



# Digital Solutions

For Administrative Simplification

2024 IHCP Works  
Annual Seminar

October 2024

United  
Healthcare

# Digital Solutions Overview

## Electronic Data Interchange (EDI)



Electronic interchange of information between partners using an industry standard format

## UnitedHealthcare Provider Portal



Public and secure website to obtain information and conduct transactions

## UnitedHealthcare Application Programming Interface (API)



Automated solution accessing real-time data in a secure environment

<ul style="list-style-type: none"> <li>• Fully automated</li> </ul>	<ul style="list-style-type: none"> <li>• Partially automated</li> </ul>	<ul style="list-style-type: none"> <li>• Fully automated</li> </ul>
<ul style="list-style-type: none"> <li>• Integrated through clearinghouse</li> </ul>	<ul style="list-style-type: none"> <li>• Access with One Healthcare ID</li> </ul>	<ul style="list-style-type: none"> <li>• Direct automated data requests returned in real-time</li> </ul>
<ul style="list-style-type: none"> <li>• HIPAA industry standard information</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed information with extended attributes</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed information with extended attributes</li> </ul>
<ul style="list-style-type: none"> <li>• Medium to high volume</li> </ul>	<ul style="list-style-type: none"> <li>• Low volume</li> </ul>	<ul style="list-style-type: none"> <li>• Medium to high volume</li> </ul>
<ul style="list-style-type: none"> <li>• Cost - Varies</li> </ul>	<ul style="list-style-type: none"> <li>• Cost - Free</li> </ul>	<ul style="list-style-type: none"> <li>• Cost - Free</li> </ul>



# What is the difference between EDI, API, EPP, and POCA?

- Electronic Data Interchange (EDI): Almost all providers use some sort of EDI transaction. If a provider is submitting electronic claims or obtains *basic* eligibility or claims information in their system, they are using EDI transactions. EDI is operational so it is not used for clinical data.
- Application Programming Interface or (API) marketplace is where we can send *more information* to the provider using an API transaction vs. EDI. API transactions are *operational* and contain very little clinical data. UHC's API connection only contains UHC data and is not multi-payer. API does not replace EDI but is used in addition to existing EDI transactions and utilizes the same clearinghouse.
- The EPIC Payer Platform (EPP) is available only to providers who use EPIC as their EMR (or practice management system). EPP contains *clinical data* and very little operational data.
- Point of Care Assist (POCA) like EPP, POCA contains *clinical data* and very little operational data. Only providers who use Athena, eClinicalWorks, Practice Fusion, NextGen or Veradigm can implement POCA.

## Types of Information:

Operational: E&B, claims, payments, letters, etc.

Clinical: Prior Authorization determinations, requests and status, care opportunities, provider searches

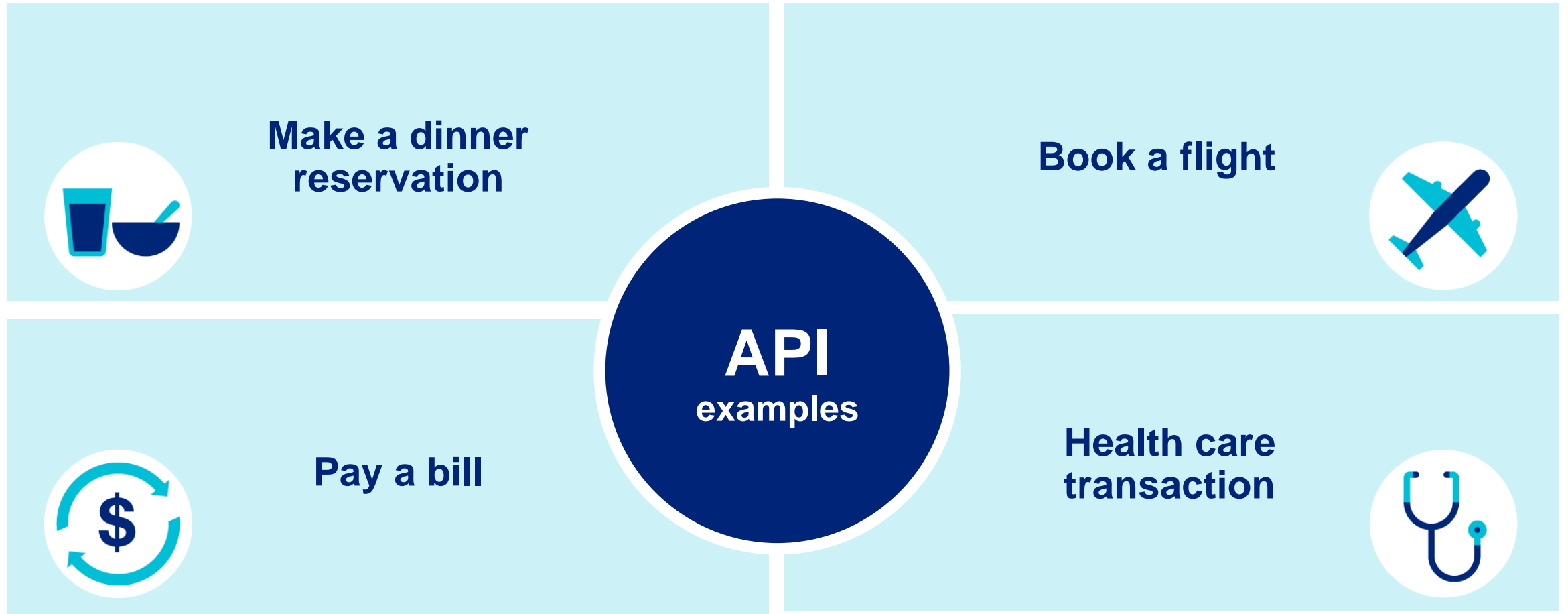


# API Overview

Application Programming Interface (API)

United  
Healthcare

# API in Real Life

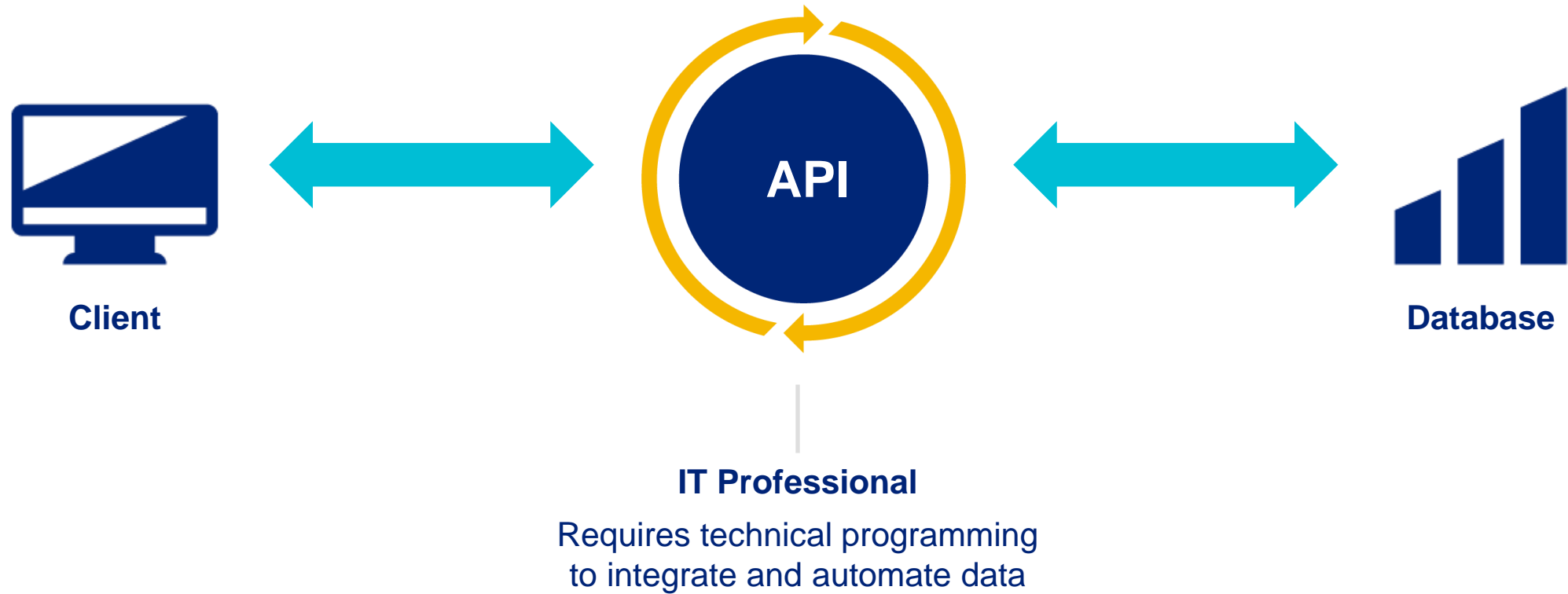


API stands for **Application Programming Interface**. API lets applications talk to each other. If you use an app on your phone or tablet to complete a task, chances are you're using an API.



