

**Physician, Health Care Practitioner,
Hospital and Facility Manual**



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In the event of a conflict or inconsistency between applicable state or federal regulations and the OneNet Manual, applicable state or federal regulations will control.

Table of Contents

Overview	2
Terms Used in the OneNet Manual	3
Verifying Eligibility	4
Contacting Us	5
Online Services	5
Password Protection	5
Directory of Health Care Professionals	5
OneNet Client Information	6
Pricing Sheets for OneNet Claims	6
Access the OneNet Manual	6
Claim Submission	6
Filing Requirements	8
When Submitting Hospital or Facility Claims to OneNet	9
Submission of CMS-1500 Form Drug Codes	9
Electronic Data Interchange	10
Claim Resubmission	10
Claim Review Procedures	10
Claim Scanning Process	10
Claim Inquiries	11
Web Page Inquiries	11
Phone Inquiries	11
Payment Appeal Procedures	12
Claim Pricing Appeals	12
Claim Pricing Adjustments of \$5.00 or Less	12
Clinical Care Coordination (Utilization Management)	13
Coordination of Benefits	14
OneNet Client Listing	14
EDI Quick Reference Guide	15
Contact Information Quick Reference Guide	16

This manual (herein referred to as “the OneNet Manual”) tells you what you need to know to identify a OneNet Participant, find out about the Participant’s eligibility and benefits, and submit a OneNet Participant claim for claim pricing (also referred to as “repricing”) and adjudication.

The OneNet Manual is a supplement to the UnitedHealthcare Provider Administrative Guide that is part of your service agreement. The UnitedHealthcare Provider Administrative Guide includes requirements on provider credentialing, claims processing and other policies that, while not discussed in the OneNet Manual, apply to OneNet participating providers. The OneNet Manual covers operational procedures and information that specifically applies to services provided to OneNet Customers and OneNet Clients. In the event of a conflict or inconsistency between your UnitedHealthcare agreement and the protocols outlined in the OneNet Manual with regard to services rendered to OneNet Customers, the OneNet Manual will control.

Overview

OneNet PPO, LLC (OneNet) maintains a large network of physicians, health care practitioners and facilities offering medical, behavioral health, dental and workers compensation services. As of the date this manual was published, the OneNet service area includes Delaware, Maryland, North Carolina, Virginia, Washington D.C., West Virginia and portions of Pennsylvania. OneNet is a wholly owned subsidiary of UnitedHealthcare Insurance Company, a part of UnitedHealth Group, Incorporated, and is located in Rockville, Maryland.

OneNet Clients include, but are not limited to:

- Insurance Carriers
- Union Health and Welfare Funds
- Third Party Administrators
- Workers Compensation Administrators

OneNet offers a variety of products and services to assist OneNet Clients in managing and administering health care plans. The OneNet PPO Network is constantly growing as more physicians, health care practitioners, and facilities are contracted each year to give our Participants access to quality health care from a large network throughout our service area.

If you need assistance or have any questions, our Professional Services Department is available from 8:00 AM to 8:00 PM Monday through Friday by calling **1-800-342-6141**. You may also access our website at **www.onenetppo.com** to check claim pricing and to view the OneNet Manual. A username and password are required to access some services; please contact the Professional Services Department at the telephone number above for assistance.¹ The OneNet website also features a directory of participating physicians, health care practitioners and facilities, information on common medical conditions and more about OneNet network services.

¹The OneNet Manual, as well as other OneNet information, is posted at www.onenetppo.com and at unitedhealthcareonline.com. Claim pricing sheets and the OneNet Client Listing are only available at www.onenetppo.com and require a secure login. If you would like to access these features but do not have a username and password for www.onenetppo.com, please call our Professional Services Department.

