



Navigating UHC as a Medical Provider

2026 IHCP Works Annual Seminar

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**United
Healthcare**

Agenda

1. How to join the Network
2. PathWays Dual Care – FIDE (Fully Integrated Dual Eligible)
3. Prior Authorizations
4. Claim Submission (process and claims submission)
5. Claim Reconsiderations (how to submit, corrected claims, appeals)
6. Facility claims (including general billing support)
7. General Billing Reminders
8. Escalate a Claim
9. Resources
10. Contact Us





How to Join the Network

How to join the Network (UHCprovider.com)



Coverage and payments ▾ Our network ▾ Tools and resources ▾ [Sign In](#)

[Home](#) > [Resource Library](#) > [Join our network](#) > [Join our network - Medical providers](#)

Join our network - Medical providers

Thank you for your interest in joining the UnitedHealthcare network as a doctor, mid-level provider, pharmacist, doula or virtual-only provider. We're here to help make the process as easy possible. Our improved onboarding tool, Onboard Pro, located in the UnitedHealthcare Provider Portal, is the first step to request participation in our network.

What to have ready

- One Healthcare ID
- Licensing and certification details
- National Provider Identifier (NPI) number
- W-9
- Work and education histories
- Proof of insurance - liability face sheet
- Current Council for Affordable Quality Healthcare (CAQH) ID, if applicable*

*Verify that CAQH has authorized UnitedHealthcare to see the information

Onboard Pro, the automated onboarding self-service tool that does it all

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Credentialing

Onboard Pro guides you, step by step, through the credentialing process, prompting you for more information when needed.

2

Contracting

Once credentialed with UnitedHealthcare, Onboard Pro will automatically trigger the contracting steps of the process.

3

Connecting

Once contracted, you'll set up your profile in the UnitedHealthcare Provider Portal where you can manage your experience with us.

- [Join our network - Medical providers | UHCprovider.com](#)



Continued: How to join the Network (UHCprovider.com)

- [Join our network - Medical providers | UHCprovider.com](https://UHCprovider.com)

Joining our network: How the process works from start to finish

The process for joining our network of providers is now even easier. Our digital tool, Onboard Pro, will guide you through the onboarding process from the initial request through credentialing to contracting and managing your experience with UnitedHealthcare.

[Begin](#)

Attention Optum Behavioral Health providers: Are you seeking a medical provider contract and already contracted with Optum Behavioral Health? us through [chat](#).

If you're looking to join the Optum Behavioral Health network, please visit providerexpress.com [🔗](#).



New group or individual practitioner

[Sign in](#) to Onboard Pro. Then, enter the legal name, business name, tax ID number (TIN), state and lines of business to determine next steps. [Learn how](#) [🔗](#)



Join a practice with an existing UnitedHealthcare group agreement

Even though you are joining a practice that has a UnitedHealthcare agreement in place, you'll still need to complete the onboarding process before you can see patients as an in-network provider. [Sign in](#) to Onboard Pro, which will walk you through the process and redirect you if necessary. [Learn how](#) [🔗](#)



Become affiliated with a delegated medical group

Please refer to the Delegated Requirements section of the UnitedHealthcare Credentialing Program - Capital Delegation Supplement UnitedHealthcare Administrative Guide.



Recredentialing

UnitedHealthcare automatically starts the process when you approach the 3-year credentialing cycle. If you maintain a complete and attestation every 90 days, there's nothing more you need to do. [More information is available in the Credentialing and Recredentialing care professionals FAQ](#) [🔗](#)

[Additional state and federal credentialing requirements](#) [🔗](#)

[UnitedHealthcare Credentialing Plan 2025-2027](#) [🔗](#)

Frequently asked questions



PathWays Dual Care - FIDE

What is the UHC PathWays Dual Care Plan?

A plan for people who have both Medicare and PathWays (Medicaid).

Medicare

Eligible if 65 or older, or if under 65 with a qualifying disability.



PathWays (Medicaid)

Eligible if 60 or older and are eligible for Medicaid based on age, blindness, or disability with limited income or resources.

The UHC PathWays Dual Care plan from UnitedHealthcare **combines your coverage into one easy-to-use plan** — with **fully integrated Medicare and Medicaid**, plus coordinated Home - and Community Based - Services (**HCBS**) and Long-Term Services and Supports (**LTSS**) where applicable.





