Administrative updates for UnitedHealthcare Medicare Advantage members in Oregon



For dates of service beginning Jan. 1, 2024, Optum Care® Network, an affiliate of UnitedHealthcare, 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 Optum Care, effective Jan. 1, 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H0271	036	000	90304
Optum Care Network	H1278	029	000	90741*
Optum Care Network	H1278	029	000	90743*
Optum Care Network	H1278	030	000	90745*
Optum Care Network	H1278	030	000	90747*
Optum Care Network	H1278	031	000	90749*
Optum Care Network	H1278	032	000	90751*
Optum Care Network	H2406	042	000	90796
Optum Care Network	H2406	070	000	90816
Optum Care Network	H2406	070	000	90817
Optum Care Network	H2406	073	000	90820
Optum Care Network	H3805	001	000	92116
Optum Care Network	H3805	015	000	91650*
Optum Care Network	H3805	015	000	92119*
Optum Care Network	H3805	017	000	90891*
Optum Care Network	H3805	017	000	91652*
Optum Care Network	H3805	032	000	90866*



Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H3805	037	000	90901*
Optum Care Network	H3805	037	000	91655*
Optum Care Network	H3805	039	001	90906
Optum Care Network	H3805	039	002	90909

^{*}Group number for Washington members who select an Oregon primary care physician (PCP).

Verifying member eligibility

You can verify member eligibility:

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 online at **optumproportal.com**.

Prior authorization

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 PPO.

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:

For general/specialist services, submit requests:

Online: optumproportal.com By phone: 866-565-3664

For post-acute services, submit requests:

Online: navihealth/nhaccess.com

By phone: 855-851-1127 **By fax:** 844-244-9482

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. Optum Care will reimburse services approved

by UnitedHealthcare.



Claims

Submit claims using the following electronic Payer ID or mailing address:

Payer ID: LIFE1
Mailing address:
Optum Care Network
P.O. Box 30788
Salt Lake City, UT 84130-0788

Submit claim reconsiderations:

Online: optumproportal.com
By phone: 866-565-3664
By mail: Optum Provider
Dispute Resolution

P.O. Box 30788

Salt Lake City, UT 84130-0788

Check the status of your claim submission:

Online: optumproportal.com By phone: 866-565-3664

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



Hospital admission notifications

Please notify Optum Care of hospital admissions no later than 1 business day after admission by:

Phone: 866-565-3664 **Fax:** 855-249-8166

Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID LIFE1 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 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



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2024 UnitedHealthcare UCard (cont.)



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

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.



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.

