



2022

Top Tier Network
Quick Reference Guide

Mount Sinai Health System Participating Providers

Mount Sinai Health System
Employee Health Benefits Plan
administered by UMR, a division
of UnitedHealthcare (UHC)



**Mount
Sinai
Health
Partners**

2022

Quick Reference Guide for Participating Providers in the Top Tier Network

Member ID Cards for the Mount Sinai Health System Employee Health Benefit Plans Administered by UMR, a division of UnitedHealthcare

When Mount Sinai Health System employees and their family members choose Mount Sinai Health Partners' Top Tier Network providers for their care, they benefit from lower deductibles, coinsurance and copays.

Please see the table below for benefit information by health plan. Please be sure to check your patients' member ID card at every visit to confirm appropriate copay information.

PLAN TIERS	CHOICE PLAN	HDHP PLAN	TRADITIONAL PLAN
MOUNT SINAI TOP TIER			
Deductible (EE/Fam)	None	\$2,000/\$4,000	None
PCP/Specialist/Dependent Child copay	None	Deductible	\$30/\$40/\$30
Urgent care copay	\$75	Deductible	\$75
Urgent care dependent child copay	\$40	Deductible	\$40
Hospital copay	\$50	Deductible	\$200
Emergency copay	\$150	Deductible	\$150
OOP Limits (EE/Fam)	\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000

Note:

- Out-of-pocket limit does not include balance billing amounts or spending for non-essential health benefits. Prescription cost contributions are included in the Out-of-Pocket maximum.
- There are separate copays for dependents.
- To check if a provider or facility is part of the Top Tier Network, please visit <https://toptier.mountsinai.org/toptier> or <https://toptier.mountsinai.org/facility>

Pre-Certification and Emergency Admissions

Please contact UMR at **866-494-4502**, available from 7 am to 7 pm CST (Monday–Friday), to confirm if prior authorization is required before providing services. Authorization is required within 48 hours of an emergency admission.

When a provider verifies benefits via the provider phone number, the fax back they receive includes services for precertification. This is also available via the provider portal at <https://www.umar.com>.

Claims Submissions

Providers submit all claims to your local UMR/UHC plan or if Medicare is primary submit Medicare claims to Medicare. Members can submit all claims to :

Claims: EDI #39026 UMR

P.O. Box 30541

Salt Lake City, UT 84130-0541

Important Phone Numbers

Member Services: **877-233-1800**




Provider Services: **877-233-1800**

Pharmacy (Express Scripts): **877-233-1800**




Web Portal for UMR/UHC Providers – Eligibility, Benefits, Claim Status

Your access to UMR/UHC eligibility, benefits and claim status inquiry is available only at UMR.com. It is your online source to access this valuable information. Go to <https://www.umar.com> to register!




Choice Plan Sample ID Card

	MSHS CHOICE PLAN
<small>UnitedHealthcare Company</small>	
Issuer (80840) 911-39026-02	
Member ID: Y64135492	Group Number: 76-413549
Member:	
MICHAEL SAMPLE 00 MED	
Dependents:	
SPOUSE SAMPLE 01 MED	
Top/Enh Tier: PCP \$0/\$40/SPEC \$0/\$50/ER \$150/UC \$75 Choice Plus: PCP \$50/SPEC \$75/ER \$150/UC \$75 Dep. Child Top/Enh Tier: PCP/SPEC \$30/\$25/ER \$150/UC \$40 Dep. Child Choice Plus: PCP/SPEC \$35/ER \$150/UC \$40	
5010	Self-funded plan administered by UMR

HDHP Plan Sample ID Card

	MSHS HDHP PLAN
<small>UnitedHealthcare Company</small>	
Issuer (80840) 911-39026-02	
Member ID: Y64135493	Group Number: 76-413549
Member:	
STEVE SAMPLE 00 MED	
Dependents:	
SPOUSE SAMPLE 01 MED	
COINSURANCE: Mt. Sinai Top Tier: PCP/SPEC/ER/UC: 100% after ded Enh Tier: PCP/SPEC/ER/UC: 95% after ded Choice Plus: OV/SPEC/ER/UC 80% after ded	
5010	Self-funded plan administered by UMR

Traditional Plan Sample ID Card

	MSHS TRADITIONAL PLAN
<small>UnitedHealthcare Company</small>	
Issuer (80840) 911-39026-02	
Member ID: Y64135491	Group Number: 76-413549
Member:	
BOB SAMPLE 00 MED	
Dependents:	
SPOUSE SAMPLE 01 MED	
Top/Enh Tier: PCP \$30/\$40/SPEC \$40/\$50/ER \$150/UC \$75 Choice Plus: PCP \$50/SPEC \$75/ER \$150/UC \$75 Dep. Child Top/Enh Tier: PCP/SPEC \$30/\$25/ER \$150/UC \$40 Dep. Child Choice Plus: PCP/SPEC \$35/ER \$150/UC \$40	
5010	Self-funded plan administered by UMR

2022

Quick Reference Guide for Participating Providers in the Top Tier Network

Process to Enroll or Update Electronic Transactions

Type of Transaction	How to Enroll, Update, Change, or Cancel	For questions, registration, contact the following to resolve issues
Electronic Funds Transfer (EFT) only and Electronic Remittance Advice (ERA)	Use the Optum Insight Website: https://www.optum360.com/solutions/claims/claims-integrity.html	For EFT and ERA registration questions, please contact the File Customer Service Support line: 866-367-9778 .

Additional contact information:

To view the MSHS Employee Health Benefit Plan Top Tier provider directory, please visit <https://toptier.mountsinai.org>.

For questions regarding network submissions, fee schedules, Top Tier participation or providers that are not displaying on UMR/UHC's directory, please contact MSHP via email at mshp@mountsinai.org or call us at **877-234-6667**.

