Claims Reconsideration Status & Update/Resubmit QUICK REFERENCE

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

f Home	Link				🔀 Edit	
DASHBOARDS & APPS My Apps Ø Link Marketplace	UnitedHealthcare Eligibility & Benefits	UnitedHealthcare Eligibility & Benefits		News and Information Most Recent Article Te You on manage the poston of the app tiels by cicking on the "Off" loke at the upper right of the pape and uppi por mouse to dag and drop tiels to a more increanic. Call* Done* when increanic.		
ACCOUNT My Account Settings HELP & SUPPORT	Electronic Payments & Statements	Provider Data Management	UnitedHealthcare Online			
Help Center Contact Us Privacy & Terms Log Out	Quick Reference Guides	Provider Managed Security	ICD 10 Lookup Tool	Optum Physical Health	Optum Behavioral Health	

Locate Existing Request

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

UnitedHealthcare		Welcome Phyllis Reilly Log out Claims Reconsideration
Home		
Welcome to Claims Reconsider	ation.	
Corporate Tax ID Owner:	Provider (Physician Tax 3D Number: #(17) Select •	
Provider,Physician Name: # Pr	ess the down arrow key finit to see available options).	

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.

Claim Reconsideration Req	uest Tickets									
										Displaying 20 re
								1 2	3 4 5 6 7 8 9	10 Nex
Reconsideration Request Ticket #	UHG Claim	Member ID	Sabmission Date *	Patient First Name	Patient Last Name	Date Of Service	Request Ticket Status	Submitter Name	Patient Account Number	Ticket Detail
PTPOR-11111	1234567890	987654321	4/23/2013	808	PATIENT	3/5/2012	Assigned	Test Provider	2P2345678941-1	Detail
PTPCR-11112	1234567891	987654321	4/22/2013	808	PATIENT	3/9/2012	Nev	PerformanceTest	2C23456789A1-1	Detail
PTPCR-11111	1254567890	987654323	4/23/2013	808	PATIENT	3/9/2012	Assigned	Text Provider	2P25456789A1-1	Detail
PTPCR-11112	1234567891	987654321	4/22/2013	808	PATIENT	3/9/2012	New	PerformanceTest	2C23456788A1-1	Detail
PTPCR-11111	1234567890	987654321	4/23/2013	808	PATIENT	3/9/2012	Assigned	Test Provider	2P2345678941-1	Detail
7TPCR-11112	1254567891	987654323	4/22/2013	808	PATIENT	3/9/2012	New	PerformanceTest	2C25456789A1-1	Detail
PTPCR-11111	2234567890	987654321	4/23/2013	808	PATIENT	3/9/2012	Assigned	Test Provider	2P23456789A1-1	Detail
PTPCR-11112	1234567891	987654321	4/22/2013	BOB	PATIENT	3/9/2012	New	PerformanceTest	202345678981-1	Detail

Locate Existing Request (continued)

2. Click the Request Search button

Request Search

3. Enter at least one search criteria then click Search

Ticket #	Ticket Status:
	Select 🗸
First Date Of Service	Submission Date Range [?]:
	2
Member Last Name	Member First Name
Patient Last Name	Patient First Name
Submitter Name	Patient Account Number

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.

Select
New
Assigned
Rejected
In-Progress
Closed
Re-Submitted
Updated

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

Claim Reconsideration Req	uest Tickets										
										Displaying 20 r	records
								1 2	3 4 5 6 7 8	9 10 9	d.
Reconsideration Request Ticket #	UHG Claim	Member 10	Submission Date 7	Patient First Name	Patient Last Name	Date Of Service	Request Ticket Status	Submitter Name	Patient Account Number	Ticket Detail	
PTPCR-11111	1234567890	987654321	4/23/2013	808	PATIENT	3/9/2012	Assigned	Test Provider	2P2345678941-1	Detail	_
PTPCR-11112	1234567891	987654321	4/22/2013	808	PATIENT	3/9/2012	New	PerformanceTest	2C23456785A1-1	Detail	
PTPCR-11111	1254567890	987654522	4/23/2013	505	PATIENT	3/9/2012	Assigned	Test Provider	2P25456785A1-1	Dated	
PTPCR-11112	1234567891	987654321	4/22/2013	808	PATIENT	3/9/2012	Nev	PerformanceTest	2C23456789A1-1	Detail	
PTPCR-11111	1234567890	987654321	4/23/2013	808	PATIENT	3/9/2012	Assigned	Test Provider	2P2345678941-1	Detail	
PTPCR-11112	1254567891	987654523	4/22/2013	808	PATIENT	3/9/2012	New	PerformanceTest	2C25456785A1-1	Detail	
PTPCR-11111	1234567890	987654321	4/23/2013	808	PATIENT	3/9/2012	Assigned	Test Provider	2P23456789A1-1	Detail	
PTPCR-11112	1234567891	987654321	4/22/2013	808	PATIENT	3/9/2012	Nev	PerformanceTest	2C23456789A1-1	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

Review ORselect a different action								
Request D	etails	Attachment	Comment History					

Update/Resubmit Request

1. Select Update from the pull-down menu

Review OR	select a different action 👻	
	select a different action Update	
Request D	Attachment Cor	nment History

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

/iew/Add Docume	tt(s)		
Add Attachments	circo your request		
File Horne	Oracator	0.1.7	l Bastar
File Name	Operator	Date 7	Desired

Additional Quick Reference Cards are available on

Submit -

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

Claims Reconsideration Submission QUICK REFERENCE

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

🎒 Phyllis			Link		
SAGHROARDS & AVYS	Link				✓ Der
Link Marketplace	UnitedHealthcare	E UnitedHealthcare	0) UnitedHealthcare	Quick Reference	
My Account	Eligibility & Benefits	Claims Management	Claims Reconsideration	Guides	Health
Help Center Privacy & Terms		0	m		
😃 Sign Out	UnitedHealthcare Online	Electronic Payments & Statements	ICD 10 Lookup Tool	UnitedHealthcare West	UnitedHealthcare Community Plan
	UnitedHealthcare	UnitedHealthcare	VnitedHealth	UMR.	
	Oxford	User ID and Password	One		

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

UnitedHealthca	are	Welcome Phyllis Reilly Log out Claims Reconsideration
Home		
Welcome to Claims Recons	sideration.	
Corporate Tax ID Owner:	Provider/Physician Tax 3D Number: #[7] Select •	
Provider/Physician Name: *	(Press the down arrow key a to see available options).	
You have 5 draft claim(s) selected from Claims Manager	ment . To proces <u>Clokhere</u> .	

2. Once complete, select Create Request

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.

