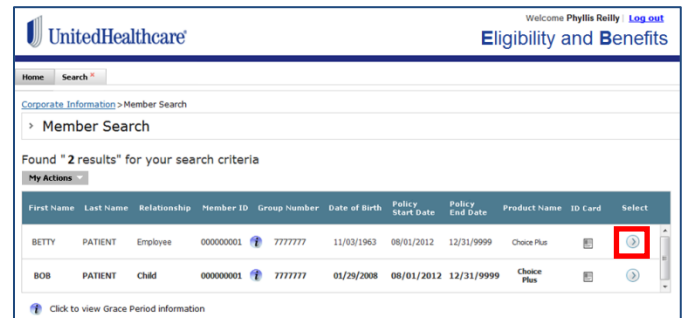
Member Search

1. Select **Search Method** by clicking on appropriate radio button
2. Enter the required information
3. Choose **Individual or Family**, if required
4. Click **Search**



NOTE: Check **All Effective Policies** box to verify if patient has other policies with UnitedHealthcare (only available on an Individual search).

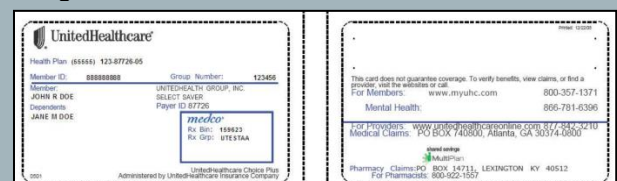
5. Select the desired patient



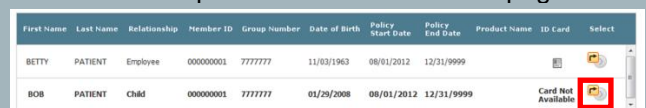
NOTE: Clicking the Information icon will give **Grace Period Information**

Premium Paid Through Date	Month of Grace	Provider Explanation
05/31/2015	2nd	By law, exchange members who receive a subsidy have a three-month grace period to pay their premiums. We will process claims during the first month. During the second and third month of the grace period, we will pend claims if the premium hasn't been paid. If we receive the premium payment within the grace period, we will process this claim.

Clicking the ID Card icon will show the ID Card



If detailed benefits are in a different location, you would click the icon to open that location in a new page.



Member Search (continued)

6. Review the Patient and Benefits Information

Member Details (As of Date: 2/6/2014)

Network Status: Out Of Network
 Able to Submit Prior Auth/Notification Request: Yes (Select Submit Prior Auth Request from My Actions)
 Select the "In-Network" or "Out Of Network" based on your preference.

In Network Out Of Network Highest Benefit

Patient and Benefits Information

First Name	Last Name	Gender	Date Of Birth	Address
BOB	PATIENT	Male	01/29/2008	2029 NORMANDIE DR MONTGOMERY, AL, 36111

Member ID	Group number	Insurance Type	Funding Type	Product	UHC Primary	COB Update Information
000000001	7777777	Commercial	Insured by United	Choice Plus	Yes	Member COB Update Override

Primary Care Physician

Name	Address	Specialty	Start Date	End Date
-	-	-	-	-

Deductible Individual Limit/Met	Out of Pocket Individual Limit/Met	Policy Start date	Policy End date
\$0.00 / \$	\$0.00 / \$	8/1/2012	12/31/9999

Deductible Family Limit/Met	Out of Pocket Family Limit/Met	HSA	HRA
\$0.00 / \$	\$0.00 / \$	No	No

Copayment/Coinsurance

Professional	Professional	Hospital	Hospital	Hospital Emergency
Select a service	Select a service	Select a service	Select a service	Select a service

NOTE: For Medicare and UnitedHealthcare Community Plan (Medicaid) policies a "Gaps in Care" pop-up will appear.

No Gaps In Care Exist

OR

Gaps In Care Exist-- Click For Details

Select "Click For Details" for more about procedures and medications for the patient

Member Details (As of Date: 2/6/2014)

Able to Submit Prior Auth/Notification Request: Yes (Select Submit Notification/ Authorization Request from My Actions)
 Referral Requirements: No. The member's PCP does not need to submit an electronic referral to UnitedHealthcare for network specialty care.