Prior Authorizations

Prior Authorizations

- [Prior authorization and notification | UHCprovider.com](https://UHCprovider.com)



Coverage and payments — Our network — Tools and resources — [Sign In](#)

[Home](#) > [Prior authorization and notification](#)

Prior authorization and notification

Health care professionals are sometimes required to determine if services are covered by UnitedHealthcare. Advance notification is often an important step in this process. Because requests vary, it is important that you verify the specific clinical requirements of each request.

Our National Gold Card program

Modernizing the prior authorization process, this program is available for provider groups meeting eligibility requirements.

[Get the details](#)

Digital tools

We've designed our digital tools to help you seamlessly submit and verify your prior authorizations and advance notifications in real time. The digital solutions comparison [guide](#) can help health care professionals choose which tools are right for them.

UnitedHealthcare Provider Portal

The Prior Authorization and Notification tool allows you to submit inquiries, process requests and get status updates online. Access our [quick start guide](#) or [interactive guide](#) to learn more.

[Sign in](#)

Application Programming Interface

Application Programming Interface (API) is a common interface that interacts between multiple applications in real time. API status check is now available for prior authorization.

[Explore API](#)

Electronic Data Interchange

Electronic Data Interchange (EDI) allows you to securely and electronically submit and receive batch transactions for multiple claims.

[Learn more](#)

Medical professional resources

Crosswalk

For commercial, Individual Exchange, Medicare Advantage, and Community plan members, the crosswalk table will help you determine next steps when you need to provide a service different from the prior authorized service. Note: An X in the table means the crosswalk is available. An N/A in the table means Crosswalk is not available.

Advance notification and prior authorization requirements

This is the first step in determining coverage based on medical necessity. Prior authorization may still be required.

Regulatory

You can find state-required information regarding services that require pre-service review.

Pre-service appeals and peer-to-peer requests

Access options for submitting either a pre-service appeal or a peer-to-peer request electronically.

Pharmacy resources

Clinical and specialty pharmacy

Certain medications require notification and review to determine coverage under pharmacy benefits. You can view clinical pharmacy requirements [here](#).

Drug lists

Get pharmacy coverage information including drug lists, supply limits, step therapy and infusion care.

Community Plan prescribers

Access forms used for the manual submission of specific drug prior authorizations.

PreCheck MyScript®

A real-time benefit check tool available through the UnitedHealthcare Provider Portal that allows prescribers to easily run a pharmacy trial claim and get prescription coverage detail.

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Prior Authorization Submissions

● View existing submissions ▼

Once logged in and on the home page:

- Click **View an existing request status**
- Select a **service category**

Note: Ensure a provider associated with the case you're searching for is selected using the Provider flyout menu in the upper-right corner.

The screenshot shows the UnitedHealthcare web application interface for Prior Authorizations. At the top, the UnitedHealthcare logo is on the left, and navigation links for Training & Support, Practice Management, and a user profile (Jill) are on the right. Below the logo is a search bar. A dark blue navigation bar contains links for Eligibility, Claims & Payments, Referrals, Prior Authorizations (which is highlighted), Clinical & Pharmacy, Documents & Reporting, and Additional Tools. Below this bar, a breadcrumb trail shows 'Home > Prior authorizations & notifications'. The main heading is 'Prior authorizations and advance notifications', with a 'Required' status indicator. Below the heading are two links: 'Create new/view existing' (underlined) and 'Check requirements by code'. The main content area is titled 'Create a new request or view existing request status' and shows 'Currently selected provider: Medical Center' with an 'Edit' link. Under the heading 'What task would you like to do?', there are five radio button options: 'Check prior authorization requirements' (unselected), 'Create a new request' (unselected), 'View an existing request status' (selected), 'Followed cases' (unselected), and 'Draft cases' (unselected). Each option has a brief description. At the bottom, there is a section titled 'What category applies to the services being performed?'.



Continued: Prior Authorizations

- [Quick Start: Prior Authorization and Notification](#)

Prior Authorization and Notification quick start guide

Scroll down and click each tab to learn what you can do using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Your user experience may vary based on details of the case to best manage your request. The technology is responsive as information is entered.

☑ Access Prior Authorizations

Access the UnitedHealthcare Provider Portal from UHCprovider.com using your One Healthcare ID.

