



# UnitedHealthcare

## UHC Provider Portal

2023 IHCP Works Annual Seminar

Presented by Karen Cockerham, Provider Relations

United  
Healthcare®

# Agenda

- UnitedHealthcare Portal
- Updated Portal Landing Page
- How to Submit a Claim in the Portal
- How to Check Claim Status
- How to Submit a Corrected Claim
- How to Submit a Claims Project
- How to Search for a Prior Authorization
- TrackIt



# Acronyms

- CMS – Centers for Medicare and Medicaid Services
- DOS – Date of Service
- EDI – Electronic Data Interchange
- FDA – Food and Drug Administration
- HCFA – Health Care Finance Administration
- INN – In-Network
- NDC – National Drug Code
- OON – Out-of-Network
- RFP – Request for Participation
- UHC – UnitedHealthcare



# Sign In to the UnitedHealthcare Provider Portal

**Members** [New User & User Access](#)

**United Healthcare**  
Resources for health care professionals

[Eligibility](#) [Prior Authorization](#) [Claims and Payments](#) [Referrals](#) [Our network](#) [Resources](#) **Sign In**

[See all the COVID-19 updates and resources](#)

**Sign in to the UnitedHealthcare Provider Portal**

[Need access to the UnitedHealthcare Provider Portal?](#)

[New User & User Access](#)

**New Surest health plans page is live**

Visit our new Surest page for everything you need to know about the name change from Bind and to see the new member ID cards.

[Explore the page](#)

**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](#)

# Sign In Window



Welcome to One  
Healthcare ID

## Secure your account by moving away from Passwords

Having trouble remembering your passwords?  
Switch to Authenticator for secure, convenient and  
hassle free sign in.



[Get Started](#)

Do not bookmark this login page. Instead, bookmark  
[UHCprovider.com](https://UHCprovider.com) then click "Sign In" next time you want to  
log in.

## Sign In

One Healthcare ID or Email address

Forgot One Healthcare ID?

[Continue](#)

OR

[Create One Healthcare ID](#)

[Manage My One Healthcare ID](#)

 [Chat with support](#)

 [Help Center](#)

# Forgot OneHealthcare ID?



Welcome to One Healthcare ID

**Secure your account by moving away from Passwords**

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[Get Started](#)

Do not bookmark this login page. Instead, bookmark [UHCprovider.com](https://UHCprovider.com) then click "Sign In" next time you want to log in.

### Sign In

One Healthcare ID or Email address

[Forgot One Healthcare ID?](#)

[Continue](#)

OR

[Create One Healthcare ID](#)

[Manage My One Healthcare ID](#)

[Chat with support](#) [Help Center](#)

# Forgot OneHealthcare ID cont.



## Forgot One Healthcare ID

With a little information we can help you retrieve your One Healthcare ID.

Email address

[Continue](#)

[Retrieve Via Other Information](#)

[Back to Sign in](#)

 [Chat with support](#)

 [Help Center](#)

# Forgot OneHealthcare Password



## Enter Your Password

One Healthcare ID or Email address


karen.cockerham@uhc.com

Password

[Forgot Password?](#)

[Continue](#)

[Back to Sign in](#)

 [Chat with support](#)

 [Help Center](#)



# Forgot Password



## Forgot Password

With a little information we can help you reset your password.

One Healthcare ID or Email Address



**Continue**

[Back to Sign in](#)

 [Chat with support](#)<sup>™</sup>

 [Help Center](#)<sup>™</sup>

# Verify Your Identity



## Retrieve One Healthcare ID: Verify Your Identity


Forgot your One Healthcare ID? To retrieve your One Healthcare ID select your verification method.

Via Text Message

Via Primary Email

Via Call

[Back to Sign in](#)

 [Chat with support](#)

 [Help Center](#)

# OneHealthcare ID Retrieval



## Retrieve One Healthcare ID: Via Primary Email

We have received your information. If it corresponds to an active One Healthcare ID account, you will receive an email with your One Healthcare ID.

Waiting for Email?

[Resend Email](#)

Check your email from (noreply@onehealthcareid.com). If you don't see it, check your junk or spam folders.

[Sign in now](#)

[Return To Verify Identity Options](#)



[Chat with support](#)



[Help Center](#)

# Password Retrieval



## Forgot Password

With a little information we can help you reset your password.

One Healthcare ID or Email Address

[Continue](#)

[Back to Sign in](#)



[Chat with support](#)



[Help Center](#)

# Reset Password Verify Your Identity



## Reset Password: Verify Your Identity


Forgot your password? To reset your password select your verification method.


Via Text Message

Via Primary Email

Via Call

[Back to Sign in](#)

 [Chat with support](#) <sup>EN</sup>

 [Help Center](#) <sup>EN</sup>

# Portal Resources

**Members** **New User & User Access**

**United Healthcare**  
Resources for health care professionals

[Eligibility](#) [Prior Authorization](#) [Claims and Payments](#) [Referrals](#) [Our network](#) **Resources** [Sign In](#)

**Health plans, policies, protocols and guides**  
Policies for most plan types, plus protocols, guidelines and credentialing information  
[Administrative guides and manuals](#)

**COVID-19 updates and resources**  
**Drug lists and pharmacy**  
Pharmacy resources, tools, and references  
**Health plans**  
View health plans available by state  
Choose a location   
Choosing a location will immediately redirect

**Education and training**  
Updates and getting started with our range of tools and programs  
**Reports and quality programs**  
Reports and programs for operational efficiency and member support  
**Forms**

**News**  
Important news updates for you  
**Resource library**  
Tools, references and guides for supporting your practice  
**The UnitedHealthcare Provider Portal resources**  
Log in for our suite of tools to assist you in caring for your patients

[Healthcare Professional Education and Training | UHCprovider.com](https://UHCprovider.com)

# Healthcare Professional Education and Training

The screenshot shows the UnitedHealthcare website's 'Healthcare Professional Education and Training' page. The page features a navigation bar with links for 'Home', 'Resource Library', and 'Healthcare Professional Education and Training'. Below the navigation, there are several category buttons: 'Digital Solutions', 'Plans and Products', 'Clinical Tools', 'Coding Corner', 'Smart Edits', 'State Specific Training', 'Instructor-Led Learning Events', 'Delegated Providers', and 'Veterans Affairs Community Care Network (VA CCN)'. The main content area includes four featured sections: 'Getting Started with UnitedHealthcare', 'UnitedHealthcare Provider Portal Overview', 'Start with Trackit', and 'Special Needs Plan (SNP) Model of Care Training for Providers'. A red arrow points to the 'Getting Started with UnitedHealthcare' section. At the bottom, there is a 'Need Help?' section with contact information for technical support.

**Getting Started with UnitedHealthcare**  
This is the first course all new care providers should complete. Whether you are new to our network, from a new employer, or simply need a refresher, this self-paced course is designed to give you what you need to get started working with us.  
[Start course](#)

**UnitedHealthcare Provider Portal Overview**  
Discover how you can use the UnitedHealthcare Provider Portal for all of your online services, including claims, eligibility, prior authorization, referrals and much more.  
[Review now](#)

**Start with Trackit**  
Trackit Self-Paced User Guide  
Easily follow up on your claims, prior authorization or referral workflows and take action, if needed. You can address time-sensitive Smart Edits and even view some letters in Trackit to save time.  
[Review now](#)

**Special Needs Plan (SNP) Model of Care Training for Providers**  
This required training includes information about the different types of SNPs tailored to individual needs. You're considered a SNP care provider if you care UnitedHealthcare plan members who have benefits under a Medicare Advantage SNP.  
[Start course](#)

**CME Credit Courses & Educational Programs**  
The [OptumHealth™ Education](#) website provides access to on-demand webcasts, information on upcoming conferences and registration for other educational programs.

**Need Help?**  
If you are experiencing technical problems with an application or need immediate assistance, please visit the [Technical Support](#) page for contact phone numbers and information.  
If you need technical help to access any of our trainings, please email [uhcours@uhc.com](mailto:uhcours@uhc.com).

[Getting Started with UnitedHealthcare](#)



# Updated Portal Landing Page and New Features



# Introduction

## [UnitedHealthcare Provider Portal Overview Interactive Guide](#)

**United Healthcare**

Training & Support | Practice Management | Trackit | Taylor

Payer: 87726 - UnitedHealthcare | Provider: Doctor, Jamie

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

### Welcome, Taylor!

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

**Action Required** 3

**Eligibility**

**Claims & Payments**

**Referrals**

**Prior Authorizations & Notifications**

**Documents & Reporting**

**UnitedHealthcare Updates**  
Updated 7/5/2023

### Action Required

View and take action on items below that required attention.

 Show only items that require action**Prior Authorizations**  
Additional clinical records needed | 0 Require Action**Document Library Teams View** | 0 New Documents

# New User Registration

A One Healthcare ID is required to sign in and access secure content on the [UnitedHealthcare Provider Portal](#).

There are 3 distinct user roles available: Primary Access Administrator, Administrator and Standard User. Depending on your organization type and job function, this may affect your registration and access.

*Click each tab to the right to learn more.*

View the [Access and Registration Guide](#) for step-by-step details and more information on understanding roles.

