

Administrative updates for UnitedHealthcare Medicare Advantage members in Ohio and Kentucky



For dates of service beginning Jan. 1, 2024, Optum Care® Network, an affiliate of UnitedHealthcare, will manage certain administrative services for the following UnitedHealthcare Medicare Advantage benefit plans. This reference guide provides an overview of the administrative processes, including how to:

- Verify member eligibility
- Submit prior authorization requests
- Send hospital admission notifications
- Check claim submission status
- Submit claim reconsideration requests

The following benefit plans will be administered by Optum Care, effective Jan. 1, 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H5253	051	000	90044
Optum Care Network	H5253	051	000	90045
Optum Care Network	H5253	062	000	90043
Optum Care Network	H5253	099	000	90076
Optum Care Network	H5253	100	000	90077
Optum Care Network	H5253	109	001	90046
Optum Care Network	H5253	109	002	90047
Optum Care Network	H5253	109	002	90048
Optum Care Network	H5253	109	004	90925
Optum Care Network	H5253	124	001	90926
Optum Care Network	H5253	124	002	90928
Optum Care Network	H5253	125	001	90929
Optum Care Network	H5253	125	001	90930
Optum Care Network	H5253	125	002	90931
Optum Care Network	H5253	126	001	90932
Optum Care Network	H5253	126	002	90934
Optum Care Network	H5253	127	000	90935

Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H5253	127	000	90936
Optum Care Network	H5253	128	000	90937
Optum Care Network	H5253	130	000	90938
Optum Care Network	H5253	131	000	90939
Optum Care Network	H5253	132	000	90940
Optum Care Network	H5253	133	000	90941
Optum Care Network	H5253	134	000	90942
Optum Care Network	H5253	134	000	90943
Optum Care Network	H5253	135	000	90944
Optum Care Network	H5253	135	000	90945
Optum Care Network	H5253	144	001	90946
Optum Care Network	H5253	144	002	90948
Optum Care Network	H8768	007	000	90049
Optum Care Network	H8768	013	000	90137
Optum Care Network	H8768	014	000	90138
Optum Care Network	H8768	014	000	90895
Optum Care Network	H8768	020	000	90141
Optum Care Network	H8768	021	000	90001
Optum Care Network	H8768	021	000	90002
Optum Care Network	H8768	037	001	90956
Optum Care Network	H8768	037	001	90957
Optum Care Network	H8768	037	001	90958
Optum Care Network	H8768	037	001	90959
Optum Care Network	H8768	037	002	90962
Optum Care Network	H8768	037	002	90963
Optum Care Network	H8768	038	001	90964
Optum Care Network	H8768	038	001	90965
Optum Care Network	H8768	038	002	90966

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the [UnitedHealthcare Provider Portal](#) and select Eligibility

By phone: 877-842-3210

Prior authorization

Prior authorization may be required for certain services based on the member's plan. Inpatient and outpatient services generally don't require prior authorization when members are referred to health care professionals who participate with UnitedHealthcare Medicare Advantage PPO.

Services that require prior authorization will be listed at [UHCprovider.com/priorauth](#) > Advance Notification and Plan Requirement Resources. Submit your request at least 14 days before the planned date of service:

Online: [Optum Pro portal](#)

By phone: 866-566-4715

You don't need to submit another prior authorization request if a request was previously reviewed and approved by UnitedHealthcare for dates of service starting Jan. 1, 2024, and after. Optum Care will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

Please notify Optum Care of hospital admissions no later than 1 business day after admission by:

Online: [Optum Pro portal](#)

By phone: 866-566-4715

Utilization management requests

Optum Care processes these requests according to Centers for Medicare & Medicaid Services (CMS) requirements and will deliver a determination within:

- 72 hours for expedited or urgent pre-service requests
- 14 days for standard or non-urgent pre-service requests

Peer-to-peer discussions

If a request is going to be denied, the Optum Care utilization management nurse or coordinator will contact the requesting health care professional. If you submit the request and you have additional clinical information to share, Optum Care will encourage you to set up a conversation with an Optum Care utilization management medical director. This peer-to-peer discussion takes place before the request is denied and before the appeals process starts.

To request a peer-to-peer conversation with Optum Care, call 866-566-4715. They'll work to set up the conversation within 1 business day of the request between 8 a.m. – 8 p.m. ET Monday – Friday. If the request isn't authorized after the discussion, Optum Care will notify you and the member in writing, including information about the member's appeal rights.