Terms Used in the OneNet Manual


OneNet Client	OneNet Clients include insurance carriers, third party administrators, union health and welfare funds, workers compensation administrators and insurance carriers, and others. OneNet Clients may be a OneNet Payer or any entity that provides administrative services to a OneNet Payer.
OneNet Customer	<p>A OneNet Customer is a person authorized by OneNet PPO, LLC to access Provider's services under the Agreement. If your UnitedHealthcare contract has the definition of "Customer" or "Member", the term "OneNet Customer" as used in the OneNet Manual is intended to have the same meaning. OneNet Customers include:</p> <ul style="list-style-type: none">▪ Primary Participants The qualifying subscriber, employee, insured, policyholder or other person who is eligible to access network physicians, health care practitioners and facilities through their direct or indirect agreement with OneNet.▪ Participants As used in the OneNet Manual, Participants refers to all Primary Participants and their spouses and dependents (including domestic partners, if applicable) who are authorized by OneNet to access network physicians, health care practitioners, hospitals and facilities. <p>In the context of this manual, the terms "Participant" and "Primary Participant" are synonymous with the term "OneNet Customer."</p>
Explanation Of Benefits	A detailed statement issued to a physician, health care practitioner, hospital, facility or Participant that outlines: billed charges for services rendered; applicable copayments, deductibles and/or coinsurance; the OneNet contracted amount; the reimbursement amount; and the amount which was based on the contract or benefit plan.
OneNet Payer	<p>Includes, but is not limited to, an employer, trust fund, insurance carrier, health plan, workers compensation plan, or any other individual or entity which has an obligation to pay for services rendered to a Participant by network physicians, health care practitioners, hospitals and facilities.</p> <p>OneNet PPO is not the OneNet Payer.</p>
Claim Pricing or Repricing	The process of applying the OneNet contracted rates to claims submitted by participating providers. This process includes the application of clinical edits, reimbursement policies and standard coding practices. The terms "claim pricing" and "repricing" are used interchangeably.

Verifying Eligibility

Sample Identification Card

XYZ Payer

Name of Policy Holder	
Identification No.	Group Name
Coverage Effective	Group Number



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Hospitalization – Prior Notification Required: (U.M. Company) must be notified prior to any hospital admission. In case of emergency, notify (U.M. Company) within one working day of admission. Call (U.M. Company): 1-800-XXX-XXXX.

To the Employee: You will receive greater benefits and lower your out-of-pocket expenses when you use an OneNet PPO provider or hospital.

To the Provider: Claims should be directed to:

OneNet PPO Claims P.O. Box 934 Frederick, MD 21705-0934 1-800-342-3289	Non-PPO Claims XYZ Payer 123 Spring Lane Anytown, PA 12345
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For eligibility and benefits call: 1-800-XXX-XXXX

Identification (ID) cards for OneNet Participants differ in appearance because each OneNet Client issues its own card. At a minimum, the ID card will have the following information:

- OneNet name and/or logo
- Eligibility and/or benefits telephone number
- Group number
- Group/Payer name
- Claims address
- Utilization management (UM) information (if applicable)

The Participant's ID card may list copayments (if any) and will list a benefits and/or eligibility telephone number. Call this number to verify eligibility for coverage or to inquire about specific benefits and payments. When verifying benefits and eligibility, identify the Participant by his or her employer and/or group number, as in the following example: "Our patient, John Doe, works for ABC, Inc. which has a contract with OneNet. Please verify eligibility for health benefits and provide us with the specific information we need about Mr. Doe's benefit coverage." The contact person will then verify that the Participant is eligible for OneNet's contracted rates and give specific information about the Participant's benefits, as applicable. OneNet is not the OneNet Payer and does not maintain eligibility and benefits information.

If you are unclear about any information given **after calling the telephone contact on the Participant's ID card**, call our Professional Services Department at **1-800-342-6141** and we will assist you in obtaining clarification from the OneNet Payer.

Please note that, following industry standards, ID cards are not issued for OneNet Workers Compensation Participants. For workers compensation eligibility information, contact the Participant's employer and/or workers compensation administrator or insurance carrier.