UHG Claim #	Member ID	Patient First Name	Patient Last Name	Patient Account Number	Date Of Service	Submitter Name	Submitted Dat	-	
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	765005888	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

Home C	reate Request 🕷	
V New Request I	Hember Search	
First Date Of Service		Family Indicator
		Individual Family
Search Criteria		
Member ID AND DOB		-
Member ID		
Subscriber DOB		

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 A	Subscriber Address A	Relationship	Policy	Coverage Start Date	Coverage End Date
C		PATIENT, BOB	123456789	01/01/2011	1212 MAN ST, SMITHTOWN, USA	Child	7054321	1/1/2012	12/31/9999
L									
20									
2									Select Mecher
-									

5. Click Select Member



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

Home Create	e Request ⁸⁸
✓ New Request Claim	i Search
Physician/Provider Sear	rch
Corporate Tax ID Owner:	CHILDRENS HOSPITAL
Physician/Provider Tax ID:	321098765
Physician/Provider Name:	CHILDRENS HOSPITAL
Claim Status	Paid/Denied
Member ID	123456789
Search by:	
Claim #	*
Claim Number: *	
	Search Claim

1. Select a Search criteria and enter the appropriate information



2. Click Search Claim

Search Claim

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

I								1		
	Select Claim	First Date Of Service	Patient First Name	Patient Last Name	Member ID	Patient Account Number	Claim Number	Billed Amount	Status	Payable Amount
	0	3/9/2012	808	PATENT	123456789	47887069	1234567890	\$187.50	Denied	\$0.00
1										
I	•			m						•
I	Back				Create Reco	nsideration Request				

4. Click Create Reconsideration Request

Create Reconsideration Request

5. Complete the Request Form

Facility/Group Name:			Amount Owed (Include amount on	ed in field or select I don't know the amount) *
CHILDRENS HOSPITAL			ex: 100.00	📃 I don't know the dollar amount
Contact Name *	Contact Phone Number *	Contact Email Address		
Reily, Phylis	555-555-5555	relly.phylis@provider.or		
Reason for request: *				
falses.				
Joetta.		•		
Please include what you are experiou would like in the Comment fiel	cting from UnitedHealthcare to close	• this in your practice manage	ement system in the amount ow	ed field above, and include any additional comments
Please include what you are expe- you would like in the Comment fiel	cling from UnitedHealthcare to close d.	• this in your practice manage	ement system in the amount ow	ed field above, and include any additional comments
Please include what you are expe- tion would like in the Comment fiel	ding from UnitedHealthcare to close	• this in your practice manag	ement system in the amount ow	ed field above, and include any additional comments

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

Request Information		
Control/Claim #:*	Date of Service: *	Amount Owed (Include amount owed in field or select I don't know the amount)* ex: 100.00
		I don't know the dollar amount

Complete the Request Form

- 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

Select	
Select	
Capitation Incorrectly Applied	
Change in Patient's Eligibility Status	
Coding Issue Other than Corrected Claim	
Inaccurate Data Entry	
Incorrect Payment	
Other	
Out of Network Pricing Disputed	
Paid to Incorrect Physician/Provider	
Previously Denied (Closed requestion Evplanation of Renefits for Coordination of R	enefite
Previously Processed but Coordination of Renefits Applied Incorrectly	Sal Particular
Previously denied for no Authorization	
Previously denied /dosed as Exceeds Elino Time	
Dravin viv daried kined for Additional Information	
Dravin viv denied klosed for Dunkrate	
Dravin why promoted but contracted rate applied incorrectly rap iting in undernau	trans.
Previously processed out contracted rate appled incorrectly resulting in underpay Review Charle	ALMONIA.
Re-1500 Crieck	
Resubmission of buncled clam	
Resubmission of Prior Notification Information	
submission of a corrected claim	

3. Enter Comments

4. Click on Add/View Attachments

Please include management you would like	 what you are expecting from UnitedHealthcare to close this in your practice system in the amount owed field above, and include any additional comments in the Comment field.
Comment: *	Attaching documentation of original submission.
Please Attach Su	pporting Documents to this Request
	Add/View Attachments Cancel

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



Attach Documents (if needed)

1. Click on Add Attachments

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

This submission requires a copy of the claim. Have you attached that? *

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

Select the file to attach to your request	
C:\Documents and Settings\Desktop\Medical Notes from Doctor.doc	Browse
File Name (optional):	
Medical Notes for John Doe]
OK Cancel	

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. P	lease keep this page for your records.
Ticket Number:	PTPOR-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 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

Claims Management Status, Attachments & Appeals QUICK REFERENCE

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

UnitedHealthcare	Welcome Phyllis Reilly Log out Claims Management
Home	
Welcome to Claims Management	🕲 .Claims. Reconsideration 🖶 Print
	You can perform the member search and claim search for a member. Click on the "Start Here" button to get started.

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

rporate Informati	ion > Member	r Search > Claims Sear			🔁 Prin
Member S	earch				
Corporate Inform	nation				
Corporate Name: OH Tax ID: 32 Provider Name: PE	ILDRENS HOSPIT 1098765 IYSICIAN, SALLY	а. Г			
					* Indicates mandatory field
You can search fe	or a member	in four different way	s, choose the one based on you	r preference.	
You can search fo Member ID and D	or a member Nate of Birth	in four different way Member ID and Nam	e O Name, Date of Birth and State	 preference. SSN and Date of Birth 	
You can search fo Member ID and D	or a member Nate of Birth	in four different way Member ID and Nam	e Name, Date of Birth and State	 r preference. SSN and Date of Birth 	
You can search fo Member ID and D Member	or a member Nate of Birth	in four different way Member ID and Nam Date of Birth:*	s, choose the one based on you e Name, Date of Birth and State Service Date:*	r preference.	
You can search fr Member ID and D Member	or a member Nate of Birth ID:*	In four different way Member ID and Nam Date of Birth:* mm/dd/yyyy	s, choose the one based on you e Name, Date of Birth and State Service Date:* mm/dd/yyyy	 r preference. SSN and Date of Birth 	
You can search fr Member ID and D Member	or a member Nate of Birth ID:*	Member ID and Nam Date of Birth:* mm/dd/yyyy	s, choose the one based on you e Name, Date of Birth and State Service Date:* em/dd/yyyy	r preference. SSN and Date of Birth	
You can search fi Member ID and D Member Do you want to	or a member Nate of Birth ID:*	in four different way Member ID and Nam Date of Birth:* mm/dd/yyyy al information or fami	s, choose the one based on you • Name, Date of Birth and State Service Date:* • mm/dd/yyyy iby information?	r preference. SSN and Date of Birth	

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

Found 1	result(s)"								
elect: 🕅 🛛	xport								
							Policy Start Date	Policy End Date	Select
ATIENT	808	Child	00000001	01/29/2008	2029 NORMANDIE DR. MONTGOMERY, AL	777777	07/04/2011	12/31/9999	\odot

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

Premium Paid Through Date	Month of Grace	Provider Explaination
05/31/2015	2nd	By law, exchange members who receive a subsidy have a three-month grace period to pay their premiums live will process claims during the first month. During the second and third month of the grace period, we will will process the claim.