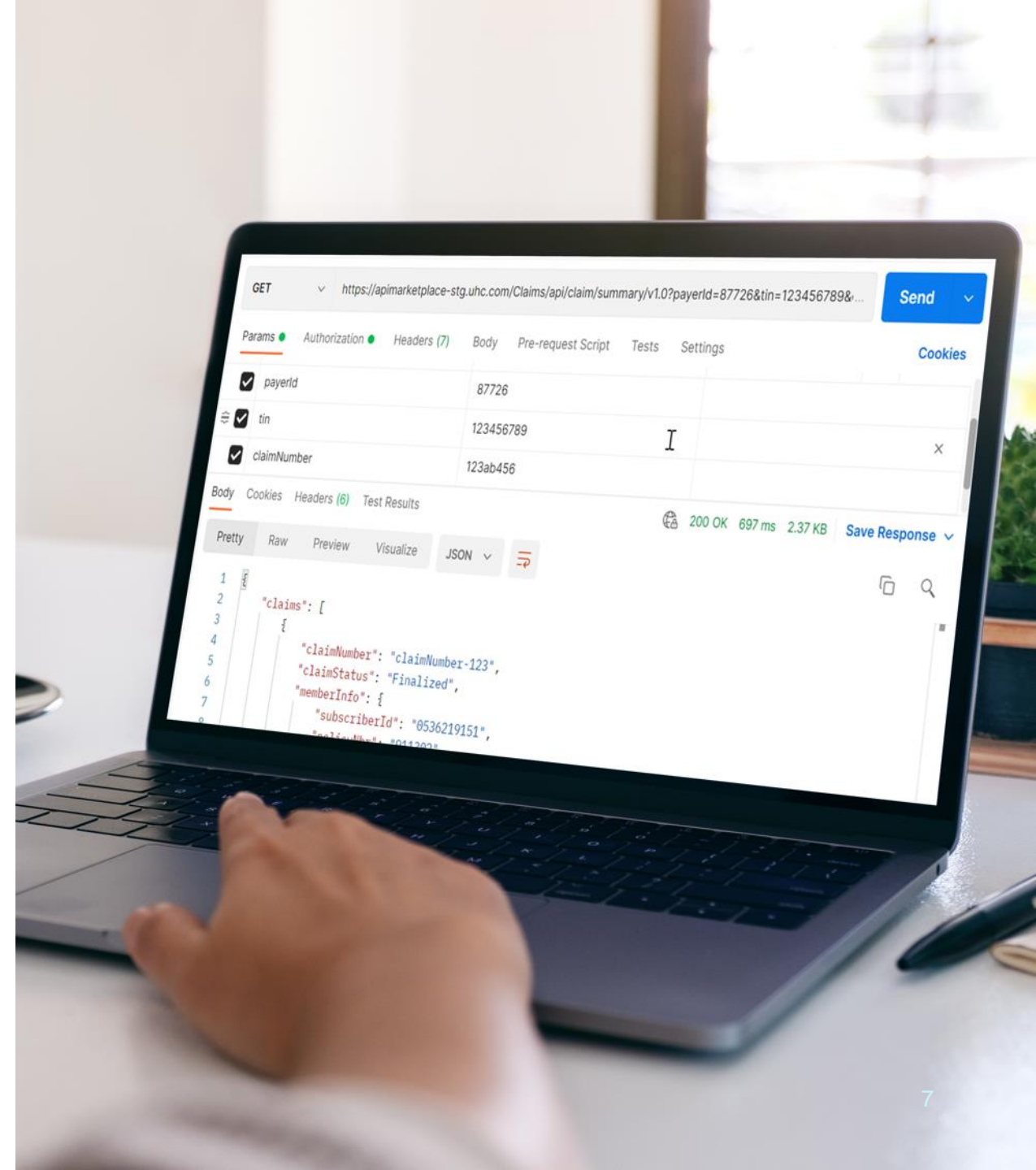
# How to Use API With Us

- Distribute information electronically to health professionals **for FREE**
- Access real-time information and send it to the end user in any application



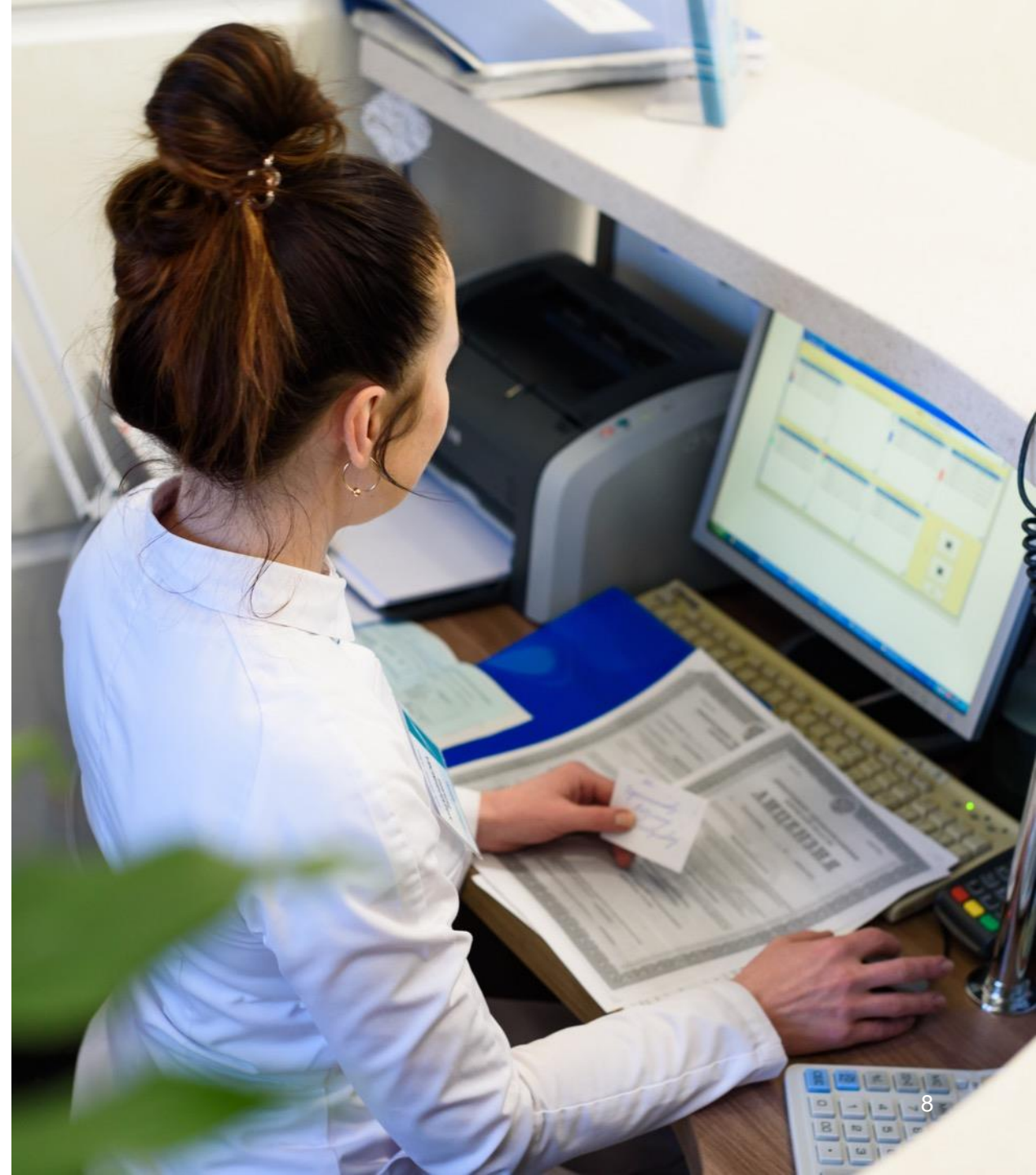
# Get Set Up For API Success

- An IT professional program an API to run behind the scenes, so you can access the information you need on a recurring basis. This allows your staff to focus on daily operations more efficiently and effectively.
- Ensure your organization has the technical support to use/set up an API.



