

Administrative updates for UnitedHealthcare Medicare Advantage members in Tennessee



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
- Request prior authorization
- Submit hospital admission notifications
- Submit claims and 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	081	000	90445
H5253	082	000	90446
H5253	083	000	90447
H5253	084	000	90448
H2001	093	000	90382
H2001	093	000	90383
H2001	094	000	90384
H2001	094	000	90385
H2001	104	000	90386
H2001	104	000	90387
H5253	047	000	90639
H5253	048	000	90640
H5253	113	000	90641

Contract number	PBP	Segment ID	Group number
H5253	121	000	90642
H5253	121	000	90643
H5253	047	000	90648
H5253	048	000	90649
H5253	113	000	90650
H5253	121	000	90651
H5253	121	000	90652

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: 888-598-7855

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: 888-598-7855

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

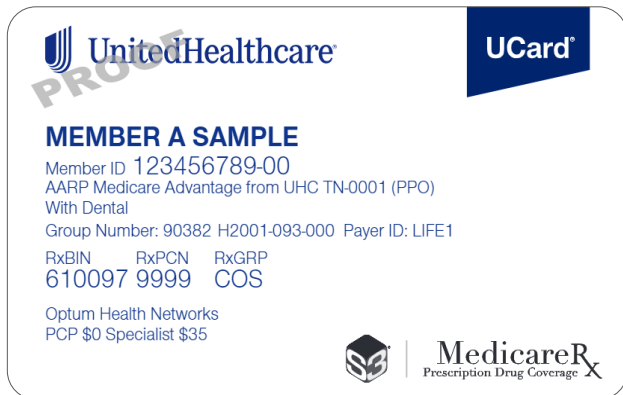
PCP removal

- 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

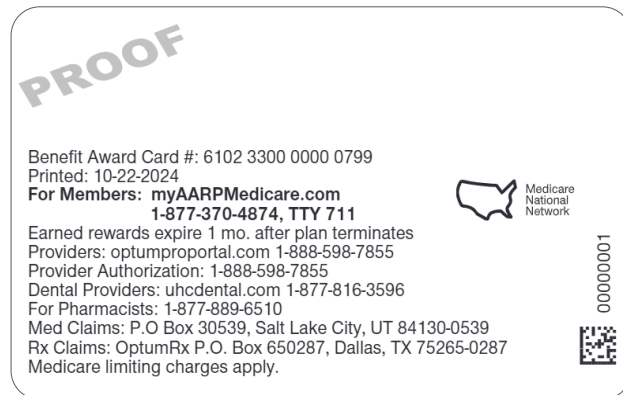
Member ID

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



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.



Questions?

For chat options and contact information, visit [UHCprovider.com/contactus](#).

Claims

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

Payer ID: LIFE1

Mailing address:

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

Submit claim reconsiderations:

Online: [optumportal.com](#)

By phone: 888-598-7855

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](#)



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.