On your dashboard, ensure the correct **Payer** and **Provider** are displayed and click **Prior Authorizations** at the top to get started.

Prior authorization and advance notifications home page

View existing request status



Training & Support ▾ Practice Management ▾ TrackIt 99+  Jill ▾

Search 

Payer
87726 - UnitedHealthcare >

Provider
Medical Center >

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

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 99+

 Eligibility

 Claims & Payments

 Referrals

 Prior Authorizations & Notifications

 Documents & Reporting

Create new or view existing prior authorization submission

Create a new prior authorization submission

Create a new request

View status of existing submission and make updates

View existing submissions

Check by code

Check by procedure code(s), product type, state and diagnosis.
Applies to medical services only.

PAAN Resources

[Tool resources](#) 

[Interactive training guide](#) 

[Peer to peer requests](#) 

[Policies and Protocols for Healthcare Providers](#) 

Quick Links & Tools

[Gold Card status lookup tool](#)





Submitting Claims

Submit Professional Medical Health Claims

- Submit claims using the *CMS-1500* Claim Form (v 02/12)
- Standard Timely Filing for Participating Providers – 90 calendar days from the Date of Service. (DOS)
- Secondary Claims Timely Filing – 90 calendar days from date of Primary Explanation of benefits for In-network Providers and 90 calendar days for Out of Network providers from the Primary Explanation of Benefit date.
- For electronic submission:
Payer ID 87726
- Claims Mailing Address:
 - UnitedHealthcare Community Plan
P.O. Box 5240
Kingston, NY 12402
- Claim Submission Tool for Medical Professional claims (*CMS-1500*) on our UnitedHealthcare Provider Portal: uhcprovider.com





Claim Reconsiderations

Provider Portal: Claims Function

- View claims information for multiple UnitedHealthcare plans.
- Access letters, remittance advice documents, and reimbursement policies.
- Submit additional information requested on pended claims.
- Flag claims for future viewing.
- Submit corrected claims or claim reconsideration request.
- Receive instant printable confirmation for your submissions.

The screenshot displays the UnitedHealthcare Provider Portal interface. At the top, the UnitedHealthcare logo is on the left, and a search bar is in the center. On the right, there are dropdown menus for 'Payer' (87726 - UnitedHealthcare) and 'Provider' (Scott Brundie). Below this is a navigation bar with tabs: Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. A 'TrackIt: Action Required' section shows a progress bar with 'Claims' (Completed) and 'Prior Authorizations' (3 Require Action). The main content area is titled 'Welcome, Taylor!' and includes a message: 'Before you get started, make sure your payer information and provider information in the top right corner of the page is correct.' A 'Customize Tabs' button is in the top right. On the left, a sidebar contains links: Eligibility, Claims & Payments, Prior Authorizations & Notifications, Referrals, Documents & Reporting, and UnitedHealthcare Updates. The main area is titled 'Verify Eligibility & Benefits' and contains a form with fields for 'Member ID & Date of Birth', 'Member ID*', 'Date of Birth*', and a 'Search for Multiple Members' button. Below this is a 'Search Range' section with 'Predefined Date' and 'Custom Date' options, and a 'Select a Policy Date Range*' dropdown. A 'Verify Eligibility' button is at the bottom. On the right, there are sections for 'Eligibility & Benefits Resources' (Tool resources, Interactive training guide, Drug lists and pharmacy, New Jersey health plan) and 'Quick Links & Tools' (UMR, All Savers, Optum VA Community Care Network, Optum Physical Health). A pagination bar at the bottom right shows '1' and '2' with navigation arrows.



When to Submit a Claim Reconsideration

Claim reconsideration requests should be submitted through the [Claims, billing and payments | UHCprovider.com](#) tool (UHC Provider Portal) when a claim was processed incorrectly.

Claims, billing and payments

Health care professionals working with UnitedHealthcare can use our digital tools to access claims, billing and payment information, forms and get live help. To begin using the UnitedHealthcare Provider Portal **sign in** with your One Healthcare ID.



Why submit a Claim Reconsideration?

Situations for reprocessing include, but are not limited to:

- Paid amount is different than what the provider expected.
- Claim was determined to not be filed on time, when the provider has proof of timely filing.
- Claim was denied for no authorization, when the provider has an authorization number.
- Difference in coordination of benefits (COB) information.



