

Twin States - AAHAM

June 7, 2019

Agenda

- Mission and Vision
- UnitedHealthcare Benefit Plans
- Plan Updates
- LINK – Gateway to Self Service
 - Referrals/Prior Authorizations
 - Applications and Enhancements (EligLink, ClaimsLink, MPP & PAAN)
 - Document Vault
- Resources
- Contacts

UnitedHealthcare Mission and Vision



Our Mission

Our mission is to help people live healthier lives and to help make the health system work better for everyone.

Our Vision

To be the premier health care delivery organization in the eyes of our state partners, providing health plans that meet the unique needs of our commercial members as well as our members in government-sponsored health care programs. We also aim to effectively collaborate with physicians, hospitals and other health care professionals in serving their patients.

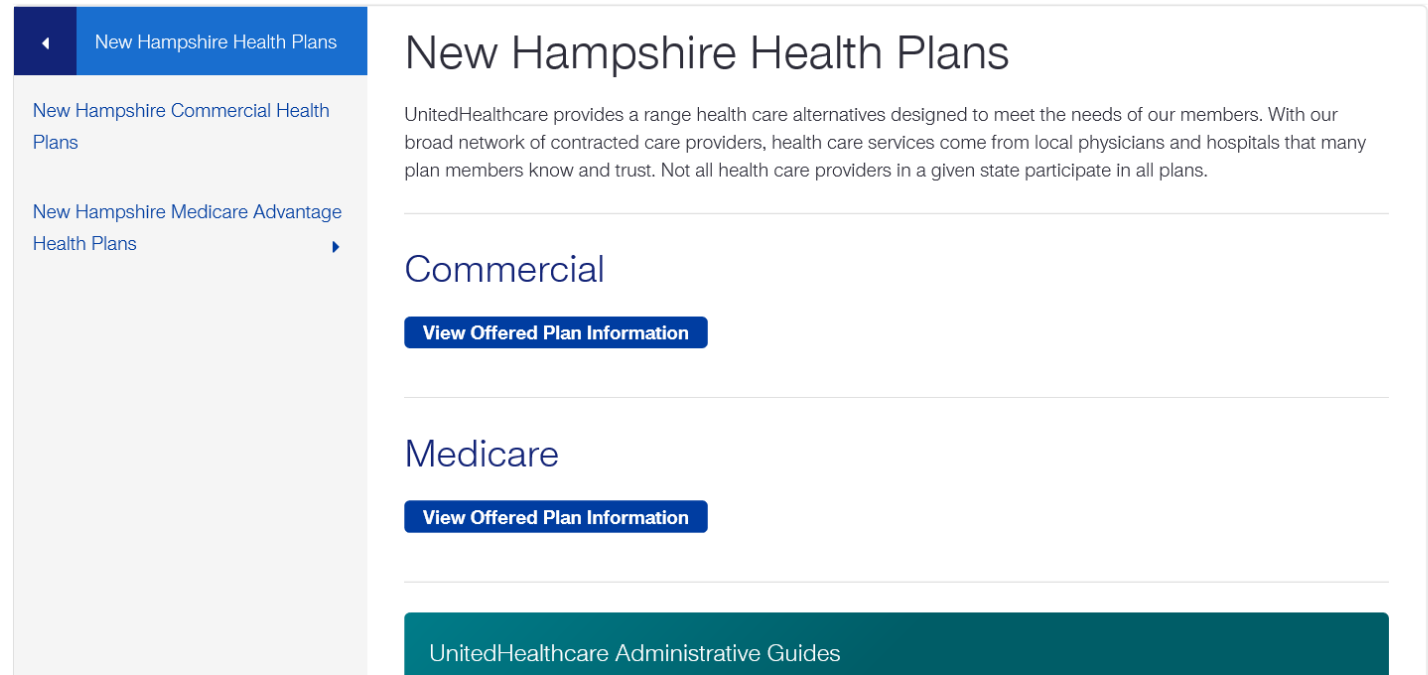
UnitedHealthcare Benefit Plans

For information about UnitedHealthcare benefit plans offered in your State, please visit UHCprovider.com > Menu > Health Plans by State > New Hampshire (or Vermont)



The header of the UnitedHealthcare website features a navigation menu on the left with a hamburger icon and the text "MENU". The UnitedHealthcare logo is positioned to the right of the menu. A search bar with the placeholder text "What can we help you find?" and a magnifying glass icon is located to the right of the logo. On the far right, there are five icons representing different user actions: "MEMBERS" (group of people), "FIND DR." (person with a plus sign), "LINK" (grid of squares), "NEW USER" (person with a plus sign), and "SIGN IN" (person icon).

