MAPAM
UnitedHealthcare

May 26,2022

Agenda

United Healthcare Provider Portal

- Document Library
- Trackit

Network News Updates

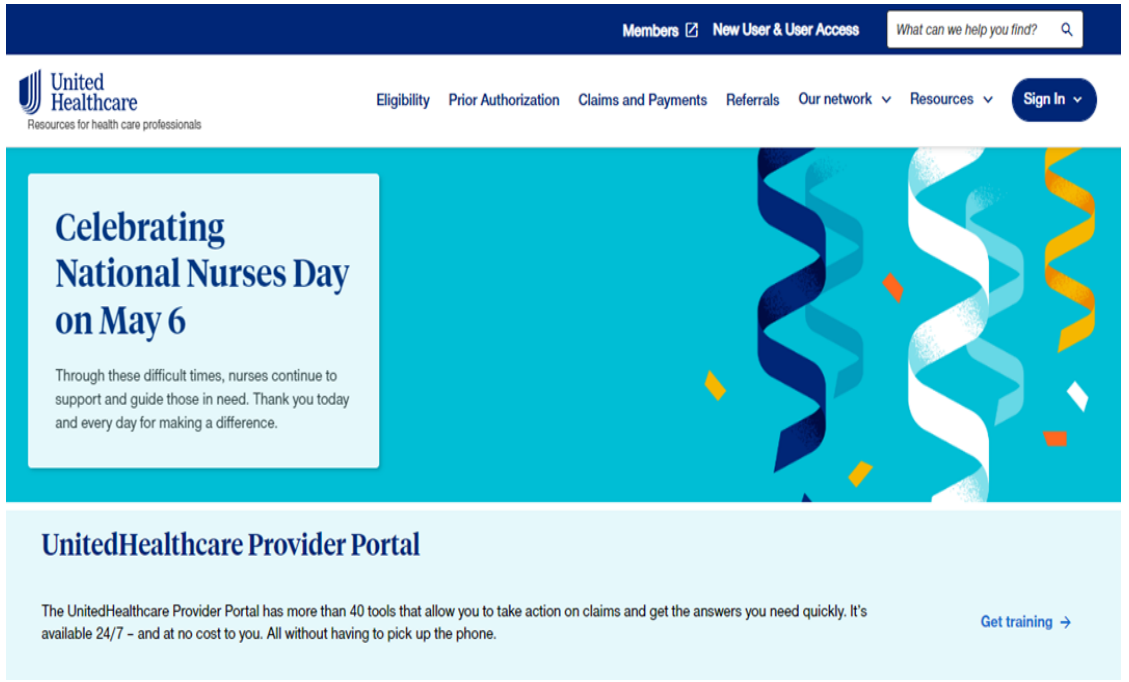
Digital Updates

Resources

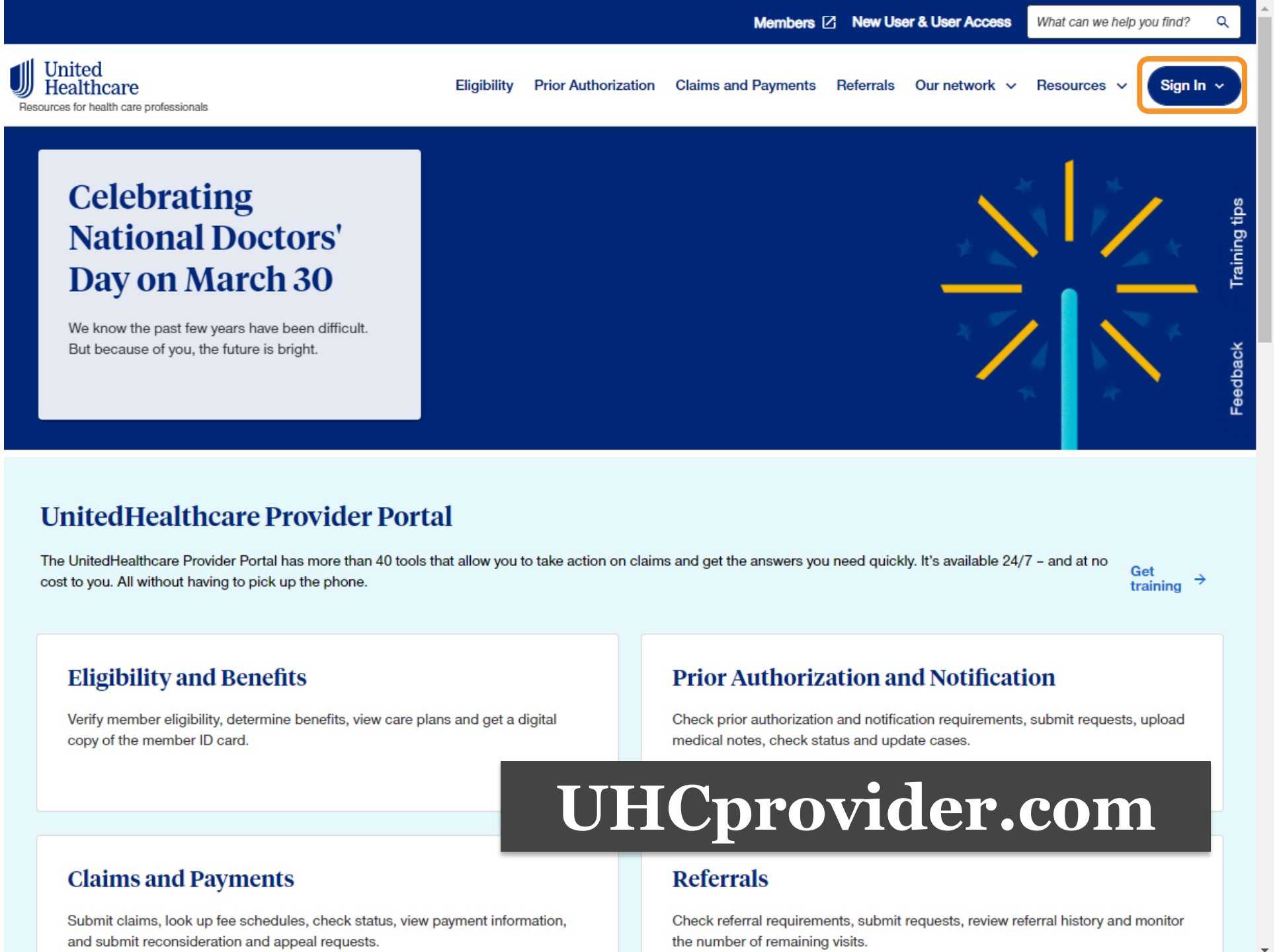
UHC Provider Portal

Document Library

Trackit



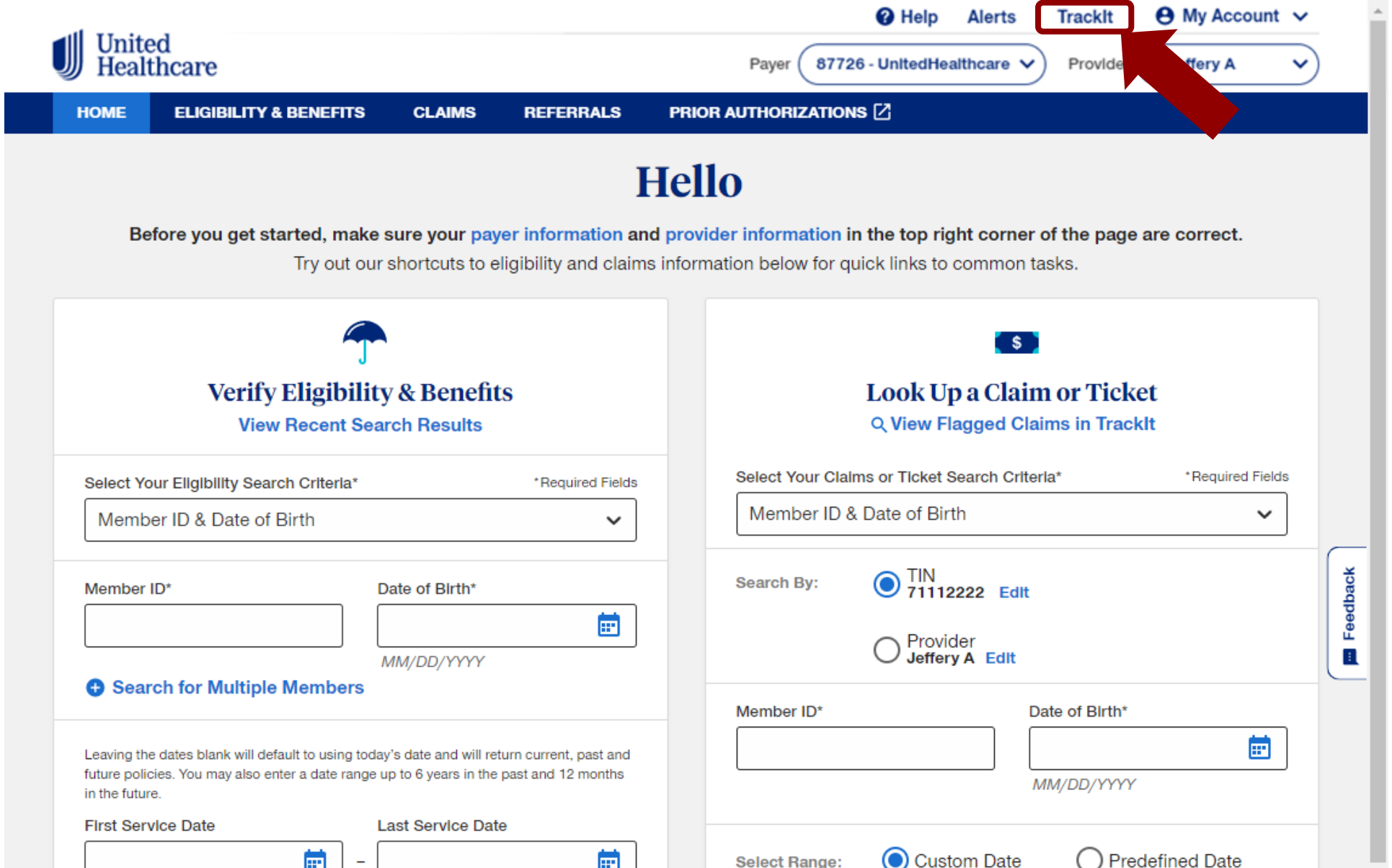
UnitedHealthcare


Members
New User & User Access
What can we help you find?
United Healthcare
Resources for health care professionals
Eligibility
Prior Authorization
Claims and Payments
Referrals
Our network
Resources
Sign In
Celebrating National Doctors' Day on March 30
We know the past few years have been difficult. But because of you, the future is bright.
Training tips
Feedback
UnitedHealthcare Provider Portal
The UnitedHealthcare Provider Portal has more than 40 tools that allow you to take action on claims and get the answers you need quickly. It's available 24/7 – and at no cost to you. All without having to pick up the phone.
Get training
Eligibility and Benefits
Verify member eligibility, determine benefits, view care plans and get a digital copy of the member ID card.
Prior Authorization and Notification
Check prior authorization and notification requirements, submit requests, upload medical notes, check status and update cases.
UHCprovider.com
Claims and Payments
Submit claims, look up fee schedules, check status, view payment information, and submit reconsideration and appeal requests.
Referrals
Check referral requirements, submit requests, review referral history and monitor the number of remaining visits.

