



Claims Processing Guidelines

Following is some basic information about our claims processing for UnitedHealthcare Community Plan, including claims submission, adjustments and reconsiderations.

Claims Deadlines

Claims must be received by UnitedHealthcare Community Plan within 95 days of the date of service to be considered for payment.

Third-Party Payer

Medicaid is the payer of last resort. When a Medicaid member has other health insurance, including Medicare, the other insurance must be billed by the care provider before submitting a STAR Kids claim to UnitedHealthcare Community Plan. If a third-party resource has not responded to or has delayed payment on a claim for more than 110 days from the date the claim was billed, we will consider the claim for reimbursement.

Submit the claim to us as soon as a disposition is received from the third party, or once the 110 days has elapsed, to help ensure the payment deadlines are not missed. The following information is required when re-submitting the claims:

- Name and address of the third party review (TPR)
- Date the TPR was billed
- Statement signed and dated by the provider that indicates no disposition has been received from the TPR within 110 days of the date the claim was billed

Clean Claims

We abide by the following the Texas Department of Aging and Disability Services (DADS) claims adjudication requirements for “clean” claims:

- A care provider must be in good standing for the dates of service billed (i.e., not on vendor payment hold for any reason).
- The member must be Medicaid-eligible for the dates of service billed.
- Any requires medical necessity determination (prior authorization, as applicable) must be in place for the dates of service billed.

Submitting Claims Online

Become a registered user at UnitedHealthcareOnline.com to allow for a protected exchange of information when billing. Payer ID is 87726. Go to UnitedHealthcareOnline.com > Claims and Payments > [Claim Submission](#).

You can also submit claims through the Texas Medicaid & Healthcare Partnership at TMHP.com > Providers > [Go To TexMedConnect](#). Long Term Services and Complaints and CHIP claims cannot be submitted to TMHP.

Mailed Claims

Claims submitted by mail need to include the proper approved claim forms. Inpatient claims need to be on a Center for Medicare and Medicaid Services (CMS) Institutional paper claim form CMS- 1450 (UB-O4) form. All others should be on a CMS 1500 form.

STAR Kids
P.O. Box 5290
Kingston, NY 12402-5290

STAR
UnitedHealthcare Community Plan
P.O. Box 5270
Kingston, NY 12402-5270

STAR+PLUS
P.O. Box 31352
Salt Lake City, UT 84131-0352

CHIP
P.O. Box 5270
Kingston, NY 12402-5270

Adjustments

If you believe a claim should not have been denied, call customer service at **888-887-9003**. If the claim was denied incorrectly, you will be given a tracking number while the adjustment is processing, and the claim should be corrected within 15 business days.

Reconsiderations

You can electronically re-submit a claim reconsideration online, which can save time and provide seamless visibility for each reconsideration with a receipt and real-time tracking capability. To submit a reconsideration online, go to UnitedHealthcareOnline.com > Claims & Payments > [Claim Reconsideration](#).

To mail a claim reconsideration, use the form available at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > [Claim Reconsideration Form](#).

Claims Processing

We offer 30-day “clean” claim payments for professional and institutional claims submissions. Non-electronic pharmacy clean claims are paid within 21 days of submission. Clean electronic pharmacy claims are paid within 18 days of claim submission. Original claims submissions and adjustments processed after the 30th day will include accrual of interest payments according to the Texas Health and Human Services Commission.

For more information about our claims processing protocols, go to UHCCommunityPlan.com > For Health Care Providers > Texas > [Provider Manuals](#). Thank you.