

## Provider Service Quick Reference Guide Medicaid for Members Under Age of 21

<b>Call Center for UnitedHealthcare</b>	<b>1-866-362-3368</b>
<b>Websites &amp; What's Available</b>	<p><a href="http://providerexpress.com">providerexpress.com</a></p> <ul style="list-style-type: none"> <li>• Guidelines and Policies</li> <li>• Best Practice Guidelines</li> <li>• Level of Care Guidelines</li> <li>• Recovery and Resiliency Toolkit</li> <li>• Network Manual</li> <li>• Training materials</li> <li>• Sentinel Events Reporting Form</li> </ul> <p><a href="http://uhcommunityplan.com">uhcommunityplan.com</a></p> <ul style="list-style-type: none"> <li>• A website for Health Care Professionals, Community Organizations and Members</li> <li>• For providers the links will direct you to important information in your state</li> <li>• Directs you to our secure provider site UnitedHealthcare Online®</li> </ul> <p><a href="http://uhcprovider.com/">uhcprovider.com/</a></p> <ul style="list-style-type: none"> <li>• Check member eligibility</li> <li>• Check claim status and payments</li> <li>• Claims Reconsideration</li> <li>• Electronic Data Interchange (EDI) information</li> <li>• Tools and Resources</li> <li>• Tutorials</li> </ul>
<b>Claims Submission</b>	<p><b>Paper Claim submission:</b>            Optum Behavioral Health            P.O. Box 30760            Salt Lake City, UT 84130-0760</p> <p>Claims must be submitted within 120 days from the date of service</p>
<b>EDI</b>	<p>Payer ID : 87726            EDI Support: <b>800-210-8315</b> or email <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a></p>

<b>Electronic Payments &amp; Statements (EPS)</b>	It's quick and easy, go to <a href="#">UnitedHealthcare Electronic Payments &amp; Statements</a> ; > uhcprovider.com > Claims, Billing & Payments > Electronic Payments & Statements Questions - 866-842-3278, option 5		
<b>Appeals</b>	<table border="0"> <tr> <td data-bbox="590 151 1220 334"> <b>Provider Claim Appeals:</b>  UnitedHealthcare Community Plan  Attn: Complaint and Appeals Department  P.O. Box 31364  Salt Lake City, UT 84131-0364 </td> <td data-bbox="1220 151 2028 334"> <b>Provider Utilization Management (UM) Appeals:</b>  UnitedHealthcare Community Plan  Attn: UM Appeals Coordinator  P.O. Box 31364  Salt Lake City, UT 84131 </td> </tr> </table>	<b>Provider Claim Appeals:</b> UnitedHealthcare Community Plan Attn: Complaint and Appeals Department P.O. Box 31364 Salt Lake City, UT 84131-0364	<b>Provider Utilization Management (UM) Appeals:</b> UnitedHealthcare Community Plan Attn: UM Appeals Coordinator P.O. Box 31364 Salt Lake City, UT 84131
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<b>Care Advocacy</b>	<b>1-866-362-3368</b>		
<b>Best Practice Guidelines</b>	We have adopted Best Practice Guidelines, which were developed by nationally recognized organizations. Provider Express > Guidelines/Policies & Manuals > <a href="#">Best Practice Guidelines</a>		
<b>Authorization Requirements</b>	<p>Services that require authorization and notification as of 7/1/19 include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Inpatient Psychiatric, Detoxification and Rehabilitation Services</li> <li>• Psychological Testing</li> <li>• OMH Partial Hospitalization</li> <li>• OMH Continuing Day Treatment (CDT)</li> <li>• OMH Personalized Recovery Services (PROS)</li> <li>• OMH Assertive Community Treatment (ACT)</li> <li>• OMH Intensive Outpatient Program (IOP)</li> <li>• OASAS 820 Residential</li> </ul> <p>Electronic Prior Authorization, Notifications and Supporting Documentation (i.e. LOCADTR) can be submitted to: <a href="#">uhcprovider.com</a> &gt; Health Plans by State &gt; New York &gt; United Healthcare Community Plan of New York Homepage &gt; Prior Authorization and Notification Tool</p> <p>Health Plans by State can be found under Quick Links on uhcprovider.com Home Page</p> <p>Telephonic requests for services that require authorization and notification can be obtained by calling: Toll-free Provider Line (from the back of the Member card): <b>(866)-362-3368</b></p> <ul style="list-style-type: none"> <li>• System prompts: "In a few words tell me why you are calling today"</li> <li>• Say: "Behavioral Health Authorization"</li> <li>• Enter Member UHC ID</li> <li>• Enter Member DOB</li> </ul>		
<b>Additional Resources</b>	You may also contact Network Management if you have any questions (email strongly preferred): Email: <b><a href="mailto:NYNetworkManagement@optum.com">NYNetworkManagement@optum.com</a></b> Phone: 1-877-614-0484		