

Please show this to your provider

Dear UnitedHealthcare Participating Provider,

UnitedHealthcare providers outside of Massachusetts, Maine, New Hampshire, Rhode Island and Vermont participate in this Harvard Pilgrim plan. If you're a provider outside of those states, please call the numbers listed below.


For questions about:	Contact:
Eligibility or claims	UnitedHealthcare Shared Services at 800-693-5254 Press 1 for Provider, then options include: <ul style="list-style-type: none"> • For notifications, press 1 • For calls and claims regarding behavioral health services, press 2 • For eligibility, benefits, and claim mailing address information, press 3 <ul style="list-style-type: none"> – Verbally state the first nine characters of the member ID, including letters and numbers – Verbally state the member's date of birth • To receive claims status information for this member, press 4
Prior authorization for services, except genetic testing OR Prior authorization for prescription drugs <ul style="list-style-type: none"> • Pharmacy drugs • Medical drugs • Specialty drugs 	Harvard Pilgrim's Provider Service Center at 800-708-4414 and select 1 or 2 based on the member's identification number. If you selected 1: <ul style="list-style-type: none"> • For advanced imaging services through National Imaging Associates (NIA), press 2 • For behavioral health services, press 5 • For all authorizations including medical services and prescription drugs, benefits, claims status, eligibility, and referrals, press 7 If you selected 2: <ul style="list-style-type: none"> • For all notifications and authorizations including medical services and prescription drugs, press 1 • For benefits, eligibility, or claims information, press 2 • For provider credentialing or demographic changes, press 3
Prior approval for genetic testing services	Carelon Medical Benefits Management at 855-574-6476

Send claims to:

United Health Shared Services, P.O. Box 30783, Salt Lake City, UT 84130-0783

Pharmacies: Call Harvard Pilgrim Provider Services at **800-708-4414** with questions about a member's coverage or associated claims

SAMPLE Member ID Card (front and back):



PPO

ID#: **HP-00**
Name:

IN OV: \$25/\$40
ER: \$100
RX: PREMIUM \$5/\$15/20%/20%

IN DED: \$1,500
OON DED: \$3,000
IN OOPM: \$3,000
OON OOPM: \$6,000

Optum Rx[®]
BIN 610011 PCN HPHC


Notice to Members

- For Member Services, call: **888-333-HPHC (4742)**
- In a medical emergency, go to the nearest emergency facility or call **911** or other emergency number
- If hospitalized, notify the Plan within 48 hours
- Contact the Plan at **800-708-4414** to request approval for:
 - admission by a non-participating physician and/or hospital
 - all services listed in the Schedule of Benefits requiring approval

Notice to Providers

- In MA, ME, NH, RI, VT: **800-708-4414** or www.hphc.org
 Claims: Payer ID: 04271
 HPHC, PO Box 699183,
 Quincy MA 02269-9183
- Other States: **800-693-5254**
 United Health Shared Services
 Claims: Payer ID 39026
 Group Number: 11-123456
 PO Box 30783, Salt Lake City,
 UT 84130-0783 • <https://uhss.umr.com>

Please refer to your evidence of coverage for a full description of your benefits.
www.hphc.org

UnitedHealthcare[®] Options PPO Network  **MultiPlan**
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