Trackit

Flagged claims

United Healthcare®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Alerts
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My Account
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Payer
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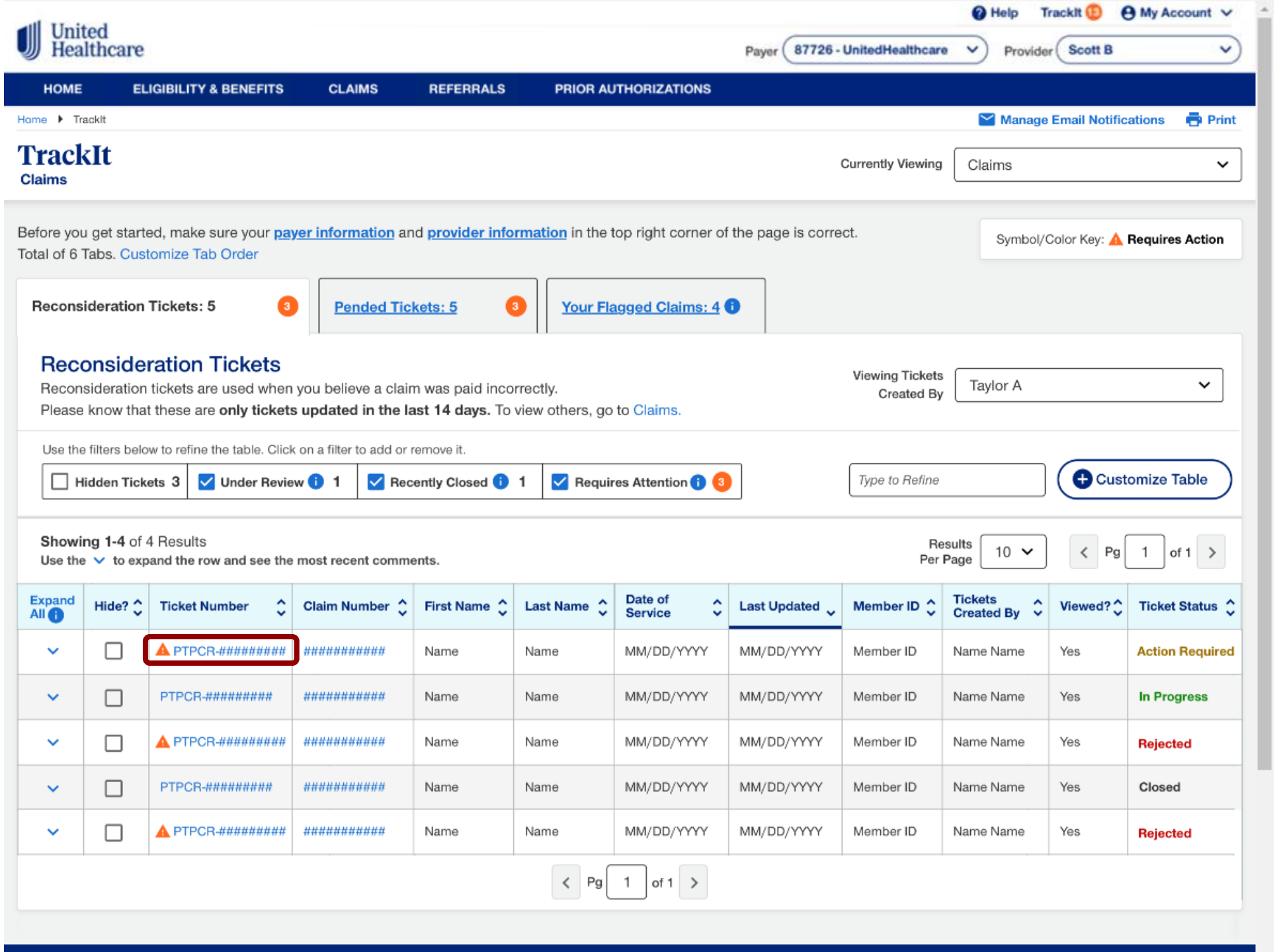
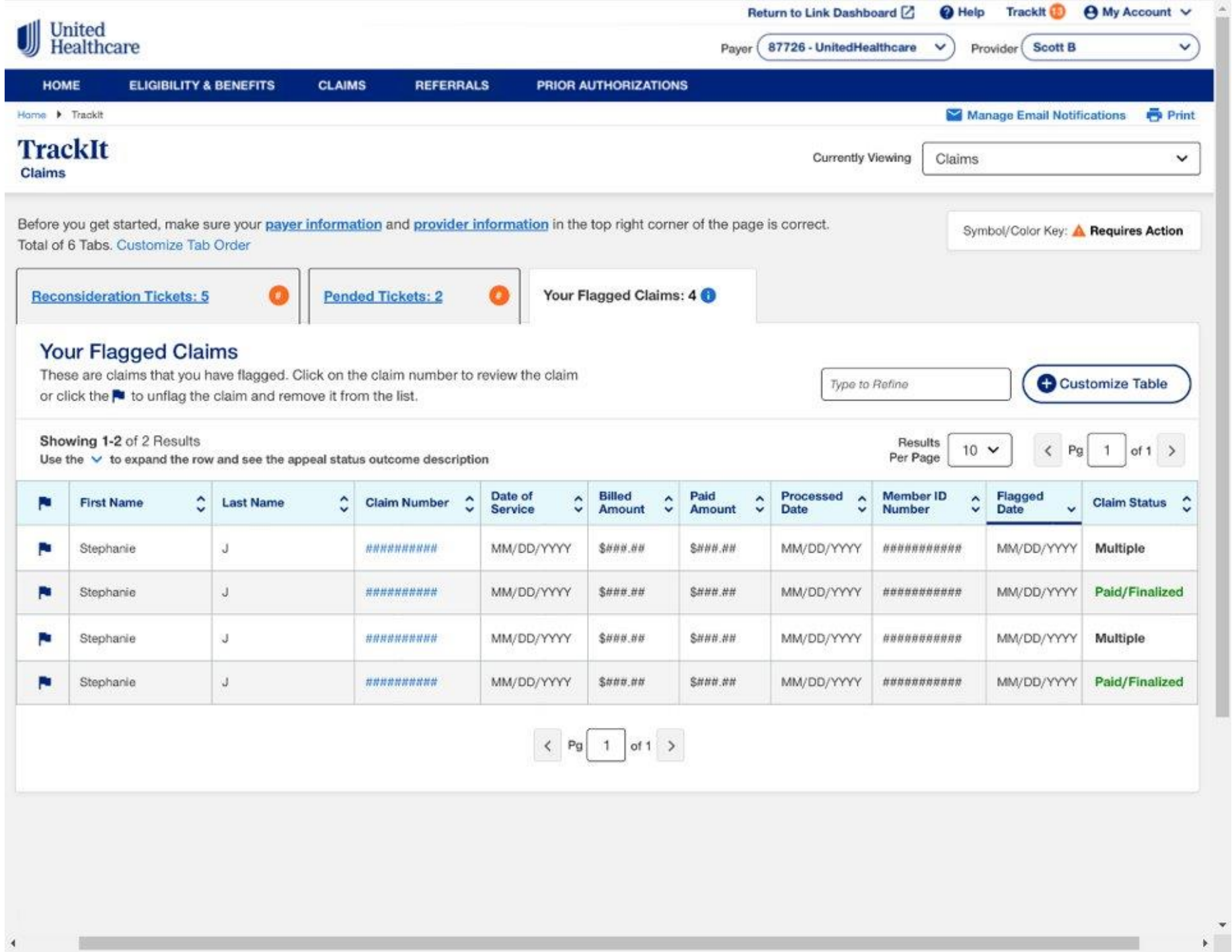
HOME
ELIGIBILITY & BENEFITS
CLAIMS
REFERRALS
PRIOR AUTHORIZATIONS
Hello
Before you get started, make sure your payer information and provider information in the top right corner of the page are correct.
Try out our shortcuts to eligibility and claims information below for quick links to common tasks.
Verify Eligibility & Benefits
View Recent Search Results
Select Your Eligibility Search Criteria*
*Required Fields
Member ID & Date of Birth
Member ID*
Date of Birth*
MM/DD/YYYY
Search for Multiple Members
Leaving the dates blank will default to using today's date and will return current, past and future policies. You may also enter a date range up to 6 years in the past and 12 months in the future.
First Service Date
Last Service Date
MM/DD/YYYY
MM/DD/YYYY
Look Up a Claim or Ticket
View Flagged Claims in TrackIt
Select Your Claims or Ticket Search Criteria*
*Required Fields
Member ID & Date of Birth
Search By:
TIN
71112222
Edit
Provider
Jeffery A
Edit
Member ID*
Date of Birth*
MM/DD/YYYY
Select Range:
Custom Date
Predefined Date
First Service Date*
Last Service Date*
MM/DD/YYYY
MM/DD/YYYY
Feedback


