

# Welcome to the Surest Provider Guide

**surest**<sup>™</sup>  
A UnitedHealthcare Company

**bind** is now Surest.  
Same great health plan. New name.





# Get to know Surest

Use this provider guide to better understand our innovative health plan approach, find answers to common questions, help reduce administrative burdens and avoid confusion and delays in registration, claims processing and payment.

Our goal with this guide is to help set you up for success, no matter what role you play within your organization.

Navigate this step-by-step guide by clicking on the links.

## Let's jump in.



# About Surest

## Surest is a health plan that’s easy and flexible.

As an affiliate of UnitedHealthcare (UHC), Surest accesses UnitedHealthcare provider contracts as well as provider contracts for a few other network partners. The Surest plan includes in-network preventive care; primary and specialty care; urgent, emergency and hospital care; chronic care for long-term and recurring illnesses; and pharmacy. Members pay a copay/member price (Surest members may refer to copays as prices) for services received under the Surest plan.

There is no deductible or coinsurance. Copay/member price amounts are available to the member in advance for any in-network visit through Surest.com or the Surest Help team.

Providers can check eligibility or view copay/member price amounts using the same methods they use to verify benefits and copay/member price amounts today—through the provider portal or by calling the provider services number on a member’s ID card. There is additional information on the following pages on how to check member eligibility and benefits.

**NOTE!** Some Surest plan members must activate coverage for a small list of non-emergency treatments, when and if they need them, at least three business days in advance of receiving the treatment or they will not have coverage.

## The Surest innovative health plan model



### An intuitive experience

People can see what’s covered and what things cost and compare care provider options with just a tap and click.



### No deductibles

Members can get the most out of their plan from their first claim to year-end.



### Clear, upfront costs

Members can instantly compare copays/member prices and know how much it will cost before they even make an appointment.



### Lower paycheck deductions, lower care costs

Plan sponsors could save up to 20%. Members have opportunities to save as well.



### Flexible

In some Surest plans, members have the added feature of flexible coverage. For a small set of plannable procedures, tests or treatments, members must activate coverage at least three business days in advance. This way, members don’t pay for care they don’t need, but can adjust it when needed.

Federal law (the Employee Retirement Income Security Act of 1974, or ERISA) exempts self-funded plans established by private employers from most state insurance laws, including reserve requirements, mandated benefits and consumer protection regulations.

# What you need to know

## How Surest works with UnitedHealthcare and Optum

## What’s different about Surest

## Tracking the patient journey through the revenue cycle

Surest, a UnitedHealthcare company, will be familiar in some ways and very different in others. About us:

- We access the broad, national UnitedHealthcare Choice Plus and Optum Behavioral Health networks. These networks govern payments by Surest. While Surest leverages some parts of UnitedHealthcare, both UnitedHealthcare and Optum maintain their own relationships with providers. We are a UnitedHealthcare company, but Surest is not UnitedHealthcare.
- One of the most common billing errors is easy to correct—inaccurate payer ID or mailing address for paper claims. If claims are submitted to another UnitedHealthcare payer ID (other than Bind), UnitedHealthcare will deny those claims.
- Review the back of each member’s ID card to determine the network:
  - In Michigan, Surest accesses the SmartHealth network for Ascension
  - In Utah, Surest accesses the Options PPO network
  - In California, Surest accesses the Select network
- We use certain UnitedHealthcare services like the UMR provider portal for benefits and eligibility and the UMR provider service line.
- In most instances, prior authorizations and advance notifications are the same as with UHC plans.
- Surest follows the UHC Provider Administration Guide and policies, while the Surest Provider Guide is included as a supplement with Surest exceptions (e.g., prior authorization, coverages available with activation).

## The ins and outs of working with Surest



Trusted networks



Familiar processes and systems



A better experience for patients and providers



Existing network contracts govern payment



# What you need to know

How Sarest works with  
UnitedHealthcare and Optum

What’s different about Sarest

Tracking the patient journey  
through the revenue cycle

We analyze billions of data points to find value and then assign prices to providers and health services. Providers likely to deliver better outcomes with fewer complications are priced to our members as lower-cost and higher-value. Because of this, pricing may vary within a provider location.

We combine tests and services that go along with a major medical procedure into a single price for patients to see ahead of time.