Contacting Us

- You may contact us by telephone or by e-mail at **maprofessionalservices@uhc.com**. Our Professional Services Department is available to assist you should you have questions.
- When you call our Professional Services Department at **1-800-342-6141** you will be connected to our voice-activated telephone system. You can check claim pricing status, verify OneNet Payer information and more. You will need your Federal Tax Identification Number.
- If you have questions about your UnitedHealthcare contract, please contact your UnitedHealthcare provider representative.

Online Services at www.onenetppo.com

You may use our OneNet website at **www.onenetppo.com** to access information about our products and claim pricing. Special software is not required; you only need Internet access.

Password Protection

Some services available at www.onenetppo.com are password protected (e.g., pricing sheets). If you and your staff are not currently registered for the www.onenetppo.com site, you may register by calling our Professional Services Department at 1-800-342-6141. User identification and password information will be mailed to you within 48 hours.

Listed below are features available online at www.onenetppo.com:

■ Directory of Health Care Professionals

Use the “Find a Doctor” feature on our website at **www.onenetppo.com** to locate participating physicians, health care practitioners, hospitals and facilities. This information is updated weekly. For assistance locating participating physicians, health care practitioners, hospitals and facilities not identified in the online directory, such as anesthesiologists or hospital-based physician groups, please call our Professional Services Department at **1-800-342-6141**. When referring a OneNet Participant, please use your best efforts to refer the Participant to a physician, health care practitioner, hospital or facility that also participates in the OneNet PPO Network whenever possible. Please advise the OneNet Participant if you are referring them to a provider who does not participate in the OneNet PPO Network, as services from a non-participating provider could result in higher out-of-pocket costs for the Participant.

■ OneNet Client Information

Our OneNet Client Listing provides OneNet Client contact information for precertifications and to verify eligibility. This list is updated quarterly. **Password required.**

■ EDI Reference Guide

This guide lists software vendor codes and basic guidelines for submitting claims to OneNet using Electronic Data Interchange (EDI).

■ Pricing Sheets for OneNet Claims Using the Claim Status Function

Using the claim status function, physicians, health care practitioners, hospitals, facilities and administrators can print OneNet pricing sheets, which become available online 45 days after the claim has been sent to the OneNet Client. Pricing sheets show the allowed amount of your claims after the application of your OneNet contracted rate. **They have not been adjudicated by the OneNet Payer** and, as such, they may include billed charges that the OneNet Payer will determine to be ineligible or the Participant's responsibility. Any charges that are determined ineligible or the Participant's responsibility will be detailed on the OneNet Payer's Explanation of Benefits. Pricing sheets can be viewed for approximately 135 days after the pricing sheet becomes available online. **Password required.**

■ Access the OneNet Manual

Participating physicians, health care practitioners, hospitals and facilities may also access the OneNet Manual online at www.onenetppo.com. From the home page, click on the Health Care Professionals link in the menu bar.

Claim Submission

Claims must be submitted within the time frame identified in your contract and in accordance with any applicable state laws. Failure to submit claims correctly will result in the rejection and return of claims.

A physician, health care practitioner, hospital or facility may bill Participants for applicable copayments, deductibles, coinsurance and non-covered services.

A physician, health care practitioner, hospital or facility may not bill Participants for non-professional services including, but not limited to, charges for overhead, administration fees, malpractice surcharges, membership fees, fees for referrals, or fees for completing claim forms

or submitting additional information. If OneNet rejects or denies a claim because a physician, health care practitioner, hospital or facility failed to follow policies and procedures, the Participant may not be billed.

All workers compensation claims should be mailed directly to the workers compensation administrator or insurance carrier.

For all covered services, the Participant is responsible for copayments, deductibles, or coinsurance as described in the Participant's benefit plan. You are required to accept the OneNet contracted amount as payment in full for covered services, and you are prohibited from balance billing OneNet Participants for amounts in excess of their copayments, deductibles, or coinsurance as described in their benefit plan.