Home | [Health Plans by State](#) | [New Hampshire Health Plans](#) Print



The main content area of the website displays the "New Hampshire Health Plans" page. A left-hand navigation pane shows a blue header with a back arrow and the text "New Hampshire Health Plans". Below this, two menu items are listed: "New Hampshire Commercial Health Plans" and "New Hampshire Medicare Advantage Health Plans" with a right-pointing arrow. The main content area has a large heading "New Hampshire Health Plans" followed by a paragraph: "UnitedHealthcare provides a range health care alternatives designed to meet the needs of our members. With our broad network of contracted care providers, health care services come from local physicians and hospitals that many plan members know and trust. Not all health care providers in a given state participate in all plans." Below this text are two sections: "Commercial" and "Medicare", each with a blue button labeled "View Offered Plan Information". At the bottom of the page, there is a dark teal banner with the text "UnitedHealthcare Administrative Guides".

Plan Updates

We're Retiring Fax Numbers Used for Medical Prior Authorization Requests

To help make administrative tasks simpler and reduce the costs of doing business with us, we're retiring certain fax numbers for medical prior authorization requests and asking you to use the **Prior Authorization and Notification tool on Link**.

- Link is the same website you already use to check eligibility and benefits, manage claims and update your demographic information.
- The fax numbers retiring on **May 6th, 2019**, are:

877-877-8230

800-787-5325

888-840-9284

844-882-7133

844-624-5690

866-607-5975

866-839-6454

800-729-0616

844-881-4772

800-743-6829

- We'll add more numbers to this list over the next several months.
- We'll let you know which numbers are being retired in the *Network Bulletin* and at **UHCprovider.com/priorauth**.

UnitedHealthcare Enterprise Medical Records Program

We know how exhausting medical record requests can be, from demands on staff time to delays in claims processing. Now UnitedHealthcare is making it easier for you and your practice. Our new program transforms how we request and receive medical records — a program that can help you get paid faster, lighten your administrative costs and free up your staff to focus on patient care.



How We're Transforming Medical Record Collection

Our secure program makes it easier for you to share medical records with us in three ways:

1. Astreamlined process that eliminates multiple requests for the same information. You'll only need to send the records once.
2. Direct access to your electronic medical records (EMR) that lets us download records remotely to process claims and complete review — shifting the burden from your staff to ours.
3. Direct data exchange and Point of Care solutions that offer you real-time data at the point of care.

Our new medical record collection processes are:

Secure. They meet applicable HIPAA and other privacy and compliance regulations.

Easy. We'll do all of the heavy lifting while you enjoy the benefits.

Efficient. You'll get fewer medical record requests — and faster reimbursement.



What You Can Expect

You'll see a drop in your number of pending or denied claims that require more information.

Claims that would otherwise be delayed will be reimbursed more quickly, boosting your accounts receivables.

You'll receive fewer medical record requests — and fewer duplicate requests.

You won't need to file as many appeals or claim reconsiderations.



How To Get Started

To find out more or sign up for EMR direct access, email emr.notify@uhc.com. We'll help you get started and answer your questions.

Policy Updates

E&I: Consultation Services Policy Revision, Effective June 1, 2019



UnitedHealthcare is revising the Consultation Services Policy and will no longer reimburse CPT codes 99241 - 99255. This change aligns UnitedHealthcare with the Centers for Medicare and Medicaid Services (CMS). UnitedHealthcare will take a phased approach to implement this change.

Effective with date of service June 1, 2019, UnitedHealthcare will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice with a participation agreement that includes fee schedules that are:

- based on a stated year of 2010 or later
- current and progressive
- percent of charge
- National PPR
- Some non-MSPS
- Non-participating/usual and customary

Please note: With respect to telehealth and telemedicine services, the Telehealth & Telemedicine Policy will continue to apply and HCPC codes G0406 – G0408, G0425 – G0427, G0508 and G0509 will be payable pursuant to that policy, the participation agreement and the member's benefit plan.

Prior Authorization Required for Therapeutic Radiopharmaceuticals



To submit an online request for prior authorization, sign in to Link and access the Prior Authorization and Notification tool. Then select the “Radiology, Cardiology + Oncology” box. After answering two short questions about the state you work in, you’ll be directed to a website to process these authorization requests.

The following products will require authorization:

- Lutetium Lu 177 (Lutathera)
- Radium RA-223 dichloride (Xofigo)
- All therapeutic radiopharmaceuticals that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS).