# How API Works

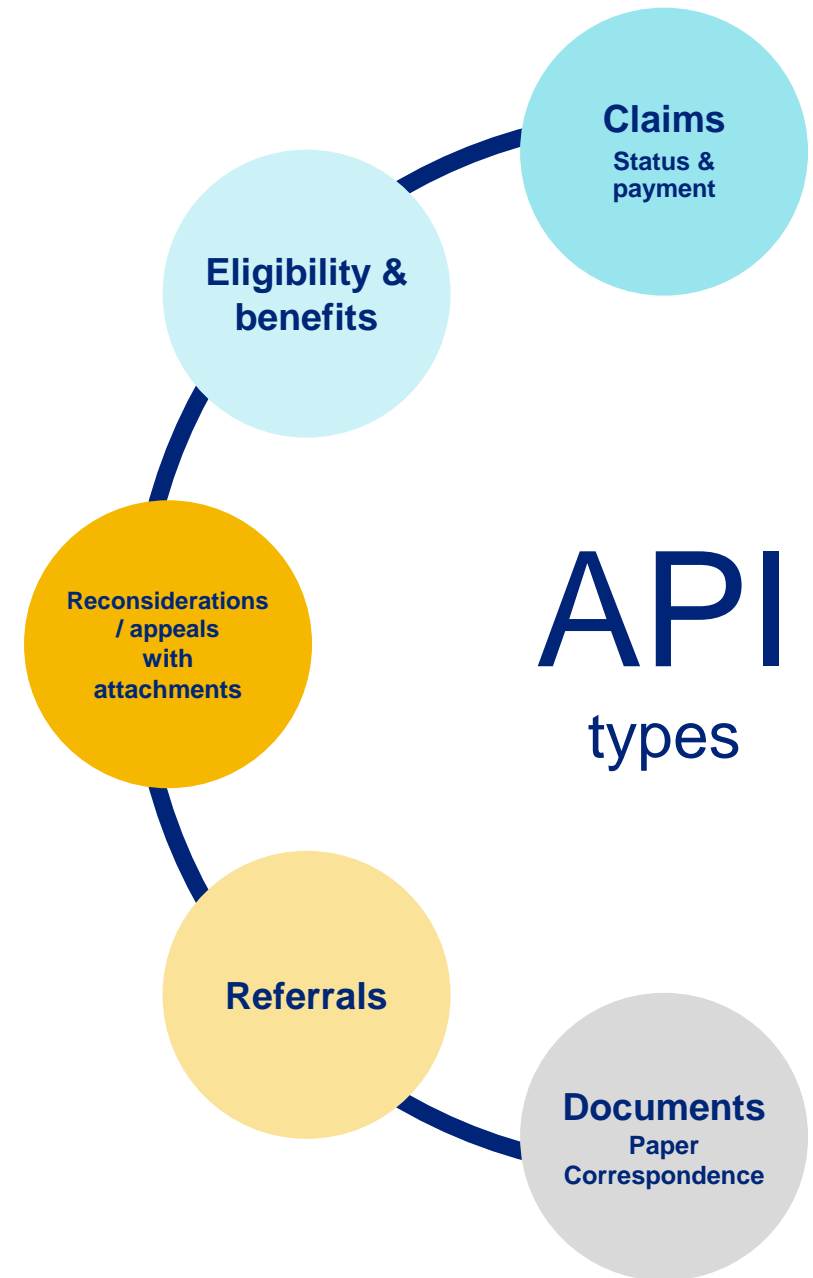
Comprehensive detailed data securely obtained through an API can be distributed to a practice management system, hospital information system or, any application you prefer without interrupting your workflow.





# API Types and Benefits

- **Improve efficiency, reduce costs, and increase cash flow**
- **Maintain workflow**
  - Data returned in an API mirrors the detailed information provided on our portal
  - Ability to populate data and transfer to your practice management system, proprietary software, or any application you prefer
  - Integration of data from multiple sources into 1 location
- **Save time**
  - Data is returned in real time
  - Transactions automated on a timetable you set
  - API can be a solution to replace or complement other digital solutions
- **Decrease call volume**
- **Reduce paper**



# API Connection Options

## 1

### API direct connection

- Connects directly through a secure connection for all API types
- API Trading Partner Agreement may be required

## 2

### API Extended X12

- API data is requested and returned as an extension to an existing EDI transaction
- Access extended data through a direct connection with UnitedHealthcare, the Optum iEDI clearinghouse, or your existing clearinghouse, if available
- **Available only for claim status and eligibility/benefits**



API uses JavaScript Object Notation (JSON) for requests and responses.

All API traffic is encrypted over HTTPS and authentication is handled with OAuth2.



# API Support

We're here to help you every step of the way. From your initial consultation and demo to post-coordination support, you'll have an API consultant to assist you.

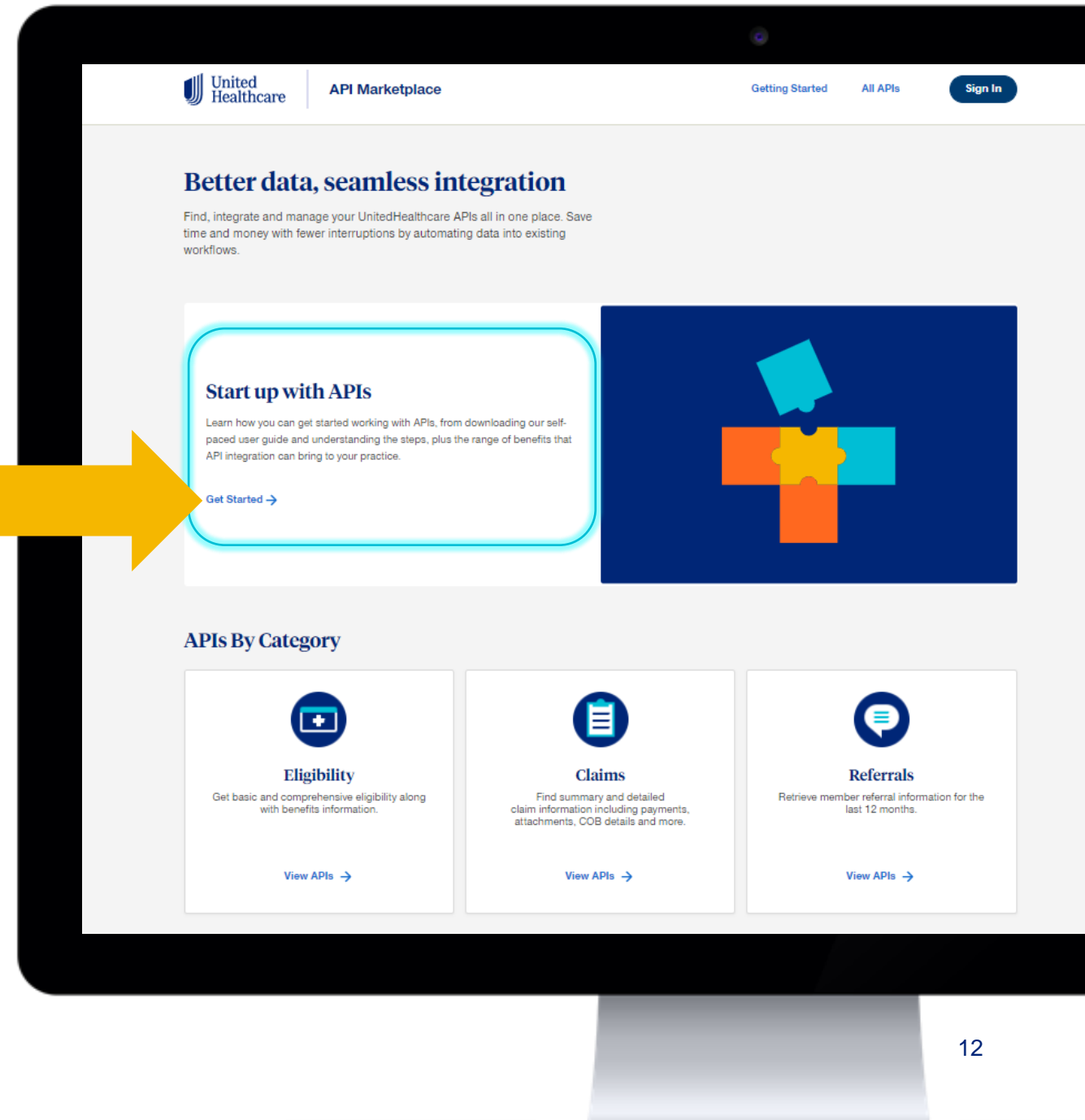
Coordination	Together, we determine the right solutions that fit your needs. We help facilitate the technical coordination needed.
Onboarding	We provide direct onboarding tools, resources, and guidance with a production goal of 5–50 business days, depending on your organization's timeline.
Monitoring	Once in production, we may reach out to make sure our APIs are meeting your needs and yielding the expected benefits.