Claim Search

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

Claim Search (continued)

3. Click Search

Corporate Inf	ormation	Patient Information	
Corporate Name: CHILDRENS HOSPITAL Tax ID: 321098765		Member ID: 000000001	Land Haman DATIONT
Provider Name:	PHYSICIAN, SALLY	Date of Birth: 01/29/2008	Lastname: PATENT
rou can search	for a claim in different ways, choose	the one based on your preference.	
 First and Last Date 	for a claim in different ways, choose ite of Service 💿 Claim Number 💿 Pat	the one based on your preference.	
 First and Last Da First Service Da 	for a claim in different ways, choose ite of Service	the one based on your preference,	

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

Claim Search			
Corporate Information	Patient Information		
Corporate Name: CHILDRENS HOSPITAL	Member ID: 00000000		
Tax ID: 221008765	First Name: BOB		
Provider Name: PHYSICIAN, SALLY -	Date of Birth: 01/29/2008		

4. Select the desired Claim



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

option	11 8 EX	ort			Note: To	flag claim(s), click on the	e flag icon(s).	Then go to	Homepage	e and click on "Re	fresh" to see	added cla	im(s).
2	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
1	1/24/2015	808	PATIENT	000001	0000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed	3	۲

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

Options: 1 Export				Note: To	Notes To flag claim(s), click on the flag icon(s). Then go to Homepage and click on "Refresh" to see								
	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	Selec
	01/24/2015	808	PATIENT	000001	0000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed	19 🕥

5. Review the claim information

	United	dHealt	hcare	5								C	aims I	Mar	nageme
me v Acti	Search	DET	AIL×												
lain	Numbe	er: 00000	00007		Patient A	ccount	Numbe	or: 0	000000	00006					
Corp	porate Inforate Name:	ormation	OSPITAL		r defene p	Pat	ient Info	ormati	on 001	00000					
Tax II Provi): der Name:	321098765 PHYSICIAN, S	ALLY			First Date	t Name: I of Birth: I	BOB 01/29/20	08		Last N	ame: P/	ATIENT		
Claim	Summary														
st Da led A	te of Service mount:	t: 08/ \$73	20/2012	Policy Nu Amount	mber: 7777 Paid: \$0.00	77	Process Other In	ed Date	: Paid Am	09/27/2	012		Letter	s 🗋	
tal Pa	tient Respo	nsibility: \$0.	00	Claim Str	atus: Procer	ssed	DRG: (0000					EOB:		
ignor	is Code:	99559 : V7	15												
aym aym o ite	ent Informa ent Type ms	tion Check Num	nber C	heck Issu	ie Date – Cł	neck Amo	unt D	Draft N	umber	Draft i	Amount				
Paym a ym o ite Line I Line I um	ent Informa ent Type ms .evel Detais Date of Service	Check Nun Processed Date	nber C Billed Amount	heck Issu Not Covered Amount	e Date Cl Provider Adjusted/ Discounted Amount	Allowed Amount	unt D Copay	Draft Ni Ded	umber Co-Ins	Draft J Medicare Paid Amount	Amount Paid Amnt	Rev Code	Line Lvl ServCode	Mod	Line Lvi Rem Code
Paym aym o ite Line I Line I 1	ent Informa ent Type ms Level Details Date of Service 08/20/2012 - 08/20/2012	Check Nun Processed Date 09/27/2012	Aber C Billed Amount \$400.00	heck Issu Not Covered Amount \$0.00	Provider Adjusted/ Discounted Amount \$168.71	Allowed Amount \$231.29	unt D Copay \$20.00	Draft No Ded \$0.00	umber Co-Ins \$0.00	Draft / Medicare Paid Amount \$0.00	Amount Paid Amnt \$211.29	Rev Code	Line Lvi Serv Code 99204	Mod 25, TJ	Line Lvi Rem Code JP
Paym a ym o ite Line I Line I Line I Line I Line I 2	ent Informa ent Type ms Level Details Date of Service 08/20/2012 - 08/20/2012	Check Num Processed Date 09/27/2012	Billed Amount \$400.00	Not Covered Amount \$0.00	Provider Adjusted/ Discounted Amount \$168.71 \$175.50	Allowed Amount \$231.29 \$157.50	unt D Copay \$20.00 \$0.00	Draft No Ded \$0.00	umber Co-Ins \$0.00	Draft A Medicare Paid Amount \$0.00	Amount Paid Amnt \$211.29 \$157.50	Rev Code	Line Lvl ServCode 99204 57452	Mod 25, TJ NONE	Line Lvl Rem Code JP JP
Paym o ite Line I ine um 1 2 0	ent Informa ent Type ms evel Detais Date of Service 08/20/2012 - 08/20/2012 08/20/2012 - 08/20/2012 - 08/20/2012 -	tion Check Num Processed Date 09/27/2012 09/27/2012	Aber C Billed \$400.00 \$333.00 \$20.00	Not Covered Amount \$0.00 \$20.00	Provider Adjusted Amount \$168.71 \$175.50 \$20.00	Allowed Amount \$231.29 \$157.50 \$0.00	unt D Copay \$20.00 \$0.00	Draft No Ded \$0.00 \$0.00	umber Co-Ins \$0.00 \$0.00	Draft A Medicare Paid Amount \$0.00 \$0.00	Paid Amount \$211.29 \$157.50 \$0.00	Rev Code 000 000	Line Lvi ServCode 99204 57452	Mod 25, TJ NONE NONE	Line Lvl Rem Code JP JP UG
Paym o ite Line I Ine um 1 2 0 0	ent Informa ent Type ms Level Details Date of Service 08/20/2012 08/20/2012 08/20/2012 08/20/2012 08/20/2012 08/20/2012	tion Check Num Processed 09/27/2012 09/27/2012 09/27/2012	Aber C Amount \$400.00 \$333.00 \$20.00 \$0.00	heck Issu Covered Amount \$0.00 \$20.00 \$20.00	Provider Adjusted/ Discounted Amount \$168.71 \$175.50 \$20.00 \$0.00	Allowed Amount \$231.29 \$157.50 \$0.00 \$0.00	unt C Copay \$20.00 \$0.00 \$0.00	Ded \$0.00 \$0.00 \$0.00	Co-Ins \$0.00 \$0.00 \$0.00 \$0.00	Draft J Medicare Paid Amount \$0.00 \$0.00 \$0.00	Amount Paid Amnt \$211.29 \$157.50 \$0.00 \$0.00	Rev Code 000 000 000	Line Lvl Serv Code 99204 57452	Mod 25, TJ NONE NONE	Line Lvi Rem Code JP JP UG UG
Paym o ite Line I Ine 1 2 0	ent Informa ent Type ms Level Details Date of Servico 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 -	Check Num Processed 09/27/2012 09/27/2012 09/27/2012 Claim Total:	Aber C Amount \$400.00 \$333.00 \$20.00 \$0.00 \$753.00	Not Covered Amount \$0.00 \$20.00 \$20.00 \$20.00	Provider Adjusted/ Discounted Amount \$168.71 \$175.50 \$20.00 \$0.00 \$364.21	Allowed Anount \$231.29 \$157.50 \$0.00 \$0.00 \$388.79	Copay \$20.00 \$0.00 \$0.00 \$20.00	Ded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Co-Ins \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Draft A Medicare Paid Amount \$0.00 \$0.00 \$0.00 \$0.00	Amount Paid Amnt \$211.29 \$157.50 \$0.00 \$0.00 \$368.79	Rev Code 000 000 000	Line Lvi Serv Code 99204 57452	Mod 25, TJ NONE NONE	Line Lvl Rem Code JP JP UG UG
Paym o ite Line I ine um 1 2 0 0	ent Informa ent Type ms .evel Detais Date of Service 08/20/2012 08/20/2012 08/20/2012 08/20/2012 08/20/2012 08/20/2012 08/20/2012 08/20/2012	tion Check Num Processed 09/27/2012 09/27/2012 09/27/2012 Claim Total:	Aber C Billed Amount \$400.00 \$333.00 \$20.00 \$0.00 \$753.00	heck Issu Covered Amount \$0.00 \$20.00 \$20.00 \$20.00 \$20.00	Provider Adjusted/ Discounted \$169,71 \$175.50 \$20.00 \$364.21	Allowed Amount \$231.29 \$157.50 \$0.00 \$388.79	Copay \$20.00 \$0.00 \$0.00 \$0.00 \$20.00	Ded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Co-Ins 50.00 \$0.00 \$0.00 \$0.00	Draft / Medicare Paid Amount \$0.00 \$0.00 \$0.00 \$0.00	Paid Amnt \$211.29 \$157.50 \$0.00 \$368.79	Rev Code 000 000 000	Line Lvi Serv Code 99204 57452	Mod 25, TJ NONE NONE <u>Infr</u>	Line Lvi Rem Code JP JP UG UG UG Hore Simmation
Paym o ite Line I ine um 1 2 0 0 0 Code	ent Informa ent Type ms .evel Details Date of Service 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 - 08/20/2012 -	tion Check Num Processed 09/27/2012 09/27/2012 09/27/2012 Claim Total: s nark Code or	Aber C Billed \$400.00 \$333.00 \$20.00 \$0.00 \$753.00	heck Issu Covered \$0.00 \$0.00 \$20.00 \$20.00 \$20.00	Provider Adjusted/ Discounted Amount \$168.71 \$175.50 \$20.00 \$0.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00 \$0.00	Allowed Amount \$231.29 \$157.50 \$0.00 \$388.79	Copay \$20.00 \$0.00 \$0.00 \$20.00	Ded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	umber Co-Ins \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Draft / Medicare Paid Amount \$0.00 \$0.00 \$0.00 \$0.00	Amount Paid Amnt \$211.29 \$157.50 \$0.00 \$0.00 \$368.79	Rev Code 000 000	Line Lvi Serv Code 99204 57452	Mod 25, TJ NONE NONE <u>Infr</u>	Line Lvi Rem Code JP UG UG More code(s) veree

