

# Administrative updates for UnitedHealthcare Medicare Advantage members in Nevada



For dates of service beginning Jan. 1, 2026, Optum Health Networks, 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 and check referral status
- Submit hospital admission notifications
- Submit prior authorization requests
- Check claim status, submit claims and claim reconsiderations

The following benefit plans will be administered by Optum Health Networks, effective Jan. 1, 2026:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type*
H0609	028	000	90202	N/A
H0609	031	000	90205	N/A
H0609	032	000	90207	N/A
H0609	033	000	90209	N/A
H0609	037	000	90210	N/A
H0609	038	000	90212	N/A
H0609	040	000	90214	N/A
H0609	040	000	90499	N/A
H0609	075	000	90253	N/A
H0609	076	000	90255	N/A
H0609	810	000	Any employer groups associated with these H/PBPs	N/A
H0609	811	000	Any employer groups associated with these H/PBPs	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type*
H0609	813	000	Any employer groups associated with these H/PBPs	N/A
H1360	001	000	90008	Full dual group
H1360	001	000	90009	Full dual group
H1360	001	000	91629	Partial dual group
H1360	001	000	91630	Partial dual group
H1360	003	000	06349**	Full dual group
H1360	003	000	06350**	Partial dual group
H1360	003	000	06353**	Full dual group
H1360	003	000	06354**	Partial dual group
H1889	012	000	90752	Full dual group
H1889	012	000	91633	Full dual group
H1889	012	000	91643	Partial dual group
H1889	012	000	91646	Partial dual group
H1889	035	000	90264	Full dual group
H1889	035	000	90265	Partial dual group
H1889	035	000	90266	Full dual group
H1889	035	000	90267	Partial dual group
H2001	125	000	92011	N/A
H2001	126	000	92012	N/A
H2001	127	000	90027	N/A
H2001	127	000	92013	N/A
H2001	132	000	90269	N/A
H2001	132	000	90953	N/A

\*Only applicable to Dual-Eligible plans.

\*\*New Dual Special Needs Plans in 2026.

## Verifying member eligibility

You can verify member eligibility:

**Online:** Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility  
Sign in to the Optum Pro portal at [optumproportal.com](https://optumproportal.com)

## Referrals

For plans that require referrals, submit referral requests online at [optumproportal.com](https://optumproportal.com)



## Specialist services referrals

Starting **Jan. 1, 2026**, most members enrolled in UnitedHealthcare Medicare Advantage HMO and HMO-POS plans will be required to obtain a referral from their primary care provider (PCP) before accessing certain specialist services in outpatient, office or home settings. Claims for specialist services without a referral will be denied beginning **May 1, 2026**.

## Applicable markets

This requirement will apply to UnitedHealthcare Medicare Advantage HMO and HMO-POS plan members delegated to Optum networks in the following markets. To see if a UnitedHealthcare Medicare Advantage plan member is delegated to your Optum network, check their member ID card. It will list **LIFE1** as the payer ID.

- Arizona
- Colorado
- Connecticut
- Georgia
- Idaho
- Indiana
- Kansas-Missouri
- Nevada\*
- New Jersey
- New Mexico\*\*
- New York
- Ohio
- Oregon
- South Carolina
- Tennessee
- Utah
- Virginia
- Washington
- Wisconsin

\*Nevada has referral requirements currently in place. Existing referral policies will not change, and referrals are required for all 2026 dates of service. For referral exclusions, requirements and details, please refer to the member's evidence of coverage.

\*\*New Mexico has referral requirements currently in place. The existing referral requirements will be replaced with this new referral policy that includes claim denial. Please see Key dates below for details regarding this update.

## What this change means

If you see patients covered by a UnitedHealthcare Medicare Advantage HMO or HMO-POS plan in one of the applicable markets, they must obtain a referral from their PCP before seeing a specialist. The PCP must submit the referral to Optum prior to the specialist visit.

Referral requirements **do not apply** to members enrolled in:

- Institutional SNP plans
- Erickson Advantage plans
- Michigan Integrated DSNP plan (H2247-005)

The new referral requirements will **not** apply to services provided by a(n):

- Audiologist
- Chiropractor
- Emergency medicine
- Hematologist
- Infectious disease specialist
- Mental health provider
- Neonatology
- Nuclear medicine
- Nutritionist
- Obstetrician/gynecologist
- Oncologist
- Ophthalmologist
- Optician
- Optometrist
- Podiatrist
- Primary care provider
- Radiologist
- Therapeutic radiologist

## Referrals (cont.)

In addition, a PCP referral is **not required** for:

- PT/OT/ST, cardiac therapy or pulmonary therapy
- Provision of anesthesiology (pain management services rendered by an anesthesiologist do require a referral)
- Home health agency services
- Services performed in an observation setting
- Any services from a pathologist or inpatient consulting physician, including hospitalists
- Emergency room, ambulance or urgent care services
- Telehealth services
- Medicare-covered preventive services, kidney disease education or diabetes self-management training
- Routine annual physical exams, routine vision exams or hearing exams
- Dialysis services
- Any lab services, radiological or non-radiological testing services, or radiation therapy
- Durable medical equipment, home health, prosthetic/orthotic devices, medical supplies, diabetic testing supplies, Medicare Part B drugs or allergens
- Additional coverage that may be included by some Medicare Advantage plans but are not covered by Medicare, such as hearing aids, routine eyewear, dental care, fitness memberships or outpatient prescription drugs

## Key dates

Claims will not be denied for lack of referral on plans with new referral requirements for dates of service through **April 30, 2026**. However, providers are encouraged to begin submitting referrals for services scheduled on or after **Jan. 1, 2026**. Claims for specialist services without a referral will be denied beginning **May 1, 2026**.

