

# Frequently asked questions: **ABOUT UMR**



- **Who is UMR?**

UMR is a TPA (third-party administrator) and is hired by employer groups (clients) to administer and process the plan benefits determined by the client group. TPAs allow for greater flexibility with benefit administration, as well as access to a number of provider networks that fit the needs of the client.

UMR is an affiliate of UnitedHealthcare and is not an insurance company.

- **How do medical providers working with UMR client members access online resources?**

Simply go to [www.umar.com](http://www.umar.com). On your first visit, you will need to register your TIN(s). This website is an efficient way to check claim status, obtain benefits and much more.

**Please note:** *This is a different, secure website for UMR client member claim/benefit information.*

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

Yes. You 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.

- **Who is responsible for obtaining notification?**

As a TPA, UMR works with more than 50 PPO networks, including UnitedHealthcare's networks (Options PPO, Core, NexusACO, Select Plus and Choice Plus). Notification requirements will be stated in your network agreement.

- **Are UMR members included in the UnitedHealthcare Radiology Notification program?**

No. The Radiology Notification program is not part of the UMR process at this time.

*As a reminder, the Radiology Notification program is active for claims being paid by UnitedHealthcare, and notification is the responsibility of the physician or other health care professional.*

- **What policies does UMR follow for claims processing, e.g. modifier/bundling edits?**

UMR follows the same modifier/bundling edits developed by UnitedHealthcare for the UnitedHealthcare networks. Please visit [www.uhcprovider.com](http://www.uhcprovider.com) to review applicable medical and reimbursement policies. For clients not accessing UnitedHealthcare networks, UMR follows Ingenix Code Review clinical edits.

- **Can I access a list of UMR denial codes and definitions?**

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

- **What are the major differences between clients served by UMR?**

UMR's processes are basically the same, and as a TPA, we work to customize the health care needs of the client. Differences would be in the types of services selected as part of the administration and the level of benefits at which covered services are processed.

Examples of services available include: medical and dental claim administration, flexible benefit administration, vision plans, care management, case management, utilization management and disease management.

- **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 at 1-877-233-1800. The UMR Web portal, [www.umar.com](http://www.umar.com), is a convenient resource for accessing claim information; or use the phone number listed on the back of the member's ID card.

- **Can customer service agents make claim adjustments over the phone?**

Yes. UMR Customer First Representatives (CFRs) can address claim issues over the phone, depending on the claim adjustment request. 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.

- **If I mistakenly call UnitedHealthcare customer service for UMR-related issues, can they transfer me to the correct service agent?**

UMR has a dedicated customer service line. UnitedHealthcare cannot take these calls.

- **What services will require Prior-Notification for UMR clients?**

Clients with access to UnitedHealthcare Choice Plus, Options PPO, NexusACO, Select Plus and Core Network follow the standard network requirements for Admission Notification, as well as Advanced Notification per the UnitedHealthcare Administrative Guide.

Otherwise, those 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 client group.

- **Will the member ID cards specify what requires 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.

- **Can physicians complete claim reconsideration requests online?**

UnitedHealthcare provider disputes can be initiated by phone at 715-841-7415 or toll free at 1-800-826-9781 ext. 17415 or submitted on paper to the UMR United Provider Advocacy Team, P.O. Box 30546 Salt Lake City, UT 84130-0546, if the provider is challenging the pricing or participation of a claim. For other reconsiderations, a provider can submit them online at umr.com.

**Please Note:** When contacting UMR, provide the specific issue, indicating what is expected according to the UnitedHealthcare contract.

Allow up to 30 days to receive a response to the reconsideration/adjustment request. Do not allow claim reconsiderations to accumulate or to go unresolved. The contract provides for a limited period to request a reconsideration adjustment.

- **Will the process be the same using UnitedHealthcare Provider Advocates?**

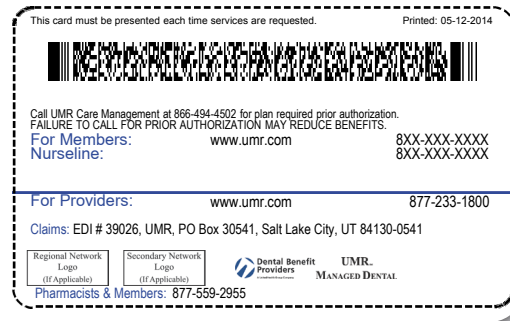
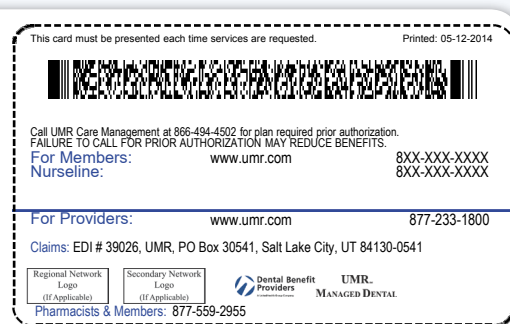
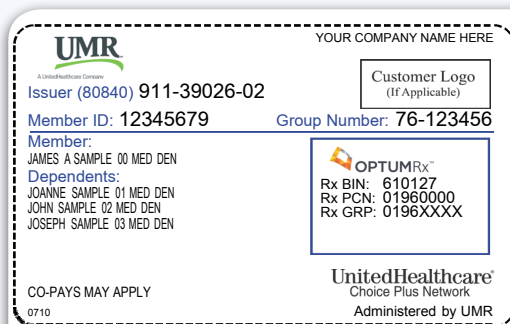
You can still go through Provider Advocates, who will work with UMR to assist in claim resolution regarding pricing or participation challenges.

- **Will the process be the same through ORS?**

No. ORS is the customer service system for members served through UnitedHealthcare. UMR members are not found in the UnitedHealthcare claim system.

- **Is there a UMR Administrative Guide?**

No. UMR groups with access to UnitedHealthcare networks will follow the standard UnitedHealthcare Administrative Guide that can be found at: <https://www.uhcprovider.com/en/admin-guides.html>



- **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.

As a reminder, UnitedHealthcare and UMR consider proof of timely filing from an electronic claim submission to be the confirmation that UnitedHealthcare accepted the claim. For paper claims, UnitedHealthcare requires a copy of a screen print from your accounting software, showing the date you submitted the claim.

- **How are UMR claims processed? Are we required to sign up for electronic submission and remittances, or can we make manual (paper) submission?**

Because UMR is part of UnitedHealthcare, providers can request electronic payments and statements. This includes electronic funds transfers (EFTs) and electronic remittance advices (ERAs). Enrollment with UMR's payor ID number through Optum is required. Visit [www.optumbank.com](http://www.optumbank.com), or call the Optum EPS help desk at 1-877-620-6194.

- **Will the UnitedHealthcare hospital notification monitoring reports be available online at UMR?**

At this time, these reports are not created by UMR and not available. This is a UnitedHealthcare function.

- **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 or 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 on the back of the UHSS ID card when calling for information.



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