

# New UnitedHealthcare Provider Portal

For improved online self-service capabilities (previously referred to as Link)

## UnitedHealthcare Community Plan of Michigan

As we continue to upgrade our digital services, we have introduced a better system to help you do business with us. Link will no longer serve as the one point of reference for online provider services. Our new and improved [UnitedHealthcare Provider Portal](#) will allow you to quickly get the answers you need, so you can save valuable time and get better documentation and visibility.

You'll be able to access the portal with your current log-in credentials. New users can find registration information at [UHCprovider.com/newuser](https://UHCprovider.com/newuser). Use the following list to learn more about our self-service tools within the portal.



## Claims submission, reconsideration and follow-up

### Submit claims

Use Claim Submission to submit a professional (non-facility) medical claims or a National Drug Code (NDC) claim. You can also access claim information online using Document Vault. For more information: Go to [UHCprovider.com/portal](https://UHCprovider.com/portal).

### Claims reconsideration

A claim reconsideration request is typically the quickest way to address any concern you have with how we processed your claim. Participating health care professionals can request claim reconsideration requests online using the UnitedHealthcare Provider Portal (preferred), by mail or by calling the Provider Services Line at 877-842-3210.

#### Online

- When you submit a claim reconsideration request online through the Claims tool on the portal, you can include comments and electronic attachments, receive printable confirmation, check the status of your request and view adjuster comments, as well as update and resubmit requests.
- For step-by-step guidance, review the self-paced user guide at [UHCprovider.com/claimstool](https://UHCprovider.com/claimstool).

#### Mail

- To submit a claim reconsideration request by mail, send the [Single Paper Claim Reconsideration](#) form to the applicable address listed on the explanation of benefits (EOB) or provider remittance advice (PRA). The address may differ based on product. Include a copy of the original EOB or PRA. For more on how to submit a claims reconsideration by mail, view the UnitedHealthcare Administrative Guides and Manuals at [UHCprovider.com/guides](https://UHCprovider.com/guides).

## Alternative options for submission

- If your request isn't resolved after 30 days, please send an email with your [Single Paper Claim Reconsideration](#) form to Provider Relations at [centralprteam@uhc.com](mailto:centralprteam@uhc.com).
- See applicable benefit plan supplement for specific contact information. If your request does not include the reason for reconsideration, we may deny your claim as a duplicate.

## Claims Follow-up

Use the Claims feature to:

- View claims status
- Access letters, remittance advice documents and reimbursement policies through Document Vault
- Submit additional information requested on pended claims
- Flag claims for future viewing
- Submit claim reconsideration requests or appeals
- Receive instant printable confirmation for your submissions

More information: Go to [UHCprovider.com/claimstool](https://uhcprovider.com/claimstool).

Use **Claim Research Project** to submit a reconsideration request for multiple claims with the same denial reason or issue.

More information: Go to [UHCprovider.com/claims](https://uhcprovider.com/claims).

Use **Optum Intelligent EDI** to submit multi-payer transactions online or through a clearinghouse for commercial, Medicare and UnitedHealthcare Community Plan members. Using EDI allows payers and care providers to send and receive information faster, often at a lower cost.

*Excludes Harvard Pilgrim, The Alliance and NDC Home Infusion Specialty Pharmacy Claims. Charges apply for an all-payer solution. For more information, go to [UHCprovider.com/ediconnect](https://uhcprovider.com/ediconnect).*



## All in one

Learn how you can check eligibility and benefits, manage prescription coverage, claim costs, referral requests and more.

## Eligibility and benefits

Use the Eligibility and Benefits feature to check eligibility and benefit details, including:

- Copay, coinsurance and deductible amounts
- Referral and prior authorization requirements
- Care provider's network status for most plans
- View or print a member's digital ID card

More information: Go to [UHCprovider.com/eligibilitytool](https://uhcprovider.com/eligibilitytool).

## Estimate cost of care

Use Claim Estimator to view a reimbursement estimate for a commercial claim and share the estimated cost of a procedure with your patient before treatment.

