

Administrative updates for UnitedHealthcare Medicare Advantage members in New Mexico



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 prior authorization requests
- Send hospital admission notifications
- 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	H6526	001	000	17087
Optum Care Network	H6526	001	000	38013
Optum Care Network	H6526	002	000	38011
Optum Care Network	H6526	002	000	38018
Optum Care Network	H0271	033	000	90132
Optum Care Network	H0271	035	000	90710
Optum Care Network	H2406	088	000	90832
Optum Care Network	H2406	091	000	90833
Optum Care Network	H2406	092	000	90834
Optum Care Network	H2406	054	000	90975
Optum Care Network	H2406	055	000	90976
Optum Care Network	H2406	080	000	90828
Optum Care Network	H2406	089	000	90762
Optum Care Network	H2406	090	000	90763
Optum Care Network	H2406	096	000	90837

Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H2406	096	000	90838
Optum Care Network	H2406	097	000	90839
Optum Care Network	H2406	097	000	90840

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](#)

By phone: 800-620-6768

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: 800-620-6768

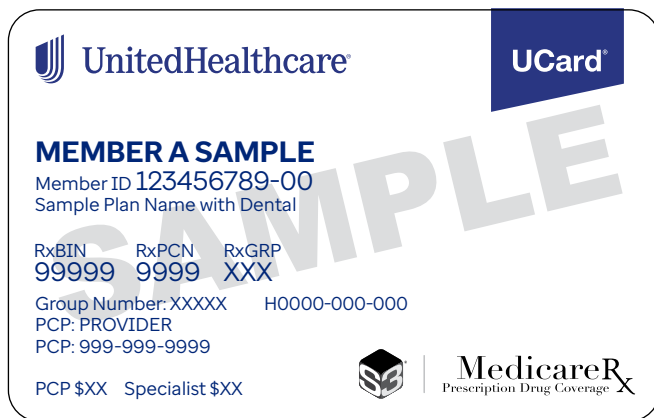
Member ID cards

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



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.

Claims

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

Payer ID: LIFE1

Mailing address:

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

Submit claim reconsiderations:

Online: [Optum Pro portal](#)

By phone: 800-620-6768

By mail:

Optum Care Provider
Dispute Resolution
P.O. Box 30539
Salt Lake City, UT 84130-0539

Check the status of your claim submission:

Online: [Optum Pro portal](#)

By phone: 800-620-6768



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



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.