

No Surprises Act — open negotiation request process for health care professionals

Quick reference guide

Overview

The No Surprises Act of 2020 created legislation to protect patients from surprise balance billing. It is effective for plan or policy years beginning on or after Jan. 1, 2022 and applies to:

- Emergency services at out-of-network hospitals and free-standing emergency facilities
- Out-of-network health care professionals at in-network facilities
- Out-of-network air ambulance carriers



Negotiation process

The process is specific to out-of-network claims that are covered under the No Surprises Act.

If a health care professional disagrees with the payment amount of an out-of-network claim and wishes to object to it, they must submit a negotiation request to the payer. The health care professional and payer must then engage in negotiation for a period of 30 days after which the health care professional may seek resolution under the federal independent dispute resolution (IDR) process.

The provider remittance advice (PRA) you receive for the claim has instructions on initiating a No Surprises Act negotiation request with UnitedHealthcare. If the PRA directs you to use the UnitedHealthcare Provider Portal to submit your request, the step-by-step instructions on the next pages can help guide you through the process.

You may also send a negotiation request by email or mail. You must include both the [U.S. Federal Open Negotiation Notice Form](#) and the [UnitedHealthcare Supplemental Open Negotiation Request Form](#).

- **Email:** UHG_IDR_Disputes@uhc.com
- **Mail:** UnitedHealthcare
PO Box 31267
Salt Lake City, UT 84131

If you use the provider portal to submit your negotiation request, you do not need to submit either form by email or mail.



Key points

- The No Surprises Act protects patients from surprise balance billing for defined out-of-network items and services
 - The protections of the law won't apply if the member chooses to receive items and services from an out-of-network health care professional, with some exceptions
- It applies to individual, small group, and large group fully insured markets and self-insured group plans
- The fastest way to submit a negotiation request is through the UnitedHealthcare Provider Portal

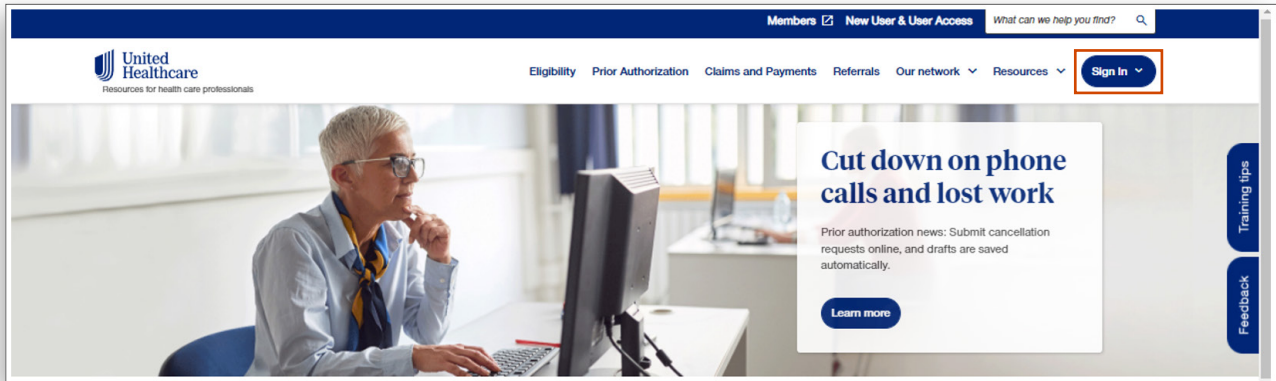


How to submit a request for negotiation through the portal*

1 Log in to the UnitedHealthcare Provider Portal

- Go to UHCprovider.com and select Sign In on the top right corner
- Sign in using your One Healthcare ID and password

If you don't have a One Healthcare ID, go to UHCprovider.com/access to create one



Sign In With Your One Healthcare ID

One Healthcare ID or email address

Password

[Sign In](#)

[Forgot One Healthcare ID](#) | [Forgot Password](#)

Do not bookmark this login page. Instead, bookmark UHCprovider.com then click "Sign In" next time you want to log in.

[Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.

Additional options:
[Create One Healthcare ID](#)
[Manage your One Healthcare ID](#)
[What Is One Healthcare ID?](#)

*Images and sample data are for demonstration purposes only.

2 Search for the claim in dispute

- Go to **Look Up a Claim or Ticket**
- Select your preferred search criteria in the dropdown menu
- Complete the remaining fields and click **Submit Search**

The screenshot shows the United Healthcare TrackIt dashboard. The user is logged in as Taylor. The dashboard includes navigation tabs for Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The main content area has a 'Hello, Taylor' greeting and a 'Search for the claim' section. This section contains two forms: 'Verify Eligibility & Benefits' and 'Look Up a Claim or Ticket'. The 'Look Up a Claim or Ticket' form is highlighted with an orange border and contains the following fields:

- Search Criteria: Member ID & Date of Birth
- Search By: TIN (123456789) or Provider (Option Care Health)
- Member ID and Date of Birth input fields
- Search Policies: Predefined Date or Custom Date
- Select a Policy Date Range: Today's Date (03/03/2022)
- First Service Date and Last Service Date input fields
- Submit Search button