How to Submit a Claim Reconsideration

Within the Provider Portal, from the claim:

- Click **Create Claim Reconsideration** to start your reconsideration request or to submit a corrected claim.
- Providers have 90 calendar days from the original EOB date to submit a Claim Reconsideration for the Community Plan Products.
- Need a paper form because you are unable to submit your reconsideration online? Use our Single Paper Claim Reconsideration Request Form, [Provider forms | UHCprovider.com](#) and mail to the claims mailing address:

UnitedHealthcare Community Plan

P.O. Box 5240

Kingston, NY 12402-5240



Submit a Reconsideration

 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

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

This is not available for this claim, at this time.

Add Attachments



Process to Create a Reconsideration

- Scroll down to review the details.
- Enter your contact information in the Submitter's Contact Information section.
- Once Submitted, document the ticket number received.

[Contact Information](#) | [Request Information & Comments](#) | [Attachments](#) [View Patients 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

Medical Center

Servicing Provider

Jamie Doctor

Tax ID Number

123456789

Submitter's Contact Information

All Fields are Required

First Name

Taylor

Last Name

Demo

Phone Number

(555) 955-4555

Email Address

email@sample.com

(###) ###-####

Street Address

123 Demo St

City

Great City

State

VA

ZIP Code

23456

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Submit a Corrected Claim

 **Act on Claim**



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

This is not available for this claim, at this time.

Action Required



Corrected Claim Information

 Request Information and Comments 

Request Information

All Fields are Required

Amount Requested

☐ I don't know

Request 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

- In the Amount Requested box, enter the total amount you expect for the claim including any previous payments.
- Select 'Resubmission of a Corrected Claim' as the Request Reason from the pulldown menu.
- Help us understand the situation by adding a New Comment.



Medical Claim Outcome

If you continue to disagree with the outcome of your informal dispute after the Account Management (Medical) team has escalated, your next step is to file a Formal Dispute within 60 calendar days from the failed reconsideration.

- Submit within "Claims and Payments" on the UnitedHealthcare Provider Portal: [Claims, billing and payments | UHCprovider.com](https://UHCprovider.com/claims-billing-payments)
- Mail to:

UnitedHealthcare Community Plan of Indiana

Attn: Appeals and Grievances Unit

P.O. Box 31364

Salt Lake City, UT 84131-0364





Facility Claims (*UB-04*)

Submit Facility Claims

- Submit claims using claim submission tool on [Claims, billing and payments | UHCprovider.com](https://UHCprovider.com).
- Standard Timely Filing for Par Providers – 90 calendar days from the DOS.
- Non-Participating Providers Timely Filing – 90 calendar days from DOS.
- Secondary Claims Timely Filing – 90 calendar days from date of Primary EOB for INN Providers & 90 calendar days for OON providers from the Primary EOB date.
- For electronic submission:
Payer ID 87726
- Claims Mailing Address:
**UnitedHealthcare Community Plan
P.O. Box 5240
Kingston, NY 12402**



Electronic Secondary Claims

- **Primary Payer Paid Amount:** Submit the primary paid amount for each service line reported on the 835-payment advice or EOB. The paid amount on institutional claims can be submitted at the claim level.
- **Adjustment Group Code:** Submit other payer claim adjustment group code as found on the 835-payment advice or identified on the EOB. Deductible, coinsurance, copayment, contractual obligations, and/or non-covered services are common reasons why the other payer paid less than billed.
- **Adjustment Reason Code:** Submit other payer claim adjustment reason code as found on the 835-payment advice or identified on the EOB. Deductible, coinsurance, copayment, contractual obligations, and/or non-covered services are common reasons why the other payer paid less than billed.
- **Adjustment Amount:** Submit other payer adjustment monetary amount.
- **Preference:** Submit professional claims at the line level and institutional claims at either the line or claim level. The service level and claim level should be balanced. UnitedHealthcare follows 837P/837I guidelines found on our provider portal [Clinical Guidelines | UHCprovider.com](#).