# What you need to know

How Surest works with UnitedHealthcare and Optum

What’s different about Surest

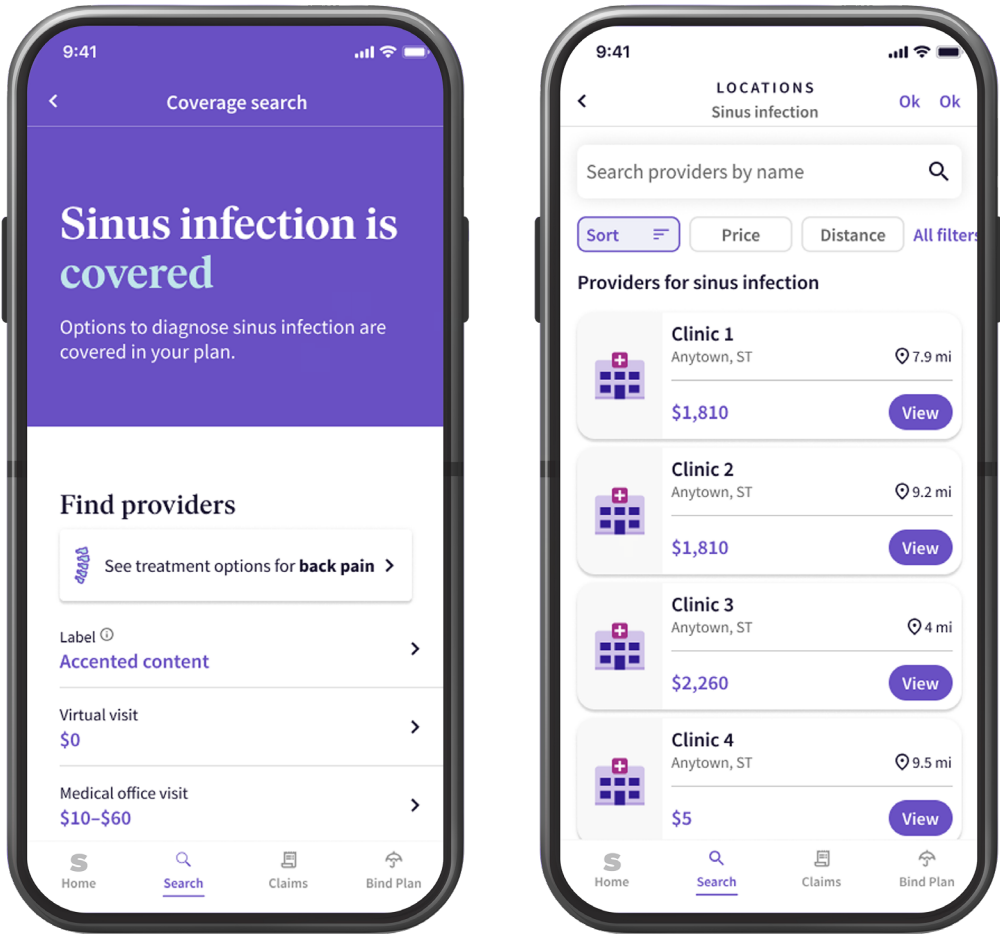
Tracking the patient journey through the revenue cycle

Copays/member prices vary.

Surest analyzes billions of data points to find value, then assigns prices to providers and health services. Providers who are more likely to deliver better outcomes, less likely to result in surgery complications or hospital readmissions, less costly due to efficient use of resources or less costly because they charge less for their services are typically priced as higher-value, lower-cost options with Surest. Because of this, pricing can vary within a provider location.

Health services that often occur together—like combining all the tests and services that go along with a major medical procedure—are grouped into a single price. This price is set ahead of time.

Verify member prices through the UMR portal or provider services number.