## Primary Access Administrator ▾

The Primary Access Administrator is the first person to register for the UnitedHealthcare Provider Portal and can create and manage user access in **Manage Users**.

They have the same access as Administrators in addition to managing [Document Delivery Settings](#) and [3rd Party Access](#).

## Administrator ▾

An Administrator can control access for other Administrators and Standard Users.

There is no limit to the number of Administrators an organization may have.

Administrators can create new users and work within **Manage Users** to finalize registration requests and manage users.

## Standard User ▾

Standard Users can self-register for portal access and are approved by the Primary Access Administrator (PAA) or an Administrator.

There's no limit to the number of Standard Users in an organization.

# Managing Access

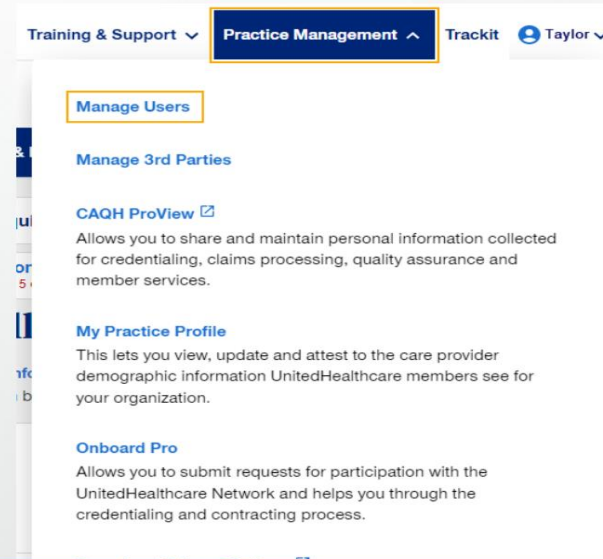
GAIN ACCESS TO THE PORTAL

## Managing Access

Primary Access Administrators and other Administrators will work in **Manage Users** to add, change or deactivate user access for Administrators and Standard Users. To find **Manage Users** in the portal, go to the upper menu and select the dropdown for **Practice Management**.

Use the **How to Create and Manage Users Guide for Administrators** for quick reference.

Primary Access Administrators will also manage **Document Delivery Settings** and **3rd Party Access**.



The screenshot shows a navigation menu with the following items:

- Training & Support
- Practice Management** (highlighted with a yellow box)
- Trackit
- Taylor

Under the **Practice Management** dropdown, the following items are listed:

- Manage Users** (highlighted with a yellow box)
- Manage 3rd Parties
- CAQH ProView [↗](#)  
Allows you to share and maintain personal information collected for credentialing, claims processing, quality assurance and member services.
- My Practice Profile  
This lets you view, update and attest to the care provider demographic information UnitedHealthcare members see for your organization.
- Onboard Pro  
Allows you to submit requests for participation with the UnitedHealthcare Network and helps you through the credentialing and contracting process.

# Customize Your Portal Experience

## [UnitedHealthcare Provider Portal Overview Interactive Guide](#)

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

### Welcome, Taylor!

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

[Customize Tabs](#)

**Action Required** 18

**Eligibility**

**Claims & Payments**

**Prior Authorizations & Notifications**

**Referrals**

**Documents & Reporting**

**UnitedHealthcare Updates**  
Updated MM/DD/YYYY

#### Action Required

View and take action on items below that require attention.

Show only items that require action

Claims <b>Smart Edits</b> These expire within 5 days	<b>3 Expiring Soon</b>	Inpatient Admission These expire within 3 days	<b>4 Expiring Soon</b>
Claims <b>Medicare Pending</b>	<b>0 Require Action</b>	Inpatient Discharge	<b>0 Require Action</b>
Claims <b>Commercial Pending</b>	<b>3 Require Action</b>	Prior Authorizations Additional clinical records needed	<b>3 Require Action</b>
Claims <b>Reconsiderations</b>	<b>2 Require Action</b>	My Practice Profile	<b>50 Days to Attest</b>
Claims <b>Pended Tickets</b>	<b>3 Require Action</b>	Document Library Teams View Assigned to you	<b>3 New Documents</b>

# Policy Information Features

**Policies** ⌵

Policies  ⌵

---

**UNITEDHEALTHCARE**

**Medical** ✔ **Active** | 01/01/2023 - 12/31/2023 | Subscriber | Member ID Selected: **123456789**Payer Status: **Not Available**

<b>Member ID</b> 123456789	<b>Plan Name</b> Mdpa/ocl	<b>Payer</b> UNITEDHEALTHCARE (87726)	<b>Prior Authorizations</b> ⓘ Yes, Required <a href="#">Go to Prior Authorizations</a> ⌵
<b>Group</b> 712403	<b>Plan Type</b> Commercial	<b>Claims Address</b> P.O. Box 740825 Atlanta, GA 30374-0825	<b>Referral</b> ⓘ Yes, Required <a href="#">Go to Referrals</a>
<b>Funding Type</b> Fully Insured	<b>Product</b> HMO	<b>Care Opportunities</b> Care Opportunities Exist	<b>Prior Authorizations by Code</b> ⓘ <a href="#">Check Prior Authorizations by Code</a> Medical Services Only

**Coordination of Benefits Status** ⓘ  
**No Member COB update needed**  
Last Update from Member: 09/12/2022

View ID Card

Find a Provider [⌵](#)

Find a Claim

# Network Benefits

Coverage

**Code Lookup Tool** ? Use this tool to validate a diagnosis and/or procedure code. This tool can be used to confirm if these codes are currently valid and acceptable. [Find a Code](#)

**Copay & Coinsurance**

✔ Based on your Selected Care Provider Information, your network status for this member is: **In-Network** [Change Provider](#)

Network Status: In-Network

View Benefits for:  Individual  Family


Looking for a service that is not listed? ? [+ View Additional Services](#)

[View provider network and tier status](#)

**POPULAR SERVICES COVERAGE** [Click to Collapse](#)

Service	Copay	Co-Insurance	Service Level Deductible Info <span>?</span>	Status
Chiropractic	\$60.00	0%	—	Active
Emergency Services	\$500.00	0%	—	Active
Hospital In-Patient	\$500.00	0%	—	Active
Hospital Out-Patient	<a href="#">View Details</a>	<a href="#">View Details</a>	—	Active
Physician Visit	\$0.00	100%	—	Active
Specialist Visit	<a href="#">View Benefits</a>	<a href="#">View Benefits</a>	—	—

# Search or Browse Detailed Benefits

 **Detailed Benefits** ⬆

### Search or Browse Detailed Benefits

**Search** for details about this member's medical benefits.





🔍

*Search for related procedures or treatments*

**Search** ✕


You may also use the predictive search box. Begin typing a word to search benefits.

**Or browse** related services by category. Expand categories below to see related services Expand All

-  **Common Services & Therapies (5)** ⌵
-  **Diagnostic Testing Outpatient (8)** ⌵
- Exclusions (1)** ⌵
-  **Health & Wellness (1)** ⌵
-  **Immediate Care Needs (5)** ⌵

Benefit Search

# Digital Reference Number for Eligibility and Benefits

 [Help](#) [Alerts](#) [Manage Practice](#) [TrackIt](#) [Settings](#)

Payer:  Provider:

[Eligibility](#) [Claims & Payments](#) [Referrals](#) [Prior Authorizations](#) [Clinical & Pharmacy](#) [Documents & Reporting](#) [Additional Tools](#)

[Admin](#) [Home](#) [View Recent Search Results](#) [Print / Generate a Reference Number](#)

**Bailey Patient** [Subscriber](#) | Date of Birth: **06/10/1942** | Gender: **Female** | Member ID Selected: **123456789** [New Search](#)





# **Submitting Claims on the Portal and New Features**

# CMS-1500 Online Claim Form

Admin > Home > Claims Submission > Search Results >

## ← CMS 1500 Professional Claim Form

Patient & Insured Information | General Claim Information | Diagnosis, Authorizations & Miscellaneous Claim Search | Service Lines | Provider Information

### Patient & Insured Information

1. Insurance Type

---

#### Patient Information

2. Patient Name      3. Date Of Birth      3A. Gender

[Change Member](#)

5. Patient Address      6. Patient's Relationship To Insured

---

10. Is Patient's Condition Related To (Optional)

10D. Claim Condition Codes (Designated by NUCC) (Optional)

#### Insured Information

1A. Insured'S ID Number      4. Insured's Name      7. Insured's Address

11. Policy Group      11A. Insured's Date Of Birth

---

11C. Insurance Plan Name Or Program Name (Optional)

11D. Is there another Health Benefit Plan?