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:	<u>More</u> <u>Information</u>

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

My Actions					
Export					
Print Flag	000007	1	Patient Account Number:	00000000006	
Feedback					
Corporate Informa	tion		Patient Inform	ation	
Corporate Name: CHILD	RENS HOSPITAL		Member ID: 0000	00001	

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

ity Actions		
Export		
Print	Patient Account Number: 0000000000	06
Create Claim Reconsideration Feedback	Patient Information	
Corporate Name: CHILDRENS HOSPITAL	Member ID: 000000001	
Tax ID: 321098765	First Name: BOB	Last Name: PATIENT
Provider Name: PHYSICIAN, SALLY	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.

UnitedHealthca	re	Claims Management
Home Search DETAIL ×		
My Actions		
The claim information has been sent to	the Claims Reconsideration Application.	

Submit Attachment (if needed)

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

My Actions			
Export			
Print Flag	000007	Patient Account Number: 000000000006	
Submit Attachment Feedback		Patient Information	
Corporate Name: CHILDRENS Tax ID: 32109876	HOSPITAL 5	Member ID: 00000001 First Name: BOB	Last Name: PATIENT
Provider Name: PHYSICIAN	, SALLY	Date of Birth: 01/29/2008	

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

	ir cii					
Provider:	321098765	Provider Name:	PHYSICIAN, SALLY			
Member ID:	000000001	UHC Claim Number:	000000007			
Patient:	PATIENT, BOB	Service Date:	08/20/2012			
4ember Informa	ation					
Member ID:	000000001	Street Address:	2029 NORMANDIE DR	Patie	ent Name	PATIENT
Member Last Name:	PATIENT	City:	MONTGOMERY	First	1	808
First	808	State:	AL	M		
MI		Zip:	36111			
Claim Information Physician/Healt Submission Rea- mission Sel	on A Care Information Son ect					
Claim Information Physician/Healt Submission Real bmission Sei	on h Care Information son ect		•			
Claim Informatie Physician / Healt Submission Rea- brinission Rea- brinission Rea- brinission Rea- son * Sei	on h Care Information Son ect		•		1	
Claim Informati Physician / Healt Submission Rea- bmission Sei Comments Comments	on h Care Information son ect		3		1	
Claim Informati Physician/Healt Submission Rea- bission Sei Soonents Comments * New/Auto Doctor	on h Care Information son ect]	
Claim Informatik Physician/Healt Submission Reasonission Second S	n h Care Information con ect		•]	
Claim Informatik Physician /Healt Submission Reas Benission Sel Somments Comments* View/ Add Attachm The News	nn h Care Information non ect memt(s) sents		•	isplaying 0 records]	

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



Submit Attachment (continued)

5. Once the files are attached, click Submit

Add Attachments				
File Name	Operator	Date V	Displaying 1 record	d
Attachment	Phyllis Reilly	03/19/2015	External	
_			Submit	_

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.

6. You will get a confirmation, including a reference number, which you can 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
Claim Number:	000000007	PTPCMA:	C14-999
Comments:		Please allow up to 30 d	lays for processing.
- Attachments			Displaying 1 r
File Name	Operator	Date V	Attachment type
Attachment	Phyllis Reilly	03/19/2015	External

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.