Claims denied due to missing referrals will be considered provider liability. Members must not be balance billed for services rendered without a valid referral.

For plans with new referral requirements, referrals for the 2026 plan year can't be submitted before Jan. 1, 2026.

Claims may still be denied even if a referral is on file if:

- The services are not covered under the member's benefit plan
- Required prior authorization was not obtained

## Learn more

Additional information about the upcoming referral requirement is posted at [UHCprovider.com/news](https://uhcprovider.com/news).

## We're here for you

If you have questions, please contact an Optum Health Networks team member. For technical assistance, contact the support team using the Contact us link in the portal.



## 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](https://UHCprovider.com/priorauth) > Advance Notification and Plan Requirement Resources. Submit your request at least 7 days before the planned date of service:

**Online:** [optumproportal.com](https://optumproportal.com)

**By phone:** 855-893-2297

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, 2026, and after. Optum Health Networks will reimburse services approved by UnitedHealthcare.

## Hospital admission notifications

Please notify Optum Health Networks of hospital admissions no later than 1 business day after admission:

**Online:** [optumproportal.com](https://optumproportal.com)

**By phone:** 877-778-4108

## 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](#).

## UnitedHealthcare UCard

You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

- 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 a Benefit Award Card Number, security numbers, expiration dates and a magnetic stripe 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
- Payer ID is listed on the front of the member ID card
- PCP name and phone number displays on some referral plan ID cards

# UnitedHealthcare UCard (cont.)

front

back

 **UCard**

**MEMBER A SAMPLE**  
 Member ID 123456789-00  
 AARP Medicare Advantage from UHC NV-0001 (HMO-POS)  
 With Dental  
 Group Number: 90202 H0609-028-000 Payer ID: LIFE1

RxBIN    RxPCN    RxGRP  
 610097 9999    COS

PCP: PROVIDER  
 PCP: 555-555-5555 Referral Required  
 Optum Health Networks  
 PCP \$0 Specialist \$0

 Prescription Drug Coverage

Benefit Award Card #: 6102 3300 0000 0799  
 Printed: 09-15-2025  
**For Members: myAARPMedicare.com**  
**1-844-876-6176, TTY 711**



Funds and Rewards expire. See cardholder terms.  
 Providers: optumproportal.com 1-855-893-2297  
 Provider Authorization: 1-855-893-2297  
 Dental Providers: uhcdental.com 1-877-816-3596  
 For Pharmacists: 1-877-889-6510  
 Med Claims: P.O. Box 30539, Salt Lake City, UT 84130-0539  
 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287  
 Clinical Admin. Coordinator: 1-877-512-9339

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 **UCard**

**MEMBER A SAMPLE**  
 Member ID 123456789-00  
 UHC Dual Complete NV-S001 (HMO-POS D-SNP)  
 With Dental  
 Group Number: 90008 H1360-001-000 Payer ID: LIFE1

RxBIN    RxPCN    RxGRP  
 610097 9999    COS

PCP: PROVIDER  
 PCP: 555-555-5555 Referral Required  
 Optum Health Networks

 Prescription Drug Coverage

Benefit Award Card #: 6102 3300 0000 0799  
 Printed: 09-15-2025  
**For Members: myUHCAvantage.com**  
**1-866-480-1086, TTY 711**

Providers: optumproportal.com 1-855-893-2297  
 Provider Authorization: 1-855-893-2297  
 Dental Providers: uhcdentalproviders.com 1-844-275-8750  
 For Pharmacists: 1-877-889-6510  
 Med Claims: P.O. Box 30539, Salt Lake City, UT 84130-0539  
 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287  
 Clinical Admin. Coordinator: 1-877-512-9339  
 Funds and Rewards expire. Fees apply. See cardholder terms.

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 **UCard**

**MEMBER A SAMPLE**  
 Member ID 123456789-00  
 AARP Medicare Advantage from UHC NV-0007 (PPO)  
 With Dental  
 Group Number: 92011 H2001-125-000 Payer ID: LIFE1

RxBIN    RxPCN    RxGRP  
 610097 9999    COS

PCP \$0 Specialist \$45

 Prescription Drug Coverage

Benefit Award Card #: 6102 3300 0000 0799  
 Printed: 09-15-2025  
**For Members: myAARPMedicare.com**  
**1-844-876-6176, TTY 711**



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 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287  
 Medicare limiting charges apply.  
 Clinical Admin. Coordinator: 1-877-512-9339

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

## 2026 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for state-specific plan names.

## Plan overviews

Plan overviews are available in the [2026 Medicare Advantage, CSNP & DSNP Plan Overview Course](#) > 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 2026 plans Medicare Advantage plans > Find plan and select view plan details > Plan documents > Summary of benefits.

## UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Some HMO and HMO-POS plans with referral requirements have access to the UnitedHealthcare Medicare National Network. For services requiring a referral, referrals are required to any participating network specialist nationwide, including specialists both inside and outside the member's home plan service area.

For HMO and HMO-POS plans with referral requirements and the Passport benefit, a PCP referral is not required for Passport services. For more information about National Network and Passport, visit [UHCprovider.com/plans](#) > Choose your state > Medicare > Choose plan > Tools & Resources.

## Claims

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

**Payer ID:** LIFE1

**Mailing address:**

Optum Care Claims  
P.O. Box 30539  
Salt Lake City, UT 84130-0539

Submit claim reconsiderations:  
**Online: [optumportal.com](#)**

Check the status of your claim submission:

**Online: [optumportal.com](#)**



The delegate owns all reconsiderations and appeals when they process claims for a delegated member.



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



## Questions?

For chat options and contact information, visit [UHCprovider.com/contactus](#).