

Administrative updates for UnitedHealthcare Medicare Advantage members in Washington



For dates of service beginning Jan. 1, 2025, **Independent Clinics of Washington** (formerly Highline Medical Services Organization) 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
- Submit hospital admission notifications
- Check claim submission status
- Submit claims and claim reconsideration requests

The following benefit plans will be administered by Independent Clinics of Washington, effective Jan. 1, 2025:

Contract number	PBP	Segment ID	Group number
H1278	029	000	90363*
H1278	029	000	90364*
H1278	030	000	90365*
H1278	030	000	90366*
H1278	031	000	90367*
H1278	032	000	90368*
H1278	032	000	90371*
H2001	087	000	90377*
H2001	087	000	90379*
H2001	136	000	90390*
H3805	015	000	91648
H3805	015	000	92120
H3805	017	000	90892

Contract number	PBP	Segment ID	Group number
H3805	017	000	91653
H3805	032	000	90413
H3805	032	000	90896
H3805	037	000	90903
H3805	037	000	91657
H3805	044	000	90424
H3805	806	000	Any employer groups associated with these H/PBPs

***Group number for PPO delegated plan. Independent Clinics of Washington is delegated for PPO plans effective Jan. 1, 2025.**

Verifying member eligibility

You can verify member eligibility:

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

Referrals

Effective Jan. 1, 2025 submitting referral requests is no longer necessary for the Medicare Advantage plans listed in this document.

Prior authorization

Prior authorization may be required for certain services based on the member’s plan. Services that require prior authorization will be listed at ic-wa.org/for-providers. Submit your request at least 14 days before the planned date of service:

By phone: 206-878-1985, option 4

By fax: 206-834-6000

By email: medmanagement@ic-wa.org

If UnitedHealthcare has already reviewed and approved a prior authorization request for dates of service starting on or after Jan. 1, 2025, you do not need to submit another request. Independent Clinics of Washington (ICW) will honor and reimburse services approved by UnitedHealthcare. For continued care or new services requiring prior authorization, please submit requests directly to Independent Clinics of Washington.

Hospital admission notifications

Please notify Independent Clinics of Washington of hospital admissions no later than 1 business day after admission:

By phone: 206-878-1985, option 4

By fax: 206-834-6000



Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID 91164 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

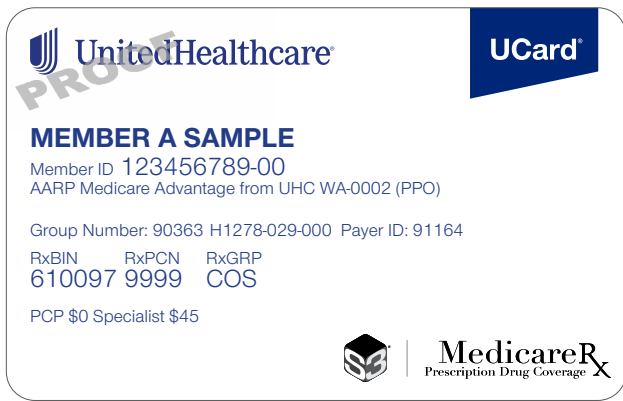
PCP removal

- 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

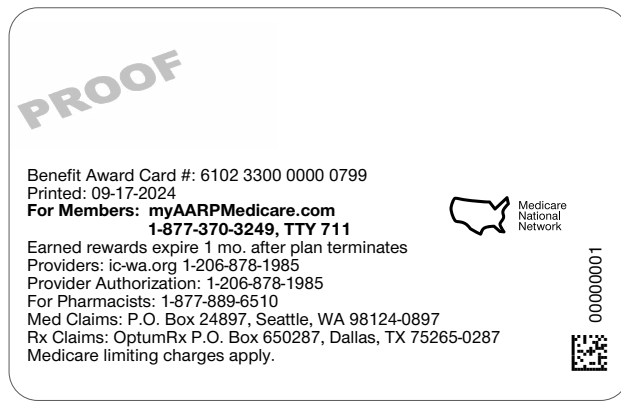
Member ID

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:
Payer ID: 91164

Submit claim reconsiderations:
By fax: 206-834-6000
By email: claims@ic-wa.org

Check the status of your claim submission:
By phone: 206-878-1985, option 3
By email: claims@ic-wa.org

Claim reconsiderations



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.