# UB-04 Submission

Eligibility

Claims & Payments ▾

Referrals

Prior Authorizations [↗](#)

Clinical & Pharmacy ▾

Documents & Reporting ▾

Additional Tools

[Home](#) ▶ [Claim Submission](#) ▶ [Search Results](#) ▶ MATTHEW B PETRO

## Facility Claim Form

Required\*

[Provider & Bill Info](#) | [Patient Info](#) | [Admission Info](#) | [Condition Codes and Occurrence Info](#) | [Value Codes](#) | [Service Lines](#) | [Codes](#) | [Additional Claim Information](#)

### Provider & Bill Information

Organization Name \*

  
No Options

Change Provider

5. Federal Tax ID Number

56. NPI \*

Taxonomy Code

### Service and Billing Locations

1. Organization Address \*

Zip Code Search

Please select an organization before selecting an

Feedback

# General Claim Information – Authorized Signatures

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
<input type="text" value="YES"/>	
<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
<input type="text" value="YES"/>	
<b>15. Description (Optional)</b>	<b>Date (Optional)</b>
<input type="text"/>	<input type="text"/> <small>MM/DD/YYYY</small>
<b>16. Dates Patient Unable to Work</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<input type="text"/> <small>MM/DD/YYYY</small>	<input type="text"/> <small>MM/DD/YYYY</small>
<b>18. Hospital Dates Related to Current Service</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<input type="text"/> <small>MM/DD/YYYY</small>	<input type="text"/> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b>	<b>19. Additional Claim Information Type (Optional)</b>
<input type="button" value="Add Provider"/>	The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <input type="text" value="SELECT..."/>
<b>22. Resubmission Code</b> 1	<b>23. Claim Level Reference Information (CLIA, Prior Auth, etc.) (Optional)</b>
	<input type="button" value="Add Box 23 Item"/>
<b>Place of Service</b>	
<input type="text" value="SELECT..."/>	
<b>24. Ambulance Billing (Optional)</b>	
<input type="text" value="NO"/>	

# General Claim Information – Additional Information

### General Claim Information

<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. <input type="text" value="YES"/>	<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below. <input type="text" value="YES"/>		
<b>15. Description (Optional)</b> <input type="text"/>	<b>Date (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>		
<b>16. Dates Patient Unable to Work</b> <b>From (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>To (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>18. Hospital Dates Related to Current Service</b> <b>From (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>To (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b> <input type="button" value="Add Provider"/>	<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <input type="text" value="SELECT..."/>		
<b>22. Resubmission Code</b> 1	<b>23.Claim Level Reference Information(CLIA, Prior Auth, etc.) (Optional)</b> <input type="button" value="Add Box 23 Item"/>	<b>Place of Service</b> <input type="text" value="SELECT..."/>	
<b>24. Ambulance Billing (Optional)</b> <input type="text" value="NO"/>			

# General Claim Information – Add Provider

### General Claim Information

**12. Patient's Authorized Signature/Release of Information**  
I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

YES

**13. Insured Authorized Signature / Benefits Assigned**  
I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

YES

**15. Description (Optional)**  **Date (Optional)**

**16. Dates Patient Unable to Work**

**From (Optional)**   **To (Optional)**

**17. Other Providers (Optional)**

**18. Hospital Dates Related to Current Service**

**From (Optional)**   **To (Optional)**

**19. Additional Claim Information Type (Optional)**  
The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K.

SELECT...

**22. Resubmission Code** 1 **23.Claim Level Reference Information(CLIA, Prior Auth, etc.) (Optional)**

**24. Ambulance Billing (Optional)**

NO

**Place of Service**

SELECT...

# General Claim Information – Add Claim Level Info

### General Claim Information

<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. <input type="text" value="YES"/>	<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below. <input type="text" value="YES"/>		
<b>15. Description (Optional)</b> <input type="text"/>	<b>Date (Optional)</b> <input type="text" value="MM/DD/YYYY"/>		
<b>16. Dates Patient Unable to Work</b> <b>From (Optional)</b> <input type="text" value="MM/DD/YYYY"/>	<b>To (Optional)</b> <input type="text" value="MM/DD/YYYY"/>	<b>18. Hospital Dates Related to Current Service</b> <b>From (Optional)</b> <input type="text" value="MM/DD/YYYY"/>	<b>To (Optional)</b> <input type="text" value="MM/DD/YYYY"/>
<b>17. Other Providers (Optional)</b> <input type="button" value="Add Provider"/>	<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <input type="text" value="SELECT..."/>		
<b>22. Resubmission Code</b> 1	<b>23. Claim Level Reference Information (CLIA, Prior Auth, etc.) (Optional)</b> <input type="button" value="Add Box 23 Item"/>	<b>Place of Service</b> <input type="text" value="SELECT..."/>	
<b>24. Ambulance Billing (Optional)</b> <input type="text" value="NO"/>			

# General Claim Information – Place of Service

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
<input type="text" value="YES"/>	
<b>15. Description (Optional)</b>	<b>Date (Optional)</b>
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
<b>16. Dates Patient Unable to Work</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
<b>18. Hospital Dates Related to Current Service</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
<b>17. Other Providers (Optional)</b>	<b>19. Additional Claim Information Type (Optional)</b>
<input type="button" value="Add Provider"/>	The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <input type="text" value="SELECT..."/>
<b>22. Resubmission Code</b> 1	<b>23. Claim Level Reference Information (CLIA, Prior Auth, etc.) (Optional)</b>
	<input type="button" value="Add Box 23 Item"/>
<b>Place of Service</b>	
<input type="text" value="SELECT..."/>	
<b>24. Ambulance Billing (Optional)</b>	
<input type="text" value="NO"/>	




# General Claim Information – Ambulance Billing

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
<input type="text" value="YES"/>	<input type="text" value="YES"/>
<b>15. Description (Optional)</b> <input type="text"/>	<b>Date (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>
<b>16. Dates Patient Unable to Work</b>	<b>18. Hospital Dates Related to Current Service</b>
<b>From (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>From (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>
<b>To (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>To (Optional)</b> <input type="text"/> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b> <input type="button" value="Add Provider"/>	<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <input type="text" value="SELECT..."/>
<b>22. Resubmission Code</b> 1	<b>23. Claim Level Reference Information (CLIA, Prior Auth, etc.) (Optional)</b> <input type="button" value="Add Box 23 Item"/>
<b>Place of Service</b> <input type="text" value="SELECT..."/>	
<b>24. Ambulance Billing (Optional)</b> <input type="text" value="NO"/>	

# Diagnosis Details – Enter Information

## Diagnosis, Authorizations & Miscellaneous Claim Search

### 21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?


[Look up Code](#)

Add Diagnosis

# Diagnosis Details – Look Up Code

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)

[Add Diagnosis](#)

# Diagnosis Details – Add Diagnosis

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		<a href="#">Delete</a>


Unsure what your code is?  
[Look up Code](#)

[Add Diagnosis](#)

# Diagnosis Details – Look Up Code cont.

Diagnosis, Authorizations & Miscellaneous Claim Search


21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)

[Add Diagnosis](#)

# Service Lines – Dates and Code


Service Lines									
Line Item Number: 1									
<b>Date From</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>Place of Service (Optional)</b> SELECT... ▾	<b>EMG (Optional)</b> <input type="text"/>	<b>CPT/HCPC Code</b> <input type="text"/> <a href="#">Look Up Code</a>	<b>Modifiers (Optional)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Charges</b> <input type="text"/>	<b>Family Plan (Optional)</b> <input type="text"/>	<b>Number of Days Or Units</b> <input type="text"/> Units ▾	<b>EPSTD (Optional)</b> <input type="text"/>	
<b>Date To</b> <input type="text"/> <small>MM/DD/YYYY</small>				<b>Diagnosis Pointers</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<b>Add any additional information for line 1 below.</b>									
▼ Provider Information									
▼ Notes & Attachments									
▼ COB Information									
▼ NDC Code									
▼ Test Results									
<b>28. Total Charge</b> \$0.00									
<b>Add row</b>									
<b>29. Patient Amount Paid (Optional)</b> <input type="text"/>									

# Service Lines – Diagnosis Pointer, Charges and Days or Units

Service Lines									
Line Item Number: 1									
Date From <input type="text"/> <small>MM/DD/YYYY</small>	Place of Service (Optional) SELECT... ▾	EMG (Optional) <input type="text"/>	CPT/HCPC Code <input type="text"/> <a href="#">Look Up Code</a>	Modifiers (Optional) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Charges <input type="text"/>	Family Plan (Optional) <input type="text"/>	Number of Days Or Units <input type="text"/> Units ▾	EPSTD (Optional) <input type="text"/>	<a href="#">Delete Line</a>
Date To <input type="text"/> <small>MM/DD/YYYY</small>				Diagnosis Pointers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Add any additional information for line 1 below.									
▼ Provider Information									
▼ Notes & Attachments									
▼ COB Information									
▼ NDC Code									
▼ Test Results									
28. Total Charge \$0.00									
<a href="#">Add row</a>									
29. Patient Amount Paid (Optional) <input type="text"/>									

## Service Lines

Line Item Number:1

Date From <input type="text"/> <small>MM/DD/YYYY</small>	Place of Service (Optional) SELECT... <input type="text"/>	EMG (Optional) <input type="text"/>	CPT/HCPC Code <input type="text"/> <a href="#">Look Up Code</a>	Modifiers (Optional) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Charges <input type="text"/>	Family Plan (Optional) <input type="text"/>	Number of Days Or Units <input type="text"/> Units <input type="text"/>	EPSTD (Optional) <input type="text"/>	 Delete Line
Date To <input type="text"/> <small>MM/DD/YYYY</small>				Diagnosis Pointers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

Add any additional information for line 1 below.

