

# 2023 Quick reference guide

## Welcome to Optum Care Network–New York

Optum Care IPA of NY (OCNY) is an independent physician association (IPA) that partners with local provider groups to improve quality of care, clinical outcomes, and member satisfaction through collaboration in the care delivery system.

This Quick Reference Guide provides an overview of key information you will need when treating (OCNY) patients.

### Submitting a claim

- For electronic submissions, use payer ID:  
LIFE1 and Clearinghouse: Optum 360
- For paper submissions, use:  
Optum Care Network Claims  
PO Box 30781  
Salt Lake City, UT 84130-0781

### Electronic Fund Transfer (EFT)

Optum Care Network works exclusively with InstaMed as our free payer payments solution for providers. Please register for free ERA/EFT at [instamed.com/eraeft](https://instamed.com/eraeft).

### Your Practice Performance Manager

Each practice in our network is supported by a dedicated Practice Performance Manager (PPM) who is your go-to resource. To connect with your Practice Performance Manager, please contact using the details they have provided.

### Optum Care service center

Our Service Advocates are available to answer questions on topics such as provider search, claims, eligibility and more.

#### Hours of operation:

Monday – Friday 8:00 am through 8:00 pm ET

**Phone:** 1-866-565-3468

**Website:** [optum.com](https://optum.com)

You also can contact the Optum Care Service Center through secure email on the Optum Care Provider Portal. Login using OneHealthcare ID [professionals.optumcare.com/portal-login](https://professionals.optumcare.com/portal-login)

### Credentialing and provider updates

#### Provider request for credentialing

Providers requesting participation with Optum Care should contact their local network manager. Health plan will retain the credentialing for network providers in 2023  
Credentialing contact: Email: [NetworkHelp@UHC.com](mailto:NetworkHelp@UHC.com)

#### Physician and provider updates

To make NPI, TIN or provider demographic updates, providers will need to contact the health plans they are contracted with to fill out and submit the appropriate form(s).

### Optum Care provider portal

The provider portal is a secure web tool providing access to eligibility, referral creation and submission, and the ability to view prior authorizations and claims information in real time. You'll also find our referral lookup tool, important forms, and many other resources. Log in through [professionals.optum-care.com/portal-login](https://professionals.optum-care.com/portal-login)

### Prior authorizations

Prior authorization and admission notification are required for certain services based on the patient's benefit plan.

## Requesting prior authorizations

Prior Authorizations should be submitted electronically online.

**Online:** Log in through [professionals.optumcare.com/portal-login](https://professionals.optumcare.com/portal-login)

**Only if online is not an option:**

**Phone:** 1-866-565-3468

**Hours of Operation:**

Monday 8:00 am through Friday 5:00 pm ET

**Fax:**

- New Auth (General): 1-855-248-4063
- Part B New Auth: 1-855-244-8503
- Clinical Submissions for New or Existing Auth: 1-877-940-3604

## Hospital admission notification

Notify Optum Care Network of hospital admissions no later than 24 hours after admission and 24 hours post discharge. Notifications should be submitted electronically online.

**Online:** Log in through [professionals.optumcare.com/portal-login](https://professionals.optumcare.com/portal-login)

**Only if online is not an option:**

**Phone:** 1-866-565-3468

**Fax** for inpatient notifications and clinical submissions:  
1-844-700-5131

## Specialists and facilities

For a complete list of information on Optum Care specialists and facilities, please contact our service center or log in to the provider portal and use the provider lookup tool at [optumcare.com](https://optumcare.com).

**Please see sample ID cards on the following pages**

# UnitedHealthcare plan ID card

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

**UnitedHealthcare**  
Your UnitedHealthcare Plan Name (HMO) with Dental

**Sample A Sample**

Member Number  
123456789-00

RxBIN: 99999    RxPCN: 9999    RxGRP: XXXXXX

Group Number: 12345    H0000-000-000  
PCP: Dr. Sample A Sample MD  
PCP: 999-999-9999  
Your Facility Name  
Copay: PCP \$XX    Specialist \$XX

**UCard™**



**MedicareRx**  
Prescription Drug Coverage

**For Members:** myuhcmedicare.com  
**Customer Service:** 1-888-888-8888, TTY 711

Printed Date: 99/99/20XX  
Plan Year: 20XX

**For Providers:** uhcprovider.com  
Provider Service: 1-888-888-8888  
Provider Authorization 1-888-888-8888  
Dental Providers: uhcprovider.com 1-888-888-8888  
Medicare limiting charges apply.

Payer ID: 12345 XXXX  
Medical Claim Address: P.O. Box 9999, City Name, ST 99999-9999  
Pharmacy Claims: OptumRX P.O. Box 99999, City Name, ST 99999-9999  
For Pharmacists: 1-888-888-8888



**Medicare National Network**




**Card #:** 9999 9999 9999 99999    **Security Code:** 9999

**UnitedHealthcare**  
Your UnitedHealthcare Plan Name (HMO) with Dental

**Sample A Sample**

Member Number  
123456789-00

RxBIN: 99999    RxPCN: 9999    RxGRP: XXXXXX

Group Number: 12345    H0000-000-000  
PCP: Dr. Sample A Sample MD  
PCP: 999-999-9999  
Your Facility Name  
Copay: PCP \$XX    Specialist \$XX

**UCard™**



**MedicareRx**  
Prescription Drug Coverage

**For Members:** myuhcmedicare.com  
**Customer Service:** 1-888-888-8888, TTY 711

Printed Date: 99/99/20XX  
Plan Year: 20XX

**For Providers:** uhcprovider.com  
Provider Service: 1-888-888-8888  
Provider Authorization 1-888-888-8888  
Dental Providers: uhcprovider.com 1-888-888-8888  
Medicare limiting charges apply.

Payer ID: 12345 XXXX  
Medical Claim Address: P.O. Box 9999, City Name, ST 99999-9999  
Pharmacy Claims: OptumRX P.O. Box 99999, City Name, ST 99999-9999  
For Pharmacists: 1-888-888-8888



**Medicare National Network**




**Card #:** 9999 9999 9999 99999    **Security Code:** 9999

**Humana**  
**HUMANACHOICE PARTNERED (PPO)**  
A Medicare Health Plan with Prescription Drug Coverage

**See Back for Dental**    CARD ISSUED: 09/16/2021

**CHRISTOPHER A SAMPLECARDS**  
**Member ID: H00000011**  
Plan (80840) 9140461101  
RxBIN: 015581  
RxPCN: 03200000  
RxGRP: 3A099

**MedicareRx**  
Prescription Drug Coverage  
CMS H5970 025

**Member/Provider Service:**    **1-800-457-4708**  
If you use a TTY, call 711

Pharmacist/Physician Rx Inquiries:    1-800-865-8715

Claims, PO Box 30781, Salt Lake City, UT 84130-0781

Medicare limiting charges apply  
Please visit us at **Humana.com** (For Dental - **Humana.com/sb**)

Additional Benefits: DEN375 VIS752 HER944



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