Help
TrackIt 13
My Account
United Healthcare
Payer 87726 - UnitedHealthcare
Provider Scott B
HOME
ELIGIBILITY & BENEFITS
CLAIMS
REFERRALS
PRIOR AUTHORIZATIONS
Home ▸ TrackIt
Manage Email Notifications
Print
TrackIt
Claims
Currently Viewing
Claims
Before you get started, make sure your payer information and provider information in the top right corner of the page is correct.
Total of 6 Tabs. Customize Tab Order
Symbol/Color Key: Requires Action
Reconsideration Tickets: 5
3
Pended Tickets: 5
3
Your Flagged Claims: 4
Reconsideration Tickets
Reconsideration tickets are used when you believe a claim was paid incorrectly.
Please know that these are only tickets updated in the last 14 days. To view others, go to Claims.
Viewing Tickets Created By
Taylor A
Use the filters below to refine the table. Click on a filter to add or remove it.
Hidden Tickets 3
Under Review 1
Recently Closed 1
Requires Attention 3
Type to Refine
Customize Table
Showing 1-4 of 4 Results
Use the to expand the row and see the most recent comments.
Results Per Page
10
Pg 1 of 1
Expand All
Hide?
Ticket Number
Claim Number
First Name
Last Name
Date of Service
Last Updated
Member ID
Tickets Created By
Viewed?
Ticket Status
PTPCR-########## ########## Name Name MM/DD/YYYY MM/DD/YYYY Member ID Name Name Yes Action Required
PTPCR-########## ########## Name Name MM/DD/YYYY MM/DD/YYYY Member ID Name Name Yes In Progress
PTPCR-########## ########## Name Name MM/DD/YYYY MM/DD/YYYY Member ID Name Name Yes Rejected
PTPCR-########## ########## Name Name MM/DD/YYYY MM/DD/YYYY Member ID Name Name Yes Closed
PTPCR-########## ########## Name Name MM/DD/YYYY MM/DD/YYYY Member ID Name Name Yes Rejected
Pg 1 of 1


Return to Link Dashboard
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My Account
United Healthcare
Payer 87726 - UnitedHealthcare
Provider Scott B
HOME
ELIGIBILITY & BENEFITS
CLAIMS
REFERRALS
PRIOR AUTHORIZATIONS
Home ▸ TrackIt
Manage Email Notifications
Print
TrackIt
Claims
Currently Viewing
Claims
Before you get started, make sure your payer information and provider information in the top right corner of the page is correct.
Total of 6 Tabs. Customize Tab Order
Symbol/Color Key: Requires Action
Reconsideration Tickets: 5
Pended Tickets: 2
Your Flagged Claims: 4
Your Flagged Claims
These are claims that you have flagged. Click on the claim number to review the claim
or click the to unflag the claim and remove it from the list.
Type to Refine
Customize Table
Showing 1-2 of 2 Results
Use the to expand the row and see the appeal status outcome description
Results Per Page 10
Pg 1 of 1
First Name
Last Name
Claim Number
Date of Service
Billed Amount
Paid Amount
Processed Date
Member ID Number
Flagged Date
Claim Status
Stephanie J ########## MM/DD/YYYY $###.## $###.## MM/DD/YYYY ########## MM/DD/YYYY Multiple
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Stephanie J ########## MM/DD/YYYY $###.## $###.## MM/DD/YYYY ########## MM/DD/YYYY Multiple
Stephanie J ########## MM/DD/YYYY $###.## $###.## MM/DD/YYYY ########## MM/DD/YYYY Paid/Finalized
Pg 1 of 1

UnitedHealthcare Provider Portal Resources

- New User & User Access
- Claims
- Eligibility and Benefits
- Document Library
- My Practice Profile
- Optum Pay™
- Paperless Delivery Options
- PreCheck MyScript
- Prior Authorization and Notification
- Referrals
- TrackIt

TrackIt

Stay in the know – check prior authorizations, referrals, claims status and more

Self-Paced User Guide | Register for Live Training | TrackIt Overview

TrackIt allows you to see the status of your recent workflow in the UnitedHealthcare Provider Portal. It lets you know if there are documents you need to upload, missing items that need attention and provides email notification on status updates. You can find out exactly where you are in the process and address items right away so you can potentially get paid faster.

Benefits and Features

- See your work at a glance and take action
- Track all of your work that requires action, including referrals, prior authorizations, pended claims, reconsiderations and appeals
- Get customized email alerts to be notified of activity and updates
- Set preferences and use filters to view your own work or monitor work of colleagues, if needed
- Flag your claims for easy access