# API Marketplace

## The primary site for all things API

- <https://apimarketplace.uhcprovider.com>
- API education (user guide, overview, benefits, and getting started)
- Technical information
  - Reference guides
  - Sandbox
  - Swagger
- Testimonials
- APIs by category and featured APIs
- Contact us
  - Follow [Get Started](#) prompts to request a meeting with an API consultant





# API Consumers

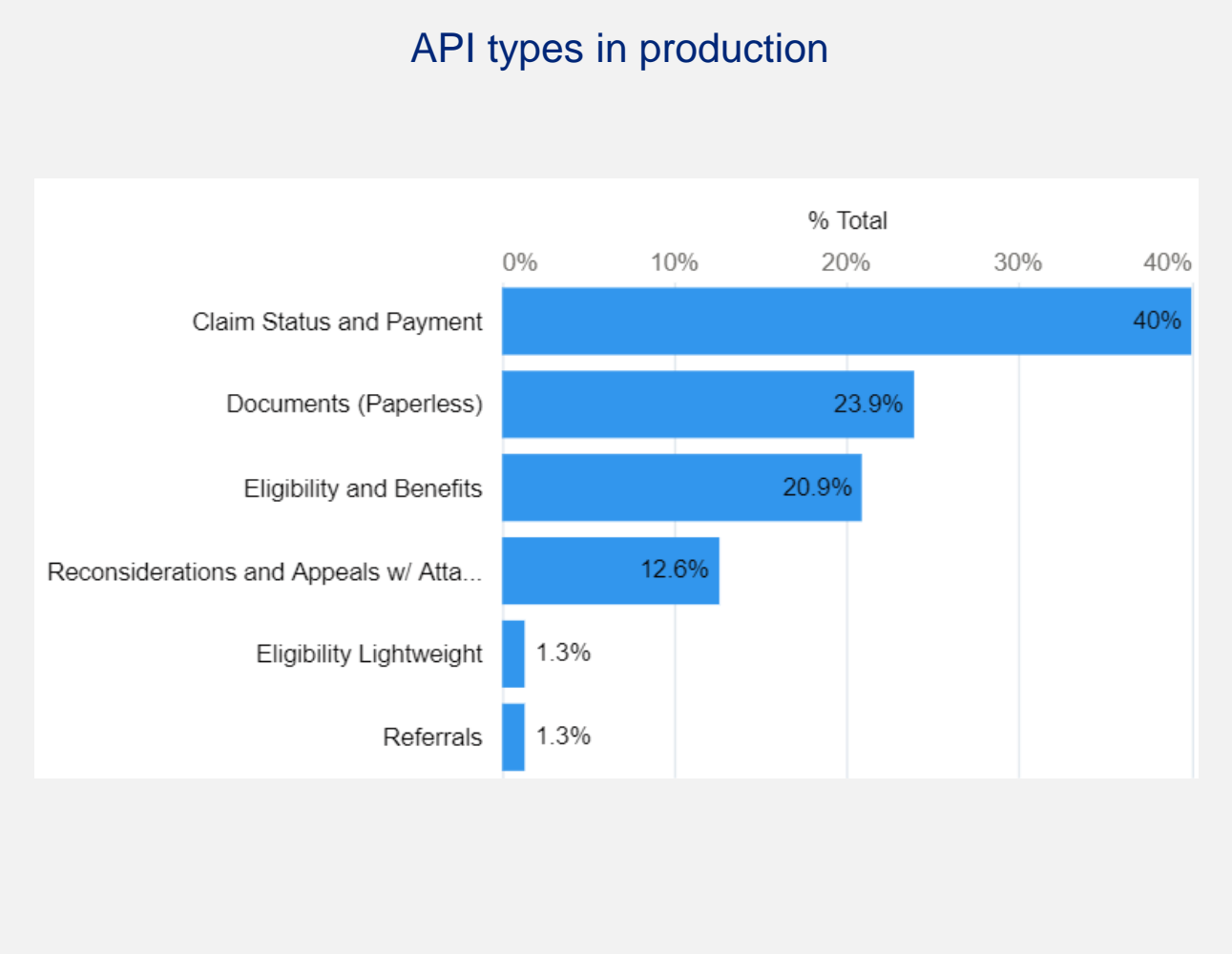
# API Utilization

## API stats – July 2023

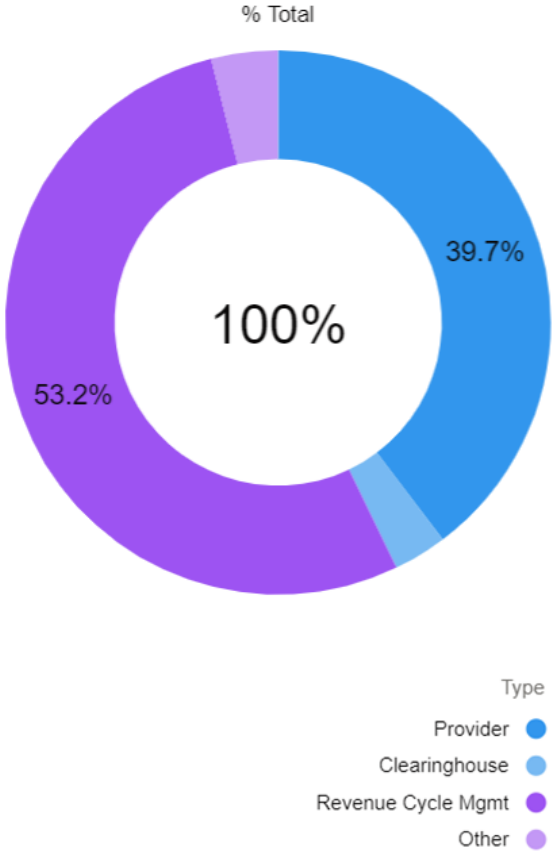
Clients in production  
**126**

APIs in production  
**241**

Yearly claim transaction volume  
**318M**



## API client types



# API Experience

*I love the API claim status service. Claim status programs that used to take us 2 days to run, now take about 20 minutes to run the same transactions and get the same data.*



*The amount of time to reconsider these claims using the new API has been reduced to 0 hours, which frees up the agents to focus on other tasks.*

*With the Documents API, our staff immediately gained 30 minutes a day simply by eliminating manual scanning of paper correspondence.*



*With API, the teams are getting the information quicker than the remit. Not having to look the information up themselves eliminates data entry errors and saves more time.*



# API QRG Information

## Application Programming Interface (API) Overview - UnitedHealthcare (uhcprovider.com)

- Allows for automation of administrative transactions.
  - Claims status and payment
  - Documents
  - Eligibility and Benefits
  - Reconsiderations and Appeals
  - Referrals
- API Connectivity
  - Standard API
  - API Extended x12

## Application Programming Interface

**Application Programming Interface (API)** is a free digital solution that allows health care professionals to automate administrative transactions. This option is best for organizations that have the technical resources to program API or the ability to outsource implementation. API interacts between multiple applications and allows you to get detailed data on:

- Claims status and payment
- Documents
- Eligibility and benefits
- Reconsiderations and appeals
- Referrals

### Static versus real-time data

The data is in real time and can be programmed to be pulled repetitively and transferred to your practice management system or any application you prefer. API eliminates the need to re-key information from one source to another and fills in the gaps for information you may not be getting with your current data streams.

## API connectivity options

You have 2 options to establish an API connection:

### 1 Standard API

For all available API transaction types, this option allows you to interact with us directly through a secure connection.

### 2 API Extended X12

This option is available for claim status and payment, and eligibility and benefits information. API data is returned as an extension to your existing compliant Electronic Data Interchange (EDI) transaction responses. For example, the 276 claim status inquiry would include a request for the "extended" data, which would be returned with the 277 response.

The extended data provides information that's not included in the standard EDI response. This eliminates the need for billing staff to look it up in the UnitedHealthcare Provider Portal or call.



### Benefits of using API

- Allows you to automate transactions on a timetable you set
- Permits data transfers to your practice management system, proprietary software or any application you prefer (interoperability)
- Saves time by distributing data faster
- Reduces the need to call
- Reduces paper
- Maintains workflow
- Supports standard formats but compatible with new technology





# Additional API QRG Information

- Technical programming required for set up.
- Support by business and technical team.
- Stage environment used for testing prior to going live.
- Secure list of credentials provided to access the stage (testing) and production environments.
- One of several digital solutions we offer.

## Setup and post-production support

API requires technical programming to exchange data in an automated fashion. The implementation will require coordination with either your IT department, software vendor or clearinghouse to set up the API service.

We have a business and technical team ready to support you through each step of the implementation process, including post-production. Our team will schedule onboarding meetings to support you through testing to production.

## A sandbox for implementing API services

UnitedHealthcare uses a stage (test) environment with live data for standing up API service. Our API Marketplace includes a sandbox that returns sample responses for each API. A secure set of credentials will be provided for you to access the stage and production environments.

## Questions?

If you need more information, please email [APIconsultant@uhc.com](mailto:APIconsultant@uhc.com).

## Our digital solutions

API is one of several digital solutions we offer to help manage your daily workflow and reduce costs. Find out more at [UHCprovider.com/digitalsolutions](https://UHCprovider.com/digitalsolutions).



### Getting started

1. Go to [UHCprovider.com/api](https://UHCprovider.com/api) for basic API information
2. Visit the [API Marketplace](#) to explore all things API, including technical documentation
3. Schedule an **introductory meeting** with an API consultant by following the Get Started prompts





# Epic Payer Platform



United  
Healthcare

# Epic Payer Platform



## Epic Payer Platform

Connecting providers and payers to improve care and reduce administrative costs

### Overview

Epic Payer Platform is a suite of Epic technology solutions that sets a new standard for payer-provider collaboration. Through a bi-directional exchange of data for shared members and patients, payers and providers can reduce costs and administrative complexity, improve quality outcomes and enhance the patient/member experience. The tools that drive this collaboration, those that support prior authorizations, decision support and care management, referrals and scheduling, come to clinicians in their current Epic workflows.