OneNet Clients are required to adjudicate and pay claims within 30 days of receipt, or within applicable state or federal guidelines. If a OneNet Payer fails to adjudicate and pay a claim within this time period, the provider may, at their discretion, request full billed charges. In these instances, the OneNet Payer will pay the claim as it was repriced by OneNet, and after receiving payment, the provider must notify the OneNet Payer that payment of full billed charges is requested due to late claim payment.

Exceptions to the right to request full billed charges for failing to offer timely payment are as follows:

- When OneNet notifies the provider after receipt of the claim but prior to the expiration of the applicable claim payment time limit that the claim is denied, missing required information or is deficient in some way
- When a OneNet Client notifies the provider after receipt of the claim but prior to the expiration of the applicable claim payment time limit that the claim is denied or deficient

Claims payments are subject to health plan limitations and applicable deductible, co-insurance and co-pays.

The OneNet Client should send you an Explanation of Benefits (EOB) with itemized explanations of reimbursement amounts for services. The EOB will outline: the billed charges for services rendered; applicable copayments, deductibles and/or coinsurance; the OneNet contracted amount; the reimbursement amount; and the amount that was adjusted based on the contract or benefit plan.

Filing Requirements

OneNet is not the OneNet Payer. OneNet reviews claims for completeness and accuracy, and applies claim pricing in accordance with your contracted fee schedule. OneNet then forwards the claim to the appropriate OneNet Client for adjudication and payment.

Submit all claims for professional services or facility services to OneNet on a HICF-1500 or UB-04 claim form or their electronic equivalents and include all standard code sets that apply.

Participating physicians, health care practitioners, hospitals and facilities must mark all claims “OneNet PPO” (physician and health care practitioners use Box 9D on HICF-1500; hospitals and facilities use Box 9D on HICF-1500 or Box 50 on UB-04) and send them to the OneNet address listed on the Participant’s ID card.

Please note that all workers compensation claims should be mailed directly to the workers compensation administrator or insurance carrier.

Remember to have the Participant assign the claim. This is essential for the OneNet Payer to reimburse you properly.

Obtain the following from the Participant:

- Name, address, date of birth and Social Security Number or Unique Identifier Number
- Primary Participant’s name, address and Social Security Number or Unique Identifier Number
- Group name and group number from the ID card

Your claim cannot be processed if you omit any of the following information:

- Participant’s name, address, Social Security Number or Unique Identifier Number
- Primary Participant’s Social Security Number or Unique Identifier Number
- Primary Participant’s complete name and address
- Primary Participant’s group number (indicated on the Participant’s ID card), OneNet Payer and/or group name (Please include both if information is available.)
- Your physician, health care practitioner, group practice, hospital or facility name
- Your Tax Identification Number
- Your National Provider Identifier (NPI)
- Standard code(s) (CPT, HCPC, revenue, etc.)
- Date(s) of service
- Diagnosis (ICD-9/DSM IV codes)
- Description of service
- Requested amount/charges

When submitting hospital or facility claims to OneNet:

- Facility claims must be submitted with both revenue and CPT/HCPCS codes for all services that have a corresponding CPT/HCPCS code.
- Claims must include valid ICD-9/DSM IV diagnosis and, if there are any, the surgical procedure codes.
- Inpatient stays usually require prior approval from the OneNet Payer's utilization management company and notification by the hospital by the next business day following admission to be considered for payment.
- When billing late charges, bill type 115 or 117 (inpatient) or 135 or 137 (outpatient) should be indicated in form locator 4 of the UB-04.
- Bill all outpatient surgeries with the appropriate revenue and CPT codes if reimbursed according to ambulatory surgery groupings.
- Provide specific CPT and appropriate revenue codes (e.g., laboratory, radiology, emergency visit, diagnostic or therapeutic) for services reimbursed based on a contractual fee maximum.
- Attach an itemized list of services or complete box 45 for physical, occupational, speech therapy services (revenue code 420-449) or other outpatient services (e.g., chemotherapy) submitted on a UB-04.
- Submit claims according to any special billing instructions that may be indicated in your agreement (e.g., invoices for implants).
- Supply items are billable under revenue codes 270 through 279.
- OneNet may request copies of medical records in order to comply with audits required by external accreditation agencies, the state, OneNet Clients, or for cause. OneNet Payers and OneNet Clients may conduct independent hospital or facility claims audits and may also request copies of medical records as part of the process of ensuring quality care. You must provide medical records when requested by OneNet or OneNet Clients at no cost to OneNet, the OneNet Client, or the Participant. UnitedHealthcare's Hospital Bill Audit Protocol does not apply to such audits or requests for medical records.