Go to TrackIt

TrackIt Interactive Guide

Getting Started With TrackIt

TrackIt Explained

Interacting With TrackIt: See New Features

How to Use TrackIt

More Information

Explore Claim Tabs

Explore Prior Authorization Tabs: New Feature

Explore Referrals

Resources and Upcoming Features

Online Resources

Tell Us What You Think

Thank You

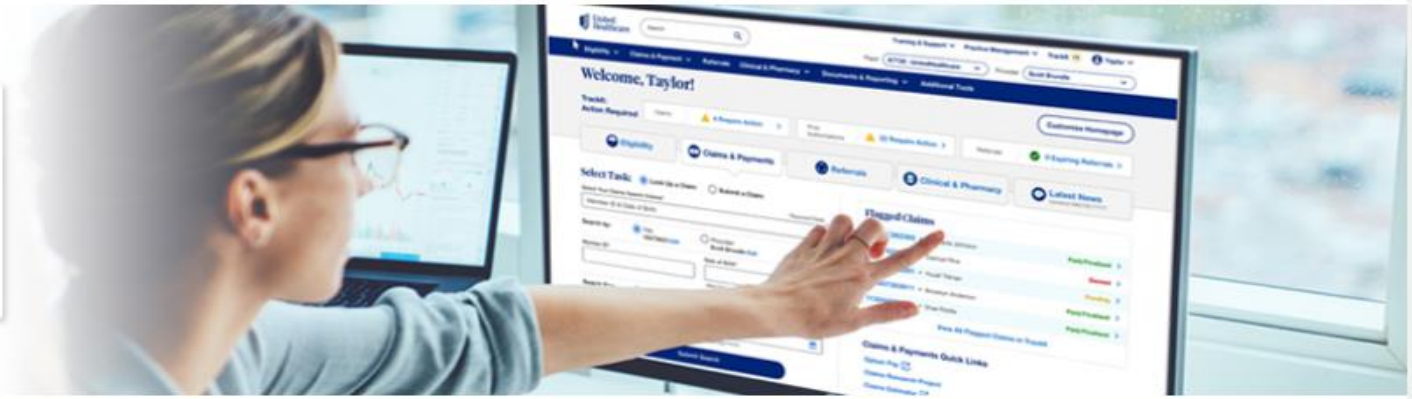
Document Library & Paperless Delivery Options

Get letters the day they are generated, Access reports, and more

Your Primary Administrator can turn off the paper

United Healthcare®

Provider Digital Transformation



What's going paperless? Find out here.

UnitedHealthcare is transitioning more communications from print to digital. Check out the details below, including instructions on how to find the information you need online, which digital channels may work best for you, exclusions and more.

- Medical provider remittance advice (PRAs)
- Appeal decision letters
- Prior authorization and other clinical letters

The way we work with you is changing

In today's world, being able to work quickly, efficiently and securely is more important than ever before. That's why UnitedHealthcare is embarking on a multi-year effort to enhance our digital delivery channels and transition paper transactions to electronic, whenever possible. Our goal is to make it easier for you to work with us, reduce the time it takes for you to perform claim and clinical activities – and ultimately, help you get paid faster. These efforts align with the Quadruple Aim of lower cost of care, improved physician experience, improved patient outcomes and improved patient experience.

Latest updates

Documents

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

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

Reporting

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

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

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

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

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

Select Your Eligibility Search Criteria* *Required Fields

Member ID & Date of Birth

Member ID*

Date of Birth*

MM/DD/YYYY

Search for Multiple Members

The service date defaults to today's date and will return any current policies. To search for past and future policies, you may also enter a date range up to 6 years in the past and 12 months in the future.