HCPCS codes impacted by this prior authorization will include:

- A9513 Lutetium Lu 177, dotatate, therapeutic, 1 mCi
- A9606 Radium RA-223 dichloride, therapeutic, per microcurie
- A9699 Radiopharmaceutical, therapeutic, not otherwise classified

Training sessions and overviews of the Optum process will be available beginning March 25, 2019.

- The training schedule will be available at UHCprovider.com > Prior Authorization and Notification > [Oncology](#) > Therapeutic Radiopharmaceuticals. Frequently asked questions, quick references guides and other resources can also be found at this site.

Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial plans. Go to UHCprovider.com/pharmacy.

LINK – Gateway to Self-Service

Referrals/Prior Authorizations

Referral Requirements & Submitting Referrals



Referrals

UnitedHealthcare Commercial and UnitedHealthcare Medicare:

UHCprovider.com > Menu > Administrative Guides
2019 United Healthcare Administration Guide
Benefit plans are listed where referral requirements are noted.

UnitedHealthcare Commercial: Page 16-18

UnitedHealthcare Medicare: Page 20-22

Submit new referral requests and check the status of referral submissions with [referralLink](#)



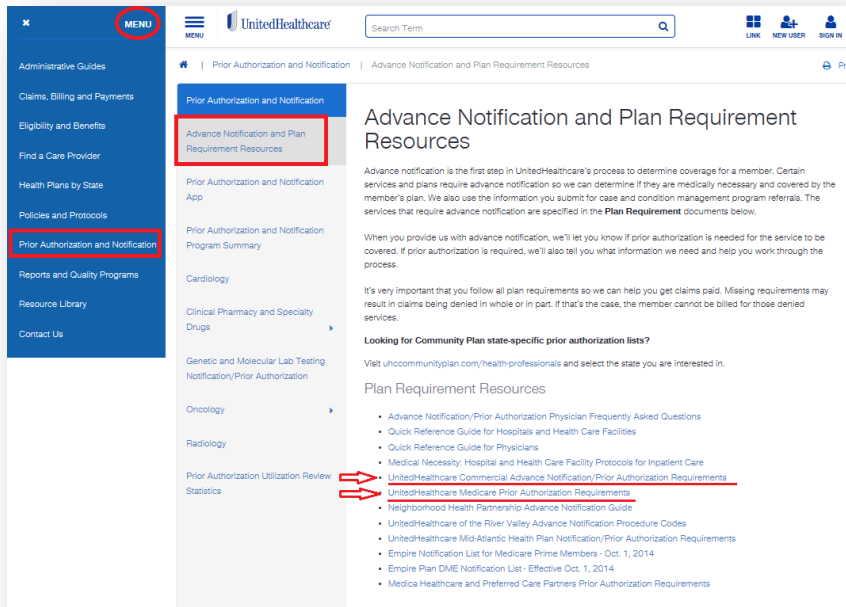
Use [referralLink](#) for these Member Plan Types:

- UnitedHealthcare Commercial
- UnitedHealthcare Community Plan
- UnitedHealthcare Medicare
- UnitedHealthcare Oxford members with a numeric (not alpha-numeric) Group Number

Quick Reference Guides, Videos and More

- [referralLink Resource Page](#)

Prior Authorization/Notification Resource Lists



Administrative Guides

Claims, Billing and Payments

Eligibility and Benefits

Find a Care Provider

Health Plans by State

Policies and Protocols

Prior Authorization and Notification

Reports and Quality Programs

Resource Library

Contact Us

UnitedHealthcare

Search Term

LINK NEW USER SIGN IN

Prior Authorization and Notification

Advance Notification and Plan Requirement Resources

Advance Notification and Plan Requirement Resources

Prior Authorization and Notification App

Prior Authorization and Notification Program Summary

Cardiology

Clinical Pharmacy and Specialty Drugs

Genetic and Molecular Lab Testing Notification/Prior Authorization

Oncology

Radiology

Prior Authorization Utilization Review Statistics

Advance Notification and Plan Requirement Resources

Advance notification is the first step in UnitedHealthcare's process to determine coverage for a member. Certain services and plans require advance notification so we can determine if they are medically necessary and covered by the member's plan. We also use the information you submit for case and condition management program referrals. The services that require advance notification are specified in the **Plan Requirement** documents below.

When you provide us with advance notification, we'll let you know if prior authorization is needed for the service to be covered. If prior authorization is required, we'll also tell you what information we need and help you work through the process.

It's very important that you follow all plan requirements so we can help you get claims paid. Missing requirements may result in claims being denied in whole or in part. If that's the case, the member cannot be billed for those denied services.

Looking for Community Plan state-specific prior authorization lists?

Visit uhcommunityplan.com/health-professionals and select the state you are interested in.