Corporate Information (Change Corporate Information)

Corporate Tax ID Owner : AARON SIMPSON Physician/Provider Tax ID : 13213232
 Physician/Provider Name : SIMPSON, AARON - 00001234
 Your network status for this member has been preselected for you below, based on your provider selection.*

Network Status
 *Based on your provider selection, your network status for this member has been pre-selected below: **Out of Network**
 If you wish, you may choose a different network status, and the appropriate benefit information will be displayed.

In Network Out of Network

7. Scroll down to choose a specific Benefit Category from pull-down menu

Benefit Category

Please select the service from the dropdown below.

Benefit Category

Select a Benefit category
 Copayment
 LifeStyle Family Planning
 Flex/Open/ACC
 Hospital Services, Radiology, Inpatient/Outpatient Lab
Maternity/Infant Care
 Mental and Nervous
 Other Benefits
 Lifetime Allow
 Copays, Outpatient Services, Physician Services, Well Visits-Pediatric and Adult, Immunizations, Allergy, Vision
 Prescription Drugs
 PFT, ECT, Home Health, Special Services
 Chemical Dependency
 Sedation

[Full Benefit Category](#)

8. Review the benefit then choose another category, if desired

Benefit Category

Please select the service from the dropdown below.

Benefit Category

Maternity/Infant Care

MATERNITY CARE

Situation	CHOICE PLUS PLAN DQ1 NETWORK	CHOICE PLUS PLAN DQ1 NON-NETWORK
Maternity Services Mother and Newborn Benefits for Pregnancy will be paid at the same level as Benefits for any other condition, Sickness or Injury. This includes all maternity-related medical services for prenatal care, postnatal care, delivery, and any related complications. We also have special prenatal programs to help during	Same as: <ul style="list-style-type: none"> Physician's Office Services Professional Fees Hospital- Inpatient Stay Outpatient Diagnostic and Therapeutic Services No Copayment applies to Physician office visits for prenatal care after the first visit in which a \$15 copayment applies.	Same as: <ul style="list-style-type: none"> Physician's Office Services Professional Fees Hospital- Inpatient Stay Outpatient Diagnostic and Therapeutic Services If you don't notify Care Coordination, Benefits will be reduced to 50% of Eligible Expenses.

NOTE: To submit or check status of referrals or notifications/prior authorizations, please consult those Quick Reference Guides for detailed information.

Perform a New Search

1. To search for another member under the same provider, return to the Search tab

Welcome Phyllis Reilly Log out

Eligibility and Benefits

Home **Search** BOB PATIENT

Member Details (As of Date: 2/6/2014)

Network Status: Out Of Network
 Able to Submit Prior Auth/Notification Request: Yes (Select Submit Prior Auth Request from My Actions)
 Select the "In-Network" or "Out Of Network" based on your preference.

In Network Out Of Network Highest Benefit

Patient and Benefits Information

First Name	Last Name	Gender	Date Of Birth	Address
BOB	PATIENT	Male	01/29/2008	2029 NORMANDIE DR MONTGOMERY, AL, 36111

Member ID	Group number	Insurance Type	Funding Type	Product	UHC Primary	COB Update Information
000000001	7777777	Commercial	Insured by United	Choice Plus	Yes	Member COB Update Override

Primary Care Physician

Name	Address	Specialty	Start Date	End Date
-	-	-	-	-

Deductible Individual Limit/Met	Out of Pocket Individual Limit/Met	Policy Start date	Policy End date
\$0.00 / \$	\$0.00 / \$	8/1/2012	12/31/9999

Deductible Family Limit/Met	Out of Pocket Family Limit/Met	HSA	HRA
\$0.00 / \$	\$0.00 / \$	No	No

Copayment/Coinsurance

Professional	Professional	Hospital	Hospital	Hospital Emergency
Select a service	Select a service	Select a service	Select a service	Select a service

2. Expand the Member Search (see Member Search section above)

Welcome Phyllis Reilly Log out

Eligibility and Benefits

Home Search

Corporate Information > Member Search

Member Search

Found "2 results" for your search criteria

My Actions

First Name	Last Name	Relationship	Member ID	Group Number	Date of Birth	Policy Start Date	Policy End Date	Product Name	ID Card	Select
BETTY	PATIENT	Employee	000000001	7777777	11/03/1963	08/01/2012	12/31/9999	Choice Plus		
BOB	PATIENT	Child	000000001	7777777	01/29/2008	08/01/2012	12/31/9999	Choice Plus		

[Click to view Grace Period information](#)

3. Or, to perform an entirely new search, return to Home tab and click Start Here

Welcome Phyllis Reilly Log out

Eligibility and Benefits

Home

Welcome to the Eligibility and Benefit Center

You can obtain information about your patient's medical coverage. Click on the "Start Here" button to begin.

