

Quick Reference Guide: Non-PCPs



OCN WA's **Quick Reference Guide** provides an overview of the key information you will need to work with us and to care for Optum patients. You may also view the full Washington Provider Manual at: www.ocnprovider.com/washington

Prior Authorization

Prior authorizations are required for certain services based on the patient's plan benefits. For more details, refer to the provider manual at www.ocnprovider.com/washington

How to submit a prior authorization:

Online: OneHealthPort.com – click on Optum
Call: 1-877-836-6806
Fax: 1-855-402-1684

Please contact the patient's health plan directly for Part D prior authorizations.

Part B prescription prior authorizations will follow the process above.

Submitting a Claim

For electronic submissions, use **Payer ID LIFE1** via Optum 360 clearinghouse or the clearinghouse of your choice.

View the status of claims on the Optum Care Provider Center, our online provider portal.

OneHealthPort users will have access to the Optum Care Provider Center within OneHealthPort via <https://onehealthport.com>

For paper submissions, send to the following address:

Attention: Optum Care Network
P.O. Box 30788
Salt Lake City, UT 84130-078

Electronic Funds Transfer (EFT)

Effective July 3, 2023, Optum Care will process payments electronically through Optum Financial.

Please register for ERA/EFT:

Online: www.optum.com/enroll
Call: 877-620-6194

Optum Care Network Service Center

The customer service team is available to assist Monday-Friday, 8AM – 5PM PST

Call: 1-877-836-6806
Fax: 1-888-205-1128
Email: optumcare-servicecenter_pnw@optum.com

If you are a contracted provider and are unable to resolve a claims dispute through the appeals process, please contact your Network Relations & Contracting Manager for escalation.

Specialist Referrals and Prior Authorizations



Prior authorizations should be submitted directly to OCN WA.

OCN WA is delegated to pay claims for certain Medicare Advantage and Medicaid products, and has simplified the process by **removing the requirement for written referrals** for specialists contracted with the below health plan products:

- Humana MA HMO/DSNP
- Premera MA HMO
- UHC MA HMO/PPO
- UHC Medicaid (*W.WA only*)

Prior authorization is **not required** for office visits to specialists who are **contracted** with patient's associated health plan product.

OCN WA **does** follow the health plans' prior authorization requirements for certain covered services and will issue the prior authorization on behalf of the health plan. If health plan requires prior authorization, then OCN WA will also require.

2023 Health Plan Prior Authorization Guide

In-Network (Office Visits) (OCN or Plan contracted):

OCN PCP to OCN or Plan contracted specialist referrals for office visits do **not** require precertification

OCN or Plan contracted specialist to OCN or Plan contracted specialist do **not** require precertification

2023 Prior Authorization Requirements:

	Servicing Provider: OCN Contracted/ Plan Contracted (Provider is contracted with OCN or the health plan)	Servicing Provider: Non-Contracted/Non-Par (Provider is not contracted with OCN or the health plan)
UnitedHealthcare (Medicare PPO/HMO and Medicaid)	Follow UHC PA Guidelines UHC PA List Applies	All services provided by non-contracted providers require prior authorization (except for emergencies, urgently needed services when the network is not available, and dialysis).
Premera	Follow Premera PA Guidelines Premera PA List Applies	
Humana	Follow Humana PA Guidelines Humana PA list applies	

Example 1: Premera MA HMO patient schedules office visit with contracted Premera MA HMO specialist. No prior authorization or health plan referral required by OCN.

Example 2: Humana MA HMO or DSNP patient schedules office visit with non-contracted Humana MA HMO or DSNP specialist. Prior authorization required by OCN.

Example 3: Humana MA HMO or DSNP patient schedules office visit with non-contracted Humana MA HMO or DSNP specialist, however, specialist is contracted with OCN. No prior authorization required by OCN.

** Prior authorization requirements are subject to future changes.*

Health Plan Member ID Card Examples

UnitedHealthcare
AARP Medicare Advantage Plan 1 (HMO) with Dental
John A Sample
Member Number
123456789-00
RxBIN: 610097 RxPCN: 9999 RxGRP: SHOR
Group Number: HCPA02-DWS H3895-661-006
PCP: Dr. Jane Sample PCF: 555-555-5555
Copy: PCP EXX - Specialist EXX

UCard™



MedicareRx

For Members: myAARPmedicare.com
Customer Service: 1-877-376-3249, TTY 711
Printed Date: 99/99/20XX
Plan Year: 20XX

For Providers: Optum.com
Provider Service: 1-877-836-6806
Provider Authorization: 1-877-836-6806
Dental Provider: uhdental.com 1-800-888-8888

Payer ID: LIFE1 WEST
Medical Claims Address: P.O. Box 30788, Salt Lake City, UT 84130-0788
Pharmacy Claims: OptumRX P.O. Box 99999, City Name, ST 99999-9999
For Pharmacists: 1-855-888-8888



Card #: 9999 9999 9999 99999 Security Code: 9999

UnitedHealthcare
AARP Medicare Advantage Plan 1 (HMO) with Dental
John A Sample
Member Number
123456789-00
RxBIN: 610097 RxPCN: 9999 RxGRP: COS
Group Number: 90153 H3895-633-009
PCP: Dr. Jane Sample PCF: 555-555-5555
Copy: PCP EXX - Specialist EXX

UCard™



MedicareRx

For Members: myAARPmedicare.com
Customer Service: 1-877-376-3249, TTY 711
Printed Date: 99/99/20XX
Plan Year: 20XX