- ▼ Provider Information
- ▼ Notes & Attachments
- ▼ COB Information
- ▼ NDC Code
- ▼ Test Results

28. Total Charge  
\$0.00

Add row

29. Patient Amount Paid (Optional)



# Provider Information – Account Number, Accept Assignment, and Signature on File

### Provider Information

25. Provider Tax ID Number      TIN Type

---

26. Patient account number      27. Accept assignment      31. Provider's signature on file

123121      YES      YES

---

32. Service facility location  
Mayo Clinic Scottsdale

Select Service Facility Address      Search by Zip Code (Optional)

Select...      [Search]      Change Provider

If the address you're looking for does not appear in the results, please do a zip code search.

---

33. Billing Provider

Select Billing Provider Address      Search by Zip Code (Optional)

Select...      [Search]

If the address you're looking for does not appear in the results, please do a zip code search.

Do you have a National Provider Identifier (NPI)?

Yes  
 No

33A. Billing Provider Secondary ID      33B. Taxonomy Code (Optional)

1111      [ ]

---

34. Servicing Provider Info

Do you have a National Provider Identifier (NPI)?

Yes  
 No

34A. Servicing Provider Secondary ID      34B. Taxonomy Code (Optional)

111      [ ]

NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

Cancel      Submit

# Provider Information - Service Facility Address

### Provider Information

25. Provider Tax ID Number	TIN Type
----------------------------	----------

26. Patient account number	27. Accept assignment	31. Provider's signature on file
<input type="text" value="123121"/>	<input type="text" value="YES"/>	<input type="text" value="YES"/>

32. Service facility location  
Mayo Clinic Scottsdale

**Select Service Facility Address**

**Search by Zip Code (Optional)**

If the address you're looking for does not appear in the results, please do a zip code search.

<b>33. Billing Provider</b>	<b>34. Servicing Provider Info</b>
-----------------------------	------------------------------------

<b>Select Billing Provider Address</b> <input type="text" value="Select..."/>	<b>Search by Zip Code (Optional)</b> <input type="text"/> <input type="button" value="🔍"/>
---	--

If the address you're looking for does not appear in the results, please do a zip code search.

**Do you have a National Provider Identifier (NPI)?**

Yes


No

<b>33A. Billing Provider Secondary ID</b>	<b>33B. Taxonomy Code (Optional)</b>
<input type="text" value="1111"/>	<input type="text"/>

<b>34A. Servicing Provider Secondary ID</b>	<b>34B. Taxonomy Code (Optional)</b>
<input type="text" value="111"/>	<input type="text"/>

NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

# Provider Information – Provider Addresses

Provider Information	
<b>25. Provider Tax ID Number</b>	<b>TIN Type</b>
<b>26. Patient account number</b> 123121	<b>27. Accept assignment</b> YES
<b>31. Provider's signature on file</b> YES	
<b>32. Service facility location</b> Mayo Clinic Scottsdale	
<b>Select Service Facility Address</b> Select...	<b>Search by Zip Code (Optional)</b> <input type="text"/> 
If the address you're looking for does not appear in the results, please do a zip code search.	
<b>33. Billing Provider</b>	<b>34. Servicing Provider Info</b>
<b>Select Billing Provider Address</b> Select...	<b>Do you have a National Provider Identifier (NPI)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have a National Provider Identifier (NPI)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>34A. Servicing Provider Secondary ID</b> 111
<b>33A. Billing Provider Secondary ID</b> 1111	<b>34B. Taxonomy Code (Optional)</b> <input type="text"/>
<b>33B. Taxonomy Code (Optional)</b> <input type="text"/>	<b>NOTE:</b> For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

# Provider Information – Taxonomy Codes

Provider Information		
<b>25. Provider Tax ID Number</b>	<b>TIN Type</b>	
<b>26. Patient account number</b> 123121	<b>27. Accept assignment</b> YES	<b>31. Provider's signature on file</b> YES
<b>32. Service facility location</b> Mayo Clinic Scottsdale		
<b>Select Service Facility Address</b> Select...	<b>Search by Zip Code (Optional)</b> [Search Box] [Search Icon]	<b>Change Provider</b>
If the address you're looking for does not appear in the results, please do a zip code search.		
<b>33. Billing Provider</b>	<b>34. Servicing Provider Info</b>	
<b>Select Billing Provider Address</b> Select...	<b>Do you have a National Provider Identifier (NPI)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Search by Zip Code (Optional)</b> [Search Box] [Search Icon]	<b>34A. Servicing Provider Secondary ID</b> 111	<b>34B. Taxonomy Code (Optional)</b> [Search Box]
<b>Do you have a National Provider Identifier (NPI)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>NOTE:</b> For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.	
<b>33A. Billing Provider Secondary ID</b> 1111	<b>33B. Taxonomy Code (Optional)</b> [Search Box]	

# Provider Information – Submit

**Provider Information**

25. Provider Tax ID Number      TIN Type

26. Patient account number      27. Accept assignment      31. Provider's signature on file

123121      YES      YES

32. Service facility location  
Mayo Clinic Scottsdale

Select Service Facility Address      Search by Zip Code (Optional)

Select...      [Search]      Change Provider

If the address you're looking for does not appear in the results, please do a zip code search.

33. Billing Provider      34. Servicing Provider Info

Select Billing Provider Address      Search by Zip Code (Optional)

Select...      [Search]

If the address you're looking for does not appear in the results, please do a zip code search.

Do you have a National Provider Identifier (NPI)?

Yes  
 No


33A. Billing Provider Secondary ID      34A. Servicing Provider Secondary ID      34B. Taxonomy Code (Optional)

1111      111      [Empty]

NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

Cancel      Submit


# Provider Information – Confirmation

SearchTraining & SupportAlertsPractice ManagementTrackIt🔔⌵Payer 87726 - UnitedHealthcareProvider

EligibilityClaims & PaymentsReferralsPrior AuthorizationsClinical & PharmacyDocuments & ReportingAdditional Tools

Home > Claims Submission > Search Results > Confirmation PagePrint

Member ID:Patient Account NumberSubmission Status: **Acknowledged**

 **Thank you for submitting your claim online!**  
For information on the status of your submission: On search page, select "View Status of Submitted Claim" to view if claim has been accepted, rejected or acknowledged status.

### Claim Submission Summary

Date of Submission	Billed Amount	Billing Provider Tin	Billing Provider Name
09/30/2021	199.00		

Download ClaimSubmit A New Claim



# How to Check Claim Status

# Claim Submission

## Claims Submission

### Perform a Claim task

Select Claims Task:  Submit a Claim  View Status of Submitted Claim


Currently Selected Provider: [Edit](#)


From:  To:



MM/DD/YYYY MM/DD/YYYY

[Submit Search](#)

### Claims Quick Links

[Claims Estimator Tool](#)   
This allows you to pre-determine patient benefits, allowable service bundling, and claim financials.

[Claims Research Project](#)   
Search for and submit a reconsideration request for multiple claims with the same reason for denial.

[Claims In Track!](#)   
[Submissions of Corrected Claims](#) 



# Claims Submission Status

## Claim Submission Status

Description of the status of submitted claim(s):

- Accepted - UnitedHealthcare has received and passed the claim to the adjudication system to be processed. Once the claim is processed, you will receive a Remittance Advice. You can search for the claim on the Claims feature on the UnitedHealthCare Provider Portal to view the claim, its payment information and view letters and remittance advice online.
- Rejected - The claim has NOT been accepted by UnitedHealthcare. You will need to re-submit and submit your claim, with corrections indicated in the rejected reason.
- Acknowledged - Please check the status again, most claims are accepted or rejected within 48 business hours.

### Claim Submission Results

[Enable Status Filter](#)

Showing 1 - 99 of 122 Results. Results Per Page: 10 < Pg 1 of 12 >

Submission Date	First Service Date	SNR	Patient Account Number	Billing Provider	Tax ID Number	Patient Name	Last Update Date, Time	Status	Rejection Details
									<a href="#">VIEW</a>
									<a href="#">VIEW</a>
									<a href="#">VIEW</a>

**Code: P999LDCP1 SmartEditLDCP1**  
**Description:** This claim appears to be a duplicate of previously submitted claim ID (10090434) received for processing on 03/02/2017. This claim has been rejected and will not be processed.

**Code: 331**  
**Description:** Acknowledgment/Returned as unprocessable claim.The claim/encounter has been rejected and has not been entered into the adjudication system.