More information: Go to [UHCprovider.com/claims](https://UHCprovider.com/claims).

## Prescriptions

Use PreCheck MyScript® to:

- Check prescription coverage and out-of-pocket costs at the member's pharmacy
- Get information on lower-cost prescription alternatives, if available, to help save members money
- See which prescriptions require prior authorization or are non-covered or non-preferred
- Request prior authorization and receive status and results

More information: Go to [UHCprovider.com/pcms](https://UHCprovider.com/pcms).

## Referrals

Use the Referrals feature to submit or check the status of a referral request. You can also:

- Find out if a referral is needed for your patient
- Submit a referral request and receive a confirmation number
- Check the status of a referral request
- View, print or save confirmation numbers and timelines for submitted referrals

More information: Go to [UHCprovider.com/referralstool](https://UHCprovider.com/referralstool).

## Prior authorization and notification

Use Prior Authorization and Notification to:

- Determine requirements using the procedure code and plan type
- Submit or check the status of notification and prior authorization requests
- Get real-time authorization approvals for some requests
- Upload clinical notes, medical records or images to a request
- Provide pertinent clinical information, which may allow for quicker decisions and improved efficiency
- Access prior authorization letters in Document Vault

More information: Go to [UHCprovider.com/paan](https://UHCprovider.com/paan).

## TrackIt

Use TrackIt to see your work at a glance and take action:

- Check on your most recent updated reconsiderations, pended claims, appeals and Smart Edits
- Check on prior authorizations that require additional information to be completed, cases still under review and closed cases
- Sign up to get emails about your submissions
- Flag your claims for easy access
- Review prior authorization status

More information: Go to [UHCprovider.com/trackit](https://UHCprovider.com/trackit).



## Document Vault for letters, documents and reports

### Claim and prior authorization letters, provider remittance advice and reports

Use Document Vault to:

- Download and print documents
- Flag letters for convenient viewing
- Easily find your letters in folders or using one of the search options
- Get prior authorization letters for UnitedHealthcare commercial, Medicare, Community Plan and UnitedHealthcare West members
- Get claim letters for most UnitedHealthcare commercial and Medicare members
- Get payment documents — including provider remittance advices (PRAs) — for most UnitedHealthcare commercial, Medicare, Community Plan and some UnitedHealthcare West payments
- Get overpayment letters for most UnitedHealthcare commercial, Medicare, Community Plan and UnitedHealthcare West payments
- Access reports and data files for UnitedHealthcare and UnitedHealthcare West members

*If you'd like to stop receiving these letters in the mail, see the Paperless Delivery Options tool. Most of these documents are added to Document Vault after the mail option is turned off. For some letter types, paperless delivery is automatic.*

*Some letter types may not be accessible in Document Vault for all health plans.*

More information: Go to [UHCprovider.com/documentvault](https://UHCprovider.com/documentvault).



## Payments and provider remittance advices

### View or print remittance advice

Use single explanation of benefit (EOB) to search for a provider remittance advice (PRA) by tax ID number (TIN) and payment number or TIN, status and date.

More information: Go to [UHCprovider.com/claims](https://UHCprovider.com/claims).

**Note:** You can access claim information online using Document Vault.

### Electronic payment solutions

Paperless options available

UnitedHealthcare is transitioning from paper checks to electronic payments. We will no longer be sending paper checks for provider payment in accordance with applicable laws.

As part of those efforts, we are encouraging you to sign up for electronic payments, specifically Automated Clearing House (ACH)/direct deposit through Optum Pay™. If you don't elect to sign up for direct deposit, you may receive virtual card payments moving forward. The virtual card is not an actual hard plastic card. An image of the card prints on the Virtual Card Statement with all the information necessary to process the payment.

## ACH/direct deposit via Optum Pay

Optum Pay is a fully integrated, full-service payment and remittance advice solution for all sizes and types of health care professionals. Optum Pay services are administered through Optum Financial. Services are also available to non-medical entities, including billing services, and can easily integrate with practice management systems.

