

2026 Medicare Advantage resources

Quick reference guide

Use this reference guide for quick access to a variety of helpful resources you need when working with our Medicare Advantage plan members.

UnitedHealthcare Provider Portal

The UnitedHealthcare Provider Portal is your gateway to the UnitedHealthcare online tools. **Create or sign in using a One Healthcare ID** to access the portal tools, including:

- Check patient eligibility and benefits
- Use TrackIt to manage items that need your attention, including prior authorization requests and claim submissions
- Submit and check referral status
- Get claims status and submit reconsideration and appeal requests

Visit UHCprovider.com/portal for more information. Connect with us 24/7 to get help with portal login, access and functionality questions. To get started, sign in to the portal with your One Healthcare ID. Then, select the chat icon at the bottom-right corner of the page. Support is also available by calling 866-842-3278, option 1.

Prior authorization requests and advance notification

For more information, go to UHCprovider.com/priorauth. You can submit prior authorization requests online:

- Sign in to the portal
- Select Prior Authorizations & Notifications from the left-hand tabs
- Click “Create a new request”



Claims submission

- **Online:** Submit claims using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the sign-in button in the top-right corner.
- **Electronic:** To submit claims by Electronic Data Interchange (EDI), use **Payer ID 87726, MO D-SNP 86050**. Learn more at UHCprovider.com/edi.
- **Paper:** Submit paper claims to the address listed on the member’s ID card. Go to UHCprovider.com/claims for more information.

Appeals submission

- **Online:** Submit appeals online at UHCprovider.com. Click the Sign In button in the top-right corner. Click Claims & Payments > Look Up a Claim > Act on Claim > Appeal.
- **Application Programming Interface (API):** API requires technical programming between your organization and UnitedHealthcare. Go to UHCprovider.com/API to learn more.

My Practice Profile

The My Practice Profile tool at UHCprovider.com/mpp lets you view, update and attest to the demographic information our members see for your organization. To review your participation status, explore the Provider Products section in the Provider Demographic Details. Remember to review and attest to the accuracy of your data every 90 days.

Primary Care Physician (PCP) membership reports

To access membership reports, sign in to the [UnitedHealthcare Provider Portal](#). Then click Documents & Reporting > Report Center.

Model of Care training

The annually required Model of Care training can be accessed at UHCprovider.com/training > Special Needs Plan (SNP) Model of Care Training for Providers.

Benefit contacts

Benefits vary by plan. State-specific information regarding benefit contacts is available in the [2026 Medicare Advantage Plan Overview](#) > State > State-Specific Information > Benefit Contacts.

Telehealth (virtual visits)

- UnitedHealthcare® Medicare Advantage members have coverage for telehealth with contracted network health care professionals for medical and behavioral/mental health care
- Telehealth is covered for members who are either at home or in a qualifying originating site and through audio/visual or audio-only modalities
- Periodic in-person visits are not required for continuing coverage of mental health telehealth services

Behavioral and mental health services

- Call **877-614-0484**
- Call **877-566-7913** for Peoples Health Plans



Balance billing

- Balance billing is prohibited for Medicare-covered services in the Medicare Advantage program
- You can't bill members for covered services beyond their normal cost-sharing amounts (copayment, deductible or coinsurance). Additional information is available in the [UnitedHealthcare Care Provider Administrative Guide](#) > Chapter 11: Compensation.

Dual eligible

- Providers may not balance bill or attempt to collect reimbursement from fully eligible D-SNP members. Exceptions to balance billing exist in partial D-SNP plans.
- A member's cost-share responsibility depends on the member's level of Medicaid eligibility, full versus partial Medicaid
- In Georgia, Oklahoma and Utah, full dual members do have to pay Medicaid copays for certain Medicare-covered services
- D-SNP members with questions can call the number on their member ID card
- Non-D-SNP members can call **855-504-5580**, TTY **711**, to see if they qualify for a D-SNP plan

Prescription medications

optumrx.com

ePrescribe

- Activate in your EMR the 2-way Rx capability for both retail and mail to receive requests for new prescriptions from pharmacies
- For mail orders, select the Overland Park, Kansas, mailing address

Optum Home Delivery

6800 W 115th St, Suite 600
Overland Park, KS 66211-9838
NCPDP: 718634

- For questions, call or fax:
Call: **800-791-7658**, Monday–Friday, 8 a.m.–8 p.m. CT
Fax: **800-491-7997**

Oral drug prior authorization requests

- covermymeds.com/epa/optumrx
- Call **800-711-4555**, option 1
- Fax
 - Medicare **844-403-1027**
 - Medicaid **866-940-7328**
 - UHC West (PSI2500/UHCNI2500) **866-940-7328**
 - D-SNP **844-403-1028**

Injectable drug prior authorization requests

- Call **800-711-4555**, option 2

Prescription coverage/pricing: UHCprovider.com/precheckmyscript

Prescription drug formulary: UHC.com/medicare > Shop Medicare plans > Enter ZIP code > Find Plans > View 2026 plans > Medicare Advantage plans > Find plan and select view plan details > Plan Documents > Prescription Drug Coverage

