

Provider Quick Reference GuideFor 29-I Health Care Facilities/VFCA

Call Center for UnitedHealthcare	1-866-362-3368	
After Hours Contact Websites & What's Available	Available for crisis that do not require emergency response (i.e. and Providers: 1-866-362-3368 select option 8 • Members: 1-800-493-4647 select option 8 uhcprovider.com • Check member eligibility	mbulance, emergency room, hospitalization) myuhc.com Search for Network doctors, Pharmacies, and Facilities
	 Check claim status and payments Claims Reconsideration Electronic Data Interchange (EDI) information Provider Manual Tools and Resources providerexpress.com New York State page New York Medicaid Provider resources children under 21 29I Health Care Facilities/VFCA Resources Demographic Updates Clinical Guidelines and Policies PAAN Behavioral Health Guide Trainings & Resources Sentinel Events Reporting Form 	 Access and Print your digital member ID card Update PCP Order Replacement member ID card View benefits liveandworkwell.com Search for Providers in the Network Confidential Work/Life Resource Center Offers Interactive Assessments Medication Database Self - Help Resources uhccommunityplan.com A website for Health Care Professionals, Community Organizations and Members For providers the links will direct you to important information in your state
Electronic Claim Submission	Electronic Claim Submission Medical & BH (837i): Payer ID 87 EDI Support: 1-800-210-8315 or email: ac_edi_ops@uhc.com	7726

Paper Claims	BH Paper Claims	Medical Paper Claims
Submission	Paper Claim Submission (UB-04):	Paper Claim Submission (UB-04):
	If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim: Use an original UB-04 Claim Form (no photocopies) Type information to ensure legibility Complete all required fields (including ICD indicator and	 If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim: Use an original UB-04 Claim Form (no photocopies) Type information to ensure legibility Complete all required fields (including ICD indicator and
	NPI number)	NPI number)
	Send to: Optum Behavioral Health P.O. Box 30760 Salt Lake City, UT 84130-0760	Send to: UnitedHealthcare Community and State PO Box 5240 Kingston, NY 12402
Optum Pay -	Optum Pay	Registering for Optum Pay
Electronic	Easy set-up, free to use	Go to Optum Pay's online enrollment portal
Payment	Payments deposited into your bank	Contact Optum Financial Services for assistance:
Solutions	Simplified claims reconciliation	1-877-620-6194
	 24/7 access to your information 	
	 Secure payment and remittance advice 	
Appeals	Medical & BH Billing Claims Appeals	Medical & BH Utilization Management (UM) Appeals
	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan
	Attn: Complaint and Appeals Department	Attn: UM Appeals Coordinator
	P.O. Box 31364	P.O. Box 31364
	Salt Lake City, UT 84131-0364	Salt Lake City, UT 84131-0364
		Toll Free Appeals Phone: 1-866-556-8166 or TTY-TDD 7
		Enrollees/Providers have 60 calendar days from the date of denial to request an appeal

Best Practice Guidelines	We have adopted Best Practice Guidelines, which were developed by nationally recognized organizations. providerexpress.com > Our Network > State Specific Provider Information > New York > Welcome to Optum Network > Best Practice Guidelines For New York specific Clinical Guidelines, please refer to: providerexpress.com > Our Network > State Specific Provider Information > New York > New York Medicaid Provider Resources - Children Under 21 > Clinical Information > New York Children's Clinical Practice Guidelines Center for Practice Innovation (CPI): Five (5) core trainings are available for children's behavioral health clinical staff free of charge, through CPI: practiceinnovations.org	
Authorization Requirements	BH Submission of Authorizations & Notifications Electronic Request: Utilize Prior Authorization and Notifications (PAAN) system: uhcprovider.com/paan Telephonic: Toll-free line: 1-866-362-3368 • Enter TIN • Select "Care Notifications and Prior Authorizations" • Enter UHC Member ID • Enter Member DOB • Select "Mental Health" • Out-of-Network: Call UHC to build authorization and secure claims payment	Medical Submission of Authorizations & Notifications Electronic Request: Utilize Prior Authorization and Notifications (PAAN) system: uhcprovider.com/paan Telephonic: Toll-free line: 1-866-604-3267
Out-of-Network Providers	BH Services Contact UHC to initiate a Single Case Agreement (SCA) to ensure claims payment	Medical Services Contact UHC to initiate a Single Case Agreement (SCA) to ensure claims payment
Submission of Transmittal Form Effective 7/1/2021	Transmittal Forms submit to: americhoice_ny_chp@uhc.com Form must be completed and submitted to UHC within 5 business days of the change For a copy of the State template Transmittal Form, please refer to: providerexpress.com > Our Network > State Specific Provider Information > New York > New York Medicaid Provider Resources - Children Under 21 > 29i Healthcare Facilities/VFCA Resources > Transmittal Form	

Dinaisha Person	
Email: Dinaisha.person@uhc.com	
nyfostercare@uhc.com	
Phone: 1-800-548-6549 x69905	
1-855-883-5403	
After Hours Contacts:	
• Providers: 1-866-362-3368 select option 8	
• Members: 1-800-493-4647 select option 8	
You may also contact Network Management if you have any questions (email strongly preferred):	
Email: nynetworkmanagement@optum.com	
Phone: 1-877-614-0484	
Providers can go to: uhcprovider.com > Quick Links > Health Plans by State > New York Health Plans > UnitedHealthcare Community Plan of New York Homepage > Provider Manual and Administrative Guides	
The Managed Care Technical Assistance Center (MCTAC) is a training, consultation, and educational resource for all mental health and substance use disorder providers in New York State: https://www.ctacny.org/tools	
What's available:	
MCO Plan Matrix	
Interactive Glossary of Terms	
Managed Care Language Guide	
Managed Care Language Guide	
Frequently Asked Questions	
 Frequently Asked Questions Sample Instructional Claim Form 	
 Frequently Asked Questions Sample Instructional Claim Form Top Denials 	
 Frequently Asked Questions Sample Instructional Claim Form 	