Plan Requirement Resources

- Advance Notification/Prior Authorization Physician Frequently Asked Questions
- Quick Reference Guide for Hospitals and Health Care Facilities
- Quick Reference Guide for Physicians
- Medical Necessity: Hospital and Health Care Facility Protocols for Inpatient Care
- UnitedHealthcare Commercial Advance Notification/Prior Authorization Requirements
- UnitedHealthcare Medicare Prior Authorization Requirements
- Neighborhood Health Partnership Advance Notification Guide
- UnitedHealthcare of the River Valley Advance Notification Procedure Codes
- UnitedHealthcare Mid-Atlantic Health Plan Notification/Prior Authorization Requirements
- Empire Notification List for Medicare Prime Members - Oct. 1, 2014
- Empire Plan DIME Notification List - Effective Oct. 1, 2014
- Medica Healthcare and Preferred Care Partners Prior Authorization Requirements

- Advanced Notification can be verified & submitted online via UHC Link through the PAAN Application (Prior Authorization and Notification)

UHCprovider.com > Prior Authorization and Notification

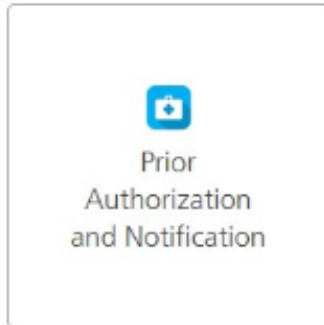
Prior Authorization/Notification: Specialty Resources



Cardiology, oncology and radiology have their own listing of required authorization and notification procedure codes by Line of Business and can be found in resource links.

The screenshot shows the UnitedHealthcare website interface. At the top, there is a navigation bar with the UnitedHealthcare logo, a search bar, and links for 'LINK', 'NEW USER', and 'SIGN IN'. Below the navigation bar, the page title is 'Prior Authorization and Notification'. The left sidebar contains a menu with the following items: 'Prior Authorization and Notification', 'Advance Notification and Plan Requirement Resources', 'Prior Authorization and Notification App', 'Prior Authorization and Notification Program Summary', 'Cardiology', 'Clinical Pharmacy and Specialty Drugs', 'Genetic and Molecular Lab Testing Notification/Prior Authorization', 'Oncology', 'Radiology', and 'Prior Authorization Utilization Review Statistics'. Red arrows point to 'Cardiology', 'Oncology', and 'Radiology'. The main content area has a heading 'Prior Authorization and Notification' and a paragraph: 'In this section you will find the tools and resources you need to help manage your practice's prior authorization and notification requirements, with program specific information available for Cardiology, Oncology, Radiology, Clinical Pharmacy and Specialty Drugs.' Below this, it says: 'Your primary UnitedHealthcare prior authorization resource, the **Prior Authorization and Notification app**, is available on Link, the gateway to UnitedHealthcare's self-service tools. [Learn more >](#)' and 'If you don't yet have access to the new Prior Authorization and Notification app on Link:'. It then provides instructions: 'Go to [UnitedHealthcareOnline.com](#) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission OR Notification/Prior Authorization Status.' Below this, there is a section titled 'What Would You Like to Do?' with the instruction: 'To see more information on any of these areas, click on the plus sign (+) next to their title.' The list of actions includes: 'Determine if Notification or Prior Authorization is Required for a Patient', 'Submit a Request for Notification or Prior Authorization', and 'Check the Status of a Previously Submitted Request for Prior Authorization'. Each action has a plus sign (+) to its right.

