

Administrative changes for UnitedHealthcare HMO & PPO members in Ohio

Quick reference guide

For dates of service beginning Jan. 1, 2023, Optum® Care Network, an affiliate of UnitedHealthcare, will manage certain administrative services for certain UnitedHealthcare HMO and PPO 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 Optum Care Network effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage Plan 7 (HMO-POS)	H5253-049-000	90005
AARP® Medicare Advantage Plan 1 (HMO-POS)	H5253-050-000	90007
AARP® Medicare Advantage Plan 3 (HMO-POS)	H5253-051-000	90044 90045
AARP® Medicare Advantage Flex Plan 6 (HMO-POS)	H5253-052-000	90074 90075
AARP® Medicare Advantage Plan 5 (HMO-POS)	H5253-062-000	90043
AARP® Medicare Advantage Plan 2 (HMO-POS)	H5253-109-001	90046
AARP® Medicare Advantage Plan 2 (HMO-POS)	H5253-109-002	90047 90048

Plan name (Continued)	CMS contract number	Group number
AARP® Medicare Advantage Flex Plan 8 (HMO-POS)	H5253-115-000	90063
AARP® Medicare Advantage Choice Flex (PPO)	H8768-007-000	90049
AARP® Medicare Advantage Choice (PPO)	H8768-014-000	90138
AARP® Medicare Advantage Choice (PPO)	H8768-015-000	90139 90140
AARP® Medicare Advantage Patriot (PPO)	H8768-021-000	90001 90002
AARP® Medicare Advantage Choice Plan 4 (PPO)	H8768-033-000	92017



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 **866-566-4715** and select the Eligibility and Benefits option



Referral requests

For plans that require referrals, submit referral requests online in the [Optum Care Provider Portal](#).



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 in the [Optum Care Provider Portal](#). Please include any clinical information associated with the requested service.
- **Phone:** Call **866-566-4715**

You don't need to submit another prior authorization request to Optum Care Network if a request was previously reviewed and approved by UnitedHealthcare for dates of service starting Jan. 1, 2023, and after. Optum Care Network will reimburse services approved by UnitedHealthcare.



Hospital admission notifications

Please notify Optum Care Network of hospital admissions no later than 1 business day after admission by calling **866-566-4715** or submitting online in the [Optum Care Provider Portal](#).



Claims submissions

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

- **Electronic:** Payer ID LIFE1 or use your clearinghouse's Optum Care Network Payer ID
- **Mail:** Optum Care Network, P.O. Box 30781, Salt Lake City, UT 84130-0781

To check the status of your claim submission, sign in to the [Optum Care Provider Portal](#).

For any other claim questions, call **866-566-4715**. 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 **866-566-4715**, online in the [Optum Care Provider Portal](#) or by mail to Optum Care Network, P.O. Box 30781, Salt Lake City, UT 84130-0781



Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID LIFE1 and will have Optum Care Network and www.Optum.com 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](#).

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 **866-566-4715**. Thank you.