

All Savers[®] Alternate Funding Care Provider Quick Reference Guide

All Savers Alternate Funding, administered by UnitedHealthcare Services, Inc., offers health plans designed for small businesses. Members with the All Savers Alternate Funding plan have access to the UnitedHealthcare Choice, Choice Plus and Core network care providers, except Mayo Clinic facilities. Select UnitedHealthcare dental and vision plans are available with the All Savers Alternate Funding plan.

This guide provides contact information, prior authorization requirements and other general information to help you and your practice when working with All Savers members. This guide does not apply for Individual Exchange members.



myAllSaversProvider.com

Access information online at **myAllSaversProvider.com**. To register for secure online access, choose "Register Now" from the home page and follow the registration process. Once registered, you can:

- View and verify member eligibility and coverage
- View and print claims detail and payment summaries
- Review frequently asked questions



Pharmacy Services

For pharmacy information, please refer to the back of the member's ID card or call **855-816-6618**.



Mental Health Services

For mental health referrals, please call the number on the back of the member's ID card or **800-291-2634**.



Claims

Electronic:

For claims submitted electronically, please use **payer ID 81400**.

Paper:

Please submit paper claims to:

All Savers
P.O. Box 31375
Salt Lake City, UT 84131-0375

Fax: **801-478-7582**



Claims Management and Reconsideration

Customer Service:

Phone: 800-291-2634



Formal Appeals

Please submit formal appeals to:

Appeals Review
P.O. Box 31371
Salt Lake City, UT, 84131-0371

Fax: **317-715-7648**

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Notification/Prior Authorization Requirements

- Please refer to the All Savers Supplement in the UnitedHealthcare Administrative Guide for a full list of notification and prior authorization requirements, which is available at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides.
- For notification, call **800-291-2634** or the number on the back of the member's ID card.
- Hospitalizations require notification on the day of the admission or as soon as reasonably possible for emergency inpatient admissions. A notification of five days is required prior to transplant evaluations or clinical trials, and for purchase of durable medical equipment costing more than \$1,000 or prosthetic devices.



Member Identification (ID) Cards

The following is a sample card for a member whose plan requires prior authorization:

All Savers
Alternate Funding
Health Plan (80840)911-81400-00
MemberID: C12345678 Group Number: 123456
Policy Number: 1234-123456

Member:
00 SAMPLE MEMBER

Payer ID: 81400

OPTUMRx
Rx BIN: 610279
Rx PCN: 9999
Rx GRP: UGRI

Copay: Office: \$30
ER: \$300

UnitedHealthcare
Core

Effective Date: 08/01/2015
Administered by UnitedHealthcare Services, Inc.

3010

Issued: 10/11/2016

Advanced Notification and Admission Notification requirements apply for UHC Network providers. Insureds must call for out-of-network services.

For Members: www.myallsaversmember.com 800-291-2634

Notification: 800-999-3404
For Providers: www.myallsaversprovider.com 800-291-2634
CLAIMS: EDI# 81400, All Savers PO Box 31375, Salt Lake City, UT 84131-0375

MultiPlan

Pharmacy Help Desk: 855-816-6618
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903

The following is a sample card for a member whose plan does not require prior authorization:

All Savers
Alternate Funding
Health Plan (80840)911-81400-00
MemberID: C00000000 Group Number: 5444-009999

Member:
00 SAMPLE MEMBER
Dependents:
01 SPOUSE MEMBER
02 CHILD MEMBER

Payer ID: 81400

OPTUMRx
Rx BIN: 610279
Rx PCN: 9999
Rx GRP: UGRI

Copay: Office: \$50
ER: \$150
HOSP: \$100

UnitedHealthcare
Choice Plus Network

Effective Date: 01/01/2015
Administered by UnitedHealthcare Services, Inc.

3010

Issued: 02/19/2015

Notification is required for inpatient stays at the time of admission and as soon as possible for emergency admissions. It is required 5 days before a transplant evaluation and selected medical services. Call the customer service number to avoid potential penalty. Notification does not guarantee coverage or payment.

For Members: www.myallsaversmember.com 800-291-2634

For Providers: www.myallsaversprovider.com 800-291-2634
CLAIMS: EDI# 81400, All Savers PO Box 31375, Salt Lake City, UT 84131-0375

MultiPlan

Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903
Pharmacists: 855-816-6618



Other Resources

For more information, please call **800-291-2634**, contact your Physician Advocate or visit UnitedHealthcareOnline.com.