

## Frequently asked questions: **ABOUT UMR**



### **Who is UMR?**

UMR is an affiliate of UnitedHealthcare and is not an insurance company. UMR is a third-party administrator (TPA) and is hired by employer groups (customers) to administer and process the plan benefits determined by the customer group. Self-funded employer groups (customers) fund their claims. TPAs allow for greater flexibility with benefit administration, as well as access to a number of provider networks that fit the needs of the customer. That said, no two customer plans are alike. UMR maintains a separate claims platform with dedicated customer service for our customers.

### **What is UHSS?**

UnitedHealthcare Shared Services, otherwise known as UHSS, is a product that UMR assists in obtaining UnitedHealthcare network discounts and provider services. UHSS is neither an insurance company nor a TPA. Although the claim address used for UHSS is the same as UMR, the ID card does not contain UMR's information or logo. Please use the number on the back of the UHSS ID card when calling for information. A separate FAQ is available for UHSS.

### **What are the timely filing requirements for UMR?**

Timely filing requirements are determined by the self-funded customer, as well as the provider-contracted timely filing provisions. You must file the claim within the timely filing limit, or it may be denied. If you dispute a claim that was denied due to timely filing, you must submit proof that you filed the claim within the timely filing limits. Timely filing limits can vary based on your contract and/or the self-funded benefit plan.

### **Is there a UMR Administrative Guide?**

There is not a separate UMR Administrative Guide. UMR groups with access to UnitedHealthcare networks will follow the standard UnitedHealthcare Administrative Guide that can be found at: <https://www.uhcprovider.com>. UMR has a supplement section within the Administrative Guide. You are subject to both the UnitedHealthcare Care Provider Administrative Guide and the UMR supplement. The supplement supersedes the main guide if there is conflicting information.

For any other network-related questions, contact the customer service number listed on the back of the member's ID card.

### **What are the major differences between customer benefit plans serviced by UMR?**

Our process is similar to United Healthcare. As a TPA, we work to customize the health care needs of the customer. Differences are the types of services selected as part of the administration, the level of benefits at which covered services are processed and the services covered. Examples of services available include medical and dental claim administration, FSA, PBM, stop loss carriers, vision plans, care management, case management, utilization management and disease management.

### **Can I access a list of UMR denial codes and definitions?**

We use the American National Standards Institute (ANSI) denial codes and definitions.

### **If I mistakenly call UnitedHealthcare customer service for UMR- related issues, will they transfer me to the correct service agent?**

We have a dedicated customer service line. UnitedHealthcare cannot transfer these calls.

### **What is the customer service number for physicians, facilities, and other health care professionals to call for eligibility, benefits, and follow-up on claim issues?**

Our Interactive Voice Response (IVR) system number is 1-877-233-1800. The IVR system offers information via faxback. If you have additional questions, the faxback contains a passcode and number to call to speak with a representative.

Our web portal, [www.umar.com](http://www.umar.com) is a convenient resource for accessing claim information and a source to obtain the phone number and passcode, which will allow you to speak with a representative.

### **How do I access online resources for UMR members?**

Simply go to [www.umar.com](http://www.umar.com). On the first visit, you will need to register all tax identification numbers (TINs). This website is an efficient way to check claim status, obtain benefits and much more. Be sure ALL TINs used are registered. If you are having trouble registering, you can contact, Technical Support at 866-922-8266.

Please note: This is a secure website for UMR member claim and benefit information.

### **What types of forms are available on umr.com?**

The following forms can be found on [umar.com](http://umar.com):

- Pre-authorization
- Dental claim
- Electronic remittance advice (ERA)
- Itemized statement
- UMR post-service appeal request
- Various clinical request forms.

### **If I only have a member's Social Security number, will I be able to verify member information online?**

Yes. You can search using the employee's Social Security number, and the results will include the member's unique health care ID number. Due to HIPAA requirements, UMR will not show the Social Security number online.

### **How do I obtain a passcode on umr.com to speak with a representative?**

Log into [umar.com](http://umar.com) > Enter in the member ID number > Select the family member > Select **Summary view** > Select **Search** > Click **Search**

Go to **Need additional information on this member?** > Click on **Provider service center** and the passcode will be provided.

Call **1-877-233-1800**, follow the prompts, and enter the passcode to speak with a representative.

### **How many accounts can the customer service representative handle during one call?**

Generally, customer service will assist with three member cases per call. However, during high call volume situations, the number of cases may be limited to prevent extended hold times.

