

Administrative updates for UnitedHealthcare Medicare Advantage members in Nevada



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 referrals
- Submit prior authorization requests
- Submit hospital admission notifications
- Check claim submission status
- Submit claims and 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	Group Medicaid eligibility type*
H0609	028	000	90202	N/A
H0609	031	000	90205	N/A
H0609	032	000	90207	N/A
H0609	033	000	90209	N/A
H0609	037	000	90210	N/A
H0609	038	000	90212	N/A
H0609	040	000	90214	N/A
H0609	040	000	90499	N/A
H0609	075	000	90253	N/A
H0609	076	000	90255	N/A
H0609	810	000	Any employer groups associated with these H/PBPs	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type*
H0609	811	000	Any employer groups associated with these H/PBPs	N/A
H0609	813	000	Any employer groups associated with these H/PBPs	N/A
H1360	001	000	90008	Full dual group
H1360	001	000	90009	Full dual group
H1360	001	000	91629	Partial dual group
H1360	001	000	91630	Partial dual group
H1889	012	000	90752	Full dual group
H1889	012	000	91633	Full dual group
H1889	012	000	91643	Partial dual group
H1889	012	000	91646	Partial dual group
H1889	035	000	90264	Full dual group
H1889	035	000	90265	Partial dual group
H1889	035	000	90266	Full dual group
H1889	035	000	90267	Partial dual group
H2001	125	000	92011	N/A
H2001	126	000	92012	N/A
H2001	127	000	90027	N/A
H2001	127	000	92013	N/A
H2001	132	000	90269	N/A
H2001	132	000	90953	N/A

*Only applicable to Dual-Eligible plans.

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 online 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: 855-893-2297

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:

By phone: 702-240-8878

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

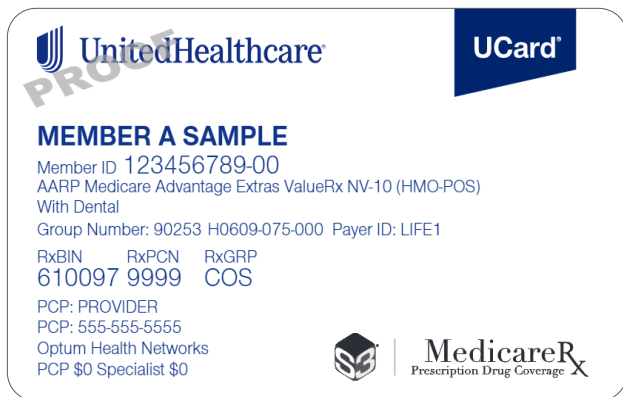
PCP removal

- 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

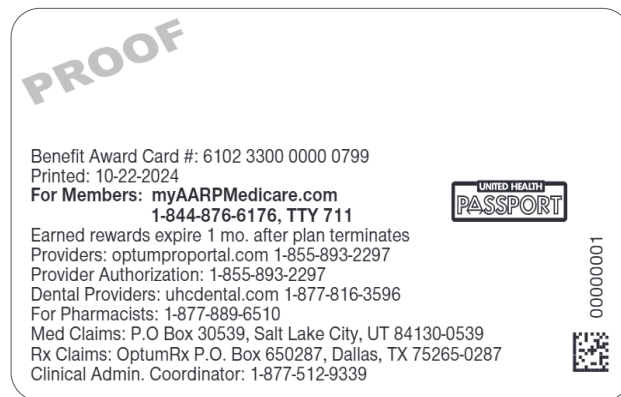
Member ID

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.

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: optumproportal.com

By email:
claimdispute@optum.com

By phone: 855-893-2297

By mail:

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

Check the status of your claim submission:

Online: optumproportal.com

By phone: 855-893-2297



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.