

Administrative updates for UnitedHealthcare Medicare Advantage members in Nevada



For dates of service beginning Jan. 1, 2025, Intermountain Health 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 Intermountain Health, effective Jan. 1, 2025:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type*
H0609	028	000	90204	N/A
H0609	031	000	90206	N/A
H0609	037	000	90211	N/A
H0609	038	000	90213	N/A
H0609	075	000	90254	N/A
H0609	076	000	90256	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
H0609	813	000	Any employer groups associated with these H/PBPs	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type*
H1360	001	000	90011	Full dual group
H1360	001	000	91631	Partial dual group
H2001	125	000	90644	N/A
H2001	126	000	90645	N/A
H2001	127	000	90646	N/A
H2001	127	000	90647	N/A

*Only applicable to Dual-Eligible plans.

Verifying member eligibility

You can verify member eligibility:

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

Referrals

For plans that require referrals, submit referral requests to HealthFortis by calling 702-567-3176.

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: [HealthFortis](#)

By phone: 702-318-2400

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. Intermountain Health will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

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

By fax: 702-777-1212

Fax inpatient out-of-area (OOA) admit notifications to 702-777-1209

By phone: 702-464-8866

Hospitalists can be reached 24 hours a day, 7 days a week.



Behavioral health

Phone: 844-978-8100

This behavioral health phone number is specific only to the following plans: H0609-028-000, H0609-031-000, H0609-037-000, H0609-038-000, H0609-075-000, H0609-076-000, H0609-810-000, H0609-811-000, H0609-813-000 and H1360-001-000

Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID 20501 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


UnitedHealthcare **UCard**

MEMBER A SAMPLE

Member ID 123456789-00
 AARP Medicare Advantage from UHC NV-0001 (HMO-POS)
 With Dental
 Group Number: 90204 H0609-028-000 Payer ID: 20501

RxBIN	RxPCN	RxGRP
610097	9999	COS



PCP: PROVIDER
 PCP: 555-555-5555
 Intermountain Health
 PCP \$0 Specialist \$0




PROOF

Benefit Award Card #: 6102 3300 0000 0799
 Printed: 10-22-2024
For Members: myAARPMedicare.com
1-844-876-6176, TTY 711

Earned rewards expire 1 mo. after plan terminates
 Providers: UHCprovider.com 1-877-842-3210
 Provider Authorization: 1-702-318-2400
 Dental Providers: uhcdental.com 1-877-816-3596
 For Pharmacists: 1-877-889-6510
 Med Claims: P.O. Box 211375, Eagan, MN 55121
 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
 Behavioral Health: 1-844-978-8100

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UnitedHealthcare **UCard**

MEMBER A SAMPLE

Member ID 123456789-00
 AARP Medicare Advantage from UHC NV-0007 (PPO)
 With Dental
 Group Number: 90644 H2001-125-000 Payer ID: 20501

RxBIN	RxPCN	RxGRP
610097	9999	COS



Intermountain Health
 PCP \$0 Specialist \$30




PROOF

Benefit Award Card #: 6102 3300 0000 0799
 Printed: 10-22-2024
For Members: myAARPMedicare.com
1-844-876-6176, TTY 711

Earned rewards expire 1 mo. after plan terminates
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 Med Claims: P.O. Box 211375, Eagan, MN 55121
 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
 Medicare limiting charges apply.

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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: 20501

Mailing address:

Intermountain Health
P.O. Box 211375
Eagan, MN 55121

Submit claim reconsiderations:

Online: claimsportal.intermountainnv.org

By phone: 702-318-2400

By mail:

Intermountain Health
P.O. Box 211375
Eagan, MN 55121

Check the status of your claim submission:

Online: claimsportal.intermountainnv.org

By phone: 702-318-2400



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.