



UnitedHealthcare service updates

Change Healthcare is experiencing a cyber security incident. Once we became aware of the outside threat, in the interest of protecting our partners and patients, we took immediate action to disconnect our systems to prevent further impact. Information below outlines how we are supporting providers.

UnitedHealthcare has worked diligently to respond to the recent **recommendations** provided by U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS). To help provide additional relief to physicians and hospitals, we are taking the following actions:

Provider Temporary Assistance Funding Program

For UnitedHealthcare, the overwhelming majority of payments to providers have been operating timely and effectively. UnitedHealthcare has implemented protocols to proactively anticipate provider cash flow shortfalls due to claims submission disruption with the intent to estimate and advance cash flows no later than the normal payment cycles and even sooner when possible.

This applies to medical, dental and vision providers and will involve advancing funds each week representing the difference between their historical payment levels and the payment levels post attack. Advances will not need to be repaid until claims flows have fully resumed. Providers must complete a one-time registration to access funding.

To learn more, **register for our on-demand webinar** and watch at your convenience or visit the **Optum Temporary Funding Assistance** page.

Prior Authorizations

For Medicare Advantage plans, including Dual Special Needs Plans and Group Retiree plans, we are temporarily suspending prior authorizations for most outpatient services except for Durable Medical Equipment, cosmetic procedures and Part B step therapies. A list of services that **continue to** require authorization at this time is **available here**.

In addition, our actions include the temporary suspension of utilization review for Medicare Advantage inpatient admissions.

For Medicare Part D pharmacy benefits, we are temporarily suspending drug formulary exception review processes.

These actions are effective for dates of service March 8, 2024 through March 31, 2024. We will work with state Medicaid agencies on any actions they wish to implement.

Timely Filing Requirements

Timely filing requirements will not apply to claims with dates of service on or after May 1, 2023 that are received from February 15, 2024, through March 20, 2024, for many UnitedHealthcare fully insured commercial, UnitedHealthcare® Medicare Advantage and Community & State plans. Notably, Individual states, for UnitedHealthcare Community & State Plans, and self-insured employers, for commercial plans, will determine the timely filing deadlines for their respective plans.

Claims Payment

Payments for claims received by UnitedHealthcare will continue without disruption for most health care professionals. Payment from Optum Bank and other payment issuing entities are not impacted. For provider groups that are unable to submit claims, please review alternate options for claims submission (other clearinghouses, the United Healthcare Provider Portal, paper claims). Leveraging alternate claims submission methods will all result in timely processing and payment.

Claims Submission and Processing

EDI transactions for claims submitted by Change Healthcare are currently down. EDI transactions from all other clearinghouses are fully functional and secure. Providers can also submit individual claims and check claim status through the **UnitedHealthcare Provider Portal** or by submitting paper claims using the contact information on the member ID card. Instructions on claim submission are available [here](#).

Claims Status and Remittance Files

UnitedHealthcare can now directly share electronic remittance and 835 files without using a clearinghouse. Our secure API connection permits providers to access 835 files through our All Claims/Documents API service. Electronic remittance is also available to registered users through the **Optum Pay Portal**.

Existing Documents API clients can contact us directly to add access to 835 files by emailing apiconsultant@uhc.com. Providers that are interested in developing a secure API can find more information on our **API Marketplace** site.

Providers interested in access to the Optum Pay Portal, if you are not a registered user, please refer to the **Optum Pay** resource page for detailed instructions on how to register and request electronic remittance/835 files.

Eligibility Checks

UnitedHealthcare's API feeds and Provider Portal eligibility checks are secure and fully functional. The Change Healthcare clearinghouse is not currently available for eligibility checks. Instructions for how to use UnitedHealthcare Provider Portal are [here](#). Providers that are interested in developing a secure API can find more information on our **API Marketplace** site.

Inpatient Admission Notifications

UnitedHealthcare can accept notifications from all clearinghouses except Change Healthcare, and through the UnitedHealthcare Prior Authorization and Advance Notification (PAAN) tool, chat, phone, or fax. Change Healthcare cannot receive or process inpatient admission notifications now. By accessing the PAAN tool, you will be able to complete your inpatient admission notifications and include your clinical documentation at the same time.

APPENDIX

How to submit a claim

You can submit a claim through the UnitedHealthcare Provider Portal:

- From any page on UHCprovider.com, select Sign In at the top-right corner
- Enter your One Healthcare ID
 - New users without and a One Healthcare ID: visit UHCprovider.com/access to get started
- In the menu, select **Claims & Payments > Submit a Claim**
- Complete the fields, attach supporting documents and submit

To learn more about claim submissions, view our [training guide](#).

How to check eligibility and benefits

You can verify member eligibility and determine member benefits through the UnitedHealthcare Provider Portal:

- From any page on UHCprovider.com, select Sign In at the top-right corner
- Enter your One Healthcare ID
 - New users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started
- Select Eligibility and enter your search criteria

To learn more about eligibility and benefits, view our [training guide](#).

Prior authorization

How to access the Prior Authorization and Notification tool

You can access the Prior Authorization and Notification tool through the UnitedHealthcare Provider Portal:

- From any page on UHCprovider.com, select Sign In at the top-right corner
- Enter your One Healthcare ID
 - New users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started
- In the menu, select Prior Authorizations

To learn more about prior authorizations, view our [training guide](#).

How to submit a prior authorization request

You can submit a prior authorization request through the UnitedHealthcare Provider Portal:

- From any page on UHCprovider.com, select Sign In at the top-right corner
- Enter your One Healthcare ID
 - New users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started
- From the left-hand tabs, select **Prior Authorizations & Notifications**. Then, click "Create a new request."
- Select the appropriate prior authorization type from the dropdown
- Enter the required information and click Continue

To learn more about prior authorizations, view our [training guide](#).