First Service Date

MM/DD/YYYY

Last Service Date

MM/DD/YYYY

Verify Eligibility

Select Your Claim or Ticket Search Criteria* *Required Fields

Member ID & Date of Birth

Search By: TIN 75795799 Edit Provider Hospital Edit

Member ID*

Date of Birth*

MM/DD/YYYY

Select Range: Custom Date Predefined Date

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

First Service Date*

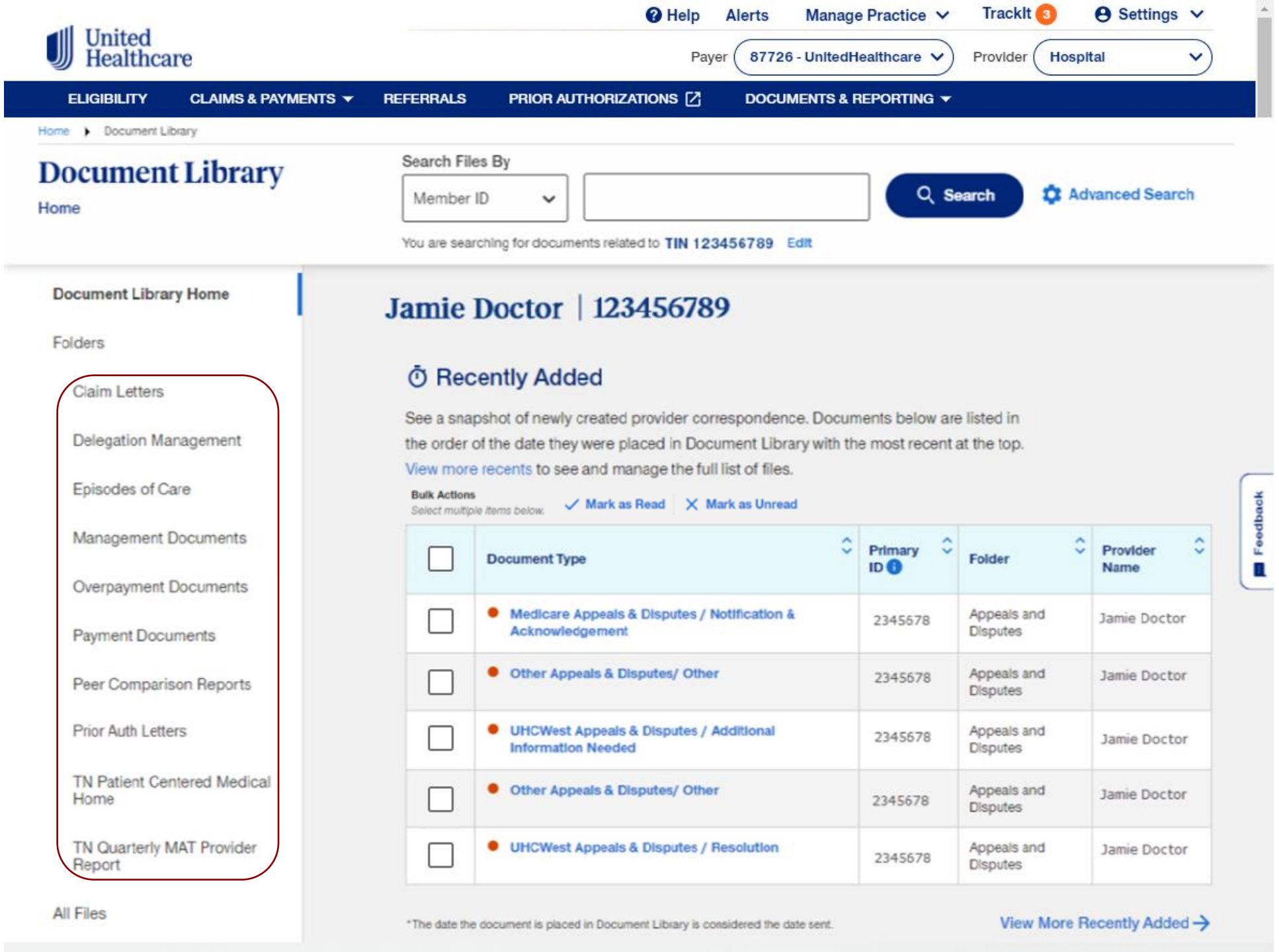
MM/DD/YYYY

Last Service Date*

MM/DD/YYYY

Submit Search

Feedback


United Healthcare
Help
Alerts
Manage Practice
TrackIt 3
Settings
Payer
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Provider
Hospital
ELIGIBILITY
CLAIMS & PAYMENTS
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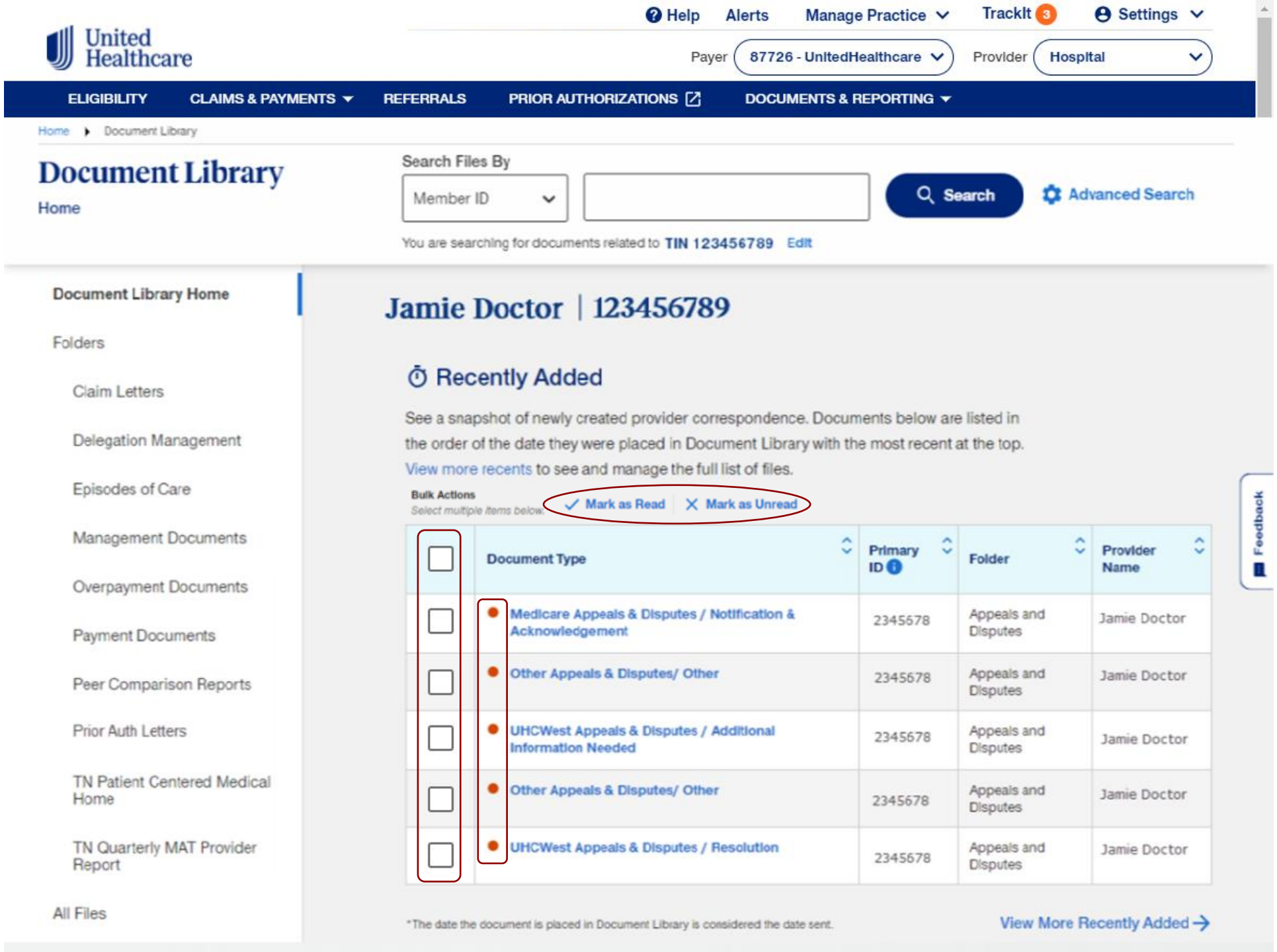
PRIOR AUTHORIZATIONS
DOCUMENTS & REPORTING
Home
Document Library
Document Library
Home
Search Files By
Member ID
Search
Advanced Search
You are searching for documents related to TIN 123456789 Edit
Document Library Home
Folders
Claim Letters
Delegation Management
Episodes of Care
Management Documents
Overpayment Documents
Payment Documents
Peer Comparison Reports
Prior Auth Letters
TN Patient Centered Medical Home
TN Quarterly MAT Provider Report
All Files
Jamie Doctor | 123456789
Recently Added
See a snapshot of newly created provider correspondence. Documents below are listed in the order of the date they were placed in Document Library with the most recent at the top.
View more recents to see and manage the full list of files.
Bulk Actions
Select multiple items below.
Mark as Read
Mark as Unread
Document Type
Primary ID
Folder
Provider Name
Medicare Appeals & Disputes / Notification & Acknowledgement
2345678
Appeals and Disputes
Jamie Doctor
Other Appeals & Disputes/ Other
2345678
Appeals and Disputes
Jamie Doctor
UHCWest Appeals & Disputes / Additional Information Needed
2345678
Appeals and Disputes
Jamie Doctor
Other Appeals & Disputes/ Other
2345678
Appeals and Disputes
Jamie Doctor
UHCWest Appeals & Disputes / Resolution
2345678
Appeals and Disputes
Jamie Doctor
*The date the document is placed in Document Library is considered the date sent.
View More Recently Added
Feedback