**Code: 336**  
**Description:** Duplicate of a previously processed claim/line.

# Claim Search Results

United Healthcare


Training & Support Alerts Practice Management Trackit Michelle

Payer: 87726 - UnitedHealthcare Provider: Healthcare Network

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

Home > Claims Search Results [Export to CSV](#) [Print](#)

## Claims Search Results

Use the column  to sort the table

### Claims Results

Search Criteria

Claim Status: **All**  
[Perform a New Search](#)

Showing 1 - 1 of 1 Result Results Per Page: 10 Pg 1 of 1

Processed Date	Patient First Name	Patient Last Name	Claim Number	First Service Date	Billed Amount	Paid Amount	Member ID Number	Patient Account Number	Status
06/26/2020	J	SMITH	012101210	06/09/2020	\$4,962.50	\$83.33	987987987	00070007RRU	Finalized

# Claim Summary

## Claim Summary

Claim Number **1234567890** Patient Account Number **12345678** First Date of Service **08/08/2019** Received Date **08/15/2019**

Current Claim Status: ▲ **Denied** [why?](#)

Adjudication Status: **In-Network**

### STATUS HISTORY



**F1:** Finalized/Denial - The claim/line has been denied.

**585:** Denied charge or non-covered charge

Capitated/Fee For Service **Fee For Service** Claim Remark Code **—**

## Billing Summary


Total Billed	\$3,848.95
Total Adjustments	\$0.00
Total Member Responsibility	\$3,848.95
Total Paid	<b>\$0.00</b>

## Diagnosis Codes

Diagnosis Codes  
**J069, R05**

DRG  
**234**

# Claim Detail and Line Items

Training & Support Alerts Practice Management Trackit Michelle

Payer: 87726 - UnitedHealthcare Provider: Healthcare Network

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

## Line Items

### Claim Details & Line Items

Use the ▼ to view more details about that row, including potential remark codes, claim adjustment remark codes or reimbursement policies.

Use this button to add/remove columns + Customize Table

Show All	Line Number	Date of Service	Service Code	Revenue Code	Modifier	Billed Amount	Paid Amount
PROCESSED DATE: MM/DD/YYYY							
^	1	08/08/2020 - 0808/2020	954321	[No Title]	25	\$234.56	\$0.00
<i>Remark Codes:</i> OC: Before we can consider this claim, please send us the date and place of the accident and a brief description of how the accident happened.							
<i>Claim Adjustment Reason Codes:</i> OC: Before we can consider this claim, please send us the date and place of the accident and a brief description of how the accident happened.							
▼	2	08/08/2020 - 0808/2020	125432			\$1,365.95	\$0.00
<b>OVERALL CLAIM TOTALS</b>						<b>\$1600.51</b>	<b>\$0.00</b>

# Claims Details and Line Items

United Healthcare

Training & Support Alerts Practice Management TrackIt Michelle

Payer 87726 - UnitedHealthcare Provider Healthcare Network

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

Home > Claims Search Results > Claims Summary Page

View Flagged Claims and Tickets Print

Claim Number: 012101210 J Smith Member ID: 987987987 Patient Account Number: 00070007RRU

Flag Claim New Search

Current Claim Status: Finalized First Date of Service: 06/09/2020 Total Billed: \$4,962.50 Adjudication Status: In-Network

Patient & Provider Details Claim Details Line Items Payments Related Documents Act on Claim

View Patient's Eligibility & Benefits

## Line Items

### Claim Details and Line Items

Use the [dropdown] to view more details about that row, including potential remark codes, claim adjustment remark codes or reimbursement policies.

Use the button below to add/remove columns

Customize Table

Close All	Line #	Date of Service	Service Code	Revenue Code	Modifier	Billed Amount	Paid Amount
<b>PROCESSED DATE: 06/26/2020</b>							
^	1	06/09/2020 - 06/09/2020	73721	0610	-	\$4,962.50	\$83.33
<b>REMARK CODES</b> 0208: CHARGE(S) EXCEED(S) FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.							
<b>CLAIM ADJUSTMENT REASON CODES</b> 3: CO-PAYMENT AMOUNT 131: CLAIM SPECIFIC NEGOTIATED DISCOUNT. 023: THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.							
<b>OVERALL CLAIM TOTALS</b>							\$83.33

### Coordination of Benefits

No coordination of benefits information was received for this claim. Check this patient's eligibility to determine if additional coverage exists.

# Payments

## \$ Payments



### Payment Information


Payment Issue Date ▾	Payment Type	Payee Type	Check Number	Check Amount	Draft Number	Draft Amount	Bulk Funds Report
08/24/2019	Electronic*	—	2345678	\$246,556.02	98765432	\$0.00	<a href="#">View</a>



\*Electronic payments do not have additional details available. Go to [Electronic Payments and Statements](#) to get this information.




# Documents

 Documents



**Letters**

Date	Subject
05/05/2023	<a href="#">CLAIM INFORMATION REQUEST</a>

**Remittance Advice Documents** <sup>1</sup> 

There is no Remittance Advice associated with the claim at this time.

**Related Documents**

Category	Date	File Name	Document Type	Ticket Number
Pend	05/10/2023	<a href="#">EWU422429860BrooksP</a>	Medical records	PIQ-12345678



# How to Submit a Corrected Claim



# Claim Reconsideration

UnitedHealthcare | Link

Help | My Account

Payer: 87726 - UnitedHealthcare | Provider: Rehab

HOME | ELIGIBILITY & BENEFITS | CLAIMS | REFERRALS | PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page

View Flagged Claims and Tickets | Print

Claim Number: 012101210 | J Smith | Member ID: 987987987 | Patient Account Number: 00070007RRU

Flag Claim | New Search

Current Claim Status: Finalized | First Date of Service: 06/09/2020 | Total Billed: \$4,962.50

Adjudication Status: In-Network

Patient & Provider Details | Claim Details | Line Items | Payments | Related Documents | Act on Claim

View Patient's Eligibility & Benefits

### Related Documents

**Letters**

There are no letters associated with the claim at this time.

**Note:** Letters are displayed for UnitedHealthcare commercial and Medicare Advantage claims only.

**Remittance Advice Documents**

07/02/2020

### Act on Claim

**Corrected Claim** *This is not available for this claim.* [Submit Corrected Claim](#)

**Claim Reconsideration** [+](#) When should you submit a claim reconsideration request? [Create Claim Reconsideration](#)

**File Appeal/Dispute** [+](#) When should you submit an Appeal/Dispute? [File Appeal/Dispute](#)

**Add Attachment for Pending Claim** *This is not available for this claim, at this time.* [Action Required](#)

Please provide requested documentation to complete the adjudication of this claim.

# Request Details and History

UnitedHealthcare | Link Help My Account

Payer: 87726 - UnitedHealthcare ▼ Provider: Rehab ▼

HOME ELIGIBILITY & BENEFITS CLAIMS REFERRALS REFERRALS PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page > Create Reconsideration View Flagged Claims and Tickets Print

Claim Number: **012101210** **J Smith** • Member ID: **987987987** • Patient Account Number: **00070007RRU** New Search

Current Claim Status: Finalized • First Date of Service: **06/09/2020** • Total Billed: **\$4,962.50**

Contact Information | **Request Details and History** | Attachments View Patient's Eligibility & Benefits

## Create a Reconsideration

This form is to be completed by physicians, hospitals or other health care professionals to request a claim reconsideration for members enrolled in benefit plans administered by UnitedHealthcare. **A separate request must be filled out for each claim reconsideration. Don't use this form for appeals or disputes. Continue to use your standard appeals process for formal appeals and disputes.**

### Contact Information

**Provider Information**

Billing Provider <b>Rehab Hosp</b>	Tax ID Number <b>123123123</b>
Servicing Provider <b>Rehab Hosp</b>	

**Submitter's Contact Information** All Fields are Required

First Name	Last Name
<input type="text"/>	<input type="text"/>
Phone Number	Email Address
<input type="text"/>	<input type="text"/>

### Request Information

**Request Details** All Fields are Required

Amount Requested	<input type="text"/>	<input type="checkbox"/> I don't know
------------------	----------------------	---------------------------------------

**Request Comments**

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field, and include any additional

# Attachments

UnitedHealthcare | Link Payer: 87726 - UnitedHealthcare | Provider: Rehab

HOME | ELIGIBILITY & BENEFITS | **CLAIMS** | REFERRALS | PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page > Create Reconsideration View Flagged Claims and Tickets | Print

Claim Number: **012101210** **J Smith** • Member ID: **987987987** • Patient Account Number: **00070007RRU** New Search

Current Claim Status: **Finalized** • First Date of Service: **06/09/2020** • Total Billed: **\$4,962.50**

Contact Information | Request Details and History | **Attachments** | [View Patient's Eligibility & Benefits](#)

### Request Information

#### Request Details

All Fields are Required

**Amount Requested**

  I don't know

**Request Reason**

Please select a reason ▼

#### Request Comments

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field, and include any additional comments you would like in the comment field.


**New Comment**

Comments are required. Max of 4,000 characters.

### Attachments

#### Add a Document

Add supporting documents for your request by uploading files from your computer.  
The maximum file size for each file is 50MB. The following types are supported: .pdf, .txt, .png, .jpg, .jpeg, .bmp, .gif, .tiff, .doc, and .docx. You may upload multiple documents.

