Administrative updates for UnitedHealthcare Medicare Advantage members in Indiana

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	H2802	007	000	00746
Optum Care Network	H2802	008	000	00748
Optum Care Network	H2802	008	000	00749
Optum Care Network	H2802	010	000	00744
Optum Care Network	H2802	012	000	00750
Optum Care Network	H2802	016	000	00755
Optum Care Network	H2802	018	000	00758
Optum Care Network	H2802	055	000	90876
Optum Care Network	H2802	056	000	90877
Optum Care Network	H2802	057	000	90878
Optum Care Network	H2802	058	000	90879
Optum Care Network	H2802	059	000	90880
Optum Care Network	H2802	059	000	90881
Optum Care Network	H2406	035	000	90782

Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H2406	036	000	90783
Optum Care Network	H2406	037	000	90784
Optum Care Network	H2406	038	000	90785
Optum Care Network	H2406	056	000	90801
Optum Care Network	H2406	057	000	90802
Optum Care Network	H2406	066	000	90814
Optum Care Network	H2406	067	000	90815
Optum Care Network	H2406	074	000	90822
Optum Care Network	H2406	086	000	90829
Optum Care Network	H2406	087	000	90830
Optum Care Network	H2406	087	000	90831

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: 866-565-3361

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: 866-565-3361

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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 866-565-3361. 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.**

2024 plan name changes

Starting Jan.1, 2024, 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.
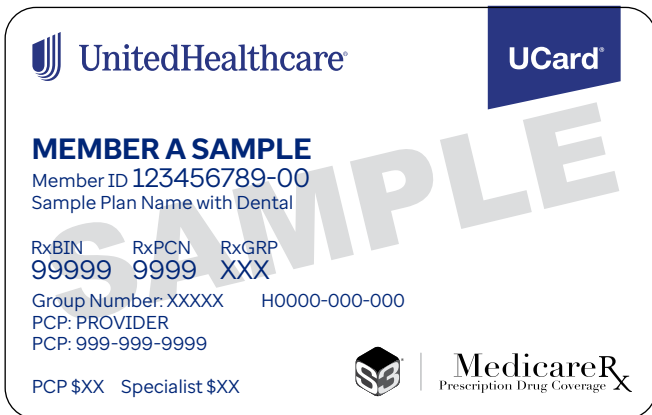
UnitedHealthcare Medicare National Network and UnitedHealth Passport®

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.
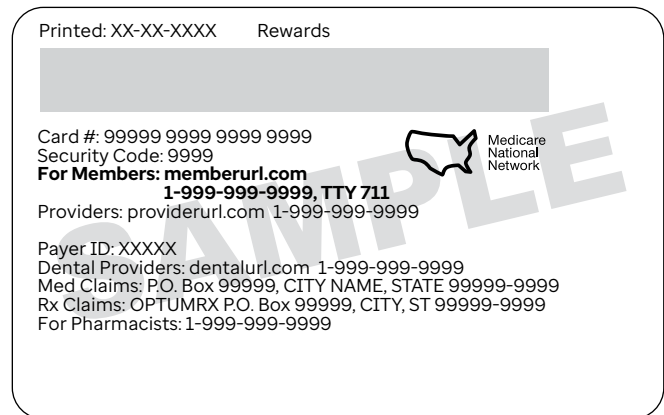
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2024 UnitedHealthcare UCard

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

UnitedHealthcare® **UCard®**

MEMBER A SAMPLE
Member ID 123456789-00
Sample Plan Name with Dental

RxBIN	RxPCN	RxGRP
99999	9999	XXX

Group Number: XXXXX   H0000-000-000
PCP: PROVIDER
PCP: 999-999-9999

PCP $XX   Specialist $XX

MedicareRx Prescription Drug Coverage

front

Printed: XX-XX-XXXX   Rewards

Card #: 99999 9999 9999 9999
Security Code: 9999
For Members: memberurl.com
            1-999-999-9999, TTY 711
Providers: providerurl.com 1-999-999-9999

Payer ID: XXXXX
Dental Providers: dentalurl.com 1-999-999-9999
Med Claims: P.O. Box 99999, CITY NAME, STATE 99999-9999
Rx Claims: OPTUMRX P.O. Box 99999, CITY, ST 99999-9999
For Pharmacists: 1-999-999-9999

Medicare National Network

back

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

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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
P.O. Box 30781
Salt Lake City, UT 84130-0781

Check the status of your claim submission:

Online: Optum Pro portal

By phone: 866-565-3361

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

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

Questions?

Chat with a live advocate 7 a.m.–7 p.m. CT from the **UnitedHealthcare Provider Portal.** You can also contact UnitedHealthcare Provider Services at **866-565-3361,** 8 a.m.–6 p.m. local time, Monday–Friday.

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