# What you need to know

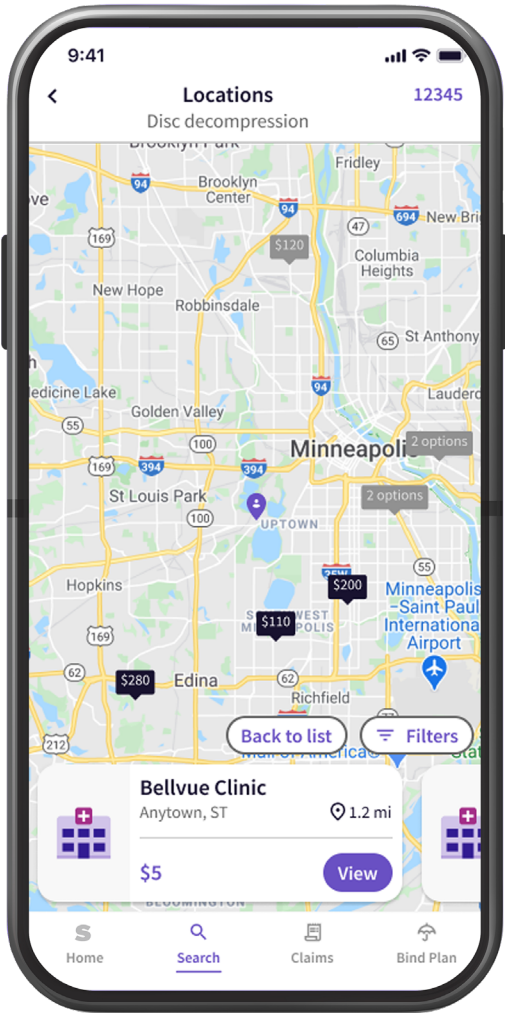
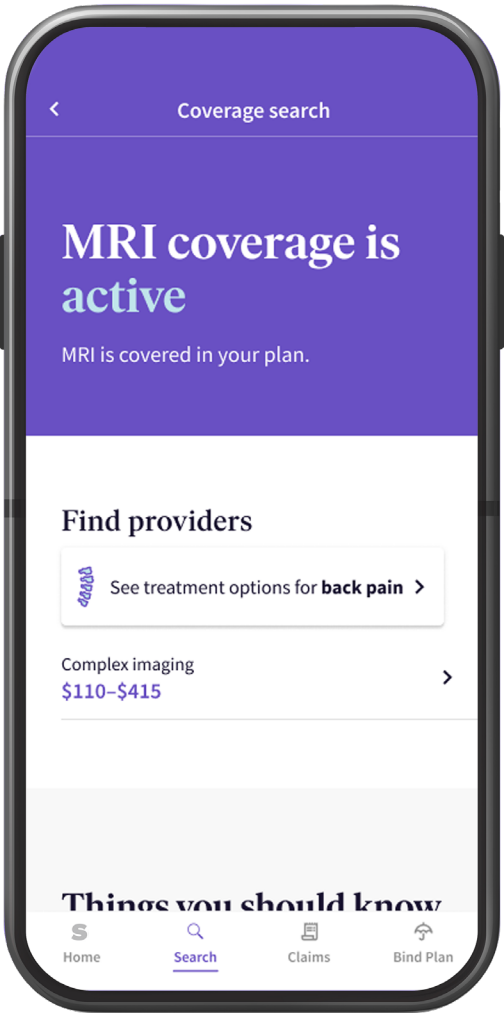
How Surest works with  
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Pricing can vary by service location.

The copay/member price can be different between varying locations. For example, an MRI at W. Lake St. in Minneapolis may have a copay/member price of \$150, while the location down the street may have a copay/member price of \$375.



# What you need to know

How Surest works with UnitedHealthcare and Optum

What’s different about Surest

Tracking the patient journey through the revenue cycle



**Member eligibility verification**



**Benefits verification**  
Confirmation member has elected coverages available with activation for the procedures, through either the UMR provider portal or UMR provider services phone number



**Prior authorization and advance notification**  
Apply as outlined by existing UHC provider manual, through United Clinical phone number on back of the member ID card

To avoid extra steps that slow down processes and create inefficiencies, it’s important to know which systems you’re accessing.

In the sections that follow, we’ll lead you through a step-by-step process for each department, so you know exactly where to go and what the set-up is.

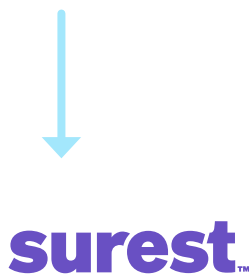
## The patient journey through the revenue cycle



**Payment**  
UHC and UHSS are represented on the full remit and check



**Apply contracted rate**  
UHC and Optum contracted rates



**Claims submission**  
Submit claims to the Surest payer ID 25463

Ready to get started?  
Let’s go.



# Getting set up

## FUNCTION

## Load the Surest payer ID

## Check eligibility

## Determine benefits and coverage

## Check prior authorization / admission notification

## Submit claims

- Add the Surest payer ID number into your systems; this is a critical step to avoid delays in registration, claims handling, processing and more.
- Surest is the payer ID: 25463.  
Surest may be entered as the “insurance” carrier (dependent on provider processing system).
- This payer ID may be attached to multiple networks.  
Example:
  - UnitedHealthcare Choice Plus network

Refer to the member ID card



- for the specific network accessed by the member.