For Providers: Optum.com
Provider Service: 1-877-836-6806
Provider Authorization: 1-877-836-6806
Dental Provider: uhdental.com 1-888-888-8888

Payer ID: LIFE1
Medical Claims Address: P.O. Box 30788, Salt Lake City, UT 84130-0788
Pharmacy Claims: OptumRX P.O. Box 99999, City Name, ST 99999-9999
For Pharmacists: 1-855-888-8888



Card #: 9999 9999 9999 99999 Security Code: 9999

UnitedHealthcare
AARP Medicare Advantage Choice (PPO) with Dental
John A Sample
Member Number
123456789-00
RxBIN: 610097 RxPCN: 9999 RxGRP: COS
Group Number: 90081 H2225-028-600
PCP: Dr. Jane Sample PCF: 555-555-5555
Copy: PCP EXX - Specialist EXX

UCard™



MedicareRx

For Members: myAARPmedicare.com
Customer Service: 1-877-376-3249, TTY 711
Printed Date: 99/99/20XX
Plan Year: 20XX

For Providers: Optum.com
Provider Service: 1-877-836-6806
Provider Authorization: 1-877-836-6806
Dental Provider: uhdental.com 1-888-888-8888

Payer ID: LIFE1
Medical Claims Address: P.O. Box 30788, Salt Lake City, UT 84130-0788
Pharmacy Claims: OptumRX P.O. Box 99999, City Name, ST 99999-9999
For Pharmacists: 1-855-888-8888




Card #: 9999 9999 9999 99999 Security Code: 9999

UnitedHealthcare
Community Plan
Health Plan (80842)
Member ID: ... Group Number: WAHLOP
Member: BABY BOY
State ID:
PCP Name: LING TAN
PCP Phone: (425)255-0055
Payer ID: LIFE1
OPTUMRx
Rx Bin: 610494
Rx GRP: ACUWA
Rx PCN: 4600
5501
Administered by UnitedHealthcare of Washington, Inc.

In an emergency go to nearest emergency room or call 911. Please 911-6233
This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myuhc.com/communityplan or call.
For Members: 877-542-8997 TTY 711
Nurse Line: 877-543-3439 TTY 711
Behavioral Health Crisis Line: 866-427-4747
For Providers: www.optumcare.com 877-836-6806
Medical Claims: OCN, PO Box 30788, Salt Lake City, UT 84130-0788
Behavioral Claims: PO Box 31361, Salt Lake City, UT 84131-0361
Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334
For Pharmacists: 877-305-8952

Humana
<PLAN NAME>
A Medicare Health Plan with Prescription Drug Coverage
See Back for Dental CARD ISSUED: MM/DD/YYYY
MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX



MedicareRx
Prescription Drug Coverage
CMS XXXX XXX

Set up your member account: [Humana.com/myaccount](https://www.humana.com/myaccount)
Member/Provider Service: 1-800-457-4708 (TTY:711)
Pharmacist/Physician Rx Inquiries: 1-800-865-8715
IPA/Center Name: OPTUM CARE NETWORK
Primary Physician: PCP NAME

CLAIMS: PAYER ID LIFE1, PO BOX 30788, SALT LAKE CITY UT 84130
For Dental: [Humana.com/sb](https://www.humana.com/sb)
Additional Benefits: DEN337 VIS735 HER940
EyeMed Vision: 1-888-289-0595

PREMERA  **SAMPLE**
BLUE CROSS Name of specific plan
Enrollee Name: FIRST M LASTNAME JR
Enrollee ID: ZNP888888888
Health Plan (80842) 000000000
Group Number: 12345
Plan: 8170-0 XXXX
Medical Network: Medicare Advantage
KIDN: 064536
KUPN: MIDDADY
ESGP: K36644
Network: MM/YYYY
DENTAL, VISION, HEARING MEDICARE ADVANTAGE HMO MedicareRx

Members: www.premera.com/MA OCN EDI Payer ID: LIFE1
Premiera Blue Cross
An Independent Licensee of the Blue Cross Blue Shield Association
Use of this card is subject to terms of applicable contracts, conditions and use agreements.
Providers outside of WA, local plan.
Mail Provider claims to:
Optum Care Network
PO Box 30788
Salt Lake City, UT 84130-0788
P.L.P. Name: (don't name) COS

Customer Service: 888-850-8526
TTY/TDD: 711
Most of health/rehabilitation services (treatment): 888-850-1855
Special Inquiries: 888-850-4736
Voice/Relay Inquiries: 888-850-8526
24/7 Translation: 877-339-8232
Medical Authorizations: 877-836-6806
Special Provider Services: 888-412-1477
Pharmacist Call: 888-493-4639

Participating Plans

Example ID cards

1. Participating health plan logo
2. Payer ID
3. Network name
4. Plan name
5. Provider services toll-free number
6. Medical claims address

Changes to Your Practice/Facility

All changes to your practice or facility should be provided to OCN in accordance with the terms of your Participation Agreement or as soon as reasonably possible. This includes, but is not limited to:

- Change in Address
- Change in Ownership
- Change in Tax Identification Number
- Additions
- Deletions
- Terminations
- Changes to formal disciplinary action, if any
- Changes to licensure (actual or threatened) resulting in loss, suspension, or material limitation of a provider's license
- Changes to staff membership or clinical privileges at any hospital
- Change to any malpractice action filed against or decided adversely to provider

All changes should be sent to credentialing@optumpnw.com for processing. OCN credentialing will notify health plans monthly for those plans which OCN has a delegated credentialing agreement in place.