

Administrative updates for UnitedHealthcare Medicare Advantage members in Indiana



For dates of service beginning Jan. 1, 2025, 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 prior authorization requests
- Send hospital admission notifications
- Check claim submission status
- Submit claim reconsideration requests

The following benefit plans will be administered by Optum Health Networks, effective Jan. 1, 2025:

Contract number	PBP	Segment ID	Group number
H2406	035	000	90782
H2406	036	000	90783
H2406	037	000	90784
H2406	038	000	90785
H2406	056	000	90801
H2406	066	000	90468
H2406	066	000	90814
H2406	067	000	90469
H2406	067	000	90815
H2406	074	000	90822
H2406	086	000	90470
H2406	086	000	90829
H2406	087	000	90830
H2406	087	000	90831

Contract number	PBP	Segment ID	Group number
H2802	007	000	00746
H2802	008	000	00748
H2802	008	000	00749
H2802	010	000	00744
H2802	010	000	90471
H2802	012	000	00750
H2802	012	000	90472
H2802	018	000	00758
H2802	018	000	90473
H2802	055	000	90876
H2802	056	000	90877
H2802	057	000	90878
H2802	058	000	90879
H2802	059	000	90880
H2802	059	000	90881

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the [UnitedHealthcare Provider Portal](#) and select Eligibility

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: [optumproportal.com](#)

By phone: 866-565-3361

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, 2025, 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](#)

By phone: 866-565-3361



Utilization management requests

Optum Care processes these requests according to Centers for Medicare & Medicaid Services (CMS) requirements and will deliver a determination within:

- 72 hours for expedited or urgent pre-service requests
- 14 days for standard or non-urgent pre-service requests

Peer-to-peer discussions

If a request is going to be denied, the Optum Care utilization management nurse or coordinator will contact the requesting health care professional. If you submit the request and you have additional clinical information to share, Optum Care will encourage you to set up a conversation with their utilization management medical director. This peer-to-peer discussion takes place before the request is denied and before the appeals process starts.

To request a peer-to-peer conversation with Optum Care, call 866-565-3361. They'll work to set up the conversation within 1 business day of the request between 8 a.m. – 8 p.m. ET Monday – Friday.

If the request isn't authorized after the discussion, Optum Care will notify you and the member in writing, including information about the member's appeal rights.

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](#).

2025 UnitedHealthcare UCard

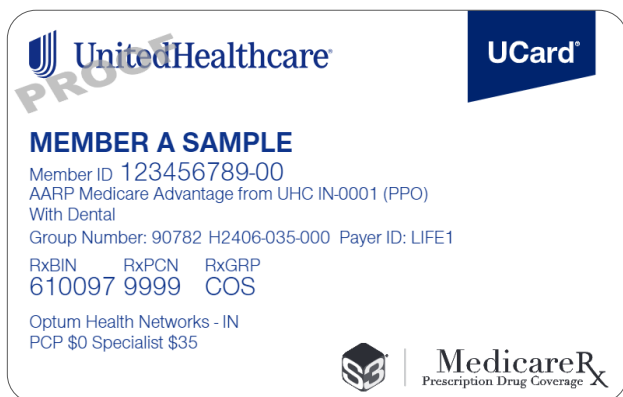
PCP removal

- Starting, Jan. 1, 2025, the primary care provider (PCP) name and phone number will be removed from some UCards for UnitedHealthcare individual Medicare Advantage plans
- Providers can access the member's PCP assignment information on the UnitedHealthcare Provider Portal or via eligibility check (EDI 270/271)
- This change will affect most open access HMO, POS and PPO plans
- The PCP name and phone number will continue to display on most Gatekeeper (referral plans)
- UnitedHealthcare Medicare Advantage plans that have delegated risk arrangements will continue to display the delegated entity's name on the front of the UCard, if desired by the delegated entity

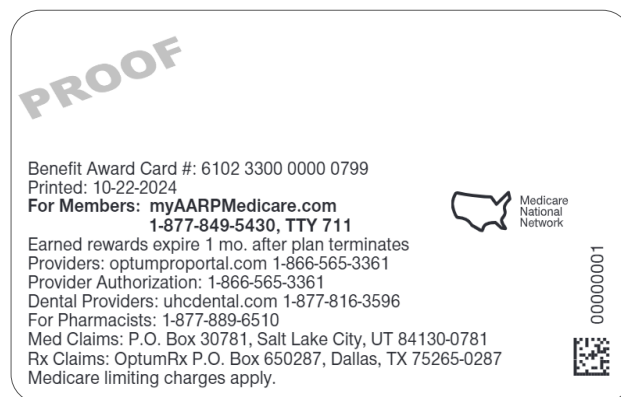
Member ID

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 machine-readable bar code or 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 moving to front of the member ID card



front



back

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

2025 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for the state-specific 2025 plan names.

Plan overviews

Plan overviews are available in the [2025 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 2025 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 30781
Salt Lake City, UT 84130-0781

Check the status of your claim submission:

Online: optumportal.com

By phone: 866-565-3361

Submit claim reconsiderations:

To submit a provider dispute, please follow the instructions on explanation of payment (EOP). Each provider dispute must contain, at a minimum, the following information:

- Provider name
- Provider TIN
- Provider contact information
- Clear identification of the disputed item such as the claims number and the date of service
- Clear explanation of the issue
- Provider's explanation why the action taken is incorrect



The delegate owns all reconsiderations when they process a claim for a delegated member.

- If the provider is contracted directly with the delegate, the delegate owns all formal provider appeals
- If the provider is not contracted directly with the delegate, UnitedHealthcare owns all provider appeals, regardless of the providers participation status with UnitedHealthcare



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.