  
**Drag and Drop a Document Here**

Or

[Browse and Upload Document](#)

# Browse and Upload

UnitedHealthcare | Link Help My Account

Payer: 87726 - UnitedHealthcare Provider Rehab

HOME ELIGIBILITY & BENEFITS CLAIMS REFERRALS PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page > Create Reconsideration View Flagged Claims and Tickets Print

Claim Number: **012101210** J Smith • Member ID: 987987987 • Patient Account Number: 00070007RRU New Search

Current Claim Status: **Finalized** • First Date of Service: 06/09/2020 • Total Billed: \$4,962.50

Contact Information | Request Details and History | Attachments View Patient's Eligibility & Benefits

**Request Reason**  
Please select a reason

**New Comment**  
Comments are required. Max of 4,000 characters.

**Attachments**

**Add a Document**

Add supporting documents for your request by uploading files from your computer.  
The maximum file size for each file is 50MB. The following types are supported: .pdf, .txt, .png, .jpg, .jpeg, .bmp, .gif, .tiff, .doc, and .docx. You may upload multiple documents.

Drag and Drop a Document Here Or Browse and Upload Document

**Files cannot be deleted once you click the submit button.**

Cancel Submit Reconsideration Submit and Flag Reconsideration

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# How to Submit a Claims Project



# Claims Research Project



## Claims Research Project

This guide shows you how to search and submit a reconsideration request for multiple claims with the same reason for review using our Claims Research Project.

Click 'Menu' to see what is included in the guide and select a topic for quick reference. Proceed in order using the forward arrow.

[Claims Research Project](#)

start course 




# How to Search for an Authorization

# Prior Authorization and Notification

Browser address bar: <https://chameleoncloud.io/review/2407-5cc37147d2041/prod>

Browser tabs: ADVOCATE RESOU..., Login | Salesforce, Microsoft Edge - H..., Settings, CTM Home - Key A..., Dashboards Overvi..., Observation notific..., 09.19.14 PDF List (2), 09.19.14 PDF List, Articulate Support -..., Convert ICD-9-CM..., New OLR







## Prior Authorization and Notification

Check requirements, submit requests, upload medical notes, check status and update cases – without faxing or calling.

Select **View Menu** to see all information covered in this guide or choose a topic on the right. Once you're in a topic, click the forward arrow to advance to the next page. You can click Home or Menu on the bottom navigation bar any time to switch topics.

[get started](#) [view menu](#)

- **Introduction**  
[start topic](#)
- **New Features**  
Review recent enhancements and new features.  
[start topic](#)
- **Using the Tool**  
[start topic](#)
- **Admission Notification**  
[start topic](#)

Bottom navigation bar: [MENU](#) 0% complete 0m time spent [>](#)



# Search Existing Submission and Drafts

The screenshot shows a web application interface with a left sidebar, a main content area, and a right sidebar. The left sidebar contains navigation links: Eligibility, Claims & Payments, Referrals, Prior Authorizations & Notifications (highlighted), Documents & Reporting, and UnitedHealthcare Updates. The main content area is titled 'Select a Task' and features three buttons: 'Create Request', 'View Existing' (highlighted with a yellow box), and 'Check If Required'. Below these buttons is a section titled 'View status of existing submission, drafts and make updates' with a button 'Search Existing Submissions & Drafts' (highlighted with a yellow box). A horizontal line separates this from a section titled 'Search by Decision ID for a previous determination or prior authorization not required' with a button 'Lookup Decision ID'. The right sidebar contains 'PAAN Resources' and 'Quick Links & Tools' sections, each with several links.

**Eligibility**

**Claims & Payments**

**Referrals**

**Prior Authorizations & Notifications**

**Documents & Reporting**

**UnitedHealthcare Updates**  
Updated 5/1/2023

### Select a Task

Create Request **View Existing** Check If Required

View status of existing submission, drafts and make updates

**Search Existing Submissions & Drafts**

---

Search by Decision ID for a previous determination or prior authorization not required

**Lookup Decision ID**

### PAAN Resources

- [Tool resources](#)
- [Interactive training guide](#)
- [Peer to peer requests](#)
- [Policies and Protocols for Healthcare Providers](#)

### Quick Links & Tools

- [Practice Assist](#)
- [Secure Messenger Clinical Data Submission](#)
- [Individual Health Record](#)
- [Care Conductor and Notification of Pregnancy](#)

# Search Method

**i** Your cases with a Service Date +/- 14 days from today are displayed below. To search for a case outside of this range, you may change the search parameters or select another search option.

\* Required fields

**SEARCH BY PROVIDER**

SEARCH BY SUBMITTING PROVIDER

BROWSE UPDATES WITHIN LAST 7 DAYS

**SEARCH BY REFERENCE NUMBER**

SEARCH BY NOTIFICATION/PRIOR AUTHORIZATION NUMBER

**SEARCH BY MEMBER**

SEARCH BY MEMBER ID AND DOB

SEARCH BY MEMBER ID AND NAME

SEARCH BY MEMBER NAME, DOB AND STATE

[VIEW FLAGGED CASES](#)

[VIEW DRAFT CASES](#)

[VIEW PRIOR AUTHORIZATION LETTERS IN DOCUMENT LIBRARY](#)

**START DATE\***      **END DATE\***

01/13/2022      02/10/2022

mm/dd/yyyy      mm/dd/yyyy

**PHYSICIAN/PROVIDER ADDRESS**

Select Physician/Provider Address

**SERVICE SETTING**      **STATUS**

All      All

**i** Notification/Prior Authorization Status Updates search may not return all cases associated to the provider. Please use one of the other searches to look up specific member notification/prior authorizations.

[CANCEL](#)      [SEARCH](#)

# Search Results

SEARCH RESULTS

Showing 1 to 10 of 10

View per page 100 ▾

< 1 of 1 >

ROW #	NOTIFICATION / PRIOR AUTHORIZATION #	MEMBER ID	LAST NAME	FIRST NAME	SERVICE SETTING	PLACE OF SERVICE	SERVICE DATES	CASE STATUS	OVERALL COVERAGE STATUS
> 1	A001234567	XXXXX4321	ENSLEY	P	Inpatient	Inpatient Rehabilitation	08/28/2020 -08/28/2020	Open	In Process
> 2	A007654321	XXXXX1234	ALMS	G	Outpatient	Outpatient	08/26/2020 -11/24/2020	Open	See Case For More Details
> 3	A002345678	XXXXX4321	ALMS	A	Outpatient	Outpatient	08/25/2020 -11/24/2020	Open	Pay per National Emergency
> 4	A001234567	XXXXX1234	SHABAN	K	Inpatient	Acute Hospital	08/25/2020 -08/26/2020	Open	Received - Pending
> 5	A007654321	XXXXX4321	DAS	L	Outpatient	Outpatient	08/24/2020 -11/22/2020	Open	Awaiting Additional Clinical Records
> 6	A007654321	XXXXX1234	DAS	M	Outpatient	Outpatient	08/24/2020 -11/22/2020	Open	In Process
> 7	A002345678	XXXXX4321	DAS	L	Outpatient	Outpatient	08/24/2020 -11/22/2020	Closed	Covered/Approved
> 8	A002345678	XXXXX1234	DAS	T	Outpatient	Outpatient	08/24/2020 -11/22/2020	Open	Not Covered/Not Approved
> 9	A002345678	XXXXX4321	GUPTA	S	Outpatient	Outpatient	08/24/2020 -11/22/2020	Cancelled	Cancelled
> 10	A002345678	XXXXX1234	JULIE	A	Outpatient	Outpatient	08/24/2020 -11/22/2020	Open	Received - Pending

Showing 1 to 10 of 10

View per page 100 ▾

< 1 of 1 >



# TrackIt

**Track reconsiderations, pended claims, appeals and smart edits; Get emails about your submissions; Flag claims for easy access**

United  
Healthcare®

# Sign In

The screenshot shows the United Healthcare website interface. At the top, there is a dark blue navigation bar with the text "Members" and "New User & User Access" on the left, and a search bar on the right containing the text "What can we help you find?". Below this is a white navigation bar with the United Healthcare logo on the left and a list of menu items: "Eligibility", "Prior Authorization", "Claims and Payments", "Referrals", "Our network", "Resources", and "Sign In". The "Sign In" button is highlighted with a red rectangular box. Below the navigation bar is a large hero image featuring three healthcare professionals in a clinical setting. A white text box on the left of the hero image contains the text "Welcome health care professionals". A vertical "Feedback" button is located on the right side of the hero image. Below the hero image is a paragraph of text: "We invite you to use this website, created especially for health care professionals, to find resources that can help you as you care for your patients. Here you can find our medical policies, stay up to date on the latest news or get training on our many tools and benefit plans. This website is **there for what matters** to health care professionals like you." Below this text is a section with a white background and a blue border. On the left, there is a text box with the heading "More flexible communication preferences are here" and a sub-heading "Now you can electronically transfer the PAA role without calling, and more." On the right of this section is an image of two healthcare professionals, a woman and a man, smiling and looking at each other.

Members [New User & User Access](#)

United Healthcare  
Resources for health care professionals

Eligibility Prior Authorization Claims and Payments Referrals Our network Resources **Sign In**


## Welcome health care professionals

Feedback

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

### More flexible communication preferences are here

Now you can electronically transfer the PAA role without calling, and more.