Coordination of Benefits

- For secondary or institutional claims to be paid electronically, the COB information must be submitted in the applicable loops and segments. Loops IDs include:
 - 2320 Other Subscriber Information
 - 2330A Other Subscriber Name
 - 2330B Other Payer Name
 - 2330C Other Payer Referring Provider
 - 2330D Other Payer Rendering Provider
 - 2330E Other Payer Service Facility Location
 - 2330F Other Payer Supervising Provider
 - 2430 Line Adjudication Information
- To learn more about submitting secondary/COB claims electronically to UnitedHealthcare, please consult your vendor, 837P/837I Implementation Guide, or our [Electronic Data Interchange \(EDI\)](#) page for eCOB specifications.





General Billing Reminders

Tips for Claim Submission

- An occurrence code is required for all types of claims except for an outpatient type of claim. Occurrence codes are two-digit alphanumeric codes that is used in medical billing to provide additional information about specific events related to a patient's care. UnitedHealthcare follows the guidance found in the [IHCP Claims Submission and Processing](#) Provider Reference Module.
- Rejected Claims are not visible in our claims system – Claim rejections that appear on clearinghouse reports have not been accepted by UnitedHealthcare and should be corrected and resubmitted electronically to avoid timely filing denials.



How to avoid some common denials

Verify National Provider Identifier and ZIP+4:

- Check that the **Billing NPI** in Box 33 matches the **service location ZIP+4** exactly as registered with State.
- You can verify this on the [IHCP Provider Healthcare Portal](#).

Update State Records if Needed:

- If the NPI and ZIP+4 are not linked, the provider may need to update their enrollment information with the State.
- This can be done via the portal or by contacting the Gainwell Provider Relations Consultant.

Correct and Resubmit Claims Promptly:

- To avoid **timely filing issues**, make sure corrected claims are submitted within the allowed timeframe.



Reimbursement

- If you are experiencing claim denials for a specific code or service, check the [Reimbursement Policies for Community Plan of Indiana | UHCprovider.com](#) page, as the denial may be related to a Reimbursement Policy.



Smart Edits

- Smart Edits is a claims optimization tool that identifies billing errors within a claim and allows care providers the opportunity to review and repair problematic claims. Smart Edits are sent within 24 hours of a claim submission, so you can review identified claims in a matter of hours instead of potential claims denials days later.
- When claims are submitted accurately and in compliance with the latest policies and regulations, it results in less re-work, quicker approvals, and faster payments.

Link to documentation on UHC Provider Portal:

[Smart Edits | UHCprovider.com](https://UHCprovider.com/SmartEdits)



Corrected Claims – *UB-04*

Electronic Corrected Claims

- Corrected *UB-04* claims can be sent electronically.

[Claims, billing and payments | UHCprovider.com](#)