## What does the member ID card look like for Surest?

Each member ID card may look different depending on the employer and where the member lives.

**Claims column**—provides the payer ID and claim mailing address.

**Networks column**—provides the network and provider resources. For some members, the network accessed will depend on the location of the provider.



Subscriber  
Mia Swenson


Dependents  
Ty Swenson  
Benjamin Swenson  
Bella Swenson

Service type Medical, Rx  
Care type Personalized health plan  
Access costs Benefits.Surest.com  
Member Services 1-833-997-1085

ID number  
123456789123

ID number  
123456789124  
123456789125  
123456789126

Deductible \$0  
Out-of-pocket maximum  
Individual Family  
In-network \$4,000 \$8,000  
Out-of-network \$8,000 \$16,000

<p>Claims</p> <p><b>Surest</b></p> <p>Payer ID <b>25463</b></p> <p>Surest</p> <p>P.O. Box 211758</p> <p>Eagan, MN 55121</p> <p><b>Claims will only be accepted at the above Payer ID or address.</b></p>	<p>Networks</p> <p>UnitedHealthcare® Choice Plus Network</p> <p><b>Provider Portal</b> uhss.umn.org</p> <p><b>Provider Help/Eligibility</b> 1-844-368-6661</p> <p><b>PreCert</b> 1-877-237-0006</p> <p> MultiPlan.</p>	<p>Pharmacy</p> <p><b>Optum Rx®</b></p> <p>Bin 1234567</p> <p>PCN 1234</p> <p>Rx Group 12345678</p> <p>PBM Claims</p> <p>Anywhere, ST</p> <p>123445-6789</p> <p>Policy Number: 12345678</p> <p><b>Pharmacies/Prescribers</b> 1-888-999-9999</p>
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This card does not guarantee coverage.

\*Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

# Getting set up

FUNCTION

Load the Surest payer ID

Check eligibility

Determine benefits and coverage

Check prior authorization / admission notification

Submit claims



Ensure the patient is an enrolled member with Surest for the date of service.



When checking eligibility and benefits using the UMR provider portal or UMR provider service phone number, you must search under subscriber information, then identify the dependent.



Use an Eligibility and Benefit Inquiry (270) transaction to inquire about the health care eligibility and benefits associated with a subscriber or dependent. Some systems may need to enter the mnemonic “Surest.”



Please take note of the subscriber number in addition to dependent number. Subscriber number is used for eligibility and benefit checks in the portal and phone number, as well as claims submission.



# Getting set up

FUNCTION

Load the Surest payer ID

Check eligibility

Determine benefits and coverage

Check prior authorization / admission notification

Submit claims

Determine benefits and coverage.

Some Surest members can activate coverage when their health needs change. Verify the member has coverage for the procedures prior to scheduling, as members may activate coverage for these procedures at any point in the plan year (at least three business days in advance of the covered treatment or service). Activated coverage is specific to the member, provider and place of service.

For UnitedHealthcare networks

If the member ID card references the UHC Choice Plus network or other UHC networks, refer to the UHSS provider portal, UHSS.UMR.com or call the provider services number listed on the member ID card.

Optum Behavioral Health network applies for behavioral health services.

When checking eligibility and benefits, you'll need to search by the subscriber name or ID. All covered dependents will then show under the subscriber name.



# Getting set up

FUNCTION

Load the Surest payer ID

Check eligibility

Determine benefits  
and coverage

Check prior authorization /  
admission notification

Submit claims

For UnitedHealthcare Choice Plus networks

If the member ID card references the SmartHealth network, refer to the website on the card, YourBind.com/SmartHealth, or call the number listed on the card. You may also check eligibility using EDI 270/271 inquiry for eligibility and benefits.

Providers will need to check what copay/member price (from the provider portal or provider service phone number) to collect for the service or treatment, as certain copays/member prices are dynamic and may vary by location and by practitioner.



Ready to start  
collecting payments?



# Getting set up

FUNCTION

Load the Surest payer ID

Check prior authorization and admission notification requirements.

Prior authorization and admission notification requirements for Surest are the same for the network the member is accessing.

Surest has contracted with UHC Clinical Services to perform this function. Providers should contact **1-877-237-0006** for prior authorizations and admission notifications.

Check eligibility

How do I know if this plan requires activating coverage?

Determine benefits and coverage

Plans with flexible coverage do NOT require prior authorization. However, if the coverage is expected to be performed in the inpatient setting, pre-admission notification is required.

