UnitedHealthcare Group Medicare Advantage (PPO) plan out-of-network care providers

Quick reference guide

Quick facts for out-of-network care providers

- Out-of-network care providers are not contracted with UnitedHealthcare for the UnitedHealthcare Group Medicare Advantage (PPO) plan
- For many UnitedHealthcare Group Medicare Advantage (PPO) plans, a member pays the same out-of-pocket costs for network and out-of-network care providers
- Most UnitedHealthcare Group Medicare Advantage (PPO) plans are open access, with no referrals required. Members don't need UnitedHealthcare prior authorization or notification to use out-of-network care providers.
- If you participate in Medicare, but don't accept Medicare assignment, you can be reimbursed up to the Medicare limiting charge when you file claims



UnitedHealthcare Provider Portal on UHCprovider.com

- The UnitedHealthcare Provider Portal self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans without the extra step of calling for information
- Use the portal to perform secure online transactions, such as checking member eligibility and benefits, managing claims and requesting prior authorization
- Sign in at **UHCprovider.com** > Sign In . If you aren't registered yet, select "New User".



Provider Services

Phone: 877-842-3210

Call to confirm member eligibility and benefits, check claims status and more.



Claims submission

Electronic claims: Use the Claims tool on the Provider Portal. Sign in at UHCprovider.com/claimstool.

Payer ID: 87726

Paper claims: Mail claims to the address on the back of the member's ID card. We pay according to the Centers for Medicare & Medicaid Services (CMS) guidelines. Member cost sharing applies.





Behavioral Health

Refer to the back of the member's ID card for information about the mental health provider network.



Care coordination

Prior authorization is required for certain services based on the member's benefit plan. Please refer to the back of the member's ID card for the Care Coordination phone number.



Member appeal rights

Members can learn about their appeal and grievance rights in their Certificate of Coverage/Evidence of Coverage or by calling the member number on the back of their ID card.

Interim rate letters

Please fax interim rate letters and updates to Reimbursement Services at 866-943-9811

Cancer centers

• We pay for out-of-network cancer centers according to the CMS Medicare Advantage payment guide for out-of-network payment. Member cost sharing applies.

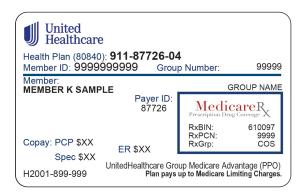


UnitedHealthcare Vision

Majority of UnitedHealthcare Group Medicare Advantage PPO plans utilize the UnitedHealthcare Medical benefit through UnitedHealthcare for vision services and **not** UnitedHealthcare Vision. To verify eligibility and benefits, be sure to check with UnitedHealthcare Medical first by calling UnitedHealthcare Provider Services at **877-842-3210** or go to **UHCprovider.com**.



Sample member ID card





Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract approval with Medicare.