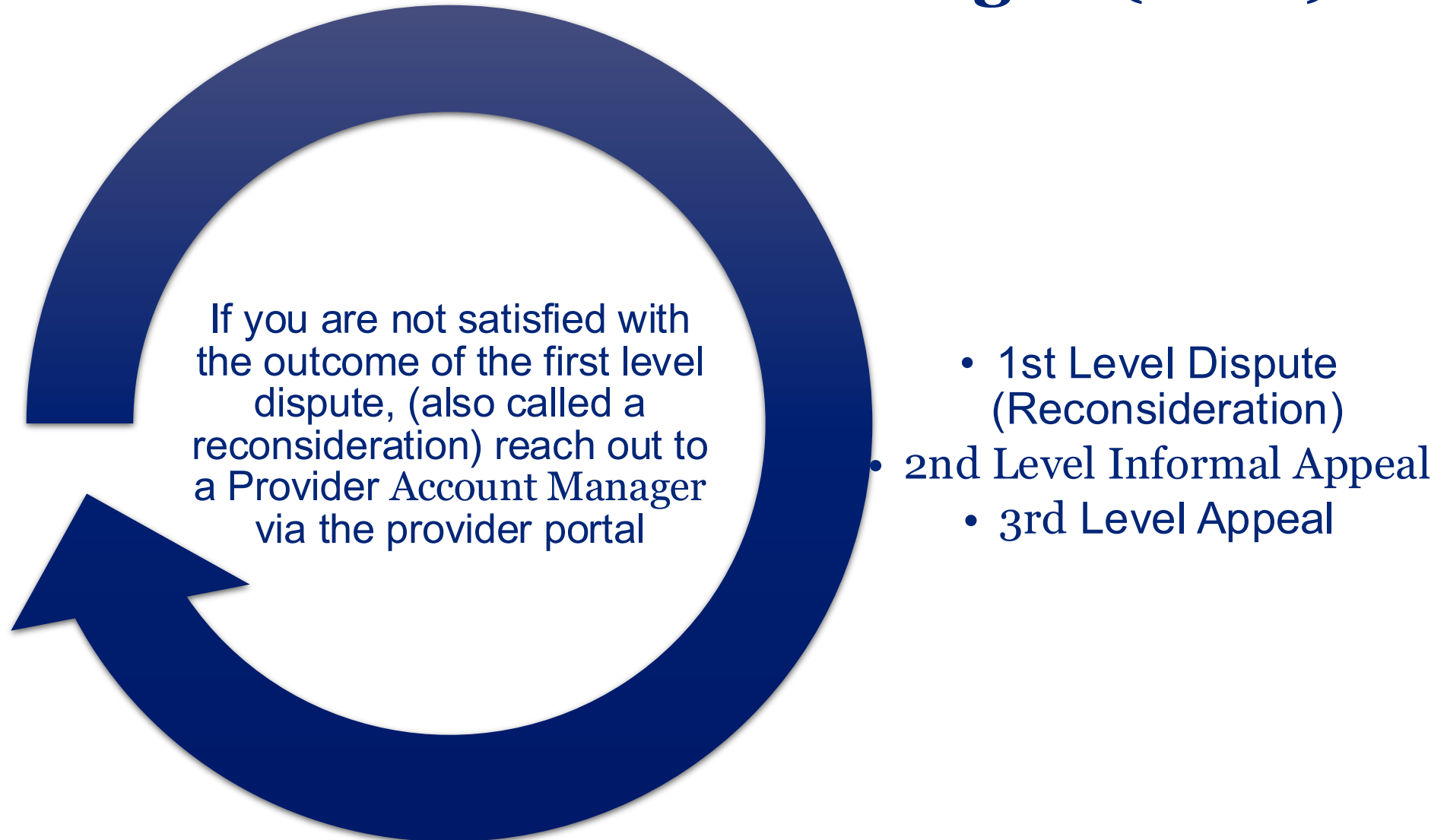
- Using the appropriate Bill Type to indicate that it's a replacement of a previous claim.
- If you cannot submit corrected claims using EDI, submit a claim reconsideration request via the Claims Tool via the UnitedHealthcare Provider Portal, [Claims, billing and payments | UHCprovider.com](#) in the same manner as you would for a *CMS-1500* claim form.





Escalate a Claim

Escalate to a Provider Account Manager (PAM)

