

Administrative updates for UnitedHealthcare Medicare Advantage members in Hawaii



For dates of service beginning Jan. 1, 2026, MDX Hawaii, Inc., contracted by UnitedHealthcare, 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 and check referral status
- Submit hospital admission notifications
- Submit prior authorization requests
- Check claim status, submit claims and claim reconsiderations

The following benefit plans will be administered by MDX Hawaii, Inc., effective Jan. 1, 2026:

Contract number	PBP	Segment ID	Group number
H2406	040	000	90792
H2406	040	000	90793
H2406	041	000	90794
H2406	041	000	90795
H2406	058	000	90803
H2406	059	000	90804
H2406	059	000	06345
H2406	131	000	90279

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility

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 are contracted with MDX Hawaii, Inc.

Services that require prior authorization will be listed at **UHCprovider.com/priorauth** > Advance Notification and Plan Requirement Resources or on **capcms.com**. Submit your request at least 7 days before the planned date of service:

By phone: 800-851-7110

Online: **capcms.com**

You don't need to submit another prior authorization request if a request was previously reviewed and approved by MDX Hawaii, Inc. for dates of service starting Jan. 1, 2026, and after. MDX Hawaii, Inc. will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

Please notify MDX Hawaii, Inc. of hospital admissions no later than 1 business day after admission:

Online: **capcms.com**

Fax: 808-532-6999

Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID CAPMN 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**.

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

2026 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for the state-specific plan names.

Plan overviews

Plan overviews are available in the [2026 Medicare Advantage, CSNP & DSNP Plan Overview Course](#) > 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 2026 plans Medicare Advantage plans > Find plan and select view plan details > Plan documents > Summary of benefits.



front



back

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

UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Some HMO and HMO-POS plans with referral requirements have access to the UnitedHealthcare Medicare National Network. 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. 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.

Claims

Submit claims using the following electronic Payer ID or mailing address:

Payer ID: CAPMN

Mailing address:

P.O. Box 261040
Encino, CA 91426-1040

Submit claim reconsiderations:

Online: capcms.com

By phone: 800-851-7110

Check the status of your claim submission:

Online: capcms.com

By phone: 800-851-7110



The delegate owns all reconsiderations when they process a claim for a delegated member.



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.