Check prior authorization / admission notification

While prior authorization is not required for flexible coverage in the outpatient setting, providers are highly encouraged to check eligibility in advance of the procedure to verify their patient has activated the coverage.

Submit claims

Participating providers may receive a lack of coverage notification for medically necessary procedures typically covered by other health plans when that procedure is a Surest coverage available with activation procedure.

If that happens, this indicates a member has not yet activated coverage for the procedure. Members are required to activate coverage at least three business days prior to the procedure being performed. If coverage is not activated, the related claims will be denied with member responsibility.

Understand our policy on prior authorizations?

# Getting set up

FUNCTION

Load the Surest payer ID





Check eligibility

Determine benefits and coverage

Check prior authorization / admission notification

Submit claims

Your checklist:

-  Ensure claims are going to Surest: use the correct payer ID and mailing address.
-  Always include the rendering address on the claim if different than billing. This is used to confirm the copay/member price. If not included, the copay/member price may be incorrect from what the member/provider was originally quoted.
-  For procedures for which a member activates coverage, we utilize the codes that you provide to help members purchase coverage for these procedures. If there is a change, it impacts the member’s purchase, so you must alert Surest if planned changes occur.
-  Claims are paid based on contracted TINs per the network partner contracts, so providers should manage adds, terms or changes through UHC in a timely fashion to ensure that payment occurs appropriately.

Submit claims with subscriber information. If a claim is for a dependent, include the dependent’s name.

Electronic submission to the  
**Surest payer ID: 25463**

All claims should be routed to Surest following the instructions on the member ID card.

Surest  
PO Box 211758  
Eagan, MN 55121

Ready to start submitting claims?

# Frequently asked questions

## How is pricing determined?

Sarest members can look up copays/member prices for services on the Sarest app or at Member.Sarest.com. Copays/member prices may vary based on location or practitioner.

Practitioners and locations that are at a lower copay/member price charge less for their services and/or were identified as providing more efficient and effective care.

The copay/member price does not impact payment to providers. Payment is based on the applicable network contract (in this case, UnitedHealthcare Choice Plus).

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## Will we need to be credentialed with Sarest?

Separate credentialing is not required for providers credentialed with the network accessed by the member. For example, UHC manages the credentialing for the UHC networks.

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## If we are set up for ERAs and EFTs with UHC, do we need to do anything?

No. If your system is already set up to receive ERAs and EFTs, you need not do anything more to receive payment for services provided to Sarest members.

## How do I know if I am a participating provider or location?

Providers or locations that participate (and contract) with the network accessed by the member seeking care (e.g., UnitedHealthcare Choice Plus) are participating providers and locations for Sarest members.



# Frequently asked questions

At what rates will we be paid? Will all this affect our fee schedule?

Payment is set according to the network contract you have in place. The copay/member price displayed to members does not affect the active fee schedule.

How would an emergency visit in which there hasn't been time to activate coverage be handled?

If a procedure occurs within an emergency encounter, activation of coverage is not required for eligible Sarest members.

If a patient activates coverage for a treatment—obtains that treatment—but then requires additional care, how are charges handled for the follow-up treatments? Example: Post hip replacement, member sees the orthopedic surgeon in a follow-up appointment or physical therapy.

Additional services following the procedure are covered and member is charged the appropriate copay/member price provided to Sarest members. In the example, the physical therapy or office visit copay/member price would apply for the follow-up visit.

I don't see any vision-or dental-related flexible coverages. Is there vision coverage on the Sarest plan, either routine or medical?

Member benefits can vary by employer, so we encourage providers to verify benefits on the provider portal or via the provider phone line.

# Frequently asked questions

What treatments require coverage activation prior to treatment by the member? (Not applicable to all members.)

Surest separates a small set of less common, non-emergency, plannable treatments few people need annually, if at all. Coverage for these treatments and services is available but inactive unless members choose to activate it—and members must activate the coverage at least three business days in advance of the covered treatment or service. See a sample list below. Each employer may have a different list, so please consult the member’s specific benefits.

## Flexible coverages list

Note: List is sample only and may vary based on customer and plan year.