[Start here](#)

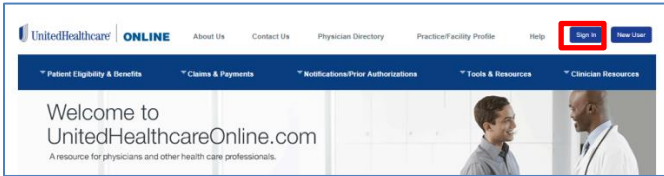
Additional Quick Reference available on
UnitedHealthcareOnline.com

PRIOR AUTHORIZATION/
NOTIFICATION SUBMISSION
AND STATUS

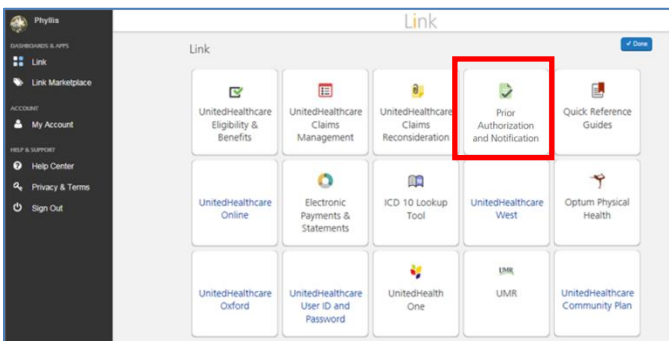
You may submit and check the status of Prior Authorizations/Notifications in the Prior Authorization & Notification application, via Link.

Get Started

1. Sign in at UnitedHealthcareOnline.com

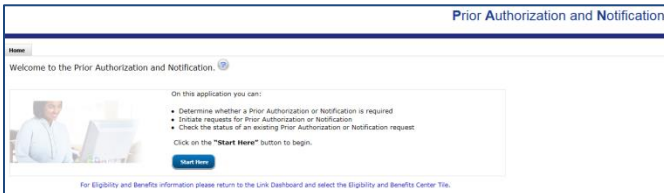


2. Select **Prior Authorization & Notification**

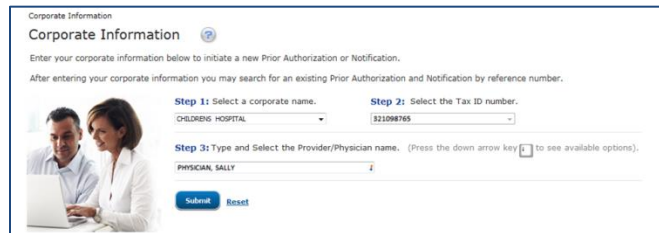


NOTE: The Prior Authorizations/Notifications function is also within the Eligibility and Benefits application.

3. Click **Start Here**



4. Select the appropriate **Corporate Name, Tax ID Number** and **Provider/Physician Name**
5. Click **Submit**



Note: Once the corporate information is entered, any open cases for that provider submitted via UnitedHealthcareOnline.com will appear at the bottom of the of the screen. See the last page for information on **Prior Authorization/Notification Status**.

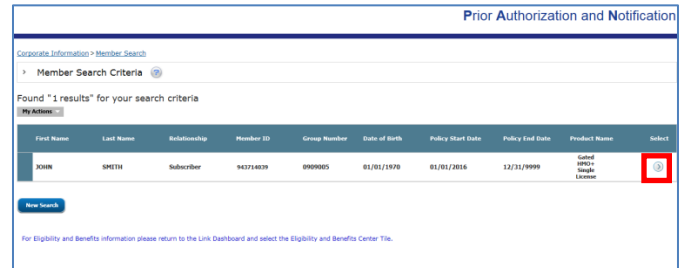
Reference Number	View Details	Member Name	Member ID	Group Number	Status	Expected Date of Service	Actual Date of Service	As of Date
A000345345	→	SIMPSON, JOE	812312312	777777	Active, Case Review In Progress	5/4/2016	5/4/2016	07/05/2016 07:08 AM CT

Get Started (continued)

6. Select a **Search Method** and enter the required information
7. Choose **Individual or Family**, if prompted
8. Click **Search**



9. Select the desired patient



Determine Requirement for Prior Authorization/ Notification

If a Prior Authorization/Notification is required for the selected member's plan, then you will be directed to the **Inquiry Form**.