### Can UMR customer service representatives make claim adjustments over the phone?

Yes. UMR Customer First Representatives (CFRs) can address claim adjustments over the phone, depending on the claim details. CFRs cannot change a claim if inappropriate modifiers or CPT/HCPCS codes are listed. Such issues require a resubmission of the claim with corrected codes from the servicing health care provider. Note: CFRs cannot advise you on how to bill.

### How do I know what network the member uses?

The primary network(s) are listed on the front of the ID card.

### How can I confirm that I am a participating provider in the network?

By visiting [umr.com](http://umr.com) and going to **Find a provider** for verification. Be sure to include the appropriate network per the member's ID card.

### How can I join the UnitedHealthcare network?

Medical providers should call the toll-free number at 1-877-842-3210.

Chiropractors and physical, speech and occupational therapists should call OptumHealth Physical Health Solutions at 1-800-873-4575.

Behavioral Health providers should call Optum at 1-877-614-0484.

### Who is responsible for obtaining notification?

As a TPA, UMR works with multiple networks, including UnitedHealthcare (Choice Plus, Options PPO, Core, NexusACO, UHC Freedom, Heritage Choice Plus, and Select Plus). Notification requirements will be stated in the UnitedHealthcare contracted network agreement.

### Will the member ID card specify what services require notification?



The member ID cards do not specify what service requires prior notification, however, the ID cards include information to begin the notification process. (See sample ID card, below). The care management vendor telephone number is on the back of the ID card. Use this number to initiate authorization/notification.

### What services will require prior notification for UMR customers?

Customers with access to UnitedHealthcare Choice Plus, Options PPO, Core, NexusACO, UHC Freedom, Heritage Choice Plus, and Select Plus Network follow the standard network requirements for admission notification, as well as advanced notification per the UnitedHealthcare Administrative Guide.

Otherwise, those services requiring prior notification or prior authorization are identified by the member's self-funded benefit plan document. Member penalties may be applicable for these services, as defined in the plan document for the specific customer group.

You can view specific benefit plan documents at [umr.com](http://umr.com). If the documents are unavailable, they can call the UMR customer service number on the back the ID card.

 A UnitedHealthcare Company		YOUR COMPANY NAME HERE	
Issuer (80840) 911-39026-02		Customer Logo (If Applicable)	
Member ID: 12345680		Group Number: 76-123456	
Member: JAMES A SAMPLE 00 MED		 Rx BIN: 610127 Rx PCN: 01960000 Rx GRP: 0196XXXX	
Dependents: JOANNE SAMPLE 01 MED JOHN SAMPLE 02 MED JOSEPH SAMPLE 03 MED			
CO-PAYS MAY APPLY			
0730			
UnitedHealthcare Choice Plus Network		Self-funded plan administered by UMR	
This card must be presented each time services are requested. Printed: 10-27-2021			
Medical: In-Net		Out of Net	
Ded: \$750/\$2,250		\$1,500/\$4,500	
OOPM: \$3,000/\$6,000		\$6,000/\$12,000	
Call UMR CARE at 866-494-4502 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.			
For Members:		www.umar.com	
Nurseline:		8XX-XXX-XXXX 8XX-XXX-XXXX	
For Providers:		www.umar.com	
		877-233-1800	
Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541			
Regional Network Logo (If Applicable)		Secondary Network Logo (If Applicable)	
Pharmacists & Members: 877-559-2955			

### Where do I submit a pre-determination?

Send via the following options:

**FAX:** 877-442-1102

**MAIL:** PO Box 8023 Wausau, WI 54402-8023

#### **OR, FOR OVERNIGHT MAIL DELIVERY:**

115 W. Wausau Avenue Wausau, WI 54401

Please contact the benefit department via the phone number on the member's ID card for benefits on the procedure they are inquiring about. A pre-determination does not guarantee benefits. The benefit department would advise level of coverage or if service is non-covered within the plan the member uses.

### What is the claim mailing address?

The address is located on the back of the member's ID card.

### How can I check claim status?

Visit **umr.com** or by calling 877-233-1800.

### If a payment is not received, how can I request a check tracer?

We can initiate the check tracer process 30 days after the check was issued. After the check tracer has been initiated, we work with the employer group to verify if the check has been cashed. This process can take up to an additional 30 days.

### How should a corrected claim be submitted?

#### **HCFA/Professional Claims:**

Resubmission code 7 in box 22.

#### **UB/Facility Claims:**

Bill type XX7 in box 4. The '7' indicates corrected claim.

**NOTE:** If submitting on a paper claim, stamping "corrected claim" is highly suggested

### A claim denied for medical records. What are the next steps?

Return the letter request with the medical records. This will ensure the records are routed to the correct department for review and prevent any potential delays. Do not re-submit the original claim with the medical records.