### Benefits

- **Improve clinical outcomes, quality scores and risk capture:** You can review care gaps, diagnoses, and clinical data obtained from claims at the point of care and in population health workflows
- **Improve authorization turnaround times:** Real-time authorization decisions from the nation's largest payers help patients get care sooner
- **Reduce administrative burden and promote collaborative care:** You can help improve care coordination by automatically sending payers the HIPAA compliant information they're required to share

## UnitedHealthcare & Epic Payer Platform

In partnership with Epic, UnitedHealthcare has successfully implemented Epic Payer Platform connections with over 121 provider organizations across the country, exchanging data for over 10.6 million patients who are UnitedHealthcare members.

Over  
**121**  
provider  
organizations

**10.6M**  
patients who are  
UnitedHealthcare members

<sup>1</sup> Through April 9, 2021  
<sup>2</sup> Trading partners are categorized as Epic customers



# Epic Payer Platform Additional Information

- Clinical Analytics Document feature improves quality and performance
- Event notification improves payer care management with real-time automated notification.
- Impact provider organizations across the country have had positive implementation experiences partnering with Epic and UnitedHealthcare on Epic Payer Platform.

UnitedHealthcare currently offers the below Epic Payer Platform use cases:

- **Clinical Data Exchange (CDE)** reduces administrative burden with automated electronic release of clinical summaries to payers following patient visits. As part of this use case, the **Clinical Analytics Document (CAAD)** feature improves quality performance attribution, quality measure accuracy, and payer insights by performing a terminology mapping review. This effort is the first step in moving towards sunseting supplemental quality measure data to leverage new Epic native functionality.
- **Health Plan Clinical Summary (HPCS)** improves RAF and population health performance, patient care, and clinical outcomes with automated exchange of payer insights on risk adjustment and social drivers of health that are sent to you for action in native Epic point of care workflows
- **Event notifications (ADT)** improves payer care management with near real-time automated notifications to payers of members events (admission, discharge and transfer) at acute care or emergency departments
- **Electronic Medical Prior Authorization (eMPA)** reduces administrative burden with electronic exchange of prior authorization requests, responses and supporting clinical documentation

## Impact

Provider organizations across the country have had positive implementation experiences and are realizing tangible value when partnering with Epic and UnitedHealthcare on Epic Payer Platform. Preliminary results using Health Plan Clinical Summary and Prior Authorization use cases were shared by 2 health systems at Epic's Users' group meeting:



After implementing Health Plan Clinical Summary with UnitedHealthcare, a health system in the midwest has seen providers accept approximately 36% of risk-adjustable diagnoses that originated from UnitedHealthcare.<sup>1</sup>



When implementing electronic medical prior authorization with UnitedHealthcare, a health system in the west saw an 80-90% reduction in build time, a 33% reduction in overall implementation timeline and a 15% reduction in testing timeline compared to its first eMPA installation with a different payer. Since activation, there has been an approximately 20% increase in decision rate and a 140% to 233% increase in prior authorization productivity overall.<sup>2</sup>

For more information about our current offering, refer to the UnitedHealthCare Epic Payer Platform Scope & Roadmap on the Epic UserWeb. If you have questions or would like to discuss opportunities to partner with UnitedHealthcare on Epic Payer Platform, contact Cristi Newsom at [cristi.newsom@optum.com](mailto:cristi.newsom@optum.com).





# Chat Support

United  
Healthcare

Search

Payer **87726 - UnitedHealthcare** ▾ Provider

## Notification/prior authorization case: A226

Flag case



Collapse all

A decision has already been rendered on this case, though some updates are permitted as indicated in the enabled fields below. To request an additional service for this member, please submit a new notification/prior authorization request for the member.

### Case details

Notification/prior authorization number	Case status	Case status reason	Primary care physician
A226	Closed	Case was managed and is now complete	—
Advance notify date/time	01/24/2024, 2:14 PM CST		

### Coverage status

Test code	Test code review type	Overall coverage status	Decision date
94372	Unproven	<b>Not Covered/Not Approved</b>	01/29/2024

### Procedure code associated with the test

[Back to top](#)

Cancel

Request case cancellation

Update



Feedback

Search

Payer 87726 - UnitedHealthcare

Provider

# Notification/prior authorization case: A226

Flag case



**!** A decision has already been rendered on this case, though some updates are permitted as indicated in the enabled fields below. To request an service for this member, please submit a new notification/prior authorization request for the member.

### Case details

Notification/prior authorization number <b>A226</b>	Case status <b>Closed</b>	Case status reason <b>Case was managed and is now complete</b>	Primary care physician --
Advance notify date/time <b>01/24/2024, 2:14 PM CST</b>			

### Coverage status

Test code <b>94372</b>	Test code review type <b>Unproven</b>	Overall coverage status <b>Not Covered/Not Approved</b>	Decision date <b>01/29/2024</b>
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### Procedure code associated with the test

[Back to top](#)

Cancel

Request case cancellation

Message us ⋮

Today

Hi, I'm your United Healthcare virtual assistant.

To get started please select the topic you need help with.

Claims
Benefits & Eligibility

Prior Authorization
Portal Tech Support

Provider Onboarding

23
😊 🗨️

A

C

B

Feedback

Open

This PC > Documents > Training > Provider Portal

Search Provider Portal

Organize New folder

Name	Date modified	Type	Size
API	3/15/2023 8:56 AM	File folder	
Claims	1/18/2024 2:56 PM	File folder	
CommunityCare	4/27/2022 3:06 PM	File folder	
Document Library	2/7/2024 12:59 PM	File folder	
EDI	3/15/2023 10:38 AM	File folder	
Eligibility and Benefits	12/13/2023 10:56 AM	File folder	
EPS	4/27/2022 3:32 PM	File folder	
PAAN	2/13/2024 1:30 PM	File folder	
PRA - Single EOB	4/27/2022 3:12 PM	File folder	
Referrals	1/27/2023 6:16 PM	File folder	
Smart Edits	5/23/2023 10:08 AM	File folder	
Surest	2/7/2024 8:00 PM	File folder	
Test Registry	4/27/2022 3:12 PM	File folder	
Track It	2/27/2023 2:42 PM	File folder	
UHC Insights	4/27/2022 3:11 PM	File folder	

File name:

Custom Files

Open Cancel



Payer 87726 - UnitedHealthcare ▾ Provider ▾

## Notification/prior authorization case: A226

Flag case



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01/24/2024, 2:14 PM CST			

Coverage status			
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94372	Unproven	Not Covered/Not Approved	01/29/2024

### Procedure code associated with the test

[Back to top](#)

Cancel

Request case cancellation

Message us ⋮ ▾

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Claims

Benefits & Eligibility

Prior Authorization

Portal Tech Support

Provider Onboarding

Type your message 😊 🗨️

😊😄🙂😁😬😏😁

👍👎😎😂😄😊😊

😞😭😡😢😬😊😞

😡😱😞😞🙏🙏🙏

Payer 87726 - UnitedHealthcare ▾ Provider ▾

## Notification/prior authorization case: A226

Flag case



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### Case details

Notification/prior authorization number <b>A226</b>	Case status <b>Closed</b>	Case status reason <b>Case was managed and is now complete</b>	Primary care physician --
Advance notify date/time <b>01/24/2024, 2:14 PM CST</b>			

### Coverage status

Test code <b>94372</b>	Test code review type <b>Unproven</b>	Overall coverage status <b>Not Covered/Not Approved</b>	Decision date <b>01/29/2024</b>
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### Procedure code associated with the test

[Back to top](#)

Cancel

Request case cancellation

Type your message

Message us ⋮ ▾

Print transcript

Mute: On

End conversation

Hi, I'm your United Healthcare assistant.

To get started please select the topic you need help with.

Claims

Prior Authorization

Provider Onboarding

Benefits & Eligibility

Portal Tech Support

Feedback



# Smart Edits

Speeding up claims together

United  
Healthcare

# Smart Edits Overview

## Why Use Smart Edits:

**An optimization tool that identifies potential billing errors and allows the opportunity to review and repair problematic claims**

- Save Time
- Increase Collaboration
- Speed Up Claims Processing
- Enhance Existing Claims Workflow



# Return Edit

## A Return Edit is likely to reduce ...

- Denials
- Potential medical record requests
- Potential future overpayment requests

... if action is taken.