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

UnitedHeal	thcare		Welcome Phyllis Reilly Log out Claims Management
Home Search C	etail ×		
Export Print Flag Create Claim Reconsideration	000007	Patient Account Number: 00000000006	
Appeals Feedback Tax ID: 32109876 Provider liame: PHYSICIAN	IOSPITAL 5 I, SALLY	Patient Information Member ID: 00000001 First Name: DDB Date of Birth: 01292008	Last Name: PATIENT

2. On the new tab, complete the Questionnaire



3. Add Comments in the Request Form

structions: This r claim reconsid consideration pr iting. Please ret	form is to be completed by pleration or requests involving rocess. If you are intending the to the appeal address information of the to the appeal address information of the tot the tot the tot tot tot tot tot tot tot tot tot to	physicians, hospitals or multiple claims for a me o submit and appeal/dis ormation located on you	other health care professi mber. If you are intending pute for multiple claims fo in Provider Remittance Advi	onals to request an app to submit a reconsidera a member, you will nee ce.	eal/dispute. Do not use this forr tion, please use the claim d to submit your request in
Summary of Se	arch				
Provider:	321098765	Provider Name:	CHILDRENS HOSPITAL		
Member ID:	123456789	UHC Claim	1234567890		
Patient	PATIENT, BOB	Service Date:	01/12/2015		
Member Inform	ation				
Member ID:	123456789	Street Address:	1212 MAIN ST	Patient Name	PATIENT
Member Last	PATIENT	City:	NEW YORK	First	808
First	BOB	State:	NY	MI	
MI		Zip:	11215		
Claim Informati	ion				
Control/Claim #	1234567890	First Date of Service:	01/12/2015	Billed Amount:	\$6,780.00
Physician/Heal	th Care Information				
Tax ID Number (TIN):	321098765	Address:	1000 PROVIDER AVE		
Last Name:	CHILDRENS HOSPITAL	City:	NEW YORK		
First Name:		State:	NY		
MIE		Zip:	11215		
ase clearly indi	icate the reason for your app	eal of the above claim,	and any additional details	regarding your request.	
Comments					
Comments*					

Submit Appeal (continued)

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

Document Type	Select	-	
	Select		
	Proof of Eligibility Member Authorization/AOR Medical Records Physician Referral Waiver of Liability – WOL Additional Information Intent of Submission Explanation of Benefits – EOB		

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

ew/Add Document	(5)				
Add Attachments					
				Displaying 1 record	
File Name	Operator	Date V	Attachment type		
Attachment	Phyllis Reilly	03/19/2015	External		
			Submit		

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.

New Search

 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

UnitedHealthcare		Welcome Phyllis Reilly Log.out Claims Management
Home Search DETAIL *		
Claim Number: 0000000007	Patient Account Number: 00000000000	
Corporate Information Corporate Name: CHLDRENG HOSPITAL Tax ID: 321098765 Provider Name: PHYSICIAN, SALLY	Patient Information Member 10: 00000001 First Name: 808 Date of Birth: 01/29/2008	Last Name: PATIENT

2. Select either New Provider Search or New Claim Search

UnitedHea	lthca	re							Welcome Claims	^{e Phyllis Re} Mana	illy Log geme	out ent
Home Search ×												
Corporate Information	> <u>Member</u>	Search > (Claim Search								e e	Print
> Claim Search	1											
"Found 1 result(s)"												
Options: 🖲 Export			Note: To	flag claim(s	s), click on th	e flag icon(s).	Then go to	Homepage	and click on "Re	fresh" to see	e added clai	im(s).
First First Date of Name Service	Last Name	Member ID	Patient Account #	Claim #	Policy #	Processed Date	Billed Amount	Amount Paid	Total Patient Responsibility	Claim Status		Select
P 01/24/2015 BOB	PATIENT	000001	000000006	0001	777777	01/27/2015	\$500.00	\$0.00	\$0.00	Processed		\bigcirc
New Member Search	New Claim	i Search										

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

UnitedHealthcare	Welcome Phyllis Reilly Log Claims Managem		
me Search ^H			
orporate Information > Member Search > Claim Search		@ Pri	
 Claim Search 			
Corporate Information	Patient Information		
Corporate Name: OHILDRENS HOSPITAL	Member ID: 00000001		
Tax ID: 321098765 Provider Name: PHYSICIAN, SALLY	First Name: BOB Date of Birth: 01/29/2008	Last Name: PATIENT	
You can search for a claim in different ways, choose th	he one based on your preference.	* Indicates mandatory fields	
First and Last Date of Service Claim Number Patien	nt Account Number		
First Service Date: * Last Service Date: *			
mm/dd/www			

New Search (continued)

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

_
E Print
★ Indicates mandatory fields

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

UnitedHealthcare	Claims Management
Home Welcome to Claims Management	🗊 . Claims. Reconsideration 🖶 Print
You	can perform the member search and claim search for a member. on the "Start Here" button to get started.

ELIGIBILITY AND BENEFITS

Patient Eligibility & Benefits Eligibility & Benefits QUICK REFERENCE

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

Phyllis			Link		
DAGHEGARDS & APTS	Link				2.00
Link	2				
Link Marketplace	ß		8,		4
ccourt	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Quick Reference	Optum Physical
My Account	Eligibility & Benefits	Claims Management	Claims Reconsideration	Guides	Health
ILP & SUPPORT					
Help Center					
Privacy & Terms		0			
5 Sign Out	UnitedHealthcare Online	Electronic Payments & Statements	ICD 10 Lookup Tool	UnitedHealthcare West	UnitedHealthcare Community Plan
				(MR	
	UnitedHealthcare Oxford	UnitedHealthcare User ID and Password	UnitedHealth One	UMR	

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

Corporate Inform: Corporate Name: Tax ID: Provider Name:	CHILDRENS H 321098765 PHYSICIAN, SA	OSPITAL				
You can search for a Member ID and Dat Member ID: Add more mer	a member in four dif e of Birth Member Date of Birth: midd/vrvv D	ferent ways, choose th r ID and Name ID and Name Service Date:# 2(6/2014 12)	e one based on your p , Date of Birth and State All Effective Policies	reference.	 Indicates mandatory fields 	
Do you want to view Individual © Fame	v individual informa V	tion or family informatic	n?			

