

Administrative updates for UnitedHealthcare Medicare Advantage members in Nevada



For dates of service beginning Jan. 1, 2026, Intermountain Health 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 and check referral status
- Submit hospital admission notifications
- Submit prior authorization requests
- Check claim status, submit claims and claim reconsiderations

The following benefit plans will be administered by Intermountain Health, effective Jan. 1, 2026:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	028	000	90204	NA
H0609	031	000	90206	NA
H0609	037	000	90211	NA
H0609	038	000	90213	NA
H0609	075	000	90254	NA
H0609	076	000	90256	NA
H2001	125	000	90644	NA
H2001	126	000	90645	NA
H2001	127	000	90646	NA
H2001	127	000	90647	NA
H0609	810	000	Any employer groups associated with these H/PBPs	NA
H0609	811	000	Any employer groups associated with these H/PBPs	NA

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	813	000	Any employer groups associated with these H/PBPs	NA
H1360	001	000	90011	Full
H1360	001	000	91631	Partial
H1360	003	000	06351*	Full
H1360	003	000	06352*	Partial

*New plans in 2026

Verifying member eligibility

You can verify member eligibility:

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

Referrals

For plans that require referrals, submit referral requests to Intermountain Health by calling 702-318-2400, Option 1, then press 2 for referrals and authorizations.

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 7 days before the planned date of service:

Online: [Intermountain Health | EpicCare](#)

By phone: 702-318-2400, option 1, then press 2 for referrals and authorizations

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, 2026, and after. Intermountain Health will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

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

By fax: 702-777-1212

Fax inpatient out-of-area (OOA) admit notifications to 702-777-1209

By phone: 702-464-8866

Hospitalists can be reached 24 hours a day, 7 days a week.



Behavioral health

Phone: 844-978-8100

This behavioral health phone number is specific only to the following plans: H0609-028-000, H0609-031-000, H0609-037-000, H0609-038-000, H0609-075-000, H0609-076-000, H0609-810-000, H0609-811-000, H0609-813-000, H1360-001-000, H1360-003-000.

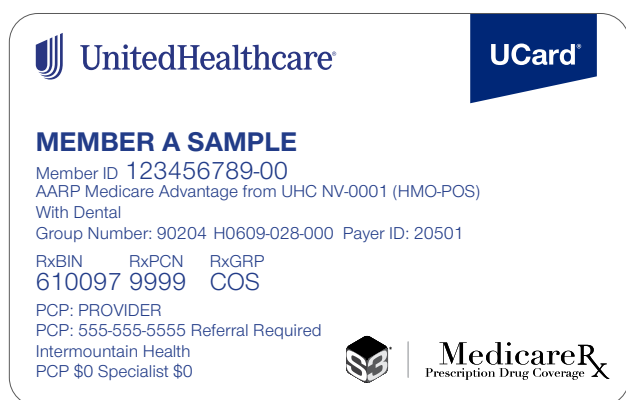
Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID 20501 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**.

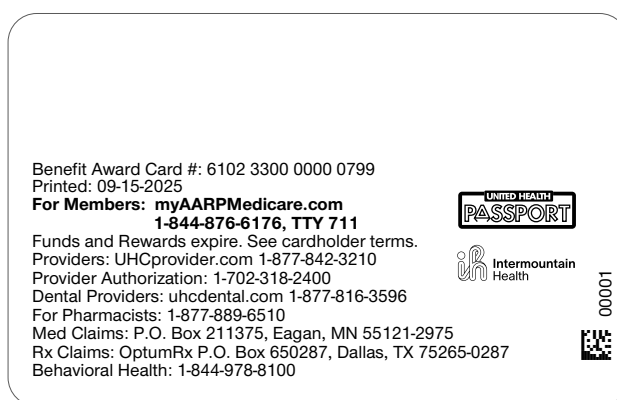
UnitedHealthcare UCard

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 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 listed the front of the member ID card
- PCP name and phone number displays on some referral plan ID cards