## Responding to a Return Edit

- Review, correct and modify
- If no action is taken to correct the claim, it will be sent for processing on the fifth calendar day
- If you take the suggested action, the resubmitted claim will carry the new date of submission

**A3:21** status code indicates this is a Return Edit

**P4999** is telling you a message needs to be read

### Example:

“STC\***A3:21**\*20220808\*U\*138\*\*\*\*\***P4999MOD** Smart Edit (**MOD**) Use of Modifier [LQ] is inappropriate for Procedure Code [96374]. Reimbursement for a procedure code/modifier combination is allowed only when the modifier has been used appropriately.”

**MOD** is the Smart Edit mnemonic

Our Smart Edit guide will provide you will additional information on this specific edit's...

- Description
- Effective Dates
- Lines of Business
- Claim Type
- Edit Type
- Policy/Resource Reference



# Rejection Edit

## Sent when the claim needs immediate attention

- If no action is taken to correct the claim, it will not enter the UnitedHealthcare claims processing system
- This edit is found at the line level of the claim

## Responding to a Rejection Edit

- Review, correct, and modify
  - Status code A7:21 - follow suggested action provided
  - Status code A3:54 - duplicate claim - No action needed
- If you take the suggested action, the claim will carry the new date of submission

**A7:21 or A3:54** status code indicates this is a Rejection Edit

**P4999** is telling you a message needs to be read

### Example:

“STC\***A7:21**\*20220828\*U\*230\*\*\*\*\*P4999 **uMCID** Smart Edit (**uMCID**) REJECT – CLIA ID was not submitted on the claim and will not be forwarded for adjudication. Please resubmit claim with a valid CLIA ID.”

**uMCID** is the Smart Edit mnemonic

Our Smart Edit guide will provide you will additional information on this specific edit’s...

- Description
- Effective Dates
- Lines of Business
- Claim Type
- Edit Type
- Policy/ Resource Reference



# Documentation Edit

A claim may need additional information.  
It's likely to reduce ...

- Denials
- Potential future overpayment requests

... if supporting documentation is submitted  
via TrackIt

## Responding to a Documentation Edit

- Supporting documentation may be needed
- If no action is taken, the claim is sent for processing on the fifth calendar day
- If you take the suggested action, the claim will carry the new date of submission

**R1:294** status code indicates this is a Documentation Edit

**P4999** is telling you a message needs to be read

### Example:

“STC\*R1:294\*20221030\*WQ\*580\*\*\*\*\* P4999**ORTDM**  
Smart Edit (**ORTDM**): Medical Records for HCPCS  
L3000 may be required and can be uploaded to the UHC  
Provider Portal at [secure.uhcprovider.com](https://secure.uhcprovider.com). For more  
information on this edit, go to  
[UHCprovider.com/smaredits](https://UHCprovider.com/smaredits).”

**ORTDM** is the Smart Edit mnemonic

Our Smart Edit guide will provide you will additional information on this specific edit's...

- Description
- Effective Dates
- Lines of Business
- Claim Type
- Edit Type
- Policy/Resource Reference



# Informational Edit

## An Informational Edit ...

- Notifies you of key information in claim submission process or about upcoming events that require your attention
- Is found at the line level of the claim
- **Does not require action** and claim immediately enters UnitedHealthcare's claims processing system

**A1:19** status code indicates this is an Informational Edit

**P4999** is telling you a message needs to be read

### Example:

"STC\*A1:19\*20220701 \*WQ\*120\*\*\*\*\*P4999  
uNPPR Smart Edit (uNPPR): INFORMATIONAL  
Referring UnitedHealthcare members to out-of-network  
labs without the member's written prior consent may  
result in certain penalties."

**uNPPR** is the Smart Edit mnemonic

Our Smart Edit guide will provide you will additional information on this specific edit's...

- Description
- Effective Dates
- Lines of Business
- Claim Type
- Edit Type
- Policy/Resource Reference





# Banners: Informational and Rejection

## Informational Banner

This displays on all claims; no action is required for the informational banner.

**Note:** This banner does not require any action.

### Example:

“STC\*A3:21\*20190820\*WQ\*140\*\*\*\*\*  
P4999**INFO** Smart Edit (**INFO**): “For additional information regarding this edit refer to UnitedHealthcare policies for Smart Edits Policy Reference Guide at **UHCprovider.com/SmartEdits.**”

## Rejection Banner

Appears on all claims receiving Rejection Edits to provide further information on how to respond.

### Example:

“STC\*A7:21\*20200920\*WQ\*720\*\*\*\*\*P4999  
**REJINFO** Smart Edit (**REJINFO**):  
INFORMATIONAL This claim has been rejected and will not be processed. See **UHCprovider.com/smartedits**. Repaired claims should be sent with the original bill type, not a replacement or voided bill type ending in 7 or 8.”



# Track-It



## TrackIt

TrackIt for health care professionals

## TrackIt

United Healthcare Search

Training & Support Practice Management TrackIt Gail

Payer 87726 - UnitedHealthcare Provider ABC Health

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

TrackIt: Action Required

Claims 539 Require Action Prior Authorizations 0 Require Action

Hello, Gail

Before you get started, make sure your payer information and provider information in the top right corner of the page are correct. Try out our shortcuts to eligibility and claims information below for quick links to common tasks.

You have 6 Smart Edits that need attention. Add the appropriate documentation within 5 days to these claims and resubmit. View Claims Close

Verify Eligibility & Benefits View Recent Search Results

Look Up a Claim or Ticket View Flagged Claims In TrackIt

Interactive user guide

Register for live training

TrackIt snapshot

TrackIt quick start guide

### Customize TrackIt to your needs

- Set up daily or weekly email alerts to be notified of new action-required items
- View activity on requests: Prior authorizations, Smart Edits, pending claims, reconsiderations and appeals
- Set preferences and use filters to view your own work or monitor work of colleagues, if needed
- Flag claims for easy access



# Contact Us Page



## Contact Us

I'm looking for...	Contact us
Members	<a href="#">Myuhc.com</a>
Find a doctor	<a href="#">uhc.com/find-a-doctor</a>
Join our network	<a href="#">UHCprovider.com/join</a>
Pharmacy	<p>UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage plans 800-711-4555</p> <p>OptumRx fax (non-specialty medications) 800-527-0531</p> <p>OptumRx fax (specialty medications) 800-853-3844</p>
24/7 behavioral health and substance use support line	877-614-0484
	<p>Our tools are supported using Microsoft Edge, Chrome and Safari. <a href="mailto:providertechsupport@uhc.com">providertechsupport@uhc.com</a> 866-842-3278, option 1</p> <p>Electronic Data Interchange (EDI) For <a href="#">Electronic Data Interchange (EDI)</a> inquiries, complete automated transaction support <a href="#">form</a> or email <a href="mailto:supportedi@uhc.com">supportedi@uhc.com</a></p>



# Education and Training

Resources for the Provider Portal

United  
Healthcare

## Welcome health care professionals



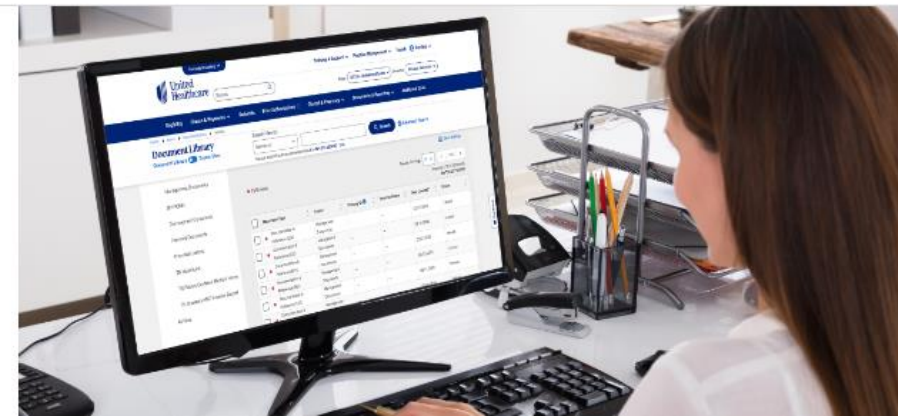
Feedback

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.

## Looking for a claim letter?

Forget the mail. Soon Medicare Advantage and commercial plan claim letters must be accessed in Document Library or through an API connection.

