

Time frames for claim submissions and appeals

Quick reference guide for Wisconsin

Use this guide to know the proper procedures and sequence to filing claims, disputes and appeals for members of UnitedHealthcare Community Plan of Wisconsin. In most cases, the preferred method of filing claims is to use the UnitedHealthcare Provider Portal. Sign in to the portal with your One Healthcare ID at UHCprovider.com > Sign In. If you don't have a One Healthcare ID, go to UHCprovider.com/access for registration information.



Claims submission

Submit new claims **within the time frame specified in your Participation Agreement**. If you're a health care professional outside of our network, you must submit claims within 365 days from the date of service.

- **Online:** Sign in to the [portal](#), then select the Claim Submission tool and follow the instructions
- **Electronic Data Interchange (EDI):** Use payer ID WID01; 87726
- **Mail paper claims to:**
UnitedHealthcare Community Plan of Wisconsin
P.O. Box 5280
Kingston, NY 12402-5280
- **Electronic visit verification (EVV):** You must use an EVV system to transmit data for all Medicaid-funded personal care services, including care provided by live-in workers. Personal care service claims must have a matching EVV record or the claims will be denied. For training and information, go to UHCprovider.com/Wlcommunityplan > Electronic Visit Verification (EVV).



Claim resubmission

Resubmitting a claim is a different process and purpose than submitting a corrected claim. We must receive your claim resubmission **within 180 calendar days** from the original remittance date.

- **Online:** Sign in to the [portal](#), then select the Claim Submission tool and follow the instructions
- **Electronic Data Interchange (EDI):** Use payer ID WID01; 87726
- **Mail paper claims to:**
UnitedHealthcare Community Plan of Wisconsin
P.O. Box 5280
Kingston, NY 12402-5280
- **EVV:** You must use an EVV system to transmit data for all Medicaid-funded personal care services, including care provided by live-in workers. Personal care service claims must have a matching EVV record or the claims will be denied. For training and information, go to UHCprovider.com/Wlcommunityplan > Electronic Visit Verification (EVV).

Note: If you resubmit a claim that was denied, you'll typically receive a duplicate claim rejection. Instead, follow the instructions in the sections below for either a corrected claim or a claim reconsideration, whichever is appropriate.



Corrected claim

Make a change to the original claim. We must receive your corrected claim information **within 180 calendar days from the original remittance date**.

- **Online:** Sign in to the [portal](#), then select the Claim Submission tool and follow the instructions
- **Electronic Data Interchange (EDI):** Use payer ID WID01; 87726
- **Mail paper claims to:**
UnitedHealthcare Community Plan of Wisconsin
P.O. Box 5280
Kingston, NY 12402-5280
- **EVV:** You must use an EVV system to transmit data for all Medicaid-funded personal care services, including care provided by live-in workers. Personal care service claims must have a matching EVV record or the claims will be denied. For training and information, go to UHCprovider.com/WIcommunityplan > Electronic Visit Verification (EVV).



Claim reconsideration – Step 1 of a claim dispute

Use this process to dispute a claim determination you don't agree with, such as a claim overpayment, underpayment or payment denial to an original or corrected claim. This is not the process for filing a formal appeal to a denied claim. We must receive your claim reconsideration **within 60 calendar days** from the original remittance date.

- **Special instructions**
 - For administrative denials:
 - Ask for a medical necessity review in your request and include all relevant supporting documentation
 - For medical necessity denials:
 - Include any additional clinical information in your request that may not have been reviewed with your original claim
 - Show how specific information in the medical record supports the medical necessity of the level of care performed. For example, the patient's medical records may need to use "inpatient" instead of "observation stay."
 - Reference the online ticket or call reference number of your original claim when filing a dispute.
- **Online (preferred method):** Sign in to the [portal](#), then select the Claim Submission tool and follow the instructions
- **Phone:** Call Provider Services at **877-651-6677**, 8 a.m.–8 p.m. CT, Monday–Friday, except major holidays

We will respond to your claim reconsideration request within **45 calendar days** of submission. If your reconsideration is upheld, you can submit a formal appeal (step 2, below).



Formal appeal of a denied claim – Step 2 of a claim dispute

Use this last step in the appeals process if you don't agree with the outcome of a claim reconsideration (step 1, above). We must receive your formal appeal within **60 calendar days** from the original remittance date or the date of the benefit determination letter.

- **Mail formal appeals and supporting information to:**

UnitedHealthcare Community Plan of Wisconsin

Attention: Provider Dispute

P.O. Box 31364

Salt Lake City, UT 84131-0364

We will respond to your formal appeal **within 45 calendar days** of submission. If your formal appeal is upheld, you can submit an appeal to the Wisconsin Department of Health Services. Go to ForwardHealth at forwardhealth.wi.gov/WIPortal/ > Provider Appeal Process for Managed Care Providers.