Submission of CMS-1500 Form Drug Codes

- Attach the current NDC (National Drug Code) 11-digit number for all claims submitted with drug codes. The NDC number must be entered in the 24D field of the CMS-1500 Form or the LIno3 segment of the HIPAA 837 electronic form.

Electronic Data Interchange

OneNet can accept professional, institutional and dental claims through our Electronic Data Interchange (EDI) program. For more information, see our Electronic Data Interchange Reference Guide at the end of the OneNet Manual. The most up-to-date version of the EDI Reference Guide is available at www.onenetppo.com in the Health Care Professionals section.

If you have any questions, please call our Professional Services Department at 1-800-342-6141.

Claim Resubmission

If OneNet returns a claim for additional information, the claim must be resubmitted within the time frame identified in your contract and in accordance with applicable state laws.

Claim Review Procedures

OneNet reviews claims to identify and correct coding errors. Our coding review procedures allow corrections of coding errors and coding irregularities, and facilitate consistency in our claims processing.

Claim Scanning Process

OneNet uses imaging and optical character recognition technology to efficiently handle paper claim submissions. For claims to be scanned, the claim form and any attachments must be legible and properly aligned. When a claim cannot be scanned, there is a delay in the adjudication process.

Tips to expedite claim processing:

- Include the Participant's group name and number on the claim form. Do not submit a claim that only includes the Participant's Social Security Number or Unique Identifier Number
- Submit claims on a red HICF-1500 or a UB-04 form, using 11 or 12 point font size and black laser jet ink
- Do not use a highlighter on the claim form or any attachments
- Line up forms to print in the appropriate boxes
- Submit claims on original forms, not photocopies
- Complete all required fields on standard claim forms
- Make sure attachments are complete and legible
- Remember to sign and date all necessary forms; an electronic signature is acceptable

Claim Inquiries

OneNet can only verify the receipt, pricing and mail date of a claim from participating physicians, health care practitioners, hospitals and facilities. Other claims inquiries, including those about adjudication or payment status, should be made directly to the applicable OneNet Payer or OneNet Client.

Web Page Inquiries

For fastest service, you may check a claim's repricing on our website, www.onenetppo.com (see page 5 for more on accessing online services). To register for this service, call our Professional Services Department at **1-800-342-6141** or go to **www.onenetppo.com** for more information.

Phone Inquiries

If you do not have Internet access, or if you cannot find the claim information you need on our website, please call our Professional Services Department at **1-800-342-6141**. Be prepared to provide the following information:

- Tax Identification Number and National Provider Identifier
- Participant identification number, Social Security Number or Unique Identifier Number
- Date(s) of service for the claim

Please direct your inquiries about claims payment to the applicable OneNet Client. To do so, provide the Social Security Number (or Unique Identifier) and group number of the OneNet Participant.

OneNet Participants with claim inquiries or questions should call the number printed on their ID card.

Payment Appeal Procedures

Direct appeals regarding payment to:

The OneNet Client at the telephone number listed on the Participant's ID card or at the contact information listed on the OneNet Client's EOB.

When resubmitting information, include all applicable documentation, including any additional information requested and a copy of the EOB.