Claims

Submit claims using the following electronic Payer ID or mailing address:

Payer ID: LIFE1

Mailing address:

Optum Care Network Claims
P.O. Box 30781

Salt Lake City, UT 84130-0781

Submit claim reconsiderations:

To submit a provider dispute, please follow the instructions on explanation of payment (EOP). Each provider dispute must contain, at a minimum, the following information:

- Provider name
- Provider TIN
- Provider contact information
- Clear identification of the disputed item such as the claims number and the date of service
- Clear explanation of the issue
- Provider's explanation why the action taken is incorrect

Check the status of your claim submission:

Online: [Optum Pro portal](#)

By phone: 866-566-4715

Please don't submit duplicate claims unless you haven't received payment or an explanation of payment within 45 days of submission.

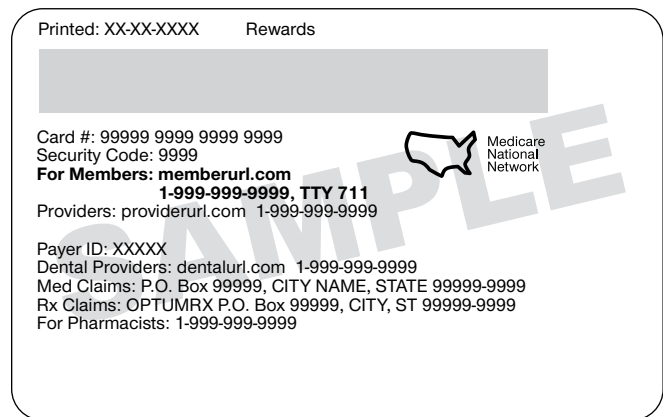
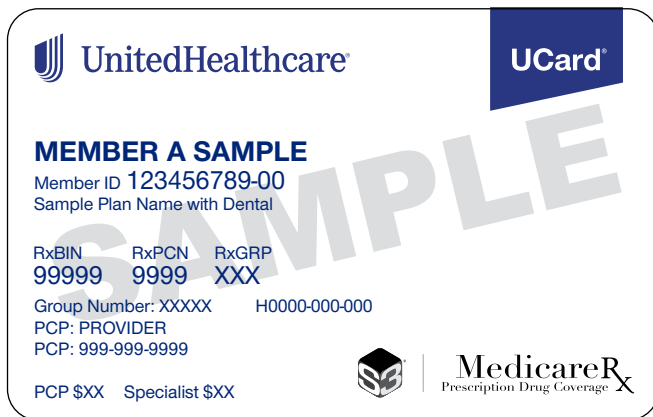
Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID LIFE1 and will have other applicable delegation-specific descriptors such as delegate name and delegate website listed as the care provider contact. You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

2024 UnitedHealthcare UCard

You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

- Nearly all UnitedHealthcare Medicare Advantage plan members who receive an ID card receive the UnitedHealthcare UCard® (some plan exclusions may apply)
- UnitedHealthcare UCard makes it easier for members to access their benefits and programs so they can take advantage of their plan offerings
- UCard does not need to be activated for you to verify eligibility or provide care services to members and should be used in the same manner as any other UnitedHealthcare member ID card
- UCard cannot be used for member out-of-pocket expenses, including copays, coinsurance or deductibles
- Each UCard includes an S3 number, security code and scannable barcode for in-store purchases or spending rewards – providers do not need to scan the barcode to provide medical, dental, prescription, vision or hearing services to the member



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

2024 plan name changes

Providers can refer to the [Plan Name Change Crosswalk](#) for the state-specific 2024 plan names.

Plan overviews

Plan overviews are available in the [2024 Medicare Advantage Plan Overview](#) > State > Interactive guide.

Summary of benefits

State-specific plan benefits are available at UHC.com/medicare > Shop Medicare Plans > Enter ZIP code > Find plans > View 2024 plans > select Medicare Advantage plans or Medicare Special Needs plans tab > find plan and select View plan details > Plan Documents > select Summary of Benefits.

UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Referrals are not required for members who travel outside their plan service area and access covered services using the National Network or their Passport benefit. For more information about National Network and Passport, visit UHCprovider.com/plans > Choose your state > Medicare > Choose plan > Tools & Resources.



Questions?

Chat with a live advocate 7 a.m.–7 p.m. CT from the [UnitedHealthcare Provider Portal](#). You can also call 866-566-4715, 8 a.m.–6 p.m. local time, Monday–Friday.