FAQ

UMR questions answered for providers

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 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. The claim must be filed within the provider's timely filing limits or it may be denied. If the provider disputes a claim that was denied due to timely filing, the provider must submit proof they filed the claim within the timely filing limits. Timely filing limits can vary based on the provider's contract and/or the self-funded benefit plan.

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

UMR's processes are basically the same, and as a TPA, we work to customize the health care needs of the customer. Differences would be in 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, case management and utilization management.

Can providers access a list of UMR denial codes and definitions?

UMR uses the American National Standards Institute (ANSI) denial codes and definitions.

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 877-233-1800. The IVR system offers information via faxback. If the provider has additional questions, the faxback contains a passcode and number to call to speak with a representative.

The UMR web portal, **umr.com**, is a convenient resource for accessing claim information and also obtaining the phone number and passcode, which will allow the provider to speak with a representative.

How do providers working with UMR members access online resources?

Simply go to **umr.com**. On the first visit, providers will need to register their 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 the provider is having trouble registering, they can contact Technical Support at 866-922-8266.

Note: This is a different, secure website for UMR member claim/benefit information.

What types of forms are available on umr.com?

The following forms can be found on **umr.com**:

- Prior authorization
- Dental claim
- Electronic remittance advice (ERA)
- UMR post-service appeal request
- Various clinical request forms

If the physician's office only has a member's Social Security number, will the office be able to verify member information online?

Yes. They 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 in the information back to the provider.

How does a provider obtain a passcode on umr.com to speak with a representative?

- Sign in to **umr.com**.
- Enter in the member ID number.
- Select the family member.
- Select **Summary view** from drop-down.
- Select **Search**.
- Go to **Need additional information on this member?**
- Select **Provider service center** and the passcode will be provided.

Call 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 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 provider.

Note: CFRs cannot advise a provider on how to bill.

How do providers know what network the member uses?

The primary network(s) can be found on the ID card.

How can a provider confirm they are a participating provider in the network?

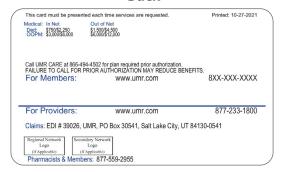By visiting **umr.com** and going to **Find a provider** for verification.

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 UMR CARE telephone number is on the ID card. Use this number to initiate authorization/notification.

Front

UMR. A UnitedHealthcare Company
YOUR COMPANY NAME HERE
Issuer (99999) 999-99999-99
Customer Logo (If Applicable)
Member ID: 99934427   Group Number: 769999999
Member:
CADE BLANK 00 MED
Dependents:
ELIZABETH BLANK 01 MED
SAMUEL BLANK 02 MED
KARYN BLANK 03 MED
Prescription benefits logo
Rx BIN: 999999
Rx PCN: 99999999
Rx GRP: 99999999
CO-PAYS MAY APPLY
Primary network logo
9999   Self-funded plan administered by UMR

Back

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.umr.com   8XX-XXX-XXXX

For Providers: www.umr.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

What services will require prior notification for UMR customers?

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.

Providers can view member-specific requirements at **umr.com** within the patient search feature. Simply select the **Prior authorization** from the horizontal navigation bar and enter the appropriate criteria. The search tool will display whether **Prior authorization** or **Medical Necessity Review** apply, as well as when there is no coverage for the service.

Where can a provider submit a pre-determination?

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.

To check if predetermination is recommended and submit predetermination, please visit **umr.com**.

What is the claims mailing address?

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

When a claim is in processing, how can a provider check status?

Check claim status by visiting **umr.com** or by calling 877-233-1800.

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

UMR can initiate the check tracer process 30 days after the check was issued. After the check tracer has been initiated, UMR works 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 was 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 resubmit the original claim with the medical records.

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

What should a provider 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, UMR can reconsider the provider's claim at that time. UMR customer plan provisions will apply.

How does a provider appeal a benefit denial?

Send via the following options:

Online: umr.com
Appeals Address:
UMR- Claim Appeals
PO Box 30546
Salt Lake City, UT 84130

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 a provider go on the umr.com website to display refund tracking?

Sign in to **umr.com**. Select **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 a provider did not receive a remit with the paper check, what should they do?

- Sign in to **umr.com**.
- Select **Advanced claims** from the **Claims** drop-down.
- Select **Check number**. Enter the 10 digit check number.
- Enter the **Group number** and select **Search**.

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

What happens if a provider switched delivery from paper to electronic or wants to keep both options?

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

If the provider would like to stop the dual delivery, Sign in to **umr.com**. Select **Provider**. Select **Find a form** and select the electronic paper remittance advices request form.

How does a provider enroll for an 835?

Contact **OptumInsight**
Phone: 866-367-9778, option 1
Website: **optumprovider.optum.com**

How does the Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) process work?

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 does a provider enroll in the ERA?

Enroll by using UMR Payor ID 39026, unless noted differently.

How does a provider contact the EFT vendor?

EFT Vendor – Optum Financial Health:
Help Desk: 877-620-6194
www.optumbank.com

EFT Vendor – Zelis:
Help Desk: 877-828-8770
www.zelispayments.com

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

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