United Healthcare
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87726 - UnitedHealthcare
Provider
Hospital
ELIGIBILITY
CLAIMS & PAYMENTS
REFERRALS
PRIOR AUTHORIZATIONS
DOCUMENTS & REPORTING
Home
Document Library
Document Library
Home
Search Files By
Member ID
Search
Advanced Search
You are searching for documents related to TIN 123456789 Edit
Document Library Home
Folders
Claim Letters
Delegation Management
Episodes of Care
Management Documents
Overpayment Documents
Payment Documents
Peer Comparison Reports
Prior Auth Letters
TN Patient Centered Medical Home
TN Quarterly MAT Provider Report
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Appeals and Disputes
Jamie Doctor
Other Appeals & Disputes/ Other
2345678
Appeals and Disputes
Jamie Doctor
UHCWest Appeals & Disputes / Additional Information Needed
2345678
Appeals and Disputes
Jamie Doctor
Other Appeals & Disputes/ Other
2345678
Appeals and Disputes
Jamie Doctor
UHCWest Appeals & Disputes / Resolution
2345678
Appeals and Disputes
Jamie Doctor
*The date the document is placed in Document Library is considered the date sent.
View More Recently Added
Feedback

Document Library

Return to UnitedHealthcare Provider Portal

Document Library

Access letters and reports online

Document Library, formerly Document Vault, is located securely within the UnitedHealthcare Provider Portal. Most claim, prior authorization, payment (including overpayment and appeal) letters and reports, are already in Document Library. They are available the day they're generated, so all authorized users in your organization can view them right away.

Self-paced user guide

Register for live training

Benefits and features

- View and print your documents
- Download letters and provider remittance advice (PRAs) up to 24 months
- Identify folders easily and quickly view all files with the new layout
- See only the information you want with customizable views
- Use bulk action to manage multiple documents at once to save time
- Find documents fast with quick or advanced search
- Sort by date to see your most recently added documents
- Mark letters and documents as read/unread with the indicator icon

Go to Document Library

Documents, letters and reports available in Document Library

Go paperless!

Feedback

UHCprovider.com/documentlibrary

Document Library Interactive User Guide: Quick Reference

Document Library

Getting Started with Document Library

Document Library Home Screen

File Folder Structure

How to Access Your Provider Remittance Advice (PRA)

Document Library Security

Roles and Access

Primary Access Administrator, Administrators and Standard Users

Go Paperless and Turn Off the Mail

Next Steps to Turn Off the Paper

More Ways to Choose Digital and Go Paperless

Save Time and Clicks by Starting in TrackIt

Tell Us What You Think

Your Feedback is Important to Us

Thank You

Digital Updates

Medicare, Community and State,
Exchange plans and Commercial

Prior Authorization and Notification Tool Update

Two new enhancements now available in the Prior Authorization and Notification tool in the UnitedHealthcare Provider Portal.

- **Cancel Case** – You can submit a request to cancel most* prior authorization requests from within the Prior Authorization and Notification tool. No need to call. You simply need to cancel before a coverage determination is made
- **Save a Draft** – Your prior authorization requests are not automatically saved, and drafts are easily accessible from within the Prior authorization and Notification tool. No need to complete the request in 1 sitting, worry about the system timing out or having to remember to save your work

Does not apply to the following specialties: Radiology, Cardiology, Oncology, outpatient therapy, Behavioral, specialty pharmacy and genetic/molecular testing.

Prior authorization and clinical decision letters are going paperless

Beginning May 20, 2022, we will no longer mail prior authorization and clinical decision letters for most[1] UnitedHealthcare plans . Instead, you'll be able to view them 24/7 through either the UnitedHealthcare Provider Portal or an **Application Programming Interface (API)** system-to-system data feed.

Which letter types are going paperless

- Pre-service/prior authorization decision letters
- Inpatient review letters, including concurrent, retrospective, length of stay and level of care
- Extension for lack of clinical information letters
- Complex care management and OrthoNet letters available in Document Library

Electronic payments required for claim payments

Effective **June 1, 2022,** UnitedHealthcare is no longer sending paper checks for claim payments.[1, 2] This change supports our continued efforts to accelerate payments to your practice by moving to digital transactions.

- **Enroll in ACH today**
  If you're not currently enrolled in ACH with Optum Pay, we encourage you to enroll by **May 18, 2022.** This should allow sufficient time for registration to be complete before UnitedHealthcare stops mailing paper checks.

- All health care professionals not enrolled and whose ACH/direct deposit registration hasn't been finalized by June 1, 2022, will begin receiving claim payments in the form of virtual card payments

Questions?

- Visit **UHCprovider.com/payment**

Network News Updates

UnitedHealthcare

Risk Adjustment Validation Audit Program

We will be reaching out to randomly selected providers to gather the medical records for members selected within a specific 2021 service date(s) starting in June. Since only a certain number of enrollees will be randomly selected for the audit, not all providers will receive this request.

If you are contacted to provide documentation as part of the audit, you may be asked to provide some or all of the following information and forms:

- Demographics Sheet
- Operative/Procedure Notes
- Consultation Reports/Notes
- Discharge Summary
- Emergency Room Records
- History and Physical Exam
- Medication List
- Progress Notes/Face-to-Face Office Visits
- Prescription for Laboratory Services
- Problem List
- Radiology and Pathology Services
- Radiology Reports

CIOX Health

Submitting requested documentation

- UnitedHealthcare will continue to use CIOX Health to conduct the request for medical records to support the HHS-RADV audit.
- CIOX Health can be reached at 877-445-9293. See **cioxhealth.com** for a short video tutorial to learn a new fast, easy and secure way to electronically submit medical records.

Radiation Prior Authorization Program

Beginning June 7th, of this year, **Optum** will start managing online requests for outpatient radiation oncology therapies.

- This applies to United Healthcare Medicare Advantage, and United Healthcare Community Dual Special needs Health plans
- Access self paced training on uhcprovider.com

Radiation Therapy Prior Auth - Self Paced Provider Training

Coverage changes for Prenatal Ultrasounds

- **Starting June 1, 2022,** there's a new **obstetrical ultrasound medical policy** for UnitedHealthcare commercial members. We'll make coverage determinations post-service, with pre-pay based on the following:
- Up to 3 prenatal ultrasounds per pregnancy, for **CPT® codes 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816 and 76817,** will be considered proven and medically necessary
- Four or more ultrasounds will be considered proven and medically necessary for high-risk pregnancies, as described in the policy, when the treating provider will make therapeutic determinations based upon the results

Prior Authorization for Radiation Therapy Services

Radiation therapy services are included in this prior authorization requirement include:

- Intensity-modulated radiation therapy (IMRT)
- Proton beam therapy (PBT)
- Stereotactic body radiation therapy (SBRT), including stereotactic radiosurgery (SRS)
- Image-guided radiation therapy (IGRT)
- Special and associated services
- Fractionation using IMRT, PBT and standard 2D/3D radiation therapy for prostate, breast, lung and bone metastasis cancers
- Selective internal radiation therapy (SIRT), Yttrium 90 (Y90) and implantable beta-emitting microspheres for treatment of malignant tumors