The screenshot shows the Inquiry Form with the following sections and callouts:

- 1**: Service Details (Place of Service, Service Detail, Type of Service, Date of Service)
- 2**: Requesting Provider Information (Network Status, Corporate Tax ID Owner, Physician/Provider Tax ID, Physician/Provider Name, Address Group, Physician/Provider Address)
- 3**: Search Address button
- 4**: Codes (Diagnosis Code, Procedure Code)
- 5**: Procedure Code search buttons
- 6**: Search for Servicing Provider button

1. Select the **Service Details** from the pull-down menus
2. Enter the **Requesting Provider Information**, including **Search Address** (see screen above)
3. Under **Search Address**, select the correct radio button and then click **OK**
4. Enter the **Diagnosis Code(s)**
5. Enter the **Procedure Code(s)**

NOTE: Enter a Code or Description then click on **Code** or **Search** to complete the information

The DiagnosticCodeResults dialog box shows a table with the following data:

Select	Diagnosis code	Diagnosis Description
<input type="radio"/>	101	VINCENTS ANGINA

Buttons: OK, Cancel

6. Click **Search for Servicing Provider**

NOTE: If the Requesting Service Provider is the same as the Performing Service Provider, then click the **Use Requesting Provider** check box

Use Requesting Provider

Determine Requirement for Prior Authorization/ Notification (continued)

7. Select search method, enter the information then click **Search**

The Search Provider By form includes the following fields:

- Search Method: City and State (selected), Zip Code and Radius
- First Name: [Text Field]
- Last Name: [Text Field]
- City: [Text Field]
- State: [Dropdown Menu]
- Buttons: Search, Go Back

8. Expand the appropriate provider then click **Select** to choose a particular location

The Servicing Provider search results table shows the following data:

Provider Full Name	Tiered Provider	Network Status	Specialty	Location Details	Select
<input checked="" type="checkbox"/> SIMPSON, ALISON	N	Both			
	N	Out of Network	CLINICAL/MEDICAL SOCIAL WORKER	80 MEDICAL RD PALLUY, TX 76048 (817) 555-5555	Select
	N	Out of Network	PEDIATRICS	80 MEDICAL RD PALLUY, TX 76048 (817) 555-5555	Select
	N	Out of Network	PEDIATRICS	80 MEDICAL RD PALLUY, TX 76048 (817) 555-5555	Select
	N	In Network	PEDIATRICS	4 MEDICAL BLVD CONOR, TX 77304 (713) 555-5555	Select
	N	Out of Network	GENERAL PRACTICE	4 MEDICAL BLVD CONOR, TX 77304 (713) 555-5555	Select
<input type="checkbox"/> SIMPSON, ALLAN	N	Out of Network			
<input type="checkbox"/> SIMPSON, AMY	N	Out of Network			
<input type="checkbox"/> SIMPSON, ASHLEY	N	In Network			

9. Click **Add Provider To Case**

Add Provider To Case

10. Once the form is complete, click **Submit**

Complete Prior Authorization/Notification

1. If the Prior Authorization/Notification is required and can be completed online, click **Initiate Now**

Member Name	Member ID	Date of Birth	Group Number	Address
BOB PATENT	00000001	01092008	777777	2029 NORMANDE DR. AL 36111

My Actions

Initiate Now

Decision ID Number
 Decision ID Number 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. Please note that if you wish to cancel these services at any time, or if you have any questions, please contact us by calling the number on the back of the member's ID card. Thank you.

Service Details
 Requesting Provider Information
 Network Status: Cannot Determine Status

NOTE: Possible results include:

- Prior Authorization/Notification is required for one or more of the procedures entered
- Prior Authorization/Notification is not required for the requested services
 - The "Initiate Now" button may still display; if so, you can continue and initiate the request

You will be directed to the Case Information screen to complete the Prior Authorization/Notification

UnitedHealthcare ONLINE

Welcome, Phyllis Reilly

Home > Notifications/Prior Authorizations > Notification/Prior Authorization Submission

Notification/Prior Authorization Submission

Verify Information
 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.