[See the details](#)



**Health plans, policies, protocols and guides**

Policies for most plan types, plus protocols, guidelines and credentialing information

**Administrative guides and manuals**

Specifically for Commercial and Medicare Advantage (MA) products

**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:

**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

**Telehealth**

Resources and support to prepare for and deliver care by telehealth

**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

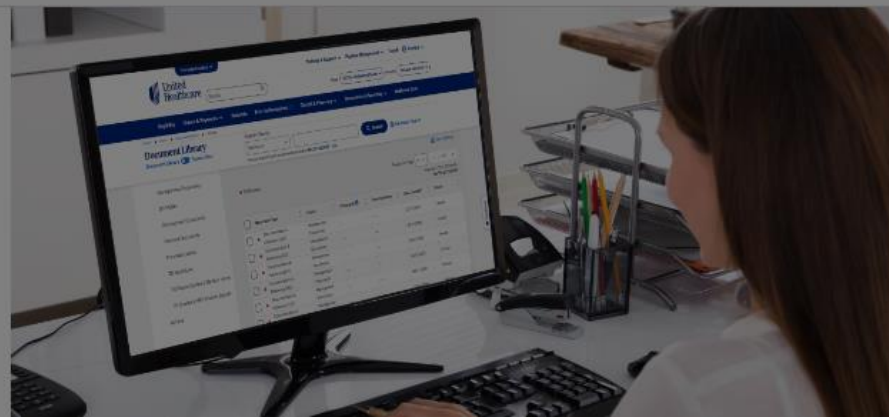
care professionals

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Feedback

# Healthcare Professional Education and Training

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

[Digital Solutions](#)



[Plans and Products](#)



[Clinical Tools](#)



[Coding Corner](#)



[Smart Edits](#)



[State Specific Training](#)



[Instructor-Led Learning  
Events](#)



[Delegated Providers](#)



[Veterans Affairs Community  
Care Network \(VA CCN\)](#)



## Getting Started with UnitedHealthcare

This is the first course all new care providers should complete. Whether you are new to our network, have a new employee, or simply need a refresher, this self-paced course is designed to give you what you need to get started working with us.

[Register for live training](#)

[Start course](#)

**Healthcare Professional Education and Training**

[Clinical Tools](#)

[Coding Corner](#)

[Delegate Providers](#)

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[Instructor-Led Learning Events](#)

[Plans and Products](#)

[Smart Edits](#)

[State Specific Training](#)

[Veterans Affairs Community Care Network \(VA CCN\)](#)

# Digital Solutions Training and Guides

Learn how you can save time, get better documentation and reduce paper by using our online self-service tools.



## Find what you need fast

When reviewing an interactive self-paced guide, simply click MENU to see all content included. Then, select the topic you need for quick reference. Use the forward arrow to advance to the next page in order or use the HOME icon to switch topics at any time.

## Portal Tools

[Collapse All](#)

### Access and Registration

[Access and New User Registration](#)

Easily complete your registration and start using UnitedHealthcare's self-service tools. Our Registration and Access Management guide will walk you through the process step-by-step.

[How to Create and Manage Users](#)

Administrators will see how to create and manage users for the UnitedHealthcare Provider Portal

[3<sup>rd</sup> Party Access Guide for Primary Access Administrators](#)



### Claims Overview

Overview of the features on the UnitedHealthcare Provider Portal for the entire claim process, from the initial submission of a single claim (1500) to checking status and submitting a reconsideration or appeal, if needed and more!

[Register for live event](#) [↗](#)

### Document Library, Paperless Delivery and TrackIt

See how to get letters the day they are generated, access reports, track reconsiderations and pended claims, flag claims for easy access and more.

[Register for live event](#) [↗](#)

### Getting Started with UnitedHealthcare and the Provider Portal

This is the first course all new care providers should complete. Whether you are new to our network, have a new employee, or simply need a refresher, this live event is designed to give you what you need to get started working with us: how to register, verify eligibility and get a member ID card, check prior authorization status, and more.

[Register for live event](#) [↗](#)

### Prior Authorization and Notification

Learn how to check requirements, submit new authorizations / notifications, check status, and submit updates

[Register for live event](#) [↗](#)

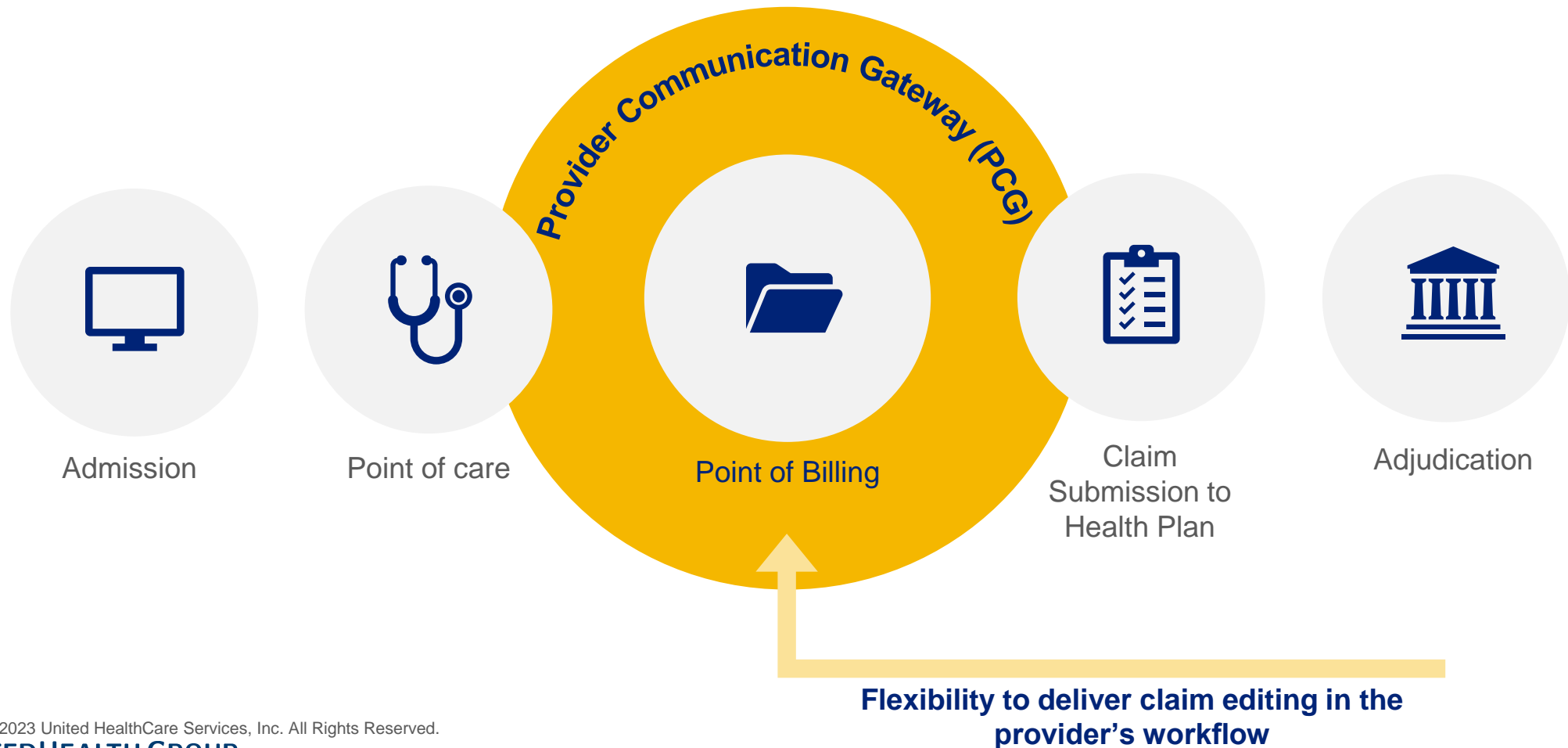
# Provider Communication Gateway (PCG)

Payer rules applied within a provider's practice management system before claim submission



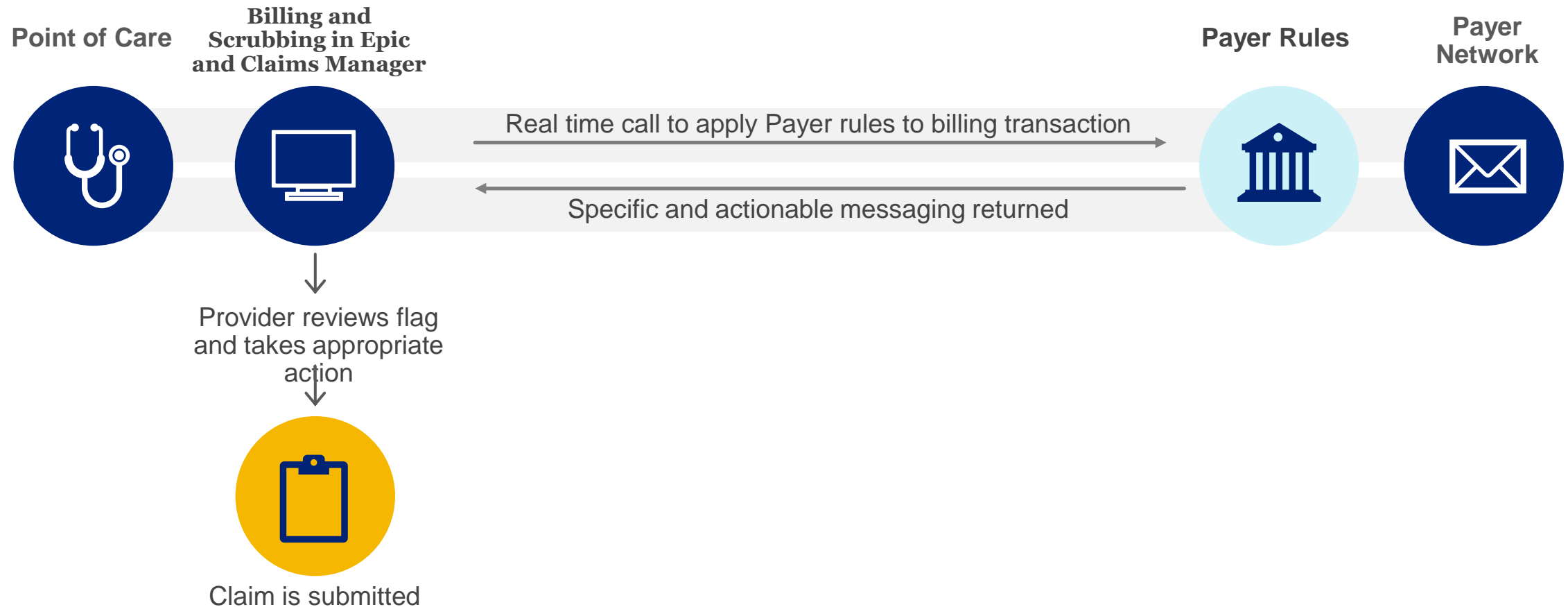
# Overview

Payer-specific rules are applied in real-time in EMR before claim submission to avoid denials



