Administrative changes for UnitedHealthcare Optum Care members in New Mexico

Quick reference guide

For dates of service beginning Jan. 1, 2023, Optum® Care, an affiliate of UnitedHealthcare, will manage certain administrative services for certain UnitedHealthcare® Medicare Advantage HMO HMO-POS and PPO benefit plans listed below. This reference guide provides an overview of the Optum Care's administrative processes:

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

The following benefit plans will be newly administered by Optum Care, effective Jan. 1, 2023:

Plan name	County	CMS contract number	Group number
AARP® Medicare Advantage Choice Rebate	Bernalillo, Sandoval, Torrance	H2228-125	79751, 79755
AARP® Medicare Advantage Choice Rebate	Los Alamos, Mora, Rio Arriba	H2228-126	79752, 79752

The following benefit plans will continue to be administered by Optum Care, effective Jan. 1, 2023:

Plan name	County	CMS contract number	Group number
UnitedHealthcare® Chronic Complete Assure (PPO CSNP)	Bernalillo, Los Alamos, Rio Arriba, Sandoval, San Miguel, Mora, Santa Fe, Torrance, Valencia	H0271-033	90132
AARP® Medicare Advantage Choice Plan 2	Bernalillo, Sandoval, Torrance, Valencia	H2228-047	79710
AARP® Medicare Advantage Choice Plan 2	Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe	H2228-049	79711
AARP® Medicare Advantage Patriot	Bernalillo, Los Alamos, Mora, Rio Arriba, Sandoval, San Miguel, Santa Fe, Torrance, Valencia	H2228-098	74062
AARP® Medicare Advantage Choice Plan 1	Bernalillo, Sandoval, Torrance, Valencia	H2228-116	90035
AARP® Medicare Advantage Choice Plan 1	Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe	H2228-117	90037
AARP® Medicare Advantage (HMO-POS)	Bernalillo, Sandoval, Valencia	H6526-001	17087, 38013
AARP® Medicare Advantage (HMO-POS)	Santa Fe	H6526-002	38011, 38018





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, select Eligibility and enter member information.
- Phone: Call 877-842-3210 and select the Eligibility and Benefits option



Referral requests

No referrals required to a network contracted specialist.



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 HMO and PPO 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 optum.com. Please include any clinical information associated with the requested service.
- Phone: Call 800-620-6768



Hospital admission notifications

Please notify Optum Care of hospital admissions no later than 1 business day after admission by calling **800-620-6768** 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 30539, Salt Lake City, UT 84130-0539

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

For any other claim questions, call **800-620-6768**. 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:

- Phone: 800-620-6768
- Email: claimsdispute@optum.com
- Fax: 888-905-9495
- Mail: Optum Care Network Claims, P.O. Box 30539, Salt Lake City, UT 84130-0539

Download the provider dispute resolution form online from **Optum Care**.





Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID LIFE1. You can download a copy of the member ID card when you verify eligibility and benefits in the **UnitedHealthcare Provider Portal**.

UnitedHealthcare UCard

- Nearly all UnitedHealthcare Individual Medicare Advantage plan members 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 877-842-3210. Thank you.