Prior Authorization and Notification App

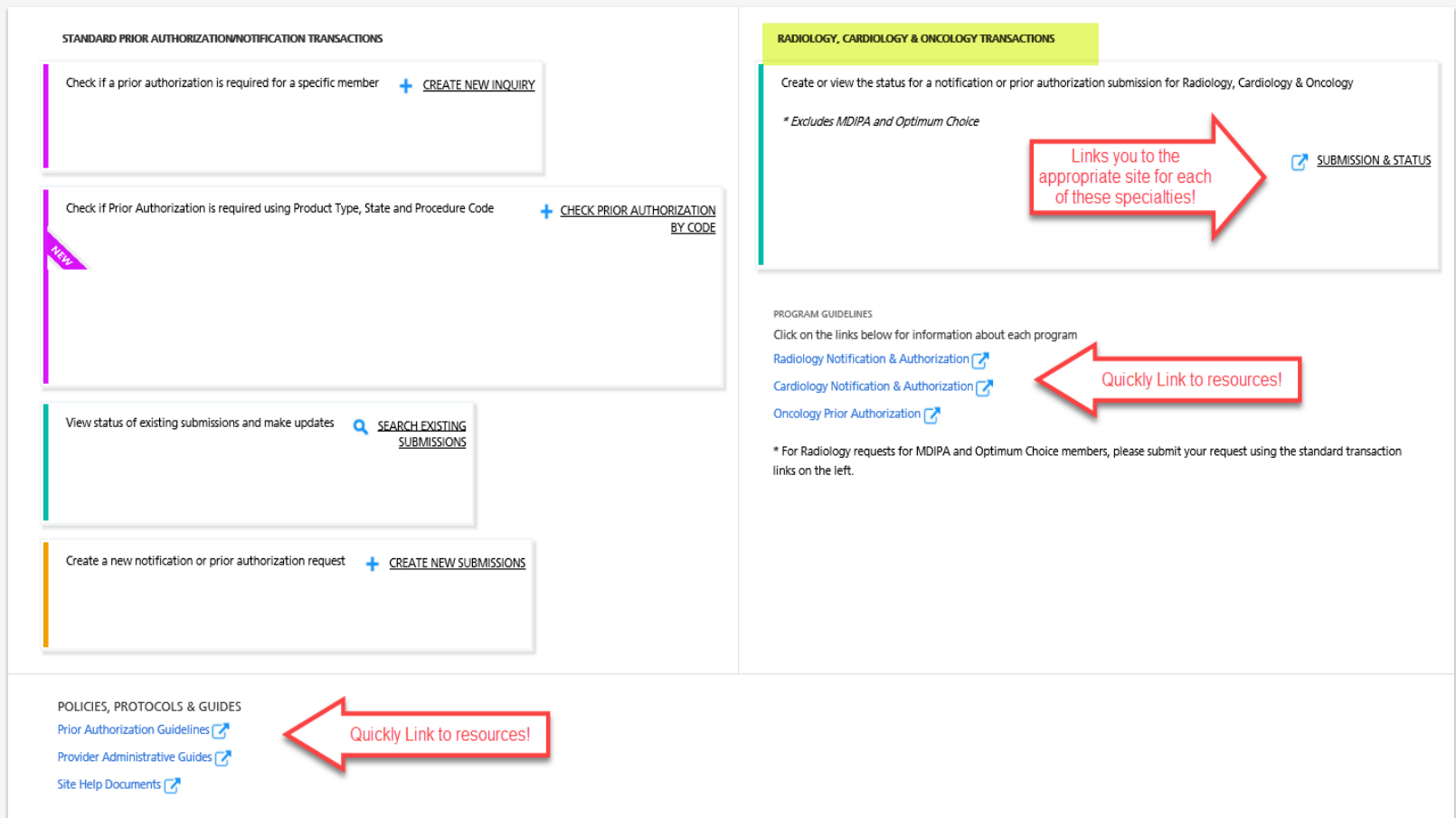


You can instantly check notification and prior authorization requirements – and submit your request – using the Prior Authorization and Notification app.

Features:

- See if prior authorization or notification is required. If it's required and can be completed online, you'll be directed to another screen to complete your request.
- Find out which procedures require you to submit more information and what that information is.
- Upload medical notes or other attachments when required and add messages for the reviewer when attachments are required.
- Check the status of your notification and prior authorization requests – including those made by phone.

Prior Authorization and Notification App Snapshot



STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS

- Check if a prior authorization is required for a specific member + [CREATE NEW INQUIRY](#)
- NEW** Check if Prior Authorization is required using Product Type, State and Procedure Code + [CHECK PRIOR AUTHORIZATION BY CODE](#)
- View status of existing submissions and make updates [SEARCH EXISTING SUBMISSIONS](#)
- Create a new notification or prior authorization request + [CREATE NEW SUBMISSIONS](#)

RADIOLOGY, CARDIOLOGY & ONCOLOGY TRANSACTIONS

Create or view the status for a notification or prior authorization submission for Radiology, Cardiology & Oncology

** Excludes MDIPA and Optimum Choice*

[SUBMISSION & STATUS](#)

Links you to the appropriate site for each of these specialties!

PROGRAM GUIDELINES

Click on the links below for information about each program

- [Radiology Notification & Authorization](#)
- [Cardiology Notification & Authorization](#)
- [Oncology Prior Authorization](#)

Quickly Link to resources!

** For Radiology requests for MDIPA and Optimum Choice members, please submit your request using the standard transaction links on the left.*

POLICIES, PROTOCOLS & GUIDES

- [Prior Authorization Guidelines](#)
- [Provider Administrative Guides](#)
- [Site Help Documents](#)

Quickly Link to resources!

