

Administrative updates for UnitedHealthcare Medicare Advantage members in Colorado



For dates of service beginning Jan. 1, 2026, PHP Prime 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 PHP Prime, effective Jan. 1, 2026:

Contract number	PBP	Segment ID	Group number
H0609	007	000	90224
H0609	012	000	90226
H0609	012	000	90228
H0609	018	000	90230
H0609	034	001	90232
H0609	034	002	90234
H0609	036	001	90236
H0609	036	001	90238
H0609	036	002	90240
H0609	036	002	90242
H0609	041	000	90244
H0609	047	000	90246
H0609	048	000	90248
H0609	049	000	90250
H0609	073	000	90628

Contract number	PBP	Segment ID	Group number
H0609	079	000	06326
H0609	804	000	Any employer groups associated with these H/PBPs

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:

By phone: 888-219-5532

Online: [Managed Care System \(MCS\) Essette Portal](#)

Specialist services referrals

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. Claims for specialist services without a referral will be denied beginning **May 1, 2026**.

This requirement will apply to UnitedHealthcare Medicare Advantage HMO and HMO-POS plan members delegated to PHP PRIME

What this change means for you and your patients

If you see patients covered by a UnitedHealthcare Medicare Advantage HMO or HMO-POS plan, they must obtain a referral from their PCP before seeing a specialist. The PCP must submit the referral to PHP Prime prior to the specialist visit.

The new referral requirements will not apply to services provided by a:

- Audiologist
- Chiropractor
- Emergency medicine
- Hematologist
- Infectious disease specialist
- Mental health provider
- Neonatology
- Nuclear medicine
- Nutritionist
- Obstetrician/gynecologist
- Oncologist
- Ophthalmologist
- Optician
- Optometrist
- Podiatrist
- Primary care provider
- Radiologist
- Therapeutic radiologist

In addition, a PCP referral is **not required** for:

- PT/OT/ST, cardiac therapy or pulmonary therapy
- Provision of anesthesiology (pain management services rendered by an anesthesiologist do require a referral)
- Home health agency services

- Services performed in an observation setting
- Any services from a pathologist or inpatient consulting physician, including hospitalists
- Emergency room, ambulance or urgent care services
- Telehealth services
- Medicare-covered preventive services, kidney disease education or diabetes self-management training
- Routine annual physical exams, routine vision exams or hearing exams
- Dialysis services
- Any lab services, radiological or non-radiological testing services, or radiation therapy
- Durable medical equipment, home health, prosthetic/orthotic devices, medical supplies, diabetic testing supplies, Medicare Part B drugs or allergens
- Additional coverage that may be included by some Medicare Advantage plans but are not covered by Medicare, such as hearing aids, routine eyewear, dental care, fitness memberships or outpatient prescription drugs

Key dates

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

PHP Prime PCP referrals will be submitted through the **Managed Care System (MCS) Essette Portal**. For application assistance contact PHP Prime at 888-219-5532.

Learn more

Additional information about UnitedHealthcare Medicare Advantage referral requirements is available on UHCprovider.com/news and [Medicare Advantage Referral Requirements Guide](http://MedicareAdvantageReferralRequirementsGuide)

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 HMO.

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

By phone: 888-219-5532

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, 2026, and after. PHP Prime will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

Please notify PHP Prime of hospital admissions no later than 1 business day after admission:

By phone: 888-219-5532

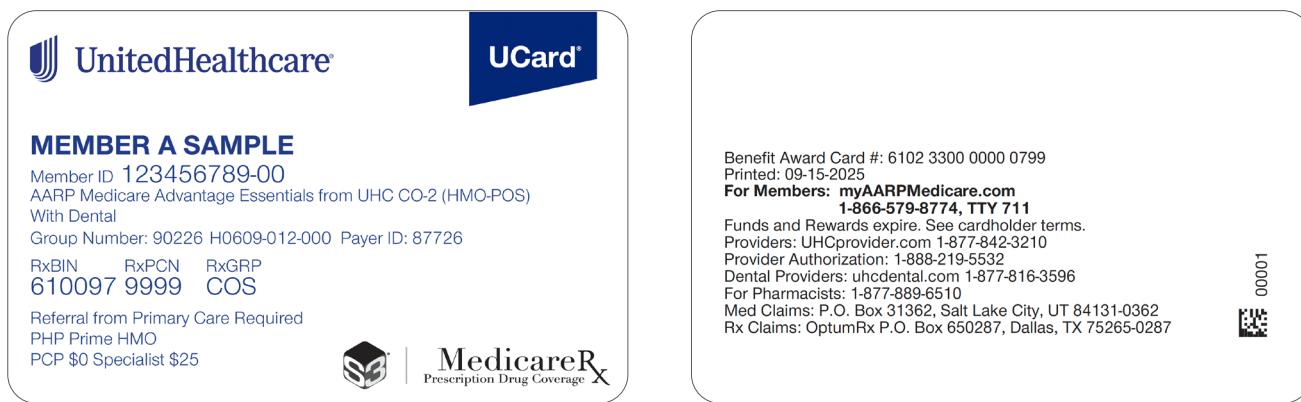
Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID 87726 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



front

back

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

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.

UnitedHealthcare Medicare National Network and UnitedHealthcare 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 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: 87726 Mailing address: UnitedHealthcare P.O. Box 31362 Salt Lake City, UT 84131-0362	Submit claim reconsiderations: Online: Sign in to the UnitedHealthcare Provider Portal	Check the status of your claim submission: Online: Sign in to the UnitedHealthcare Provider Portal



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](#).