

Administrative procedures for UnitedHealthcare Medicare Advantage Members in Indiana

2023 Quick Reference Guide

Starting Jan. 1, 2023, Optum® Care, an affiliate of UnitedHealthcare, will manage administrative services for UnitedHealthcare benefit plans listed below. This reference guide provides an overview of the administrative processes:

- Verifying member eligibility
- Prior authorization requests
- Hospital admission notifications
- Claims submission
- Claims reconsideration

The following benefit plans will be administered by Optum Care:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage Profile (HMO-POS)	H2802-007	00746
AARP® Medicare Advantage Plan 1 (HMO-POS)	H2802-008, 010, 012, 016, 018	00744, 00748, 00749, 00750, 00755, 00758
AARP® Medicare Advantage Choice Plan 1 (PPO)	H2228-019, 021, 022, 064	67026, 67030, 67034, 90101
AARP® Medicare Advantage Focus (PPO)	H2228-020	74000
AARP® Medicare Advantage Choice (PPO)	H2228-065	90103
AARP® Medicare Advantage Choice Plan 2 (PPO)	H2228-080, 081, 110, 111	90126, 90127, 92018, 92020, 92021
AARP® Medicare Advantage Patriot (PPO)	H2228-091	90041

The following benefit plans will **not** be administered by Optum Care:

Plan name	CMS contract number	Group number
UnitedHealthcare Dual Complete® (PPO-D-SNP)	H0271-005	90006



Verifying member eligibility

You can verify member eligibility online or by phone

- **Online:** Through the [UnitedHealthcare Provider Portal](#), go to [UHCprovider.com](#) and click Sign In at the top-right corner. Then, click Eligibility and enter member information.
- **Phone:** Call **877-842-3210** and select the Eligibility and Benefits option



Prior authorization requests

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 plans.

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:** Submit your request at [optum.com](#). Please include any clinical information associated with the requested service.
- **Phone:** **866-565-3361, 8 a.m. – 8 p.m. ET, Monday–Friday**

You don't need to submit another prior authorization request to Optum Care if a request was previously reviewed and approved by UnitedHealthcare for dates of service starting Jan. 1, 2023. 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 calling **866-565-3361** or submitting online at [optum.com](#).



Claims submissions

Please submit claims for UnitedHealthcare members to Optum Care using the following electronic Payer ID or mailing address:

- **Electronic: Payer ID LIFE1**
- **Mail:** Optum Care Network Claims, P.O. Box 30781, Salt Lake City, UT 84130-0781

To check the status of your claim submission, sign in at [optum.com](#).

For any other claim questions, call **866-565-3361**. Please don't submit duplicate claims unless you haven't received payment or an explanation of payment within 45 days of submission.



Claim reconsiderations

To submit a provider dispute please follow the dispute language on explanation of payment (EOP). Each provider dispute must contain, at a minimum, the following information:

- Provider's name
- Provider's TIN
- Provider's 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



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.

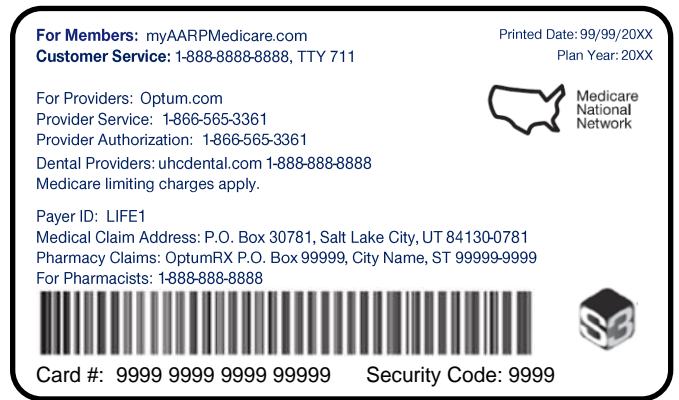
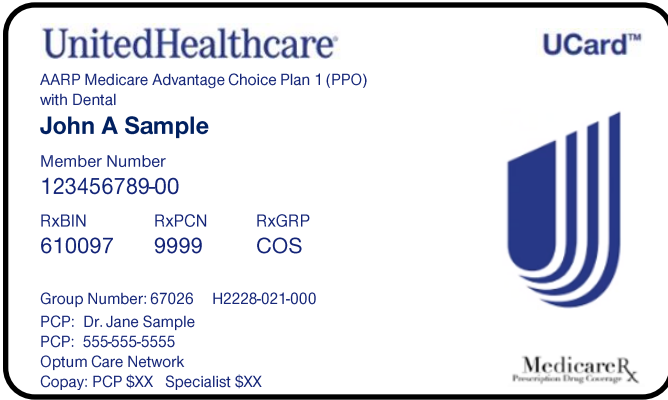


Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID **LIFE1** and will have other applicable Optum Care specific descriptor such as optum.com 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](#).

New for 2023 - UnitedHealthcare UCard (Member ID)

- Nearly all UnitedHealthcare Individual Medicare Advantage plan members including DSNP will receive a 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 or for members to receive medical, dental, prescription, vision and hearing care services
- Starting Jan. 1, 2023, impacted members will present their redesigned member card
- UCard will have the information you need to verify eligibility 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 will include an S3 number, security code and scannable barcode for in-store purchases – providers do not need to scan the barcode to provide medical, dental, prescription, vision or hearing services to the member
- For questions, members should visit their plan website or call the Customer Service number on their UCard
- For a description of the information displayed on the UCard, refer to Chapter 2 of the [UnitedHealthcare Care Provider Administrative Guide](#)



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



We're here to help

If you have questions, please call **866-565-3361**. Thank you.