Claim Pricing Appeals

Send all appeals **regarding claim pricing** in writing to:

OneNet Appeals
P.O. Box 934
Frederick, MD 21705-0934
Attention: Control Desk

Please include all applicable documentation, including a copy of the original claim and EOB. If appropriate, be sure to submit office/clinical notes and the corrected claim. Always include a clear explanation of the reason for the appeal.

Claim Pricing Adjustments of \$5.00 or Less

OneNet strives to accurately reprice all claims, and will gladly make adjustments when a claim that has been repriced inaccurately results in significant underpayment or overpayment for services.

However, participating providers, OneNet Clients and OneNet all incur significant administrative and processing costs whenever a claim repricing is appealed. Often these costs can be greater than the amount being requested in the appeal.

To ensure administrative costs for our Physicians, Health Care Practitioners, Hospital, Facilities, OneNet Clients and OneNet do not exceed the amount being appealed, repricing that resulted in either an overpayment or underpayment of five dollars (\$5.00) or less will not be adjusted.

Clinical Care Coordination (Utilization Management)

OneNet Clients use the services of different clinical care coordination (utilization management) firms. These can include OneNet PPO's Utilization Management programs, third party UM services, or the Client's own internal capabilities.

You are required to use your best efforts to comply with the UM guidelines of the OneNet Clients. Make sure you understand the required guidelines by calling the utilization management (UM) telephone number on the Participant's ID card.

- UM programs may require prior approval for planned or elective hospital admissions and durable medical equipment, and/or medical necessity approval for certain designated procedures and services. Obtaining this approval is not a guarantee of payment.
- Whenever possible, you should recommend physicians, health care practitioners, and facilities within the OneNet network to OneNet Participants. Always check the Participant's ID card for the number to call for UM approvals.
- In non-emergency situations, follow this checklist before hospitalizing any OneNet Participant:
 1. Determine whether the services require hospitalization or if they can be performed on an outpatient basis. Some OneNet Clients may require prior approval for outpatient surgery.
 2. Check whether a second opinion is required (some OneNet Clients may require a second opinion) by calling the benefit and eligibility number listed on the Participant's ID card.
 3. Before suggesting a non-participating physician, health care practitioner, hospital or facility, please ask the Participant their preference, as they may be responsible for a greater share of the costs when non-participating providers are used.
- When calling the utilization management company for approval, have the following information available:
 1. Primary Participant and/or patient name, Social Security Number or Unique Identifier Number
 2. Group name and number
 3. Admitting physician's telephone number and physician Tax ID number and/or NPI
 4. Name of the hospital and the expected admission date
 5. Diagnosis or reason for admission
 6. Planned surgery or other procedures
 7. Clinical information related to the proposed procedure
 8. Additional information may be required for some procedures

- While you are required to use your best efforts to comply with the UM guidelines of OneNet Clients, it is ultimately the obligation of the Participant to follow UM guidelines established by the health benefits plan. If the Participant fails to do so and a financial non-compliance penalty applies, you may seek payment directly from the Participant.

Coordination of Benefits

If a OneNet Payer is a secondary payer under state or federal regulations, the OneNet Payer's obligation (subject to any adjustments due to the contract or benefit plan) is limited to the amount by which the OneNet contracted amount exceeds the amount paid by the primary payer. It is the responsibility of the physician, health care practitioner, hospital or facility to obtain payment from the primary payer. When billing the primary payer, if the primary payer is not a OneNet Payer, the physician, health care practitioner, hospital or facility is not limited by the OneNet contracted amount. The OneNet Payer is not required to pay its portion of the claim until an Explanation of Benefits (EOB) is received from the primary payer.

OneNet Client Listing

OneNet Clients are required to include the telephone numbers for participant eligibility, benefits verification and pre-certification (when applicable) on the Participant's ID card. As an added convenience to participating providers, OneNet also maintains a Client Listing that includes the names of its clients and the benefits, eligibility and pre-certification instructions or telephone numbers for each.