### Musculoskeletal

- Ankle and Foot Bone Fusion
- Ankle Arthroscopy and Ligament Repair
- Ankle Replacement and Revision
- Bunionectomy and Hammertoe Surgery
- Carpel Tunnel Surgery
- Cervical Spine Disc Decompression
- Cervical Spine Fusion
- Elbow Arthroscopy and Tenotomy
- Elbow Replacement and Revision
- Ganglion Cyst Surgery
- Hip Arthroscopy and Repair
- Hip Replacement and Revision
- Knee Arthroscopy and Repair
- Knee Replacement and Revision
- Lumbar Spine Disc Decompression
- Lumbar Spine Fusion
- Morton’s Neuroma Surgery
- Plantar Fasciitis Surgery
- Shoulder Arthroscopy and Repair
- Shoulder Replacement and Revision
- Spinal Cord Stimulator
- Wrist and Hand Joint Replacement
- Wrist Arthroscopy and Repair

### Cardiovascular

- Cardiac Ablation
- Carotid Endarterectomy and Stents
- Coronary Artery Bypass Graft Surgery
- Coronary Catheterization and Percutaneous Coronary Interventions
- Pacemakers and Defibrillators
- Valve Replacement

### Gastrointestinal

- Bariatric Surgery
- Gallbladder Removal Surgery (Cholecystectomy)
- Hernia Repair
- Reflux and Hiatal Hernia Surgery

### ENT

- Sinus and Nasal Septum Surgery
- Tonsillectomy and Adenoidectomy

### Other

- Breast Reduction Surgery
- Cataract Surgery
- Fibroid Removal (Myomectomy)
- Hysterectomy
- Kidney Stone Ablation and Removal (Lithotripsy)
- Prostate Removal Surgery
- Sling Surgery for Female Urinary Incontinence

# Frequently asked questions

What types of services are included in flexible coverage?

Knee Replacement and Revision Services		
Service covered by:	Surest plan*	This coverage available with activation
Preoperative visit	✓	
Anesthesia and procedure-specific medications		✓
Treatment-date facility fees		✓
Knee surgery replacement service		✓
Postoperative visit	✓	

\*Copays/member prices

Are there medical policies that need to be followed to indicate medical necessity?

Surest follows medical necessity and utilization management guidelines from the UHC Provider Administration Guide.

Are referrals required for a member to see a specialist?

Referrals are not required for Surest members.



# Frequently asked questions

## Where do I send claims?

All claims should be routed to Sarest following the instructions on the member ID card.

Electronic claims to: 25463

Paper claims to: Sarest, PO Box 211758 Eagan, MN 55121

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## Why do copays/member prices change within the plan year?

Sarest uses the UHC Choice Plus network, along with historical data, to assign prices and reflect up-to-date understanding of the value of treatment a provider offers.

## Why do prices vary?

With clear pricing that reflects value, Sarest members can choose their most effective and efficient paths to health, possibly paying less along the way.

The amount of the copay/member price does not impact payment to providers. Payment is based on the applicable network contract.

Sarest assigns lower member cost to locations that manage patient conditions efficiently. Locations with lower member cost are likely to have lower complication/readmission rates, be efficient in care delivery, have robust post-procedure coordination processes and charge competitive rates for the care provided. This is based on three years of data from each distinct rendering location.

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## Why are some of our practitioners priced differently within the same practice?

Sarest uses the UnitedHealthcare Choice Plus network, along with historical data, to assign prices and reflect up-to-date understanding of the value of treatment a provider offers. Practitioners (physician, nurse practitioner, etc.) are evaluated against peers within the practitioner's specialty or sub-specialty, if applicable.

# Frequently asked questions

## How do I change my price?

Price changes are based on performance data. Sarest uses the UnitedHealthcare Choice Plus network, along with historical data, to assign prices and reflect up-to-date understanding of the value of treatment a provider offers.

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## What if we want a different copay/member price? Can decisions be reconsidered?

Copay/member price ranges are ultimately the decision of the plan sponsor. Sarest cannot change the copay/member price range. Within the range, Sarest is not able to modify copays/member prices at this time. Sarest will evaluate scenarios such as a provider location moving from one address to another and billing from the same tax ID.

## When do I call Sarest versus using the portal?

Providers may call the provider service phone number on the member ID card for benefits and eligibility, or if they are unable to find the information they need from the provider portal or 271 response.

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## Where do I check claims status?

For UnitedHealthcare network, call UMR provider services or check on UHSS.UMR.com.

# Frequently asked questions

Where do provider appeals/disputes go?

For UnitedHealthcare network, refer to the number on the back of the member ID card.

Can you tell me how many members are in my state? Region? City?

Please contact your UnitedHealthcare provider advocate for this information.

Is there a way to see how facilities and physicians rank in comparison to others?

Currently, there is no way to see how facilities and physicians rank.

**Still don't have the answers?  
Get in touch.**