

Administrative updates for UnitedHealthcare Medicare Advantage members in Arizona



For dates of service beginning Jan. 1, 2025, Optum Health Networks, 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:

- Process claim submissions
- Send hospital admission notifications
- Process prior authorization requests
- Verify member eligibility

The following benefit plans will be administered by Optum Health Networks, effective Jan. 1, 2025:

Contract number	PBP	Segment ID	Group number
H0609	025	000	HCFA09-660
H0609	026	000	HCFA07-661
H0609	026	000	HCFA07-662
H0609	027	000	HCFA04-66S
H0609	042	000	HCFA0B-60T
H0609	043	000	HCFA0C-60U
H0609	044	000	HCFA0E-60W
H0609	045	000	HCFA0D-60V
H0609	046	000	HCFA0F-60X
H0609	807	000	*Any employer groups associated with these H/PBPs
H0609	808	000	*Any employer groups associated with these H/PBPs

Contract number	PBP	Segment ID	Group number
H2001	036	000	90927
H2406	061	000	90397
H2406	061	000	90398
H2406	061	000	90809
H2406	061	000	90919
H2406	062	000	90810
H2406	062	000	90920
H2406	063	000	90811
H2406	063	000	90924
H2406	064	000	90399
H2406	064	000	90400
H2406	064	000	90812
H2406	064	000	90921
H2406	076	000	90765
H2406	076	000	90766
H2406	076	000	90823
H2406	076	000	90990
H2406	077	000	90824
H2406	077	000	90825
H2406	078	000	90826
H2406	078	000	90922
H5253	035	000	90108
H5253	036	000	90974
H5253	178	000	90451
H5253	178	000	90452

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility
 Sign in to the Optum Pro portal at optumproportal.com

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: optumproportal.com

By phone: 877-370-2845

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, 2025, and after. Optum Health Networks will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

Please notify Optum Health Networks of hospital admissions no later than 1 business day after admission:

Online: optumproportal.com

By phone: 877-370-2845

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](#).

2025 UnitedHealthcare UCard

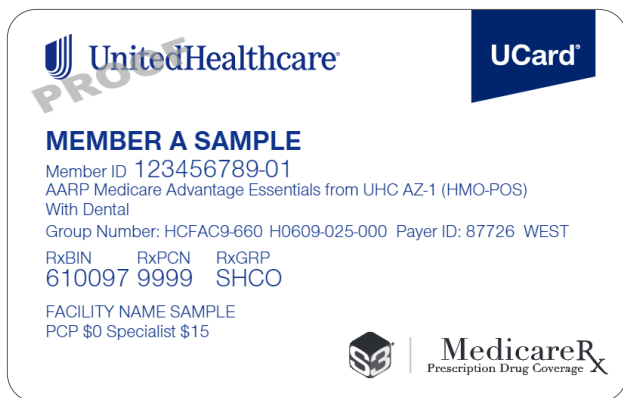
PCP removal

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

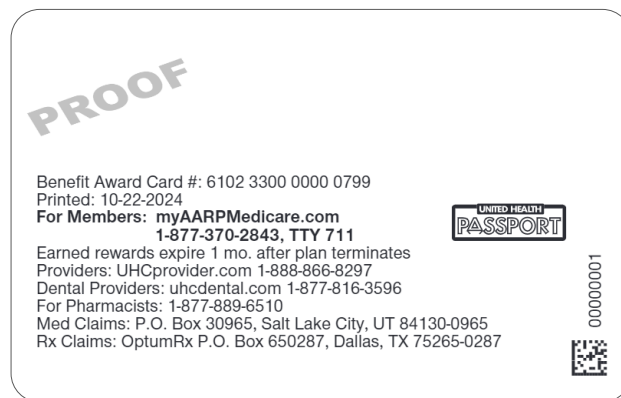
- Starting, Jan. 1, 2025, the primary care provider (PCP) name and phone number will be removed from some UCards for UnitedHealthcare individual Medicare Advantage plans
- Providers can access the member's PCP assignment information on the UnitedHealthcare Provider Portal or via eligibility check (EDI 270/271)
- This change will affect most open access HMO, POS and PPO plans
- The PCP name and phone number will continue to display on most Gatekeeper (referral plans)
- UnitedHealthcare Medicare Advantage plans that have delegated risk arrangements will continue to display the delegated entity's name on the front of the UCard, if desired by the delegated entity

Member ID

- 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 a Benefit Award Card Number, security numbers, expiration dates and a machine-readable bar code or magnetic stripe 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
- Payer ID is moving to front of the member ID card



front



back

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

2025 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for the state-specific 2025 plan names.

Plan overviews

Plan overviews are available in the [2025 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 2025 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.

Claims

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

Payer ID: LIFE1

Mailing address:

Optum Care Claims
P.O. Box 30539
Salt Lake City, UT 84130-0539

Submit claim reconsiderations:

Online: optumportal.com

By phone: 877-370-2845

By mail:

Optum Care Provider
Dispute Resolution
P.O. Box 30539
Salt Lake City, UT 84130-0539

Check the status of your claim submission:

Online: optumportal.com

By phone: 877-370-2845



The delegate owns all reconsiderations when they process a claim for a delegated member.

- If the provider is contracted directly with the delegate, the delegate owns all formal provider appeals
- If the provider is not contracted directly with the delegate, UnitedHealthcare owns all provider appeals, regardless of the providers participation status with UnitedHealthcare



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



Questions?

For chat options and contact information, visit UHCprovider.com/contactus.