

# ONLINE SERVICES umr.com provider quick guide



A UnitedHealthcare Company

# In today's world, managing member benefits can seem complicated and time consuming. But at UMR, we provide you with the online tools you need to quickly and easily:

- Search for members to view their coverage summary benefits, claims and networks
- ✓ Complete the preauthorization process online
- ✓ Assist members with questions about their benefits and claims
- ✓ Access provider forms to submit requests, claims and more
- ✓ Download and view member coverage details

## Access the most common UMR forms online

You have access to the most common UMR forms right at your fingertips. Quickly and easily complete claims, appeal requests and referrals, all from your computer.



# Submit requests for prior authorization

Our online prior authorization tool allows you to quickly and easily submit requests, add documentation and check the status of your requests. The tool is available for UMR-administered plans that do not use an outside vendor for this service.

Begin by entering the member ID and group number from your patient's UMR ID card and select the name of the patient you are treating.

Then continue by entering information about the requesting provider and additional details about your request. You will find a list of services that require prior authorization for this patient displayed on the right side of the page.

You will be asked to select the treatment type and setting and enter the appropriate diagnosis code and service code, if applicable.

You may also choose to attach clinical documentation, such as provider notes or medical records, to support your prior authorization request.

The online tool makes it easy to add multiple documents when submitting your request.







#### Watch the demo to learn more

<u>Click here</u> to view a step-by-step tutorial on how to use the tool.



# **Provider home page** Getting started using provider online services

Accessing **umr.com** is easy. Click on the **Login/Register** button in the top right corner of the page. Next, in the **I am a** drop-down box, select **Provider**. Then click the **Login/ Register with One Healthcare ID** button. If you are already registered, enter your username and password and click **Sign In**. If you are not registered, click **Create One Healthcare ID** and follow the prompts to complete the process.



## **Searching for members**

# Need to look up coverage details or claims for a member?

Using the member search feature, you can search by member ID or SSN to navigate to the data you need to view.

#### Accessing member information

Using the member search feature, you'll get information regarding member coverage details, including claims, persons covered and benefits. To get more details, simply select the button under **Show me** to view more detailed information.





**MEMBER SEARCH** 

### Using Member Search Summary View

Select **Summary view** from the **Show me** section and you'll see a detailed summary of coverage for members.

By selecting **Summary view**, you can get information on a member's complete care plan. Quickly navigate through options to see an overview of the member's medical and dental benefits, claims status and providers. Locate benefit percentages, copays, and annual maximums and out-ofpocket costs.

# Other information in this section include:

- Coverage types
- Dental coverage
- Claims overview and status
- EOBs
- Provider network for medical and dental coverage



### Using Member Search Claims View

Selecting **Claims search** from the **Member search** drop-down menu allows you to easily access member details, including claims and EOBs. Use this section to search for claims by member name, time period and status. You can also search by coverage type and filter the results using the search tool bar.

View detailed claim activity information, including claim details, EOBs, claim status, amount paid by plan and more.

#### Have a denied claim?

The claims summary view shows the status of each claim as either completed or denied. When a claim is denied and needs action taken, it will be highlighted with a link for the member to provide other accident details or insurance information directly from the claims summary page.

#### **New Features**

As a provider, you can now search by date range and claim status to easily identify specific claims. Claims denied due to needing Other insurance/Accident details are clearly identified.

#### Looking for more information?

Simply click the **View claim details** link under **Claims information** to access a detailed overview of the claim, including patient name, amount billed, breakdown of service and payment details.

#### Other information in this section:

- Advanced member search option to search by claim number, check number, or patient account number
- Download and print claims activity details



### Using Member Search Persons Covered

Selecting the **Persons covered** from the **Member search** feature allows you to view all covered individuals and their available plan benefits.

You can search by member name as well as coverage type, such as medical benefits, flex, long-term disability and life insurance. Find information such as plan type, coverage type, effective date, term date, class and plan number.

# Need additional information on this member?

Visit the **provider service center** 

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### Using Member Search Benefits View

Selecting the **Benefits view** from the **Member search** feature provides an overview of member benefits. Use this feature to search by member name, coverage type, network level and benefit period.

#### Information in this section:

Overview of benefit coverage

- Copays for office visits, specialists, urgent care, ER and hospital admission.
- Benefit percentages paid by member and plan.

# Quickly identify how much members have spent

 The benefits accumulator highlights how much a member has used toward various benefits totals in their plan. It's simple to identify if a deductible or outof-pocket maximum has been met, and to see how much is left before it is met.

#### Additional benefits drop-down

- Select a benefit category from the drop-down menu to access detailed information for each coverage type in the plan.
- View coverage details, including dollar amount maximums, amounts applied YTD and coverage included.



Only information for a member's particular benefit coverage is presented. Previously, all benefit information was presented in one screen.

Additional benefits are now available on mobile view!



Accumulator period: 01/01 - 12/31	
Individual Annual Maximum	Individual Lifetime Maximum
This does not apply to your plan	This does not apply to your plan
Individual Deductible	Family Deductible
\$500.00 out of \$500.00	\$1,000.00 out of \$1,000.00
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Routine Wellness Adult	
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Physical Exams: 100% up to benefit maximum Dollar amount maximum, included in	benefit maximum
Immunizations: 100% up to benefit maximum Dollar amount maximum: included in	benefit maximum

### Using Member Search Provider Network

Selecting the **Provider network search** allows you to help a member find an in-network provider. Use this section to identify providers based on physicians and facilities. Use this feature to search by member name and coverage type.

Using Member search HRA balance Selecting the **Health reimbursement account (HRA) balance** option gives you a look at a member's HRA overview. Check their balance, contributions and claims paid.



