

## Pennsylvania CHIP ABA Program

## **Quick Reference Guide**

ID Card	UnitedHealthcare'   Community   Plan   Health Plan (80840) 911-87726-04 Member ID: 999999999  Member: Subscriber Brown PCP Name: Provider Brown PCP Phone: (999) 999-9999  Copay: OFFICE/SPEC/ER \$0801\$0  UnitedHealthcare of Pennsylvania, Inc.  In an emergency go to nearest emergency room or call 911.  Prevent discard for services, you agree to the release of medical information, as stated in your member handbook. To verify benefits or to find a provider, visit the website ewarmyuhc.com/communityplan or call. For Members: 800-414-9025 TTY/PA RELAY 711  Mental Health: 866-261-7692  For Providers: www.uhccommunityplan.com 800-600-9007  Medical Claims: PO Box 8207, Kingston, NY, 12402  Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903  For Pharmacists: 877-305-8952
Clinician is Responsible for:	Verifying benefits/eligibility online at UHCprovider.com or call the Behavioral Health number located on the back of the member's ID card  Obtaining authorization as necessary  Our Network Manual located on our web site: providerexpress.com > Guidelines / Policies & Manuals > Network Manual
Prior Authorization	All autism services require prior authorization:  Verify benefits/eligibility online at <a href="mailto:providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the member's ID card  Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either  Online at <a href="https://optumpeeraccess.secure.force.com/ABAtreatment/">https://optumpeeraccess.secure.force.com/ABAtreatment/</a>
Claims Paper Submission	Mail paper claims to:  UnitedHealthcare Community Plan, P.O Box 8207, Kingston, NY 12402-8207  All autism provider services must be billed on a CMS - 1500  Submission should occur within 180 days of date of service
Electronic Submission	Submit claims online through:  Claims Payer ID 87726  providerexpress.com or uhcprovider.com  EDI Support 800-210-8315 or email ac edi ops@uhc.com
Claim Status	Claims status can be obtained by calling Customer Service Center:  • 800-600-9007  • Or through the web portal at providerexpress.com or uhcprovider.com
Appeals and Grievances	Claims appeal process:  Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the provider and the member  Appeals must be received within 60 days from the date of disposition on the remittance report (EOB)
Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Jeffrey Muench, Specialty Network Manager Email: <u>Jeffrey.Muench@optum.com</u>