2023 Administrative Guide for UnitedHealthcare Medicare Advantage members in Nevada

Quick reference guide OptumCare-NV

For dates of service beginning **Jan. 1, 2023,** OptumCare-NV, an affiliate of UnitedHealthcare, will manage certain administrative services for UnitedHealthcare[®] Medicare Advantage benefit plans listed below. This reference guide provides an overview of the administrative processes:

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

The following benefit plans will continue to be administered by OptumCare-NV, effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage (HMO-POS)	H0609-028	90202
AARP [®] Medicare Advantage Premier (HMO-POS)	H0609-031	90205
UnitedHealthcare® Medicare Advantage Focus (HMO-POS)	H0609-032	90207
AARP® Medicare Advantage Plan 1 (HMO-POS)	H0609-033	90209
UnitedHealthcare® Medicare Advantage Assist (HMO-POS C-SNP)	H0609-037	90210
AARP® Medicare Advantage Walgreens (HMO-POS)	H0609-038	90212
AARP® Medicare Advantage Plan 2 (HMO-POS)	H0609-040	90214
UnitedHealthcare® Group Medicare Advantage	H0609-810	667112-IJU
UnitedHealthcare [®] Group Medicare Advantage	H0609-811	667044-ILE, 667055-IDO, 667068-IDF, 667096-IKO, 667120-IDT, 667130-IKO, 667132-ILE, 667159-IJR, 667200- IJS, 667201-IEN, 900068-IDT, 900074-IDG, 900076-IGI



UnitedHealthcare® Group Medicare Advantage	H0609-813	900141-IGN, 900142-IKK, 900143- IJG, 900219-IHO, 900220-IGO, 900221-IHC, 900223-IJF, 900224- IJF, 900225-IGO, 900226-IGO
UnitedHealthcare Dual Complete® (D-SNP HMO-POS)	H1360-001	90008, 90009
AARP® Medicare Advantage Choice (PPO)	H7404-018	92011
AARP® Medicare Advantage Patriot (PPO)	H7404-019	92012
AARP® Medicare Advantage Walgreens (PPO)	H7404-020	90027, 92013



Verifying member eligibility

You can verify member eligibility online or by phone:

Online: Visit optum.comPhone: Call 855-893-2297



Referral requests

For plans that require referrals, submit referral requests online at providers.optumcaremw.com.



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.

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/sign-in/optum-care-professionals.html. Please include any clinical information associated with the requested service.
- Phone: Call 855-893-2297



Hospital admission notifications

Please notify OptumCare-NV of hospital admissions no later than 1 business day after admission by calling 702-240-8878, option 2, or faxing 702-804-3773.



Claims submissions

Please submit claims for UnitedHealthcare members to OptumCare-NV using the following electronic Payer ID or mailing address:

- Electronic: Payer ID LIFE1 or use your clearinghouse's OptumCare-NV Payer ID
- Online: optum.com/sign-in/optum-care-professionals.html
- Mail: Optum Care Claims, P.O. Box 30539, Salt Lake City, UT 84130

To check the status of your claim submission, sign in at optum.com.

For any other claim questions, call 855-893-2297. Please don't submit duplicate claims unless you haven't received payment or an explanation of payment within 45 days of submission.





Claim reconsiderations

 You can submit claim disputes by calling 855-893-2297, emailing claimdispute@optum.com or mailing to: Optum Care Claims
 P.O. Box 30539
 Salt Lake City, UT 84130



Member ID cards

Members in the affected plans will get new member ID cards that show the Payer LIFE1 and will have the OptumCare-NV name and delegate website, 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 D-SNP, 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 doesn't 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 don't 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 877-842-3210. Thank you.



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