3 Locate the claim you'd like to submit for negotiation

Claims Results

Search Criteria
Claim Status: All
Perform a New Search

Showing 1-8 of 35 Results

Filter Search Results

Results Per Page: 8 | Pg 1 of 3

Processed Date	Patient First Name	Patient Last Name	Claim Number	First Service Date	Billed Amount	Paid Amount	Member ID Number	Patient Account Number	Status
7/10/2019	David	Sample	1234567812	07/04/2019	\$260.00	\$0.00	987654321	234567A	Denied
08/12/2019	Stephanie	Sample	1234567812	08/08/2019	\$3,848.95	\$0.00	987654321	234567A	Denied
08/14/2019	Josephine	Sample	1234567812	08/09/2019	\$200.00	\$90.07	987654321	234567A	Paid/Finalized
08/15/2019	Michael	Example	1234567812	7/29/2019	\$225.00	\$84.98	987654321	234567A	Payable
08/22/2019	Jacqueline	Example	1234567812	7/22/2019	\$140.00	\$67.03	987654321	234567A	Paid/Finalized
08/25/2019	Brent	Example	9876543219	7/22/2019	\$1,085.00	\$0.00	987654321	234567A	Acknowledged
08/29/2019	Janet	Demo	1234567812	7/29/2019	\$345.00	\$119.23	987654321	234567A	Pended
08/31/2019	George	Demo	1234567812	08/10/2019	\$637.00	\$0.00	987654321	234567A	Denied

Pg 1 of 3

4

Review the claim detail

The screenshot displays the United Healthcare Claims Summary Page. At the top, there are navigation links for 'Return to Link Dashboard', 'Help', 'TrackIt', and 'My Account'. Below this, the Payer is identified as '87728 - UnitedHealthcare' and the Provider as 'Jamie Doctor'. The main navigation bar includes 'HOME', 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', and 'PRIOR AUTHORIZATIONS'. The current page is 'Claims Summary Page' for claim # 1234567899928, belonging to Stephanie Johnson. Key information includes Member ID: 123456 00, Patient Account Number: 98765432, Current Claim Status: Denied (with a 'why?' link), and Adjudication Status: Out-of-Network. The page is divided into two main sections: 'Patient & Provider Details' and 'Claim Details'. 'Patient & Provider Details' includes 'Patient Information' (Full Name: Bailey Patient, Address: 123 Demo St, City, VA, 23456, Member ID: 123456 00, Date of Birth: 05/05/1975, Policy Number: 234456567789) and 'Provider Information' (Billing Provider: ABC Medical Center, Tax ID Number: 123456789, Servicing Provider: Jamie Doctor, Insurance Type: Commercial). 'Claim Details' includes a 'Claim Summary' table with columns for Claim Number, Patient Account Number, First Date of Service, and Received Date, and a 'Billing Summary' table with columns for Total Billed, Total Adjustments, Total Member Responsibility, and Total Paid. A 'Status History' section is also present.

5

Select Create Claim Reconsideration at the bottom of the Claim Detail page

The screenshot shows the 'Act on Claim' section at the bottom of the claim detail page. It features several action buttons: 'Submit Corrected Claim', 'Create Claim Reconsideration', 'File Appeal/Dispute', and 'Add Attachments'. A red text annotation reads 'At bottom of claim detail page, select Create Claim Reconsideration' with a blue arrow pointing to the 'Create Claim Reconsideration' button. The 'Create Claim Reconsideration' button is highlighted with a blue border. The 'File Appeal/Dispute' button is also highlighted with a blue border. The 'Add Attachments' button is disabled, with a message 'This is not available for this claim, at this time.' The footer contains links for 'Contact Us', 'Help', 'UHCProvider.com', and 'Sign Out', along with copyright information for United Healthcare Services, Inc.

6 Complete the form — in the Comments box, please note that you are requesting Negotiation for a No Surprise Billing Claim

For the Request Reason, select OON Negotiation from the dropdown menu

Request Information & History

Request Details All Fields are Required

Amount Requested I don't know

Request Reason

Request Comments

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field, and include any additional comments you would like in the comment field.

New Comment *

7 Add any supporting documents you have, then click Submit Reconsideration

Attachments

Add Document(s)

Add supporting documents for your request by uploading files from your computer.

The maximum file size for each file is 50MB. The following types are supported: .pdf, .txt, .png, .jpg, .jpeg, .bmp, .gif, .tif, .doc, and .docx. For faster processing times, please attach only those documents that are required for review and combine attachments when available.

OR

Files cannot be deleted once you click the submit button.



Questions?

For general questions about the No Surprises Act, please see [No Surprises Act | CMS](#) for more information. If you have questions about a specific Qualifying Payment Amount that appears on your claim, please call Provider Services at **877-842-3210** from 7 a.m.–5 p.m. CT, Monday–Friday.

Your Independent Dispute Resolution (IDR) rights

After the Open Negotiation period is exhausted, you may have the right to file an Independent Dispute Resolution (IDR) through the CMS portal. If you file an IDR, please forward a copy of the completed Notice of IDR Initiation form you submitted to the CMS portal to UnitedHealthcare at UHG_IDR_Disputes@uhc.com. In addition, please use this email address when the CMS IDR form prompts you to provide an email address for UnitedHealthcare.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), or its affiliates