Please note that if you wish to cancel these services at any time, or if you have any questions, please contact us by calling the number on the back of the member's ID card. Thank you.

Notification/Prior Authorization is not a verification, guarantee of benefits, or clinical determination. Payment of services is based on your participation agreement with us and the employer's benefit plan at the time services are provided. A Notification/Prior Authorization may be considered late if not submitted within one business day after the date of admission or submitted per your participation agreement. Please reference your agreement for further information in this regard.

Eligibility Information

Eligibility for:	BOB PATENT	View Patient's ID Card	Relationship:	Subscriber	Eligible for Language Assistance:	No
Subscriber #:	719999921		Effective Date:	02/01/2015	Verbal Language Preference:	
Group #:	01A3456		Termination Date:	12/31/2199	Written Language Preference:	
Product:	Select Plus POS		Insurance Type:	Not Available		

Admitting/Attending Physician Information

Notification/Prior Authorization Type:	Inpatient/Outpatient Facility
Name:	SALLY PHYSICIAN
Address:	130 MAIN ROAD, Montgomery, AL 36111-2711
Tax ID:	721356674

Service Details

Place of Service	Service Details	Service Description
Site/Referral Facility	Home	Emergency
Facility Name	ID Number	Facility Address
CHILDERSBURG DIAGNOSTIC IMAGING		34011 Hwy 285, Childersburg, AL 35044-2128

Facility Service Dates

Admission Date:	12/09/2015
Discharge Date:	12/07/2015

Diagnosis Code

131.9	hypertensive heart and chronic kidney disease with heart failure and stage
-------	--

Procedure Details

1 Procedure Code:	S0341	Lifestyle modification program for management of coronary artery disease, including all a
-------------------	-------	---

Expected Procedure Date: 12/09/2015 Actual Procedure Date: Physician Name ID Number:

Review Priority

Expedited Review
 By checking this box and indicating that you are requesting an Expedited Review, you acknowledge that you have read and are adhering to the regulations pertaining to requesting an Expedited Review.
 Medicare 42 CFR Section 425.270
 Medicaid CFR Section 435.270
 All other membership: Health Care Reform - PPACA and DOL 29 CFR 2590.715.2719 and 29 CFR 2560.503

Clinical Notes

Legend: UnitedHealthcare Clinical Team Notes | Provider Notes

Maximum of 8000 characters

Initial Contact (person submitting Notification/Prior Authorization)

Name: _____ Phone Number: _____ Fax Number: _____

Followup Contact Person (Person providing clinical or discharge information)

Name: _____ Email: _____
 Fax Number: _____ Physician Office Phone: _____ Facility Medical Record Number: _____

Submit **Cancel**

2. Verify all of the information, including the Clinical Notes and Contact sections.
3. If it adheres to regulations, you may check the box for an **Expedited Review**

NOTE: Some UnitedHealthcare products only allow up to 256 characters in the Clinical Notes section.

Additional Information (only if prompted)

You may be prompted to include additional information, either attach documents or complete a questionnaire.

Attach Documents:

- Enter **Clinical Notes** in the pop-up
- Attach documents online by selecting **Upload File**

More Information Required - Please Review and Acknowledge

More Information Required - Please Review and Acknowledge

If you are unable to electronically attach document(s) please enter information in the clinical notes section for the clinical information.

1. For Procedure Code A0430 : AMB SERVICE CONVENTION AIR SRVC TRANSPORT 1 WAY

You can electronically attach document(s) by going to <https://cloud.optum.com/doudappspot/ind>. Eligibility and Benefits Center, select the Provider, search on the case and review the Required C

If unable to electronically attach document(s), enter the information in the clinical notes sect.

Upload Attachment(s): Maximum file size for upload: 3.5MB. Acceptable file types: bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff, txt

File Name	Status	Size
PDF doc under 5MB-1.pdf	Upload Successful	1885 KB
2014 Integrated Calendar_Final.pdf	Upload Successful	51 KB

Please note that once you upload a file, the file cannot be deleted.

Upload File

Clinical Notes: Maximum 8000 Characters

You will be notified of the coverage determination for this request when the review is complete. You can also obtain status by returning to this site and selecting the Notification/Prior Authorization Status feature.