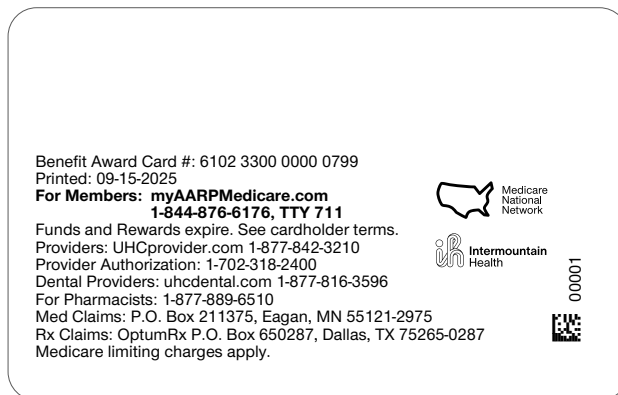
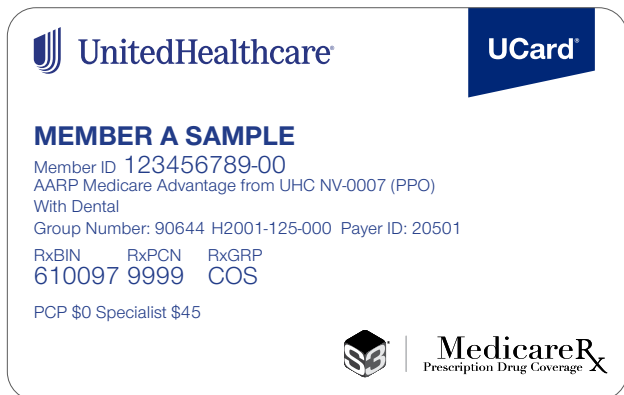
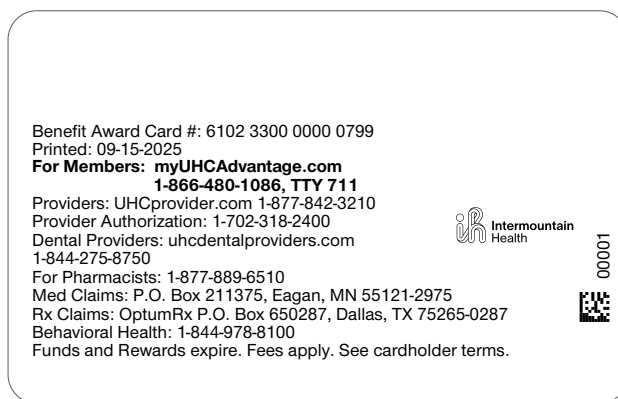
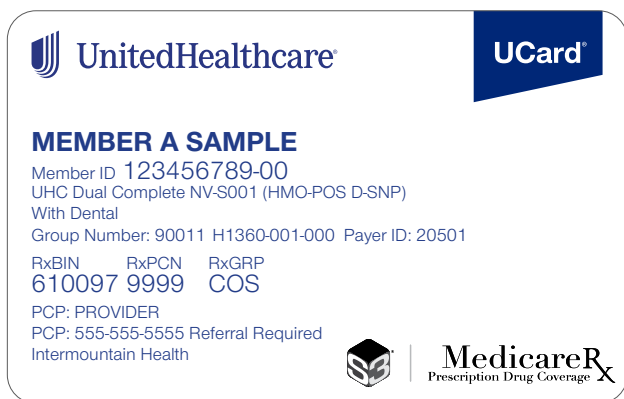


front



back

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



front

back

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

2026 plan names

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

Plan overviews

Plan overviews are available in the [2026 Medicare Advantage, CSNP & DSNP Plan Overview Course](#) > 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 2026 plans Medicare Advantage plans > Find plan and select view plan details > Plan documents > Summary of benefits.

UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Some HMO and HMO-POS plans with referral requirements have access to the UnitedHealthcare Medicare National Network. For services requiring a referral, referrals are required to any participating network specialist nationwide, including specialists both inside and outside the member's home plan service area. 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: 20501

Mailing address:

Intermountain Health
P.O. Box 211375
Eagan, MN 55121-2975

Submit claim reconsiderations:

Online: claimsportal.intermountainnv.org

By phone: 702-318-2468

By mail:

Intermountain Health
P.O. Box 211375
Eagan, MN 55121-2975

Check the status of your claim submission:

Online: claimsportal.intermountainnv.org

By phone: 702-318-2468



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



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.