Your Link Dashboard

Document Vault



Link

EDIT

Have you tried Document Vault?

Document Vault stores your letters from UnitedHealthcare so you don't have to wait for the mail!

[Learn more about Document Vault](#)

Click the lock icon on the Link header to open Document Vault.

Your letters are waiting!

eligibilityLink

*Required

*Confirm Payer Name (Insurance Company)/Payer ID

UnitedHealthcare - 87726

*Member ID

*Date of Birth

First Date of Service

Last Date of Service

Leaving the date blank defaults to today's date & returns current, past or future policies; or enter date range up to 6 years in the past or 12 months in the future.

[More Search Options](#)

claimsLink

Prior Authorization and Notification

UHC On Air

Genetic & Molecular Testing Prior Authorization

Claims Management TXCommunityPlan

PreCheck MyScript

Electronic Payments & Statements

My Practice Profile

Link Security

Link Resource Library

Claims Reconsiderations TXCommunityPlan

Online Provider Resources – LINK Applications



- **eligibilityLink tool**

- Check member eligibility and review detailed benefits information.
- You can also use the tool to find out if referrals, notifications and prior authorizations are required for the member's plan.

- **claimsLink tool**

- View claim information for multiple UnitedHealthcare plans in a single tool.
- View letters and remittance advice.
- Flag claims for future viewing.
- Submit additional information requested on closed or pended claims.
- Submit claim reconsideration requests with or without electronic attachments.
- Search with Multiple Options, now including by Claim Number!

- **My Practice Profile (Physicians Only)**

- View and update the care provider demographic data that UnitedHealthcare members see for your practice.
- We can process the changes you request through the tool faster than by any other means.

- **UHC On Air**

- Training, news and updates on demand.

Link Self-Service Updates and Enhancements



We're continuously making improvements to Link tools to better support your needs.

Among the enhancements:

- **Prior Authorization and Notification tool**
 - Required fields are now highlighted
 - When you access Prior Authorization and Notification from eligibilityLink, the member information will be retained.
 - Now you can enter additional contact details
- **referralLink**
 - A “Help” hyperlink has been added to the screen to connect to UHCprovider.com/referralink for Quick Reference Guides and more.
- **eligibilityLink**
 - When you access Prior Authorization and Notification from eligibilityLink, the member information will be retained.
 - A “Help” hyperlink has been added to the right navigation and it links to UHCprovider.com/eligibilitylink for Quick Reference Guides and more.

Register for live training webinars at UHCprovider.com/training or watch short tutorials on demand on UHC On Air on Link.



www.UHCprovider.com > Resource Library > Training

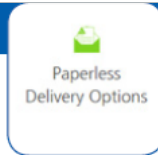
Training

We provide a full range of training resources including live, instructor-led sessions. Each 30- or 60-minute session concludes with a Q&A discussion. We also have many recorded webinars to choose from, as well as access to CME credit courses. Just browse the list below to find the support you need.

In addition, [UHC On Air](#) is United HealthCare's video driven communication platform that hosts live and on-demand programs.

[Go to UHC On Air](#)

2018 Special Needs Model of Care Training for Providers	+
Billing / Revenue Management Company Training	+
Claim Submission Tool Training	+
CME Credit Courses & Educational Programs	+
Document Vault & Paperless Delivery Training	+
Electronic Data Interchange (EDI) Training	+



Find your claim letters online in the Document Vault tool on Link.

With Document Vault, you can:

- ✓ Access reports and data files for UnitedHealthcare and UnitedHealthcare West
- ✓ Get claim letters for most UnitedHealthcare Commercial members. *Coming soon for UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan members.*
 - Search and filter letters by file name, claim number, creation date, member ID or tax ID number (TIN).
 - Filter based on timeframe, TIN or your own custom filter.
 - Flag letters for convenient viewing.
- ✓ Download and print documents.

How to Access Document Vault

Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, click on the padlock icon in the top right of your Link dashboard.

Storage Timeframes for Letters and Reports

Letters from June 2, 2017, and after will be stored in Document Vault for six months. After that time, claim letters can be found in claimsLink until they're 18 months old. Storage timeframes vary by report.

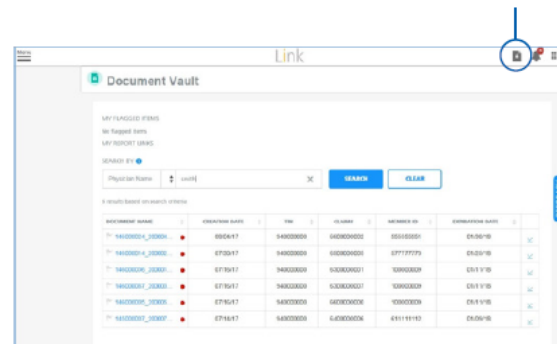
Paperless Delivery Options

Now that you use Document Vault to access claim letters, your Link Password Owner may turn off delivery of paper copies in the mail. The Paperless Delivery Options app can send daily or weekly email notifications to alert you to new letters that have been added to your Document Vault. With our flexible delivery options, you decide when and where the emails are sent for each type of letter. *This app is available to Link Password Owners only.*

Get started today!