Training & Support ▾Practice Management ▾TrackIt **11**CHRISTINA ▾

Payer 87726 - UnitedHealthcare ▾Provider Doctor, Jamie ▾

EligibilityClaims & Payments ▾ReferralsPrior Authorizations Clinical & Pharmacy ▾Documents & Reporting ▾Additional Tools

Access RequestsPending user requests 0Expiring user requests 0

## Welcome, CHRISTINA!

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

Customize Tabs

**Action Required** 18

### Action Required

View and take action on items below that require attention.

 Show only items that require action

Claims <b>Smart Edits</b> These expire within 5 days <b>3 Expiring Soon</b>	<b>Inpatient Admission</b> These expire within 3 days <b>4 Expiring Soon</b>
Claims <b>Medicare Pending</b> <b>0 Require Action</b>	<b>Inpatient Discharge</b> <b>0 Require Action</b>
Claims <b>Commercial Pending</b> <b>3 Require Action</b>	<b>Prior Authorizations</b> Additional clinical records needed <b>3 Require Action</b>
Claims <b>Reconsiderations</b> <b>2 Require Action</b>	<b>My Practice Profile</b> <b>50 Days to Attest</b>
Claims <b>Pended Tickets</b> <b>3 Require Action</b>	<b>Document Library Teams View</b> Assigned to you <b>3 New Documents</b>

- Eligibility
- Claims & Payments
- Prior Authorizations & Notifications
- Referrals
- Documents & Reporting

# Smart Edits

Admin > Home > TrackIt [Manage Email Notifications](#) [Export to CSV](#) [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. Color Key: ▲ Requires Action

Total of 6 tabs. [Customize Tab Order](#)

Smart Edits: 2

[Medicare Pending: 99+](#)  
99+

[Reconsiderations: 99+](#)  
44

[Pended Tickets: 99+](#)

[Appeal Tickets: 99+](#)

[Your Flagged Claims: 0](#)

### Smart Edits

Additional documentation is required to process the claim(s). For more information about the Smart Edit Code, please visit [UHCprovider.com/smartedits](https://UHCprovider.com/smartedits).

Showing 1 - 2 of 2 Results Results Per Page 10 < Pg 1 of 1 >

Use the column to sort the table. Please click the "Action Required" button to submit attachments.

Expand All	First Service Date	Patient Name	Claim Number	Member ID	Patient Account Number	Claim Submission Date	Action Expiration Date	Smart Edit Code	Status
	08/18/2022	xxxxxx	1234567890123	xxxxxx	xxxxxx	08/25/2022	08/30/2022	UNLDN	<span style="border: 1px solid orange; border-radius: 15px; padding: 5px; display: inline-block;">Action Required</span>
▼	07/01/2021	xxxxxx	234567890234	xxxxxx	xxxxxx	08/25/2022	08/30/2022	uATCmTF	<span style="border: 1px solid orange; border-radius: 15px; padding: 5px; display: inline-block;">Action Required</span>

Smart Edit Code Description:  
**UNLDN:**The procedure code submitted is an unlisted procedure that requires manual review but documentation was not received. Please upload medical records.

# Medicare Pending

Admin > Home > TrackIt Manage Email Notifications Export to CSV 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. Color Key: ▲ Requires Action

Total of 6 tabs. [Customize Tab Order](#)

Smart Edits: 2

Medicare Pending: 99+  
99+

Reconsiderations: 99+  
44

Pended Tickets: 99+

Appeal Tickets: 99+

Your Flagged Claims: 0

### Medicare Pending

Medicare Pending claims are claims that require additional information in order to process the claim.

The action button will say Action Required when we are needing additional information to process this claim. Once documentation has been added the button will change to say Add Document and you will be able to continue to add more documents, if you choose to do so, until the claim is processed. If there is a failure in saving the document within our system, the button will say Retry Document so that you can add the document again for processing.

Use the filters below to refine the table. Click on a filter to add or remove it.

Hidden Tickets 0  Action Required 452  Add Document 72  Retry Document 0

+ Customize Table

Type to Refine

Showing 1 - 10 of 524 Results Results Per Page: 10 < Pg 1 of 53 >

Use the column to sort the table

First Date of Service	First Name	Last Name	Claim Number	Patient Account Number	Processed Date	Member ID	Attachment Status	Action
08/19/2022	ROBERT	DEMO	KLC9876543	EWU12345678	08/21/2022	0123456789	Not Available	▲ <span style="border: 2px solid orange; border-radius: 15px; padding: 5px 15px;">Action Required</span>



# Reconsiderations

Admin > Home > TrackIt

Manage Email Notifications Export to CSV 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](#)

Color Key: ▲ Requires Action

[Smart Edits: 2](#)

[Medicare Pending: 99+](#)

[Reconsiderations: 99+](#)

[Pended Tickets: 99+](#)

[Appeal Tickets: 99+](#)

[Your Flagged Claims: 0](#)

### Reconsiderations

Please know that these are **only tickets updated in the last 14 days.**

Viewing Tickets Created By: All

[Search Extended Date Ranges](#)

Use the filters below to refine the table. Click on a filter to add or remove it.

Hidden Tickets 0  Under Review 254  Recently Closed 615  Requires Attention 44

Type to Refine [+ Customize Table](#)

Showing 1 - 10 of 913 Results

Use the column to sort the table

Results Per Page: 10 Pg 1 of 92

Expand	Record ID	Claim Number	First Name	Last Name	Date of Service	Last Updated	Member ID	Tickets Created By	Viewed?	Status
▼	PIQ-1234567	1234567891	ANNLEA	EXAMPLE	06/07/2022	08/28/2022	123456789	Jamie Colleague	No	Under Review
▼	PIQ-1234568	DJ123456789	JILL	DEMO	04/07/2022	08/28/2022	987654321	Taylor User	No	Action Required

Sample data for demonstration purposes only. Actual screens may vary.

# Pended Tickets

Home ▶ TrackIt Manage Email Notifications Export to CSV Print

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

Smart Edits: 0 Medicare Pending: 8 Reconsiderations: 50 Pended Tickets: 10 Appeal Tickets: 28 Your Flagged Claims: 3

## Pended Tickets

Please know that these are **only tickets updated in the last 14 days.**

Viewing Tickets Created By: All

[Search Extended Date Ranges](#)

Use the filters below to refine the table. Click on a filter to add or remove it.

Hidden Tickets 0  Under Review 6  Recently Closed 2  Requires Attention 2

+ **Customize Table**

Type to Refine

Showing 1 - 4 of 4 Results

Use the column ↕ to sort the table

Results Per Page: 10 Pg 1 of 1

Expand	Hide?	Record ID	Claim Number	First Name	Last Name	First Date of Service	Last Updated	Member ID	Tickets Created By	Status
<span>^</span>	<input type="checkbox"/>	PIQ-10006298	DH1234567	BAILEY	PATIENT	04/13/2022	2022-10-03 00:12:49	23456789	Taylor User	Closed
<span>v</span>	<input type="checkbox"/>	PIQ-10006279	DN234567891	CAMERON	DEMO	09/16/2022	2022-10-01 13:46:04	234567891	Taylor User	Action Required

Comment:  
We have received your submission and it is currently under review. Once the claim has been finalized, please search by using the member information to view the claim status and details. NOTE: If documentation for other patients or claims has been attached, that is not related to this claim will not be addressed at this time. If you would like to send in documentation relating to another claim(s), please find the claim(s) and submit a separate ticket request with the documentation.  
Comment Date: 10/03/2022

# Appeal Tickets and Documents

## 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](#)

Color Key: ▲ Requires Action

Smart Edits: 15

Medicare Pending: 99+ 99+

Reconsiderations: 99+ 22

Pended Tickets: 99+

Appeal Tickets: 99+

Your Flagged Claims: 0

### Appeal Tickets


Please know that these are only tickets updated in the last 14 days. Search Extended Date Ranges

Use the filters below to refine the table. Click on a filter to add or remove it.

Hidden Tickets 0  Under Review 171  Recently Closed 164

Type to Refine  [+ Customize Table](#)

Showing 1 - 10 of 335 Results [No Title] Results Per Page 10 < Pg 1 of 34 >

Expand	Appeal Reference Number	Ticket Type	Claim Number	Member ID	First Name	Last Name	First Date of Service	Last Updated	Date Received	Date Closed	Appeal Status	Documents
	U2123456789	-	-	123456789	BAILEY	PATIENT	07/26/2022	08/30/2023	07/31/2023	08/09/2023	Closed	Download
<i>Appeal Outcome:</i> We completed our review and the previous claim decision and/or payment amount remains unchanged. You will receive a letter from us within the required timeframe.												
▼	U2223456789	-	-	123123123	CHRIS	SAMPLE	05/26/2023	08/30/2023	08/02/2023	08/30/2023	Closed	Download
▼	U2323456789	-	DU23973890	456456456	JEAN	DEMO	01/12/2023	08/30/2023	08/01/2023	-	In Progress	Download
▼	Z2123456789	-	DY70876147	789789789	CAMERON	EXAMPLE	07/12/2023	08/30/2023	07/31/2023	08/30/2023	Closed	Download

Sample data is for demonstration purposes. Actual screens may vary.