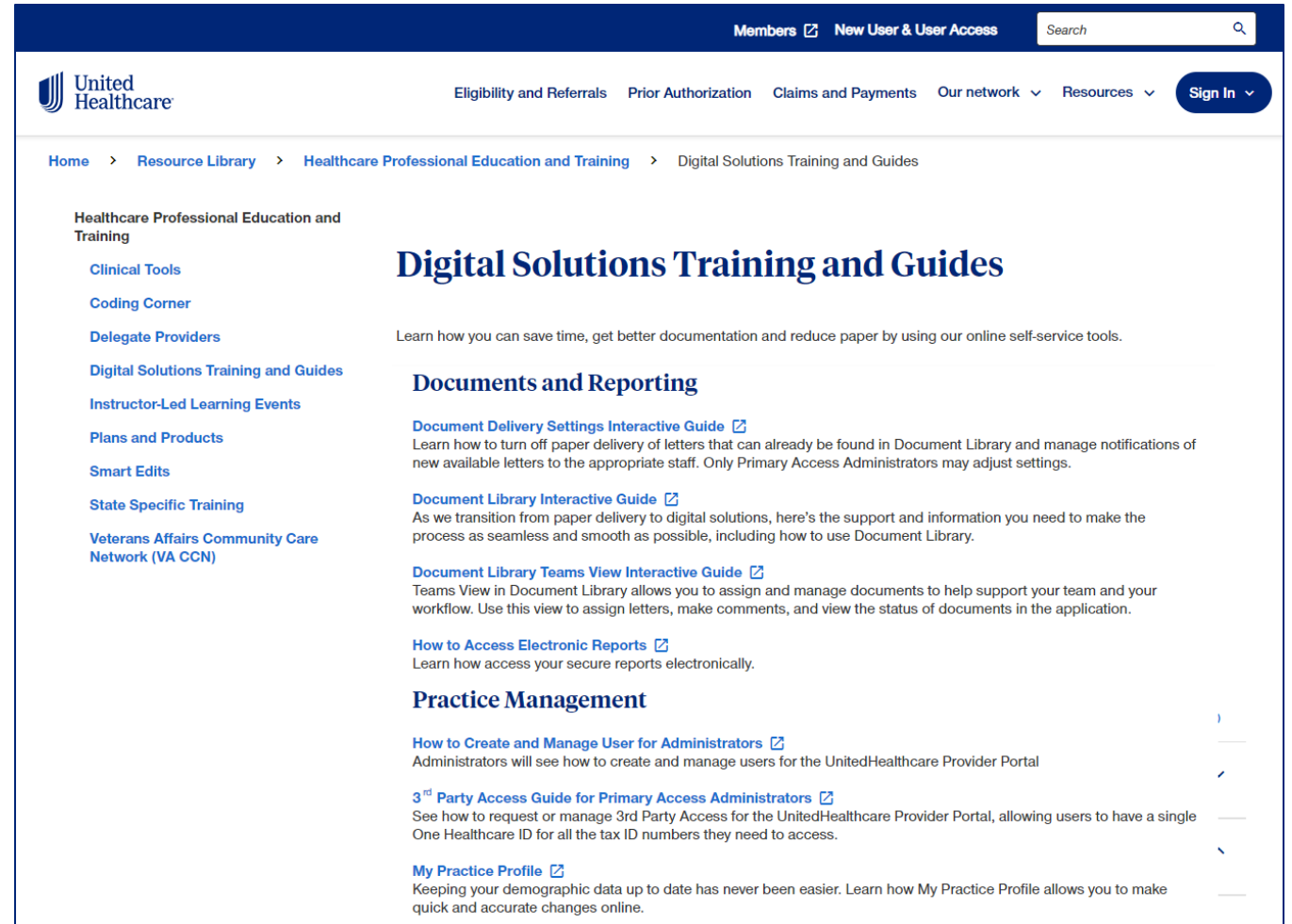




Resources

Additional Claims Trainings on UHCprovider.com

- [Claims, billing and payments | UHCprovider.com](#)
- [Document Library | UHCprovider.com](#)
- [Healthcare Professional Education and Training | UHCprovider.com](#)



The screenshot displays the UHCprovider.com website interface. At the top, there is a dark blue header with navigation links: 'Members', 'New User & User Access', and a search bar. Below this is a white navigation bar with the United Healthcare logo and links for 'Eligibility and Referrals', 'Prior Authorization', 'Claims and Payments', 'Our network', 'Resources', and a 'Sign In' button. The main content area has a breadcrumb trail: 'Home > Resource Library > Healthcare Professional Education and Training > Digital Solutions Training and Guides'. On the left, a sidebar lists various training categories under 'Healthcare Professional Education and Training', including 'Clinical Tools', 'Coding Corner', 'Delegate Providers', 'Digital Solutions Training and Guides' (which is highlighted), 'Instructor-Led Learning Events', 'Plans and Products', 'Smart Edits', 'State Specific Training', and 'Veterans Affairs Community Care Network (VA CCN)'. The main content area is titled 'Digital Solutions Training and Guides' and includes an introductory paragraph about saving time and reducing paper. Below this, there are four sections, each with a title and a brief description: 'Documents and Reporting' (with links to 'Document Delivery Settings Interactive Guide' and 'Document Library Interactive Guide'), 'Document Library Teams View Interactive Guide', 'How to Access Electronic Reports', and 'Practice Management' (with links to 'How to Create and Manage User for Administrators' and '3rd Party Access Guide for Primary Access Administrators'). A 'My Practice Profile' section is also visible at the bottom.





Contact Us

Contact Sites

Provider Service Line Website Links

- United Health Community Plan (Medical):
www.uhcprovider.com/INcommunityplan

Provider Services Contact Information

- UHC Provider Portal available 24/7
[Contact us | UHCprovider.com](http://UHCprovider.com)
- UHC Provider Service Line
Phone Number 866-842-3278, option 1



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Thank you

Please help us by evaluating this session.

Questions?



United
Healthcare