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

🕖 Uni	tedHea	lthcare					EI	welcome igibility a	Phyllis Re and E	^{⊪y⊨} Logo Benefi	aut ts
Home Sea	rch ×										
Corporate Int	formation > M	ember Search									
Mem	ber Seai	rch									
Found "2	results" fo	or your sea	rch criteri	a							
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	1 7777777	11/03/1963	08/01/2012	12/31/9999	Choice Plus	Ð	۲	Î
BOB	PATIENT	Child	00000001	1 111111	01/29/2008	08/01/2012	12/31/9999	Choice Plus	E	\bigcirc	1
1 Click to	view Grace I	Period informati	on								

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

Grace Period Information		
Premium Paid Through Date	Month of Grace	Provider Explaination
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.

						Policy Start Date	Policy End Date		
BETTY	PATIENT	Employee	000000001	7777777	11/03/1963	08/01/2012	12/31/9999	8	٢,
вов	PATIENT	Child	000000001	mm	01/29/2008	08/01/2012	12/31/9999	Card Not Available	۲

Member Search (continued)

No Gaps In Care Exist

6. Review the Patient and Benefits Information

to Submit Prior ect the "In-Netwo In Network © Out	Auth/Notification I rk" or "Out Of Netw Of Network	Request: Yes (Select Sub ork" based on your pre ost Benefit	mit Prior Auth Request fro ference.	m My Actions)		
atient and Benef	its Information					
First Name		ast Name	Gender	Date Of Birt		Address
BOB	P.	ATIENT	Male	01/29/2008	м	2029 NORMANDIE DR ONTGOMERY, AL, 36111
Member ID	Group number	Insurance Type	Funding Type	Product	UHC Primary	CO8 Update Information
000000001	7777777	Commercial	Insured by United	Choice Plus	Yes	Member COB Update Overdu
rimary Care Phy:	sician					
Name		Address		Specialty	Start Da	te End Date
				•		
Deductible Indiv Limit/Met	idual Out of Po	cket Individual mit/Met	Policy Start 8/1/2012	date Po 12/	licy End date	
\$0.00 / \$	\$	0.00 / \$				
Deductible Fan Limit/Met	nily Out of I	Pocket family mit/Met	HSA	HR	A	
\$0.00 / \$	sc	0.00 / \$				

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

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

Gaps In Care Exist-- <u>Click</u> For Details

UnitedHealthcare	Welcome Phyllis Reilly Log out Eligibility and Benefits
Home Search BOB PATIENT X	
My Actions Member Detailis (As of Date: 2/4/2014) Able to Submit Prior Auth/Notification Request Yes (Select Submit Notification/ Authorization Request Market Submit Notification/ Authorization Request Market Submit Notification/ Authorization Request Market Submit Notification Request Market Market Submit Notification Request Market Submit Notificatio	Gaps In Care Exist <u>Click</u> For Details on My Actions) are for network specialty care.

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



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



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

United I	Healthcare				Eligil	Welcome Phyllis Reilly Log.out
Home Search	BOB PATIENT ×					
My Actions						
Member Detail	S (As of Date: 2/6/20	14)				
Network Status: Out Able to Submit Prior Select the "In-Netwo	Of Network Auth/Notification R rk" or "Out Of Netwo	e quest: Yes (Select Sul rk" based on your pre	omit Prior Auth Request fr eference.	om My Actions)		
In Network Out	Of Network Higher	t Benefit				
Patient and Benef	its Information					
First Name	e La	at Name	Gender	Date Of Birth		Address
BOB	PA	TIENT	Male	01/29/2008	2 M0	029 NORMANDIE DR NTGOMERY, AL, 36111
Member ID	Group number	Insurance Type	Funding Type	Product	UHC Primary	COB Update Information
00000001	7777777	Commercial	Insured by United	Choice Plus	Yes	Member COB Update Overdue
Primary Care Phys	sician					
Name	1	Address		Specialty	Start Date	e End Date
· ·		-		-		•
Deductible Indiv Limit/Met	idual Out of Poo	ket Individual it/Met	Policy Start 8/1/2012	date Polio 12/31	y End date /9999	
Deductible Fan Limit/Met	s⊽ nily Out of P Lin	ocket family it/Met	HSA No	HRA		
\$0.00 / \$	\$ 0.	00/\$				
Copayment/Coin:	surance					
Prof	essional Profes	sional Hospital	Hospital H	lospital Emergency	Select a service 👻 S	elect a service 💌 Select a service 💌

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

🕖 Unit	tedHea	lthcare						Eli	welcome igibility a	Phyllis Rei	enefi	ts
Home Sear	rch ×											
Corporate Inf	formation > M ber Sear results" fo	ember Search r ch or your sea	rch criter	ia								
First Name						Date of Birth	Policy Start Date	Policy End Date				
BETTY	PATIENT	Employee	00000001	1 77	77777	11/03/1963	08/01/2012	12/31/9999	Choice Plus		\bigcirc	Î
BOB	PATIENT	Child	00000001	1 17	mn	01/29/2008	08/01/2012	12/31/9999	Choice Plus	Ð	(
1 Click to	view Grace I	Period informati	on									

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

UnitedHealthcare	Welcome Phytlis Reitly: Log out Eligibility and Benefits
Home	
Welcome to the Eligibility and Benel	fit Center
	You can obtain information about your patient's medical coverage. Click on the "Start Here" bottom to begin. Start live

Additional Quick Reference available on UnitedHealthcareOnline.com

PRIOR AUTHORIZATION/ NOTIFICATION SUBMISSION AND STATUS

Prior Authorization & Notification Prior Authorization/Notification Submission & Status QUICK REFERENCE

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 <u>UnitedHealthcareOnline.com</u>



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 coporate 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**.

My Actions					Case status as of "As of Date	". Click on "Refres	sh" button to ge	et the latest. Refresh
Reference Number	View Details	Member Name	Member 10	Group Number	Status	Expected Date of Service	Actual Date of Service	As of Date
1000345345		ETHEREON 108			Antive Case Review In Research	E(4/3016	8/4/2016	07/05/2016 07:08 44

Get Started (continued)

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

Corporate Inform Corporate Name:	CHILDRENS HOSPITAL				
Tax ID:	321098765				
Provider Name:	PHYSICIAN, SALLY				
You can search for	a member in four different wave, choose th	he one based on your p	reference.	· Indicates mendatory fields	6
Member ID and Date	e of Birth 💮 Hember ID and Name 💮 Nam	e, Date of Birth and State	© SSN and Date of Bith		
Member ID and Dat	e of Beth O Hember ID and Name O Nam Date of Birth: Service Date: •	e, Date of Bith and State All Effective Policies	SSN and Date of Bith		
Member ID and Dat	a of Birth () Hember ID and Name () Name Date of Birthum Service Date:*	e, Date of Bith and State All Effective Policies	© SSN and Date of Brth		
Member ID and Dat	e of Beth () Hember ID and Name () Name Date of Birthum Service Date:= my/Milvrrr () 28/2014 (2)	e, Date of Bith and State All Effective Policies	SSN and Date of Birth		
Add more mer	e of Birth (*) Hember ID and Name (*) Nam Date of Birth: * Service Date: * multifyryr (*) 28(2014 (*) nbers	e, Date of Birth and State All Effective Policies	SSN and Date of Birth		
Member ID and Dat Member ID: Add more met	a of Brth Nember 3D and Name Nam Date of Birthin Service Date: multifirm 28(20)4 2	e, Date of Birth and State All Effective Policies	SSN and Date of Bith		
Member ID and Dat Member ID: Add more met Do you want to vie	e of Bith O Hember ID and Hame O Ham Date of Birthin Service Date: mildlifyryr T 2A(0014 T) mbers e individual information or family informati	w, Date of Birth and State All Effective Palicies	SSN and Date of Brth		