# Flagged Claims

Admin > Home > TrackIt

Manage Email Notifications Export to CSV 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](#)

Color Key: ▲ Requires Action

<a href="#">Smart Edits: 2</a>	<a href="#">Medicare Pending: 99+</a>	<a href="#">Reconsiderations: 99+</a>	<a href="#">Pended Tickets: 99+</a>	<a href="#">Appeal Tickets: 99+</a>	Your Flagged Claims: 0
--------------------------------	---------------------------------------	---------------------------------------	-------------------------------------	-------------------------------------	------------------------

You currently have no flagged claims.

While viewing a claim, click the "Flag Claim" button to add it to this list.

Training Tips

Feedback

# Prior Authorization – Additional Information Needed

Admin ▶ Home ▶ TrackIt Manage Email Notifications Export to CSV Print

## TrackIt

Prior Authorizations & Notifications Currently Viewing Prior Authorizations & ...

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

Total of 4 tabs. [Customize Tab Order](#) Color Key: ▲ Requires Action

Additional Information Required: 4  
4

[Recently Closed Cases: 99+](#)

[Pending Cases: 99+](#)

[Prior Authorization Appeals: 25](#)

### Additional Information Required

Cases that are in the "Awaiting Additional Clinical Information" status. Search Extended Date Ranges

Use the filter below to Hide or Unhide cases.

Hidden Case [No Title]  + Customize Table

*Type to Refine*

Showing 1 - 4 of 4 Results Results Per Page 10 Pg 1 of 1

Use the column ↕ to sort the table

Case Number <span style="font-size: 0.8em;">↕</span>	First Name <span style="font-size: 0.8em;">↕</span>	Last Name <span style="font-size: 0.8em;">↕</span>	Date Last Updated <span style="font-size: 0.8em;">↕</span>	Member ID <span style="font-size: 0.8em;">↕</span>	Service Dates <span style="font-size: 0.8em;">↕</span>	Service Setting <span style="font-size: 0.8em;">↕</span>	Case Status <span style="font-size: 0.8em;">↕</span>	Overall Coverage Status <span style="font-size: 0.8em;">↕</span>	Documents
▲ A123456789 <span style="font-size: 0.8em;">🔗</span>	LEBRIA	EXAMPLE	08/26/2022	1234567890	08/30/2022-09/15/2022	Inpatient	Anticipated Admission	Awaiting Additional Clinical Records	Download

# TrackIt Interactive Guide



[No Title]



## TrackIt Interactive Guide

TrackIt is a time-saving tool that allows you to view your recent workflow at a glance and take action when needed.

**Learn why it makes sense to start your work in TrackIt to avoid unnecessary searches and find what you need quickly.**

Scroll down to review topics in this guide. Click the forward arrow to go in order. Use the **Menu** button to see all content and select a topic for quick reference.

start course 

SEE FULL COURSE MENU



 MENU

0%  
complete

0m  
time spent



[TrackIt Interactive Guide \(chameleoncloud.io\)](https://chameleoncloud.io)

# Need Help?

Technical support for providers and staff

Our tools are supported using Microsoft Edge, Chrome and Safari.

[providertechsupport@uhc.com](mailto:providertechsupport@uhc.com)

866-842-3278, option 1

**Electronic Data Interchange (EDI)**

For **Electronic Data Interchange (EDI)** [🔗](#) inquiries, complete automated transaction support **form** [🔗](#) or email [supportedi@uhc.com](mailto:supportedi@uhc.com)

**Community Plan EDI support**

[ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com)

800-210-8315

**API Support**

General API support [APIconsultant@uhc.com](mailto:APIconsultant@uhc.com)

API Extended X12 support [supportedi@uhc.com](mailto:supportedi@uhc.com)

**Contact technical support** [🔗](#)

# Documents and Reporting

United Healthcare

Return to Link Dashboard [Help](#) Alerts Manage Practice **TrackIt** 3 Settings

Payer: 87726 - UnitedHealthcare Provider: Hospital

ELIGIBILITY CLAIMS & PAYMENTS REFERRALS PRIOR AUTHORIZATIONS **DOCUMENTS & REPORTING**

## Hello

### 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 Vault.

### 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.

Member ID\*  Date of Birth\*

[+ 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  - Last Service Date

**Verify Eligibility**

Search By:  TIN 75795799 [Edit](#)  Provider Hospital [Edit](#)

Member ID\*  Date of Birth\*

Select Range:  Custom Date  Predefined Date

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

First Service Date\*  - Last Service Date\*

**Submit Search**

Feedback



# Additional Claims Trainings on UHCprovider.com

[Referrals: Interactive User Guide](#)

[Track-It Self-Paced User Guide](#)

[CommunityCare Provider Portal User Guide \(chameleoncloud.io\)](#)



# Document Library

United Healthcare

Return to Link Dashboard | Help | Alerts

ELIGIBILITY CLAIMS & PAYMENTS REFERRALS PRIOR AUTHORIZATIONS

Home > Document Library

## Document Library

Home

Search Files By

Member ID [v] [ ]

You are searching for documents related to TIN 123456

### Jamie Doctor | 123456789

#### Recently Added

See a snapshot of newly created provider correspondences in the order of the date they were placed in Document Library

Document Type
Medicare Appeals & Disputes / Notification & Acknowledgement
Other Appeals & Disputes/ Other
UHCWest Appeals & Disputes / Additional Information Needed
Other Appeals & Disputes/ Other
UHCWest Appeals & Disputes / Resolution

\*The date the document is placed in Document Library is considered

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

Medica Self-Insured - A Third Party Administrator  
for Self-Funded Group Medical Plans  
MEDICA  
PO BOX 30990  
SALT LAKE CITY, UT 84130-0990  
(877) 842-3210



Patient:	Curtis
Date of Service:	09/09/2009
Provider:	M.D.
Claim ID:	90000
Member:	Curtis
Member ID:	90000
Plan Name:	COMPANIES, INC.
Plan #:	530/A /001
Account #:	POSTCARD
Control #:	AA1/ELIG002

M.D.  
PO BOX 8  
BELFAST ME 04915

December 6, 2019

Dear M.D.:

Patient: Curtis Date of Service: 09/09/2009  
Provider: M.D.

We received a claim for the above named patient. According to our records, this patient has not been enrolled for coverage. Therefore, no benefits are available for the expenses submitted.

If the patient should be enrolled under a Medica employer group plan, contact the employer group. If the patient should be enrolled under another type of Medica plan, contact Medica or your broker.

If you have questions, please contact one of our Customer Care Professionals at the number listed above.

Sincerely,  
Your Service Representative



# Provider Reference Appendix



## Provider Service Line Website Links

- United Health Community Plan (Medical): [www.uhcprovider.com/INcommunityplan](http://www.uhcprovider.com/INcommunityplan)
- UHC Dental: [www.uhcdentalproviders.com](http://www.uhcdentalproviders.com)
- MarchVision: [www.marchvisioncare.com](http://www.marchvisioncare.com)
- Optum Behavioral Health: [Provider Express - Indiana Medicaid](#)



# Your FQHC Provider Advocate Account Manager

**Kelly Carpenter**  
All Indiana FQHC's  
763-348-6102  
[kelly\\_carpenter@uhc.com](mailto:kelly_carpenter@uhc.com)



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# Dental Advocate

**Kristy Jachowske**  
Provider Advocate  
763-273-9594  
[Kristy\\_jachowske@uhc.com](mailto:Kristy_jachowske@uhc.com)



# Your Optum Behavioral Health Advocate Team

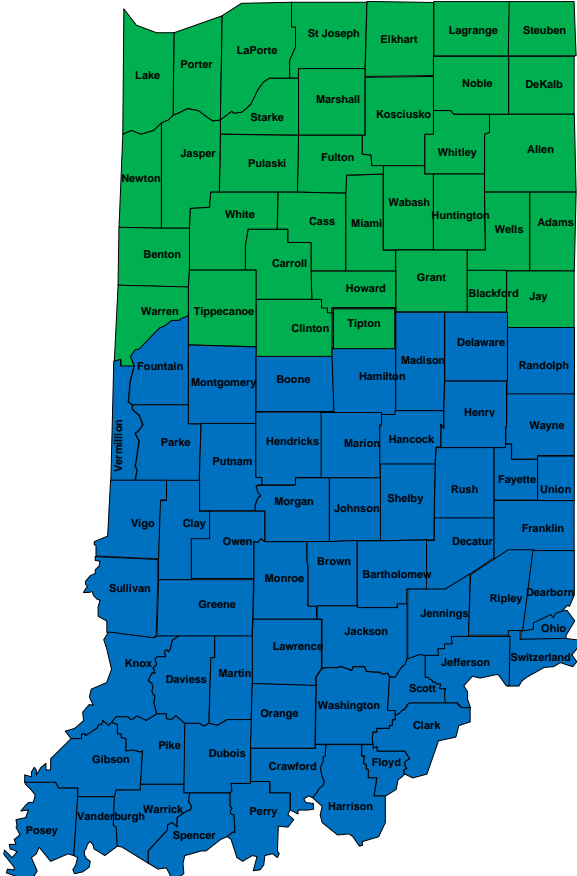
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**Olivia Smith**  
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# Questions and Answers

Thanks for Attending Today's Session

