Administrative updates for UnitedHealthcare Medicare Advantage members in Arizona



For dates of service beginning Jan. 1, 2024, Optum Care, 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:

- Process claim submissions
- · Process hospital admission notifications
- · Process prior authorization requests
- Verify member eligibility

The following benefit plans will be administered by Optum Care, effective Jan. 1, 2024:

Group delegated entity	Contract number	РВР	Segment ID	Group number
Optum Care Tucson	H5253	035	000	90108
Optum Care	H0609	025	000	HCFAC9-1ZG
Optum Care	H0609	026	000	HCFAD7-1ZH
Optum Care	H0609	026	000	HCFAD7-1ZI
Optum Care	H0609	027	000	HCFAH4-1ZE
Optum Care	H0609	042	000	HCFA0B-1XV
Optum Care	H0609	043	000	HCFA0C-1XZ
Optum Care	H0609	044	000	HCFA0D-1YJ
Optum Care	H0609	045	000	HCFA0E-1YK
Optum Care	H0609	046	000	HCFA0F-1ZN
Optum Care	H0271	025	000	90927
Optum Care	H2406	061	000	90809
Optum Care Tucson	H2406	061	000	90919
Optum Care Tucson	H2406	062	000	90810
Optum Care	H2406	062	000	90920
Optum Care	H2406	063	000	90811
Optum Care Tucson	H2406	063	000	90924
Optum Care	H2406	064	000	90812
Optum Care Tucson	H2406	064	000	90921



Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Tucson	H2406	076	000	90765
Optum Care Tucson	H2406	076	000	90766
Optum Care	H2406	076	000	90823
Optum Care	H2406	076	000	90990
Optum Care	H2406	077	000	90824
Optum Care Tucson	H2406	077	000	90825
Optum Care Tucson	H2406	078	000	90826
Optum Care	H2406	078	000	90922
Optum Care	H2406	079	000	90827
Optum Care Tucson	H2406	079	000	90923
Optum Care	H5253	036	000	90974

Verifying member eligibility

You can verify member eligibility online or by phone:

Online: Sign in to the UnitedHealthcare Provider Portal and select Eligibility

By phone: 877-842-3210

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:

Online: Optum Pro portal at optumproportal.com

By phone: 877-370-2845

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.

Hospital admission notifications

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

Online: Optum Pro portal By phone: 877-370-2845

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**.



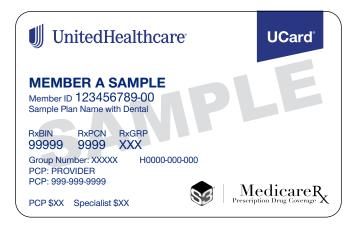
2024 UnitedHealthcare UCard

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

front

back



Printed: XX-XXXXX Rewards

Card #: 99999 9999 9999 9999
Security Code: 9999
For Members: memberurl.com
1-999-9999, TTY 711
Providers: providerurl.com 1-999-999999
Payer ID: XXXXX
Dental Providers: dentalurl.com 1-999-9999
Med Claims: P.O. Box 99999, CITY NAME, STATE 99999-9999
Rx Claims: OPTUMRX P.O. Box 99999, CITY, ST 99999-9999
For Pharmacists: 1-999-999-9999

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



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

Submit claim reconsiderations:

Online: Optum Pro portal

By mail:

Optum Care Provider Dispute Resolution

P.O. Box 30539

Salt Lake City, UT 84130-0539

By phone: 855-822-4325

Check the status of your claim submission:

Online: Optum Pro portal By phone: 877-370-2845

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



2024 plan name changes

Starting Jan.1, 2024, providers can refer to the **Plan Name Change Crosswalk** for the state-specific 2024 plan names. Before Jan. 1, 2024, the crosswalk will only display 2023 health plan names.

Plan overviews

Plan overviews are available in the **2024 Medicare Advantage Plan Overview** > State > Plan overview 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.