9. Select the desired patient

						Prior	Authorizat	ion and No	tification
Corporate Informatio	n > Member Search								
 Member Se 	arch Criteria 🤅	0							
Found "1 result My Actions -	s" for your sear	ch criteria							
First Name									
JOHN	SMETH	Subscriber	943714039	0909005	01/01/1970	01/01/2016	12/31/9999	Gated HMO+ Single License	۲
New Search For Eligibility and Ber	refits information please	e return to the Link Da	shboard and select th	e Eligibility and Benefit	s Center Tile.				

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.**

Notification				
Member Name	Member ID	Date of Birth	Group Number	Address
BOB PATIENT	000000001	01/29/2008	7777777	2029 NORMANDIE DR, AL 36111
My Actions		_		
Service Details	1	R N	equesting Provider In etwork Status: Cannot D	nformation 2
Place of Service: Select	• •	c	orporate Tax ID Owner:	1234 P
Service Detail: Select • Type of Service: Select •		P	hysician/Provider Tax ID: hysician/Provider Name:	000001234 • SIMS,AARON-000001234 •
Date of Service: mm/dd/yyyyy		A	ddress Group:	Search Address 2
		P	hysician/Provider Address:	3
Codes				
Diagnosis Code:	Code		Procedure Code:	Code 🗎
Description: Code Descript	on Search		Description: Cod	le Description Search
Diagnosis Code:	Code		Procedure Code:	Code 🗎
Description: Code Descript	on Search		Description: Cod	le Description Search
Diagnosis Code:	Code		Procedure Code:	Code 🗎
Description: Code Descript	on Search		Description: Cod	le Description Search
Add a Co	ode	4		Add a Code 5
			Provider Name:	
			Tax Id: Network Status:	
			Activity Status:	6
			search for Servicing	O
			Use Requesting I	Provider

- 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



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**

Cty and State ② Zp Code and Radus Servicing Provider Search Indicates Mandatory Field
Servicing Provider Search Indicates Mandatory Field .ast Name requires at least 5 characters. First Name :
Indicates Mandatory Field .ast Name requires at least 5 characters. First Name :
ast Name requires at least 5 characters. First Name :
First Name :
Last Name Lt
Chu Chu
City.
State: Seect State

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

				Previous 12:	3 <u>4 Ne</u>
Provider Full Name	, т	ered Provider		Network Status	
IMPSON, ALISON		N		Both	
	Tiered Provider	Network Status	Specialty	Location Details	Se
	N	Out of Network	CLINICAL/MEDICAL SOCIAL WORKER	80 MEDICAL RD PALUXY, TX 76048 (817) 555-5555	
	N	Out of Network	PEDIATRICS	80 MEDICAL RD PALUXY, TX 76048 (817) 555-5555	s
	N	Out of Network	PEDIATRICS	80 MEDICAL RD PALUXY, TX 76048 (817) 555-5555	
	N	In Network	PEDIATRICS	4 MEDICAL BLVD CONOR, TX 77304 (713) 555-5555	•
	N	Out of Network	GENERAL PRACTICE	4 MEDICAL BLVD CONOR, TX 77304 (713) 555-5555	
SIMPSON, ALLAN		N		Out of Network	
SIMPSON, AMY		N		Out of Network	

9. Click 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 Nat	ne Hei	mber ID	Date of Birth	Group Number	
BOB PATIENT	r 00	0000001	01/29/2008	mm	2029 NORMANDIE DR, AL 3611
Ision ID Number Initiate Now If you do not not to initiate a filcation/Prior thorization Request w you may return any other tab.	Prior Authorizion Notification/Prior Au ou may continue wit utton. The Decision ID Numb refer to it for future is benefit plan documen Please note that if yo contact us by calling	uthorization is the Submission requiries. Covers t, and, if applic the number on	s required for one or n on of the Notification/Pr es your inquiry and our age and payment for an able, the provider's par el these services at an the back of the membe	nore of the procedures y nor Authorization by clickie response. Please write this item or service is governe bicipation agreement with y time, or if you have any v e ID card. Thank you.	ou have entered. ig on the Initiate inumber down and d by the member's the Health Plan. guestions, please

NOTE: Possible results include:

- Prior Authorization/Notification is required for one or more of the procedures entered
- Prior Authorization/Notification is <u>not</u> required for the requested services
 - The "Initiate Now" button <u>may</u> 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