# Communication Gateway Workflow

## Payer-specific Rules Applied During the Billing Process Pre-Claim Submission



# Provider Value



**\$25-\$30**

Cost to **submit, correct, and resubmit** a claim



**3%-4%**

Average **denial write-off adjustments** of net revenue



**Minimize guesswork** and creation of custom edits **to try and mitigate denials.**



# Success Story

## Reducing Avoidable Denials for a Large Health System

A large, regional health system observed 50% of initial denials were ultimately overturned after follow-up, correction and claim resubmission.

### GOALS

- Define and deliver technology to enable application of payer rules in the provider's workflow
- Engage payer and provider partners
- Implement Provider Communication Gateway

### SOLUTION

- Leveraging Claims Manager to deliver a subset of payer rules into the provider's Epic workflow

### RESULTS



**40%**

Opportunity to reduce denials and denial management cost based on 2022 roadmap



**81%**

Provider adoption rate



Shifting edits left enables denial free Payment Integrity resulting in improved NPS



Increase in auto-adjudication rates



# Point of Care Assist

Adding real-time information to improve patient experience and outcomes



# How It Works



Real-time members' health data is added to existing EMRs for UnitedHealthcare members



Information is delivered as part of providers' current workflow process to ease administration and reduce re-work



Alerts providers to patient care needs, aligned to member-specific benefits



Information is updated in real-time and available 24/7





# Prior Authorization By The Numbers:



10,000  
Authorization Requests



11 minutes  
Time Saved per Request

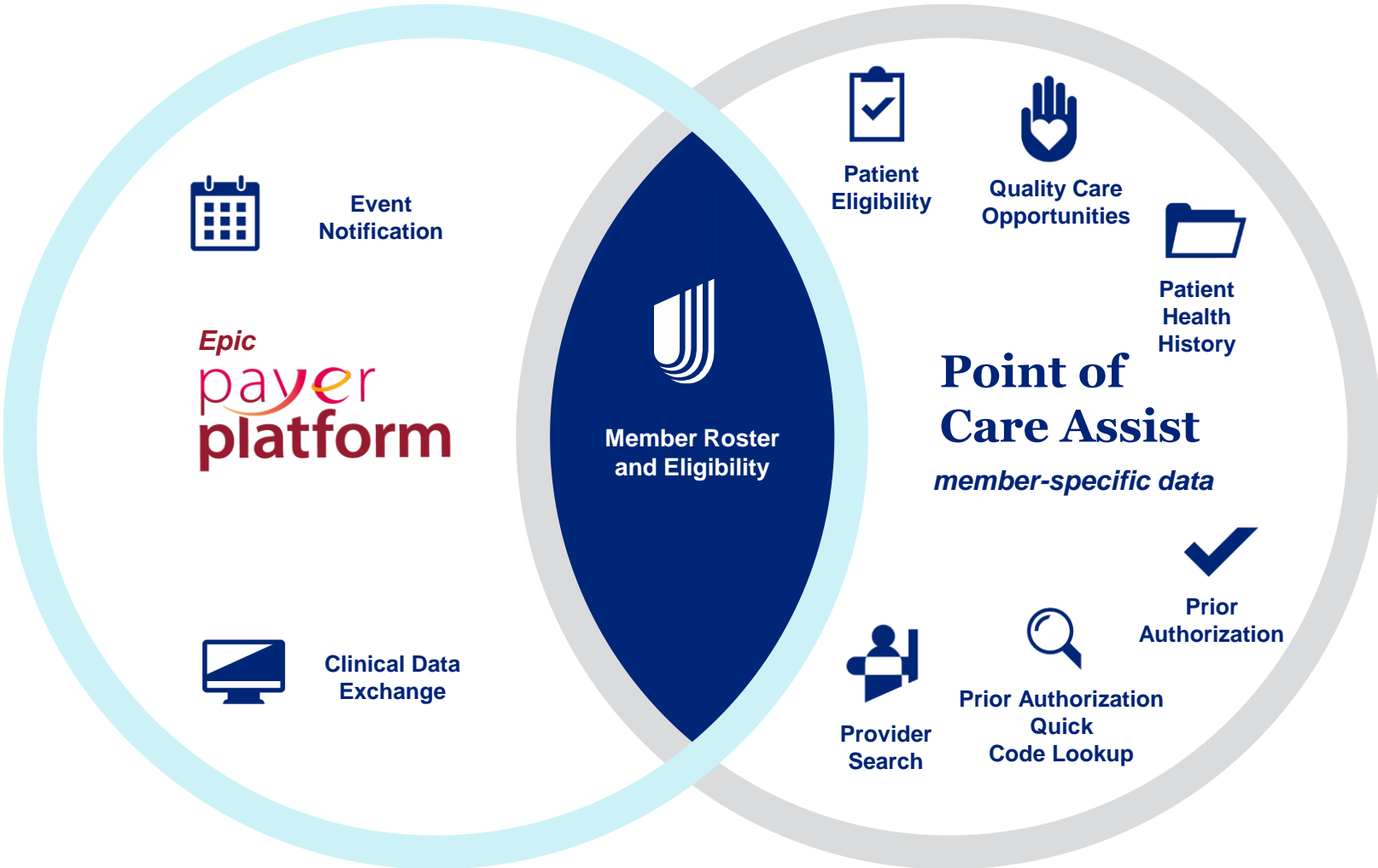


Savings up to \$65,000  
and 1,833 staff hours

Total Potential Savings with Point of Care Assist = \$65,000		
Submission Methods	Provider Cost	Time Savings
Fully Manual	\$7.52	16 mins
Partially Electronic	\$6.50	11 mins
Fully Electronic	N/A	N/A



# Digital Tools Comparison Example



## Check out more resources:

- [Point of Care Assist Self-Paced Course](#)
- [Point of Care Assist Overview](#)
- [Point of Care Assist FAQs](#)

## Contact Us

If you have any questions or want to learn more about Point of Care Assist, please e-mail us at [POCAnationalteam@uhc.com](mailto:POCAnationalteam@uhc.com).



# Provider Communication Gateway Flyer



## Provider Communication Gateway

For providers, getting paid appropriately for services rendered can, at times, be an arduous journey. A clear understanding of payers' reimbursement rules is critical to submitting a clean claim that processes with a reduced likelihood of denials. Eighty-six percent of denials are potentially avoidable,\* and an inaccurate understanding of payer reimbursement rules is a primary cause of denials.



### Drawbacks of typical claim scrubbers

Claim scrubbers were developed to help provider organizations better understand each payer's specific claim submission requirements. They enable claim editing in the hope that the claim is not rejected by the payer. However, claim scrubbers use publicly available information on payers' reimbursement rules. This public information is often out of sync with actual up-to-date payer reimbursement rules and may lead to denials.

### Reduce avoidable denials

Optum® Provider Communication Gateway was developed to reduce avoidable denials. It is deployed within a provider's practice management system enabling access to payer systems to retrieve the latest rules in real-time. By introducing payer-specific rules earlier in the revenue cycle during the point of billing, Provider Communication Gateway enables provider claims to be edited more accurately. This results in the submission of clean, more complete claims while reducing the likelihood of denial.

### Submit more accurate, complete claims the first time

Unlike standard claim scrubbers, Provider Communication Gateway ensures providers have access to the most current payer reimbursement rules. It introduces reimbursement rules in real time earlier in the revenue cycle and applies those rules to claims before they are submitted. Artificial intelligence (AI) reviews the information against the health plan reimbursement rules. If points of misalignment are detected, it alerts the provider and provides specific, actionable messaging, all conveniently delivered in the provider workflow.





# Questions?



**Thank you**