Radiology and Cardiology

0697T

0698T

0710T

0711T

0712T

0713T

93319

Prior authorization and Site of Service update

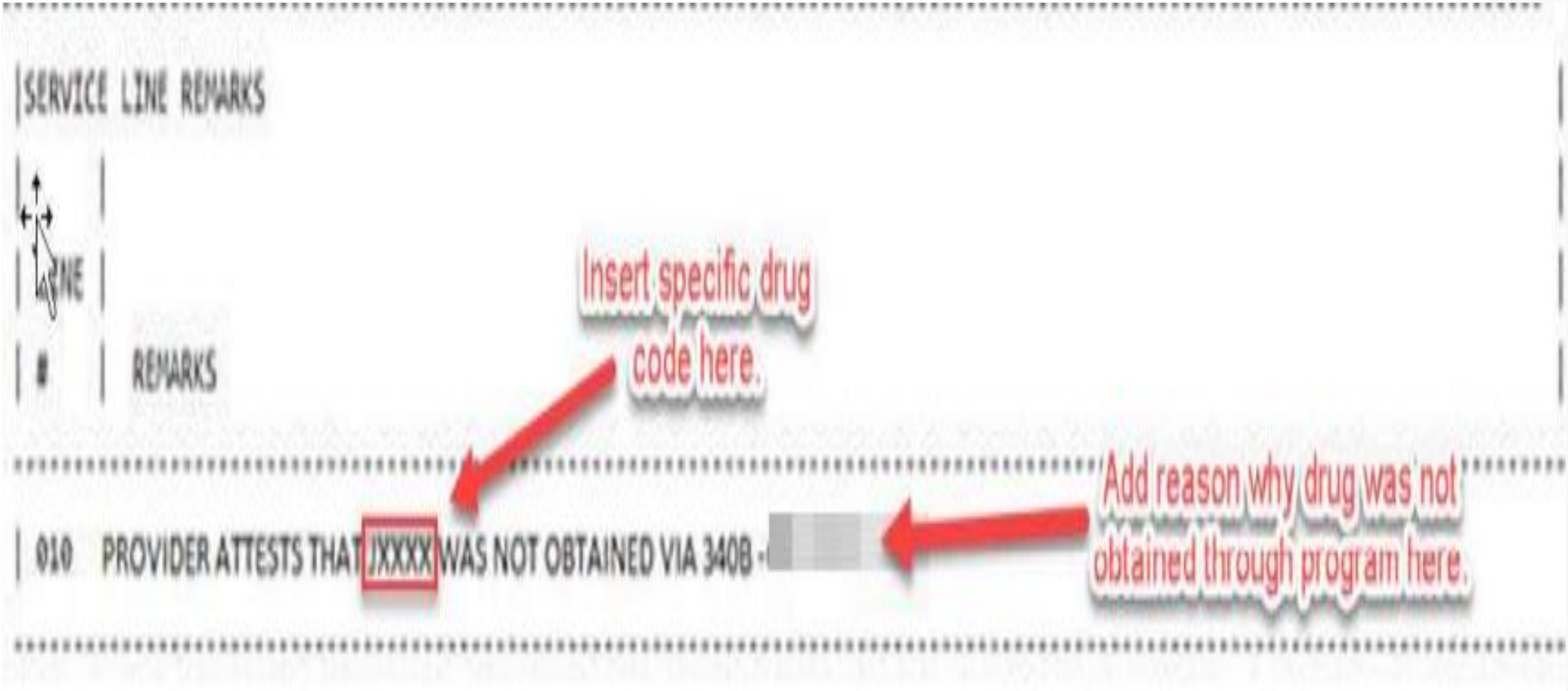
Effective **May 1, 2022,** UnitedHealthcare Medicare Advantage plans, updated the prior authorization requirements and site of service medical necessity reviews for certain surgical procedures.

- We'll now require prior authorization - and conduct site of service medical necessity reviews for (**50) additional surgical procedure/CPT® codes** if the service is planned to be performed in an outpatient hospital setting…

- You can access the revised UnitedHealthcare Outpatient Surgical Procedures – Site of Service Utilization Review Guideline (URG), by visiting **UHCprovider.com**

Please note the following:
At this time, providers in the Massachusetts are excluded from these updates:,

340B Medicare Advantage Drug Pricing program



Breast Reconstruction Free Flap Procedure Policy, Professional

The new Breast Reconstruction Free Flap Procedure Policy, Professional will be effective for dates of service on or after July 1, 2022

- The AMA has identified CPT code 19364 as the appropriate code for breast reconstruction with free flap procedures, regardless of the free flap technique used
- UnitedHealthcare will no longer reimburse S2066,S2067,S2068
- Depending on how the procedure is performed , CPT code 19364 may be billed with certain modifiers
- Services covered under CPT Code 19364 require prior authorization

Medicare : Charging patients for non-covered services

- You'll need to request a prior authorization if you know or have reason to believe that a service or item for a Medicare Advantage member may not be covered.
- We'll issue an Integrated Denial Notice (IDN) to you or your patient if it's not covered. The IDN gives the patient their cost for the non-covered service or item as well as appeal rights
- You'll need to include the GA modifier on your claim, stating that a waiver of liability is on file for the non-covered service. This helps to ensure your claim for the non-covered service is appropriately processed as a member liability.

Medicare 2% Sequestration Waiver

The temporary waiver of the Medicare Sequester adjustment for claim payments ended on March 31, 2022.

- The sequester resumed on April 1, 2022, as follows:
- From April 1, 2022, through June 30, 2022, the sequestration rate will be 1%
- Beginning July 1, 2022, the sequestration rate will be 2%, unless otherwise adjusted before this date

Care Cash

Primary Care

Virtual Visits

UnitedHealth Premium® Care Physicians

Urgent Care

Training and Resources

Healthcare Professional Education and Training

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

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

Provider Service Model

UHCprovider.com

Most of your questions can be answered by visiting our provider website or accessing the solutions available on our Provider Portal

Email

If you need to contact your network representative, email us at northeastprteam@uhc.com

Provider Service Center

Access the provider service voice portal by calling **877-842-3210**

Additional Resources

Network Support

For questions related to credentialing status, enrollment, fee schedules or copies of contract, email networkhelp@uhc.com

My Practice Profile

Submit demographic changes or updates using My Practice Profile on the Provider Portal

EDI Support

For all EDI related issues, email supportedi@uhc.com

Thank you.

United Healthcare