

Administrative updates for UnitedHealthcare Medicare Advantage members in Nevada



For dates of service beginning Jan. 1, 2024, 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 referrals
- Submit prior authorization requests
- Send hospital admission notifications
- Check claim submission status
- Submit claims and claim reconsideration requests

The following benefit plans will be administered by Intermountain Health, effective Jan. 1, 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
Intermountain Health	H0609	028	000	90204
Intermountain Health	H0609	031	000	90206
Intermountain Health	H0609	037	000	90211
Intermountain Health	H0609	038	000	90213
Intermountain Health	H1360	001	000	90011
Intermountain Health	H1360	001	000	91631

Verifying member eligibility

You can verify member eligibility online or by phone:

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

By phone: 877-842-3210

Referrals

For plans that require referrals, submit referral requests to HealthFortis by calling 702-567-3176.

Prior authorization

Prior authorization may be required for certain services based on the member's plan. 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: [HealthFortis](#)

By phone: 702-318-2400

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. 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.

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](#).

2024 plan name changes

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.



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

Submit claim reconsiderations:

Online: [claimsportal.intermountainnv.org](#)

By phone: 702-318-2400

By mail:
Intermountain Health
P.O. Box 211375
Eagan, MN 55121

Check the status of your claim submission:

Online: [claimsportal.intermountainnv.org](#)

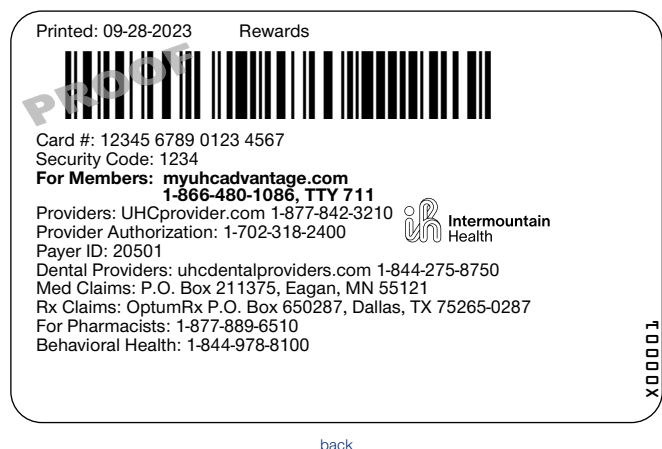
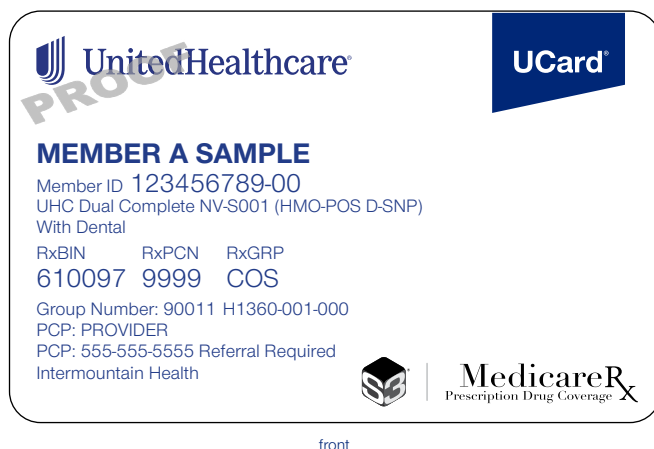
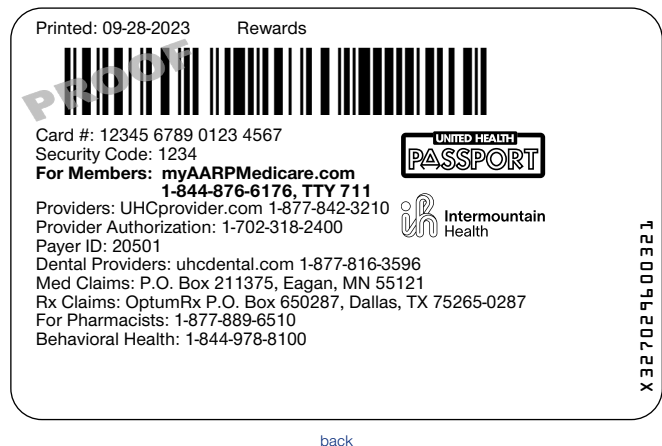
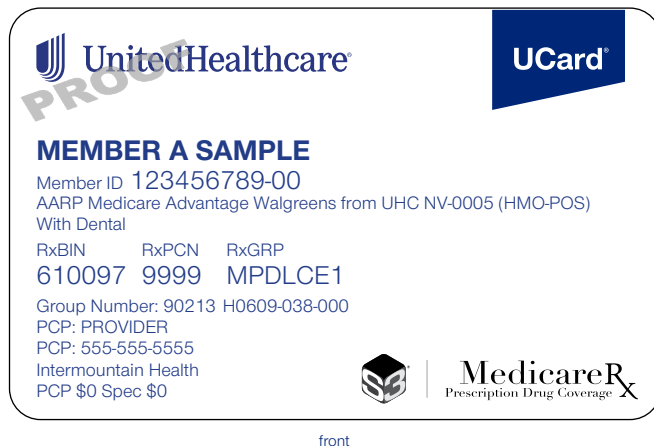
By phone: 702-318-2400

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

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



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

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.



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 **877-842-3210**, TTY/RTT **711**, 7 a.m.–5 p.m. CT, Monday–Friday.