At UMR, claims are denied for additional information (not pending).

Medical records can be submitted using the following three options:

**ONLINE:** Refer to online portal at **umr.com**

**FAX:** Use the fax number noted on the request letter.

**MAIL:** Use mailing address noted on the request letter.

### Where can records on CD be sent?

UMR PO BOX 8042 Wausau, WI 54402-8042

This is not a preferred method for submission and should be used at minimum.

### What should I do if a claim denied as a duplicate to a Medicaid Claim?

Medicaid is responsible to bill UMR for reimbursement of what was previously paid to the provider.

If Medicaid returns the UMR payment, we can reconsider your claim at that time. UMR customer plan provisions will apply.

### How do I send an appeal for a benefit denial?

Send via the following options:

**ONLINE:** **umr.com**

**APPEALS FAX:** 877-291-3248

**APPEALS ADDRESS:** UMR- Claim Appeals PO BOX 30546 Salt Lake City, UT 84130

### How can I complete claim reconsideration requests?

UnitedHealthcare provider disputes for pricing or participation can be initiated by phone at 715-841-7415 or toll-free at 844-598-7538. They can also be submitted on paper to the UMR United Provider Advocacy Team, P.O. Box 30546 Salt Lake City, UT 84130-0546.

**NOTE:** When contacting UMR, provide the specific issue, indicating what is expected according to the UnitedHealthcare contract. Allow up to 30 days to receive a response to the reconsideration/adjustment request. Do not allow claim reconsiderations to accumulate or to go unresolved. The contract provides for a limited period to request a reconsideration adjustment. For non-UnitedHealthcare network inquiries, contact the number on the back of the member ID card or submit via fax or mail.

### What address can refund checks be sent to?

UMR ATTN-Adjustment Team PO BOX 8033  
Wausau, WI 54402

Along with the refund check, submit any documentation to support the reason for the refund as well as information to identify the claim(s) involved. (UMR member ID, patient name, date of service, UMR claim number, and/or refund letter request if applicable).

### Where can I go on the website to display refund tracking?

Log into **umr.com** > Click **Refund tracking** under myMenu > Enter Financial Control Number (FCN).

All FCN's must be 11 digits long. The FCN is located on the remittance advice.

### If I did not receive a remit with the paper check, what should I do?

Log into **umr.com** > Select **Advanced claims** under myMenu > Select **Check number** > Enter the 10-digit check number > Enter the Group number > Click **Search**

The results will show all claims paid on the given check. You can call the customer service number on the back of the ID card to request a copy of the remit sent to them.

### What happens if I switched remittance advice delivery from paper to electronic or wants to keep both options?

UMR will keep you on dual delivery of both for six months.

If you would like to stop the dual delivery, Log into **umr.com** > Select **Provider** > Select **Find a Form** and select the electronic paper remittance advices request form.

### Electronic Funds Transfer (EFT) Electronic Remittance Advice (ERA):

UMR Payor ID: 39026 (unless noted differently)

EFT enrollment does not guarantee that all payments coming from UMR will be sent using this electronic option. EFT approval must also be received from UMR customer groups. UMR is a third-party administrator paying claims from each customer's bank account.

**NOTE:** There is no charge to the provider to enroll in the EFT/ERA process.

When UMR processes a claim, the check/EFT issue date will determine the date that the funds are sent to the electronic vendor. The electronic vendor will make a deposit into the provider's account. Please note that this is typically 3-7 days after UMR sends the funds to the electronic vendor.

**IMPORTANT:** The customer chooses which day of the week/month to release payment.



### How do I contact the EFT vendor?

You can contact the EFT vendor at the following options:

#### **EFT Vendor – Optum Financial Health:**

Help Desk: 877-620-6194

[www.optumbank.com](http://www.optumbank.com)

#### **EFT Vendor – Zelis:**

Help Desk: 877-828-8770

[www.zelispayments.com](http://www.zelispayments.com)

Have the claim number and Tax ID ready for questions on an EFT deposit.

### How do I enroll for an 835 file?

You can contact OptumInsight at the following options:

**Phone:** 866-367-9778, option 1

**Online:** [www.enshealth.com](http://www.enshealth.com).

### Can I contact my UnitedHealthcare Provider Advocate regarding UMR claim concerns?

You can contact UMR by calling the number on the member's ID card or via the **umr.com** online portal.

You can also go through the UnitedHealthcare Provider Advocate, who will work with UMR to assist in claim resolution regarding pricing or participation challenges. You should ensure to contact UMR prior to reaching out to your UHC Provider Advocate.



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