For more information about Link, visit UHCprovider.com/documentvault.

Document Vault



Document Vault Snapshot



Document Vault Snapshot - Overview

Navigation: DASHBOARDS & APPS | DOCUMENTS | EXTERNAL REPORTS

Left Sidebar (DASHBOARDS & APPS): Link, My Apps, Link Marketplace

Left Sidebar (ACCOUNT): My Account, Settings

Left Sidebar (HELP & SUPPORT): Help Center, Sign Out

Documents Section:

- Categories: Claim Letters, Delegation Management, Episodes of Care, Management Documents, Payment Documents, Peer Comparison Reports, Prior Auth Letters, TN HealthLink, TN Patient Centered Medical Home, UHC West Payment Packages
- View As: [List Icon] [Grid Icon]
- Sort By: [Filter Icon]

MY FAVORITE DOCUMENTS: You have no favorite documents yet.

Right Sidebar: HELP | FEEDBACK

Document Vault Snapshot - Filtered View

Navigation: DASHBOARDS & APPS | DOCUMENTS | EXTERNAL REPORTS

Left Sidebar (DASHBOARDS & APPS): Link, My Apps, Link Marketplace

Left Sidebar (ACCOUNT): My Account, Settings

Left Sidebar (HELP & SUPPORT): Help Center, Sign Out

Documents Section:

- Categories: > Prior Auth... > [Redacted]
- Notification ID: [Dropdown]
- Search: [Input] [Go]
- View As: [List Icon] [Grid Icon]
- Sort By: [Filter Icon]

Some folders may contain more than 999 documents. To view the total number, hover over the red notifications icon.

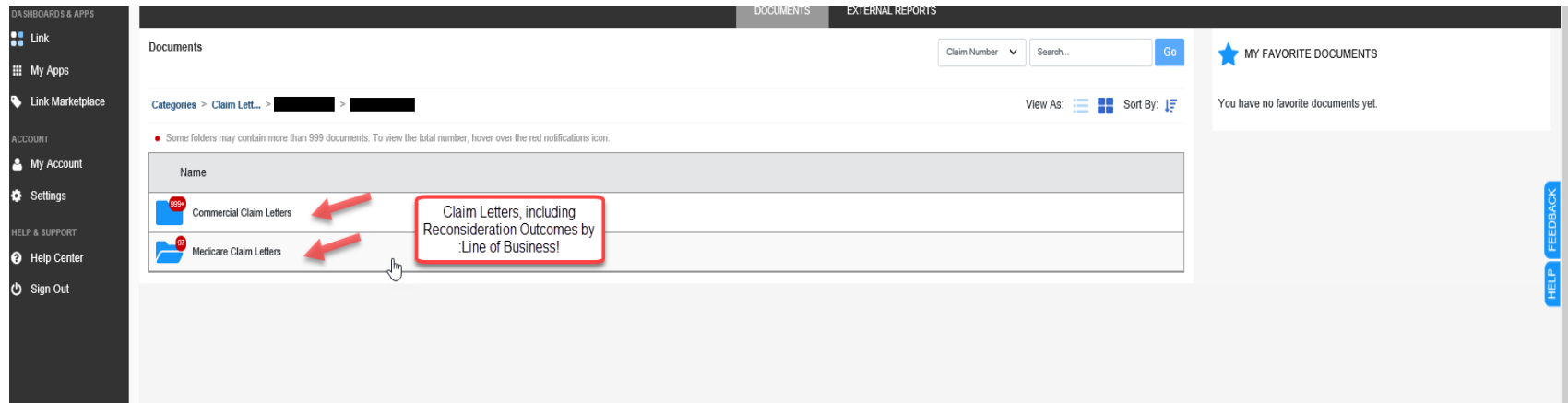
Name
533 Commercial Prior Auth
227 Medicare Prior Auth
5 Misc. Prior Auth

Approval Letters and Adverse Determination Letters!



MY FAVORITE DOCUMENTS: You have no favorite documents yet.