By checking the box and clicking OK I understand that the information itemized above is required before a clinical coverage determination can be rendered. **OK**

NOTE: Some UnitedHealthcare products only allow up to 256 characters in the Clinical Notes section.

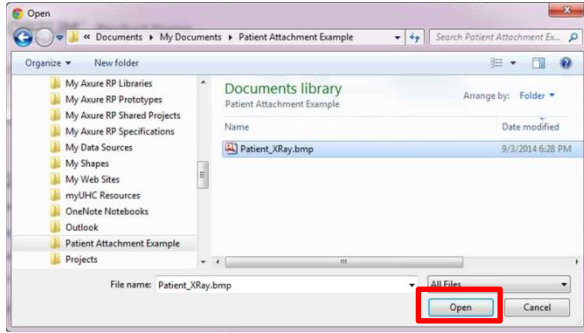
Maximum file size is 3.5MB, but there is no limit to the number of files which can be uploaded. Acceptable file types are bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff, and txt.

You may be prompted to submit information via fax instead of online.

You cannot Upload a file for inpatient admissions. It is necessary to either fax as instructed in pop-up message or search for the reference number and attach documents.

Additional Information (only if prompted)

- Choose the desired file from your computer directory and click **Open**



NOTE: Once uploaded, documents cannot be removed.

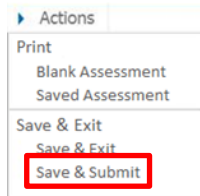
- Check the box**, to affirm that information is required before a determination can be made and click **OK**

By checking the box and clicking OK I understand that the information itemized above is required before a clinical coverage determination can be rendered.

Complete a Questionnaire:

- Complete the questionnaire by selecting the appropriate radio buttons

- Once complete, select **Save & Submit** from the **Actions** menu



Complete Prior Authorization/Notification (continued)

- Select **Submit** at the bottom of the page to return to the Eligibility & Benefits Application

Review the confirmation page, noting the **Reference Number**

NOTE: All updates to existing Prior Authorizations/Notifications are done through Prior Authorization/Notification Status in UnitedHealthcareOnline.com, regardless of where the submission was initiated.

Check Status of Prior Authorization/Notification

Once the corporate information is entered, any open cases for that provider submitted via UnitedHealthcareOnline.com will appear at the bottom of the screen.

Corporate Information

Check the eligibility for a specific member by following the simple steps below.

Step 1: Provider/ Organization You Are Representing.
CHILDRENS HOSPITAL

Step 2: Select a corporate name.
CHILDRENS HOSPITAL

Step 3: Select the Tax ID number.
321098765

Step 4: Type and Select the Provider/Physician name. (Press the down arrow key [v] to see available options).
PHYSICIAN: SALLY

Submit Reset

Search Cases by Reference Number

You can find case status by searching for a number

Search: Enter Number

Search

Result

Case Number	View Details	Member Name	Member ID	Group Number	Status	Expected Date of Service	Actual Date of Service
123456789012		BOB PATENT	00000001	7777777			

1. Click on the **View Details** arrow for more information

NOTE: You may also search for a specific case by entering a **Reference Number** then clicking **Search** [Available whether called in or submitted through UnitedHealthcareOnline.com.]

Search Prior Authorization or Notification status by reference number

Search: Enter Reference Number

Search

2. Review the **Case Details**

Back to Summary

Case Details

My Actions

Case Number	Member Name	Member ID	Group Number	Status	Expected Date of Service	Actual Date of Service
123456789012	BOB PATENT	00000001	7777777	-	-	-

Procedure Code

Procedure Status

No Items

Required Case Documentation

Procedure Code

Description

No Items

Uploaded Attachments

Date

Attachment

No Items

Attach Document

Attach Additional Documents

1. If desired, select **Attach Documents** to attach additional information

Attach Document

2. Click **Choose a File**

Upload an Attachment

Acceptable file formats are .pdf, .txt, .png, .jpg, .jpeg, .bmp, .gif, .tiff, .doc, .docx.