Optum Pay offers you a choice of basic level features to manage your payments at no charge and a premium level version with expanded features for a monthly fee. Enroll in **Optum Pay** to:

- Reconcile claims, access data and view reports
- View or print remittance advice and payment information (paper is no longer mailed)
- Get electronic remittance advice (ERA)/835 files by free download or clearinghouse connection

More information: Go to [UHCprovider.com/optumpay](https://UHCprovider.com/optumpay).

## Virtual card payment

While ACH/direct deposit is the preferred method for electronic payment, virtual card payment is an alternative electronic payment method that uses merchant card-based technology to process health care claim payments. Where selected, a 16-digit, single-use virtual card will be issued for each claim payment a health care professional organization receives.

If you don't sign up for ACH/direct deposit, you will receive a virtual card payment. You will continue to have the option to enroll in ACH/direct deposit even after receiving a virtual card payment. However, ACH/direct deposit will be for future payments and cannot be applied to payments previously made.

More information: Go to [UHCprovider.com/payment](https://UHCprovider.com/payment) > **Virtual Card Statement and Processing Instructions**.

More information: Go to [UHCprovider.com/claims](https://UHCprovider.com/claims).

## Look up fee schedules

Use **Fee Schedule Lookup** to view contracted rates for CPT® and Healthcare Common Procedure Coding System (HCPCS) codes for commercial and some Community Plan states. *Available for participating care providers only. Fees are not available for revenue codes, anesthesia codes, dental HCPCS or United Behavioral Health plans.*

More information: Go to [UHCprovider.com/claims](https://UHCprovider.com/claims).



## Clinical tools

### Patient health records

Use Individual Health Record (IHR) to view a unified record of your patients' health history, including lab results and prescribed medications, based on claims submissions, enabling a person and their care team to help improve collaboration and care.

More information: Go to [UHCprovider.com/ihr](https://UHCprovider.com/ihr).

## Premium program

Use UnitedHealth Premium® to view evaluation details for your physician or group in the Premium program.

More information: Go to [UHCprovider.com/premium](https://UHCprovider.com/premium).



## Password owner tools

### Manage user access

Use the Security feature to add, change or deactivate users in our self-service tools.

ID administrators can:

- Approve or deactivate access for other administrators and standard users
- Assign roles to administrators and standard users to determine which tools the user can access
- Assign profiles to administrators and standard users to determine which TINs, specialties and physicians/facilities the user can access

Password owners can do everything an ID administrator can do plus:

- Grant multi-TIN access, which allows users to have a single Optum ID for all the TINs they need to access
- Download a report of users and their access

More information: Go to [UHCprovider.com/securitytool](https://UHCprovider.com/securitytool).

*Only available for password owners and ID administrators*

### Turn off mail delivery

Use Paperless Delivery Options to:

- Turn off paper delivery of some or all the letters in Document Vault and set up email notifications
- Get an email notification when new letters are available
- Use our flexible delivery options to:
  - Choose daily or weekly notifications for each type of letter
  - Specify different email addresses for each type of letter

*Available for password owners only.*

More information: Go to [UHCprovider.com/paperless](https://UHCprovider.com/paperless).

### Make demographic updates

Use My Practice Profile to:

- View, update and attest to demographic and location data for your practice
- View contracted UnitedHealthcare plans for care providers

*Not yet available to all facilities and ancillary organizations.*

More information: Go to [UHCprovider.com/mpp](https://UHCprovider.com/mpp).



## We're here to help

Go to **[UHCprovider.com/portal](https://UHCprovider.com/portal)** for more information. You can also check out our training resources at **[UHCprovider.com/training](https://UHCprovider.com/training)**.

If you have questions about the escalation process, email [centralprteam@uhc.com](mailto:centralprteam@uhc.com).

For additional questions, call Provider Services at 877-842-3210. Representatives are available weekdays 8 a.m.–5 p.m. ET (except state-designated holidays).

It may take us up to 30 days to process your request. If you contact us before we've had your request for 30 days, we may not have an update for you.