Right Sidebar: HELP | FEEDBACK

Document Vault Snapshot



The screenshot displays the 'Documents' section of a web application. On the left is a dark sidebar with navigation options: 'Link', 'My Apps', 'Link Marketplace', 'My Account', 'Settings', 'Help Center', and 'Sign Out'. The main content area has a top navigation bar with 'DOCUMENTS' and 'EXTERNAL REPORTS' tabs. Below this is a search bar with a 'Claim Number' dropdown and a 'Go' button. A breadcrumb trail shows 'Categories > Claim Let... > [redacted] > [redacted]'. A notification states: 'Some folders may contain more than 999 documents. To view the total number, hover over the red notifications icon.' A table lists folders:

Name
 Commercial Claim Letters
 Medicare Claim Letters

Red arrows point to the notification icons on both folders. A red-bordered callout box points to the Medicare Claim Letters folder, containing the text: 'Claim Letters, including Reconsideration Outcomes by :Line of Business!'. On the right, a 'MY FAVORITE DOCUMENTS' section shows 'You have no favorite documents yet.' A vertical 'HELP | FEEDBACK' button is on the far right.

Resources

Introducing the New Network Bulletin

www.UHCprovider.com > Menu > News and Network Bulletin >

Click to Sign up to receive Network Bulletin!



Sign up to receive Network Bulletin

- Easier navigation so you can find what you're looking for quickly and easily
- Article summaries in each section with brief descriptions that help identify at a glance which articles pertain to your practice
- Sections by business, state and specialty, so you can easily find what applies to you
- Links to policy summaries so that you can quickly navigate to the information you need

- www.UHCprovider.com > Menu > Policies and Protocols

Home | Policies and Protocols

Print

Policies and Protocols

This library includes UnitedHealthcare policies and protocols. The policies and protocols presented here may not apply to all UnitedHealthcare plans.

Additional Resources

- Clinical Guidelines
- Dental Clinical Policies and Coverage Guidelines
- Lab Benefit Management Program Information
- Protocols

Hospital Outpatient Facility Reimbursement Policies

- Hospital Outpatient Radiology Services Rebundling Reimbursement Policy - Commercial and UnitedHealthcare Community Plan: This policy describes the rebundling edits applied by UnitedHealthcare to determine reimbursement for the technical component of hospital outpatient radiology services contracted under the UnitedHealthcare Facility Outpatient Radiology Fee Schedule.
- Hospital Outpatient Laboratory and Pathology Services Rebundling Reimbursement Policy - Commercial and UnitedHealthcare Community Plan: This policy describes reimbursement for hospital outpatient laboratory and pathology services reimbursed according to the UnitedHealthcare Facility Laboratory and Pathology Fee Schedule.

- www.UHCprovider.com/pharmacy

UnitedHealthcare
Resources for physicians, administrators and healthcare professionals

What can we help you find?

MEMBERS FIND DR. LINK NEW USER SIGN IN

Resource Library | Drug Lists and Pharmacy Print

Drug Lists and Pharmacy

- Clinical Pharmacy and Specialty
Drugs Prior Authorization Programs - Commercial
- Clinical Program Drug Step Therapy - Commercial
- Community Plan Pharmacy Prior Authorization Forms
- PreCheck MyScript Tool
- Specialty Pharmacy Program - Commercial
- Ambulatory Infusion Suites in Florida

Drug Lists and Pharmacy

Total Health Care Approach

UnitedHealthcare makes pharmacy coverage decisions based on an understanding of how our coverage affects total health care. We do this by integrating pharmacy coverage with medical management, accessing information in a database including pharmacy, medical and laboratory data.

Evidence-Based Care

Pharmacy is one of the most highly used benefits. Our goal is to provide members with wide-ranging, cost-effective medication choices. We review clinical and pharmacoeconomic evidence when developing our prescription drug list (PDL) and clinical programs. This evidence helps us determine a medication's overall value relative to other medications in its class so we can effectively manage overall cost and care.

Member Engagement

Our personalized member engagement strategies aim to make health care work better for members. When provided with the right resources, a member can be empowered to discuss their options with their care providers and help make more educated decisions.

PreCheck MyScript Tool: Check Pharmacy Eligibility & Prior Authorization

Check current prescription coverage and price, including out-of-pocket prescription costs for UnitedHealthcare members at their selected pharmacy with the PreCheck MyScript tool on Link.

- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization, or are non-covered or non-preferred.
- Request prior authorization and receive status and results.

[Learn more about the PreCheck MyScript tool.](#)

Contacts

Contact Information

Self Service Tools

- <https://www.uhcprovider.com/en/resource-library/link-provider-self-service.html>

Provider Relations

- NorthernNE_PRTeam@uhc.com

Provider Services

- 877-842-3210



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