

2023 Medicare Advantage plans in West Virginia

Quick reference guide



Need to contact us? Use this reference guide for quick access to a variety of helpful resources.



UnitedHealthcare Provider Portal

The UnitedHealthcare Provider Portal is your gateway to the UnitedHealthcare online tools. To access the portal, you need to **create or sign in using a One Healthcare ID** to:

- Check patient eligibility and benefits
- Use TrackIt to manage items that need your attention, including prior authorization requests and claim submissions
- Submit and check referral status
- Get claims status and submit reconsideration and appeal requests

Visit UHCprovider.com/portal for more information. If you have technical questions, contact UnitedHealthcare Web Support at providertechsupport@uhc.com or call **866-842-3278**, option 1, 7 a.m.-9 p.m. CT, Monday-Friday.

Prior authorization requests and advance notification

For more information, visit UHCprovider.com/priorauth. You can submit prior authorization requests:

- **Online:** Sign in to the **UnitedHealthcare Provider Portal** at UHCprovider.com
- **By phone:** Call the Provider Services number on the back of the member's ID card

My Practice Profile

The My Practice Profile tool at UHCprovider.com/mpp lets you view, update and attest to the demographic information our members see for your organization. To review your participation status, explore the Provider Products section in the Provider Demographic Details.



Claims submission

- **Online:** Submit claims using the **UnitedHealthcare Provider Portal**. Go to UHCprovider.com and click on the sign-in button in the top-right corner.
- **Electronic:** To submit claims by Electronic Data Interchange (EDI), use **Payer ID 87726**. Learn more at UHCprovider.com/edi
- **Paper:** Submit paper claims to the address listed on the member's ID card. Go to UHCprovider.com/claims for more information.

Appeals submission

Submit appeals with attachments using our Application Programming Interface (API) at UHCprovider.com/API.



Primary Care Physician (PCP) membership reports

To access membership reports, sign in to the **UnitedHealthcare Provider Portal**. Then click Document & Reporting > UnitedHealthcare Reports.

Model of Care training

The annually required Model of Care training can be accessed at **UHCprovider.com/training** > Special Needs Plan (SNP) Model of Care Training for Providers.

Benefit contacts

Benefits vary by plan



Telehealth (virtual visits)

- UnitedHealthcare Medicare Advantage members have coverage for telehealth with contracted network health care professionals for medical and behavioral/mental health care
- If you're looking to deliver care virtually, we have resources, training, best practices and reimbursement policies, at **UHCprovider.com/telehealth**

You can find our telehealth service protocols in the administrative guide at **UHCprovider.com/guides**.



Behavioral and mental health services

Please refer to the provider phone number on the member's ID card.



Prescription medications

optumrx.com

Mail order

- Call **800-791-7658**, Monday–Friday, 8 a.m.–8 p.m. CT
- Fax 800-491-7997

Oral drug prior authorization requests

- **covermy meds.com/epa/optumrx**
- Call **800-711-4555**, option 1
- Fax 844-403-1027

Injectable drug prior authorization requests

- Call **800-711-4555**, option 2

Prescription coverage/pricing: UHCprovider.com/precheckmyscript

Prescription drug formulary: UHC.com/medicare > Enter ZIP code > Select Plan > View Plan Details > Plan Documents > Prescription Drug Coverage



UnitedHealthcare Vision

spectera.com

Routine vision care

Call **800-638-3120**, Monday–Friday, 7 a.m.–10 p.m., and Saturday, 7 a.m.–5:30 p.m. CT





UnitedHealthcare Hearing

uhchearing.com

For routine hearing services and plans offering hearing aids covered through UnitedHealthcare Hearing, members must receive hearing aids from a UnitedHealthcare Hearing network provider.

Call UnitedHealthcare Hearing with questions at **855-523-9355**, Monday–Friday, 8 a.m.–8 p.m. CT.



UnitedHealthcare Dental

uhcdental.com

Routine dental care

Call **877-816-3596**, Monday–Friday, 7 a.m.–10 p.m. CT



Other resources

- You can find additional information in the care provider administrative guide at UHCprovider.com/guides
- If you can't find the information you need on UHCprovider.com, call us at **877-842-3210**, 8 a.m.–8 p.m. ET, Monday–Friday
- For educational resources, visit UHCprovider.com/training



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](#)



Questions?

If you have questions, please contact your physician advocate, provider relations or network management representative at UHCprovider.com/contactus > Network Help.



Sample member ID cards



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

2023 plan overview

Referrals are not required

Plan name and type	Counties	Centers for Medicare & Medicaid Services (CMS) contract	Group number
AARP® Medicare Advantage Choice Plan 1 (PPO)	All West Virginia counties	H8211-001	10809
AARP® Medicare Advantage Choice Plan 2 (PPO)	All West Virginia counties	H8211-002	10808
AARP® Medicare Advantage Patriot (PPO)	All West Virginia counties	H8211-005	74077
AARP® Medicare Advantage Choice Flex (PPO)	All West Virginia counties	H8211-006	74078