UnitedHealthcare UCard

You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

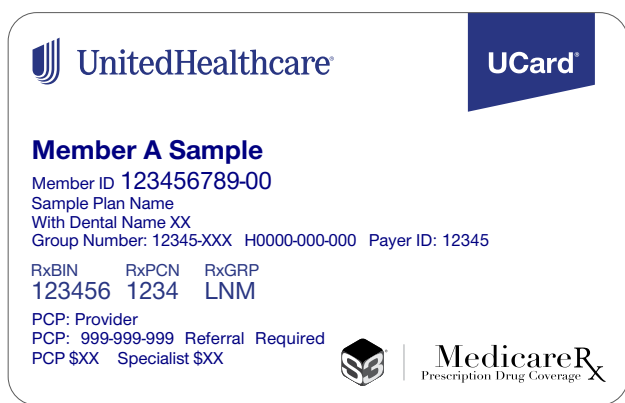
- UnitedHealthcare UCard makes it easier for members to access their benefits and programs so they can take advantage of their plan offerings
- UCard does not need to be activated for you to verify eligibility or provide care services to members and should be used in the same manner as any other UnitedHealthcare 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 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 listed the front of the member ID card
- PCP name and phone number displays on some referral plan ID cards

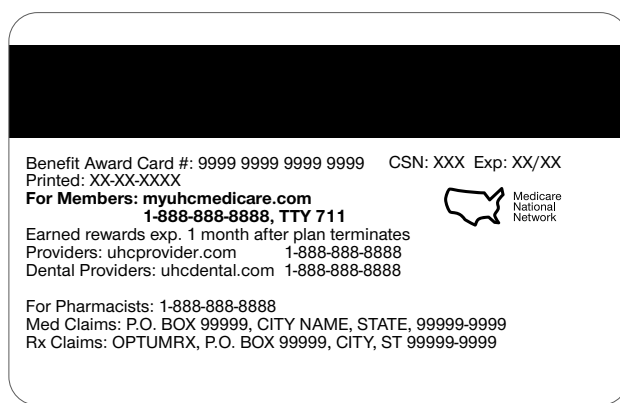
Sample member ID cards

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

Note: Provider and member materials indicate when a member’s plan is a referral plan. In some states, ID cards will display the member’s PCP name and the statement “Referral Required.” In other states, ID cards will not display the PCP name, but will display “Referral from Primary Care Required.”



front



back

Referral requirements

Starting Jan. 1, 2026, most members enrolled in UnitedHealthcare Medicare Advantage HMO and HMO-POS plans are required to obtain a referral from their PCP before accessing certain specialist services in outpatient, office or home settings. Referrals must be submitted by the PCP to UnitedHealthcare prior to the specialist visit.

Claims denied due to missing referrals will be considered provider liability. Members must not be balance billed for services rendered without a valid referral.

For plans with new referral requirements, referrals for the 2026 plan year can’t be submitted before Jan. 1, 2026. Claims may still be denied even if a referral is on file if:

- The services are not covered under the member’s benefit plan
- Required prior authorization was not obtained

Referral requirements do not apply to members enrolled in Institutional SNP plans, Erickson Advantage plans or Michigan Integrated DSNP plan (H2247-005).

Delegated providers may have their own referral policies and processes that differ from UnitedHealthcare’s standard procedures.

California, Nevada and Texas have referral requirements currently in place. Existing referral policies in these states will not change and referrals are required for all 2026 dates of service. For referral exclusions, requirements and details in these states, please refer to the member's evidence of coverage.

Get details on the 2026 specialist referral requirements in our [UnitedHealthcare Medicare Advantage Referral Guide](#).

Changes to UnitedHealthcare Medicare National Network

Some HMO and HMO-POS plans with referral requirements have access to the UnitedHealthcare Medicare National Network. Starting in 2026, for services requiring a referral, referrals are required to any participating network specialist nationwide, including specialists both inside and outside the member's home plan service area.

UnitedHealth Passport®

For HMO and HMO-POS plans with referral requirements and the Passport benefit, a PCP referral is not required for Passport services.

For more information about National Network and Passport, visit UHCprovider.com/plans > Choose your state > Medicare > Choose plan > Tools & Resources.

C-SNP verification process

UnitedHealthcare Chronic Condition Special Needs Plans (C-SNP) are designed for consumers with one or more of the following qualifying conditions: diabetes, chronic heart failure or cardiovascular disorders. You may be contacted by UnitedHealthcare to verify a member's qualifying chronic condition for enrollment in a C-SNP plan. This verification is required by the Centers for Medicare & Medicaid Services (CMS). For more information on the chronic condition verification process, see the [C-SNP Overview](#).

Supplemental benefits

The Supplemental Specialty Benefits for the Chronically Ill (SSBCI) Healthy Food and/or Utility benefits are offered to Medicare Advantage members who have complex chronic conditions and are at high risk for hospitalization or adverse health outcomes.

Starting in 2026, you may be contacted by UnitedHealthcare to verify a member has at least one qualifying condition to receive benefits that will cover healthy food and/or utilities as part of their plan. You can find information on SSBCI in **Chapter 5: Medicare Products** of the care provider administrative guide at UHCprovider.com/guides.

Other resources

- Interactive guide, including state-specific expansion and health plan overviews: [2026 Medicare Advantage, CSNP & DSNP Plan Overview Course](#)
- 2026 referral requirements overview: [UnitedHealthcare Medicare Advantage Referral Guide](#)
- State-specific 2026 plan names: [Medicare Advantage Benefit Plan Names](#)



- State-specific plan benefits (Summary of Benefits): UHC.com/medicare > Shop Medicare plans > Enter ZIP code > Find plans > View 2026 plans > Medicare Advantage plans > Find plan and select view plan details > Plan documents > Summary of benefits
- Plans and products: [UHCprovider.com/training/plans and products](https://UHCprovider.com/training/plans%20and%20products)
- Educational resources: UHCprovider.com/training
- Care provider administrative guides: UHCprovider.com/guides
- UnitedHealthcare plan tools and resources: UHCprovider.com/plans > choose your state > Medicare



Questions?

For chat options and contact information, visit UHCprovider.com/contactus.