OneNet's Client Listing is updated quarterly and subject to change. For a current list, go to the provider publications section of www.onenetppo.com (password required) or call our Professional Services Department at **1-800-342-6141** to request that a copy be faxed or e-mailed to you. This listing is no longer available through unitedhealthcareonline.com.

Information included on the OneNet Client Listing is considered confidential and proprietary, and should only be used by OneNet providers for administrative purposes.

Quick reference guide

Electronic Data Interchange (EDI)

What is EDI?

EDI is an advanced form of electronic business-to-business communication whereby patient information is transferred between physicians and payers in a standardized, secure, and efficient manner.

Electronic claims submission facilitates a more efficient and cost effective way of submitting claims to us. By submitting claims electronically, you and your practice benefit from lower outstanding receivables, increased efficiency in claim tracking at the point of submission and an overall reduction in administrative expenses.

Questions?

To speak to one of our representatives regarding electronic claim submission, e-mail us at onlineservices@uhc.com or call 1-800-343-8205.



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800 King Farm Boulevard, 6th Floor
Rockville, MD 20850
www.onenetppo.com

How to submit claims electronically

HICF-1500 Claims (formerly CMS-1500)

To send HICF-1500 claims electronically, you should be connected through a host software vendor or be connected to one of the following electronic claims management clearinghouses:

Electronic claims management clearinghouse	Payer code
Affiliated Network Services (ANS, dental claims only)	52148
Electronic Network Systems (ENS)	52149
McKesson Corporation (RelayHealth)	52149
MISYS	52149
National Data Corporation (NDC) (RelayHealth)	52149
Payer Path, Inc.	52149
Practice Insight	52149
Per-se' Transaction Services, Inc. (RelayHealth)	52149
Medavant (formally Proxy-Med)	52149
Real Med	52149
Emdeon (formally WebMD)	52149
SSI Group, Inc.	52149

UB-04 Claims (formerly UB-92)

To send UB-04 claims electronically, you should be connected through a host software vendor or be connected to one of the following electronic claims management clearinghouses:

Electronic claims management clearinghouse	Payer code
McKesson Corporation (RelayHealth)	52149
Emdeon (formally WebMD)	52149
National Data Corporation (NDC) (RelayHealth)	52149
Payer Path, Inc.	52149
Per-se' Transaction Services, Inc. (RelayHealth)	52149
SSI Group, Inc.	52149
Electronic Network Systems (ENS)	52149
Practice Insight	52149

Be sure all EDI claims include:

1. Member's health plan ID number. This number is on every health plan ID card issued by payers for OneNet participants.
2. The Federal Tax Identification Number, **and** the National Provider Number.
3. Correct policy group number. This number is on every health plan ID card issued by payers for OneNet participants.

The information in this reference guide was accurate at the time of issue, but it is subject to change. For updated information, please visit www.onenetppo.com.

Contact Information

Quick Reference Guide

OneNet Corporate Offices	800 King Farm Boulevard 6th Floor Rockville, MD 20850
OneNet PPO Professional Services	1-800-342-6141 (M-F 8:00 AM to 8:00 PM) e-mail: maprofessionalservices@uhc.com
Website	www.onenetppo.com
Claim Submission Address	OneNet maintains several P.O. boxes for submitting claims. Please use the claims address listed on the Participant's ID card. Our standard claims mailing address is: OneNet PPO / MAPSI Claims P.O. Box 934 Frederick, MD 21705-0934
Claim Pricing Appeals	OneNet Appeals Attention: Control Desk P.O. Box 934 Frederick, MD 21705-0934
Claim Payment Appeals	OneNet does not adjudicate or pay claims. Please direct payment appeals to the OneNet Client at the telephone number listed on the Participant's ID card or on the OneNet Client's EOB.
Questions About Your UnitedHealthcare Contract	Please contact your UnitedHealthcare provider representative



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www.onenetppo.com