V Dation Clinibility & Date			- Notification	Nor Automation	-	onte 8 Descurren T	Clinician Decou
Pasent Englishiny a Deno		in a rayments	Houncaronar	The Automation			Contraction President
Home > Notifications/Pr	ior Authorizations >	Notification/Prior A	Authorization Submission				
	Notificati	on/Prior	Authorizatio	on		🛛 Helo 📕	Print Friendly
	Submiss	ion			8-0		
	Verify Informa	ation				and description the second	and a second second second
	agreement with the	Health Plan.	service is governed by th	e members benefit j	plan documen	, and, il applicable, the provic	ier's participation
	Please note that if y the member's ID ca	you wish to cancel I ard. Thank you.	these services at any time	e, or if you have any	questions, ple	ase contact us by calling the	number on the b
	Notification/Prior A	uthorization is not a	verification, guarantee o	f benefits, or clinical	determination	Payment of services is base	d on your partici
	agreement with us A Notification/Prior	and the enrollee's t Authorization may	penefit plan at the time se be considered late if not :	rvices are provided.	business day	after the date of admission or	submitted per v
	participation agreen	nent. Please refere	nce your agreement for fi	urther information in	this regard.		
	Eligibility for: BOB P	ATENT VI	ew Patient's ID Card 🖊	Relationship:	Subscriber	Eligible for Language Assistan	ce: No
	Group # 01A34	456 1010 000		Termination Date:	12/31/2199	Written Language Preference:	
	Message: A futu Medic	re timeline may be an al ID card.	vailable for this member. Fo	r future coverage plea	se call the telep	shone number located on the ba	ck of the member
	Admitting/Attend	ling Physician Inf	ormation				
	Authorization Type:	Inpatient/Outpatien	tt Facility	Tex ID		731354674	
	Address:	130 MAIN ROAD,	Montgomery, AL 36111-27	11		121220014	
	Place of Service		Service De	tails		Service Description	
	Skilled Nursing Facility Facility Name		Hospice ID Number			Emergency Facility Address	
	CHILDERSBURG DIA	SNOSTIC IMAGING				34011 Hwy 280, Childersburg.	AL 35044-2128
	Admission Date:	Dates 12	08/2015				
	Diagnosis Code	Diagno	osis Description				
	113.0	Hyperten	sive heart and chronic kidney (disease with heart failure	and stage		
	1 Procedure Code:	50341	Lifestyle modificatio	n program for magaze	ment of coroni	ry artery disease, including all a	
	Expected Procedure	e Date: 12/06/2015	Actual Procedure Date:	Physicia	an Name ID Nu	mber:	
	Review Priority						
	By checking this box	and indicating that y	ou are requesting an Exped	ited Review, you ackr	owledge that y	ou have read and are adhering t	o the regulations
	Medicare 42 CFR S Medicaid CFR Secti	action 422.570 on 438.210					
	All other membership	x Health Care Refor	n - PPACA and DOL 29 CF	R 2590.715.2719 and	29 CFR 2560.	03	
	Clinical Notes						
	Legend: dis Unite	IdHealthcare Clinic	al Team Notes A Provi	der Notes	View Historic	d Clinical Notes	Printer Friend
			1				
	Maximum of 800) characters					
	In West Comments	test	- Martin and a straight of				
	initial Contact (p	Herson submittin	ig Notification/Prior A	utnorization)			
	Name:			Fax Number.			
	Phone Number: Follow-up Conta	ct Person (Pers	on providing clinical	or discharge info	rmation)		
	Name: Phone Number: Follow-up Conta Name: Fax Number:	act Person (Pers	on providing clinical Emai	or discharge info	rmation)		

- 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

	ed - Please Review and Acknowl	edge
If you are unable to electronically attach do contacted for the clinical information.	ocument(s) please enter information i	n the clinical note
1. For Procedure Code A0430 : AMB SER	VICE CONVINTION AIR SRVC TRANSP	PORT 1 WAY
You can electronically attach document(s) Eligibility and Benefits Center, select the F) by going to https://cloud.optum.com/o Provider, search on the case and revie	loudappspotind w the Required (
If unable to electronically attach docume	ent(s), enter the information in the cli	nical notes sect
Upload Attachment(s): Maximum file size gif, jpg, jpeg, pdf, png, tiff, til	for upload: 3.5MB. Acceptable file type	s: bmp, doc, doc
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, th Clinical Notes: Maximum 8000 Character	e file cannot be deleted. 15	Upload
	rmination for this request when the re to this site and selecting the Notificati	view is complete on/Prior
You will be notified of the coverage dete You can also obtain status by returning Authorization Status feature.		

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	OK
rendered.	

Complete a Questionnaire:

•

 Complete the questionnaire by selecting the appropriate radio buttons



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

 Actions 			
Print			
Blank Assessment			
Saved Assessment			
Save & Exit			
Save & Exit			
Save & Submit			

Complete Prior Authorization/Notification (continued)

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

h N P	nitial Contact (person submitting Notification/Pric	r Authorization) Fax Number:
EN	Ollow-up Contact Person (Person providing clini	cal or discharge information)
Ġ	hysician Office Phone: Pro- leader United Phone: SUBJMIT EDIT	asity Medical Record Number:
Security Notice Privacy Policy	Site Use Agreement Site Map UnitedHealthcare.com	Q. Search Copyright @ 2015 UnitedHealth Group, Incorporated. All rights reserved.

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

2/3/2015 11:37:					
	20				
Notifi	cation/Prior Auth	orization			
Cubm	ission				Print this par
Subin	1551011		M I	<u> </u>	
Confirm M	otification/Prior Authorizatio	n			
Thank you fe	r your online Notification/Prior Authoria	ation submission			
The notification	on/prior authorization case information v	as transmitted on 02/03/2015 at 10:37	AMCST. The not	ification/prior authorization reference i	number is 824824824. Jease
print this page	tor your records.				
The reference	e number about arknowladnes receipt	of your politication or prior authorization	request Please	write this number down and rater to	for hiture innuiries. Couerage
and payment	for an item or service is governed by the	member's benefit plan document, and,	if applicable, the	provider's participation agreement w	ith the Health Plan.
Please note t	hat 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.					
you.					
you.	non	Belationship	Chat	Buble for Language Assistance	
you. Eigbilby for: Subscriber F.	808	Relationship: Effective Date:	Child 01/01/2015	Bigble for Language Assistance: Verbal Language Preference:	
you. Eligibility for: Subscriber # Group #	808 124735376 1243	Relationship: Effective Date: Termination Date:	Child 01/01/2015 12/01/2015	Bigble for Language Assistance: Verbal Language Preference: Written Language Preference:	
you. Eligibility for: Subscriber #: Group #: Product	808 124735376 1243 HAO	Relationship: Effective Date: Termination Date: Insurance Type:	Child 01/01/2015 12/31/2015 Not Available	Bigble for Language Assistance: Verbal Language Preference: Viritien Language Preference:	

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

Check Status of Prior Authorization/Notification

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



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 PATIENT	000000001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Procedur	Pracedure Code Pracedure 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



2. Click Choose a File

Upload an /	Attachment	
Acceptable file	formats are .pdf; .bxt; .png; .jpg; .jpeg; .bmp; .gif, .tiff; doc; .docx.	
	upload	
Choose a File		
100 111 00 110	of the coverage determination for this	
request when	the review is complete. You can also obtain	
status by retu	med to this site and selecting the	
Notification St	atus feature	
By checkin	ig this box and clicking OK I understand that	
the inform	ation itemized above is required before a	
clinical cou	rerace determination can be rendered	

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

Organize New folder			80	• 🖬 🌒
My Axure RP Libraries My Axure RP Prototypes	*	Documents library Patient Attachment Example	Arrange	by: Folder •
My Asure RP Specifications		Name		Date modified
My Data Sources		(III) Patient XRay.bmp		9/3/2014 6/28 Pt
🔒 My Shapes	100	Care Contraction and Contraction		
🍶 My Web Sites				
myUHC Resources				
🌲 OneNote Notebooks				
🎍 Outlook				
Patient Attachment Example				
Banjasta	1.0			

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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Log in to Link and select the UHC On Air tile.



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After selecting your channel, you'll see videos categorized by plan type. **You'll see broadcasts categorized by plan type and general information.**



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