Choose a file

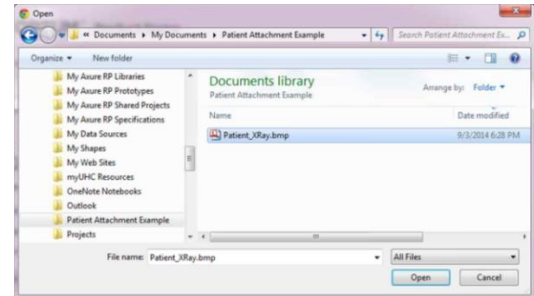
upload

If the coverage determination for this request when the review is complete. You can also obtain status by returned to this site and selecting the Notification Status feature

By checking this box and clicking OK I understand that the information itemized above is required before a clinical coverage determination can be rendered.

OK

3. Select the desired file from your computer directory and click **Open**

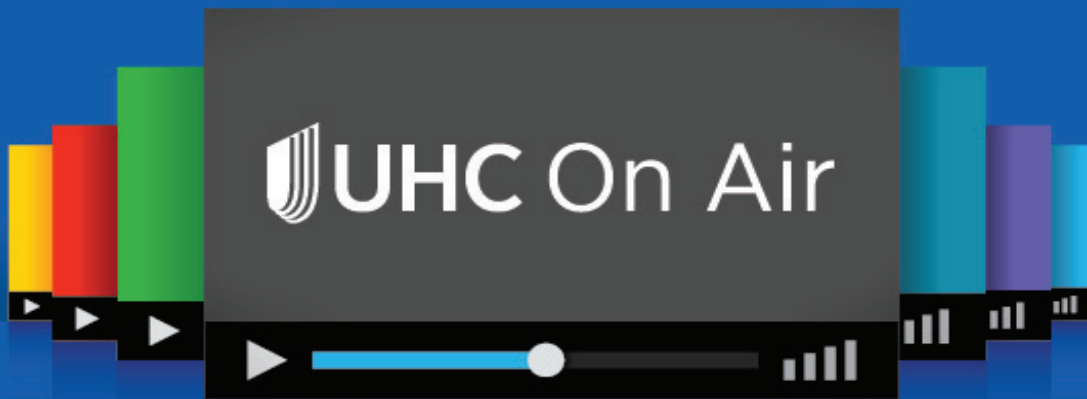


4. Once complete, click **OK**

NOTE: Maximum file size is 25MB, but there is no limit to the number of files which can be uploaded. Acceptable file types are bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff, and txt.

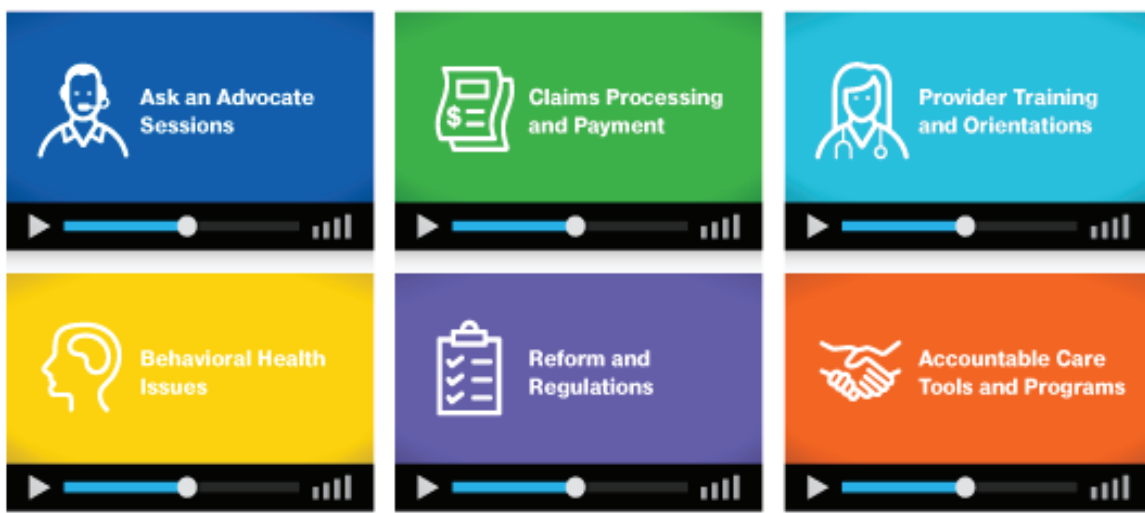
Additional Quick Reference available on UnitedHealthcareOnline.com

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