Electronic Eligibility and Benefits for Oxford Members

Health care modernization demands speed, accuracy and efficiency. We provide several electronic options to quickly and easily check eligibility and benefits.

These options will help:
- Reduce collection and billing costs
- Decrease bad debt
- Improve cash flow
- Increase productivity and efficiency
- Minimize rejected claims
- Lessen time spent on manual administrative tasks
- Expedite reimbursement

Options for Accessing Eligibility and Benefits

OxfordHealth.com
Check/verify coverage status, primary care physician (PCP) and obstetrician/gynecologist (OB/GYN) information, copayment, coinsurance, deductible, plan name, network type, referral/prior authorization requirements, benefit/visit limitations, all benefits, as well as clinical, reimbursement and medical policies.

Log on and click Eligibility & Benefits under the Check menu. Patient eligibility is confirmed for the date of service, and other relevant eligibility and benefit information displays. From the eligibility results page you can click Check Member’s Benefits to view referral/precertification requirements and benefit/visit limitations for a particular benefit.

Not registered yet?
Go to OxfordHealth.com and click Providers or Facilities in the left navigation bar. Then click Need to Register? and enter the requested information for access to the site.
- Physicians and other health care professionals should gain immediate access to the site. Note: You will need to provide the physician’s date of birth (DOB). If you have trouble registering because the physician DOB is not included in our system or is incorrect, please email your MPIN, FTIN and the DOB to OX_HPDemo@uhc.com or fax the information to (855) 312-1651.
- Facilities will receive a user name and password by telephone within two to three business days.

Please contact our Web Help Desk at 800-811-0881 if you have questions.

You can save time and effort using web tools, Electronic Data Interchange (EDI) or our automated phone system.
Other Web-interface Options
Check/verify coverage status, PCP and OB/GYN information, copayment, coinsurance, deductible, plan name, network type, referral/prior authorization requirements, coordination of benefits (COB) information, and the benefits listed in the companion guide.

Post-n-Track
With Post-n-Track you can submit real-time and/or batch eligibility transactions free of charge. Benefits include:

- Access to multiple payers
- Claim submission, claim status, referral and authorization transactions at no charge
- Secure connectivity via the Internet
- Direct data entry (DDE) option. DDE is ideal for smaller practices or those without a practice management system because it allows you to key information into an online form for electronic submission.

For more information or to schedule a demonstration, please visit Post-n-Track.com, call (860) 257-2030 or email info@post-n-track.com.

UnitedHealthcare Online All-Payer Gateway
UnitedHealthcare offers a discounted, multi-payer clearinghouse connection through OptumInsight, which allows you to use UnitedHealthcareOnline.com to submit real-time eligibility inquiries to most commercial and government payers, including Oxford. For more information, visit UnitedHealthcare Online All-Payer Gateway, email us at allpavergateway@uhc.com or call 866-UHC-FAST (866-842-3278), option 3.

Physician Office Management Information Systems (POMIS)
This software enables physician offices to efficiently file claims, maintain appointment schedules, and store patients' insurance information. Eligibility transactions may be integrated into your practice management system/hospital information system as well, allowing you to automatically generate an inquiry and/or post benefit information to patient accounts.

OptumInsight™ CareTracker PM
CareTracker PM is a Web-based practice management system that automates transactions, such as eligibility, to 1,000 national payers. To learn more, visit the CareTracker website, call 800-347-0845 or email ingenuity@ingenix.com.

EDI via a Clearinghouse
Check/verify: coverage status, PCP and OB/GYN information, copayment, coinsurance, deductible, plan name, network type, referral/prior authorization requirements, coordination of benefits (COB) information and the benefits listed in the companion guide.

EDI is an advanced form of electronic business-to-business communication that links your computer system with UnitedHealthcare/Oxford as well as other health plans and government payers. Patient information is transferred between physicians and payers securely and efficiently in a standardized format.

For eligibility and benefits, the EDI Health Care Eligibility/Benefit Inquiry (270) is used to inquire about specific patients and the EDI Health Care Eligibility/Benefit Response (271) is used by payers to respond. Your clearinghouse or vendor will work with you to submit the required information for the 270 transaction. For more information about 270 requirements and Oxford’s 271 response, please refer to our online companion guide.

A clearinghouse is an intermediary between health care offices and multiple payers. The clearinghouse validates and formats data and transmits transactions to and from the payer. Our preferred clearinghouse is OptumInsight (previously Ingenix®), a UnitedHealth Group company, but you can use any clearinghouse you choose. For more information, visit optuminsight.com or call 888-445-8745.

If you have general questions, please call our EDI Help Desk at 800-599-4EDI (800-599-4334). We offer EDI 101 webcast seminars on a monthly basis.

Automated Phone System at 800-666-1353
Check/verify: coverage status, PCP and OB/GYN information, plan name and referral requirements. Additionally, you can request a fax copy of this information.

Read about Oxford’s transition to UnitedHealthcare’s Enterprise Voice Portal (EVP) in the Spring of 2012. For assistance with navigation through the phone system, call 800-666-1353 and ask to speak with a call center representative.