Administrative updates for UnitedHealthcare Medicare Advantage members in Ohio and Kentucky

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:

- 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 Health Networks, effective Jan. 1, 2025:

Contract number	PBP	Segment ID	Group number
H5253	051	000	90044
H5253	051	000	90485
H5253	099	000	90076
H5253	100	000	90077
H5253	109	002	90047
H5253	125	001	90488
H5253	125	001	90929
H5253	127	000	90935
H5253	127	000	90936
H5253	128	000	90937
H5253	134	000	90942
H8768	013	000	90137
H8768	013	000	90492

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Contract number	PBP	Segment ID	Group number
H8768	020	000	90141
H8768	021	000	90002
H8768	037	001	90956
H8768	037	001	90959
H5253	051	000	90045
H5253	051	000	90486
H5253	062	000	90043
H5253	062	000	90487
H5253	109	001	90046
H5253	109	002	90048
H5253	109	004	90925
H5253	124	001	90926
H5253	124	002	90928
H5253	125	001	90489
H5253	125	001	90930
H5253	125	002	90931
H5253	126	001	90932
H5253	126	002	90934
H5253	130	000	90938
H5253	131	000	90939
H5253	132	000	90940
H5253	133	000	90941
H5253	134	000	90943
H5253	135	000	90944
H5253	135	000	90945
H5253	144	001	90490
H5253	144	001	90946
H5253	144	002	90491
H5253	144	002	90948
H8768	007	000	90049
H8768	014	000	90138
H8768	014	000	90895
H8768	021	000	90001

Contract number	PBP	Segment ID	Group number
H8768	037	001	90957
H8768	037	001	90958
H8768	037	002	90962
H8768	037	002	90963
H8768	038	001	90964
H8768	038	001	90965
H8768	038	002	90496
H8768	038	002	90966

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility

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: 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, 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: 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.

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

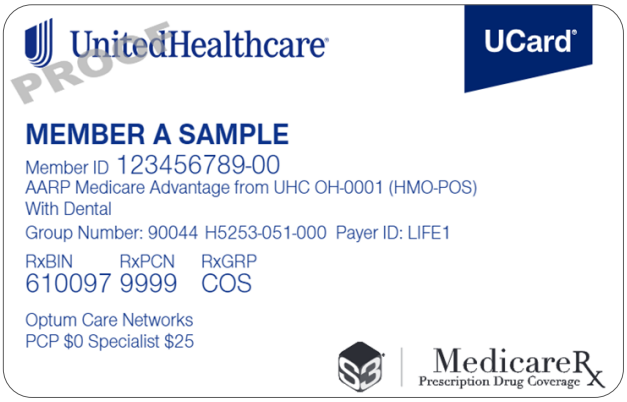
PCP removal

- 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

You can download a copy of the member ID card when you verify eligibility and benefits in the **UnitedHealthcare Provider Portal**.

- 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



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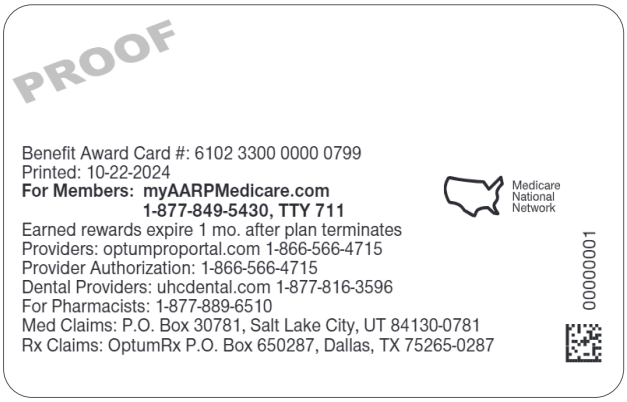

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Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

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.

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Claims

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

Payer ID: LIFE1

Mailing address:
Optum Care Network
Claims Department
P.O. Box 30781
Salt Lake City, UT 84130-0781

Check the status of your claim submission:

Online: optumproportal.com

By phone: 866-566-4715

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

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.**

PCA-5-24-02863-Clinical-QRG_12112024

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