

California HMO system enhancements and updates

Frequently asked questions

Overview

For the past several years, UnitedHealthcare has been implementing an enhanced claims processing system designed to improve the efficiency of benefit lookups, payments and referral experiences.

The system releases will not impact access to the UnitedHealthcare Provider Portal or your ability to perform tasks such as prior authorizations, claims submittals or benefit determinations. However, you may encounter changes in the user experience as services transition from the current system to the enhanced system.

See the following list of questions and answers about the system enhancements and the changes you'll see in the member ID cards and reports once the transition takes place upon each member's renewal.

Frequently asked questions

Member coverage, reports and ID cards

Which report will show when a member's coverage has terminated?

The current EL915 Eligibility File will show when a member's coverage terminates.

How will a member's ID information appear in the reports before and after their transition to the new system?

The member's ID information and termination date will be listed in the EL915 Eligibility File until their plan renews. When a member renews their coverage, their new member ID information will be listed in the UC916 Eligibility File. At that point, they'll no longer appear in the EL915 Eligibility File.

When will renewing members receive their new ID cards?

We'll generate new member ID cards and mail them to members approximately 2 weeks prior to their new plan effective date. To view a sample of the new member ID card, go to the **California HMO Health Plan ID Cards** section of our **California HMO Commercial Changes and Updates** interactive guide.

When will we start to see new HMO member ID cards at our practice?

Beginning Oct. 1, 2025, members enrolled in an HMO plan should use the new member ID cards. Please ask for the member ID card at check-in to verify changes on the card and update your records.

When is the last member scheduled to move to the new system enhancement?

The final transition date for members is estimated to be March 2027.

What will happen if a member receives care after they've transitioned to the new system and we submit the claim using their previous member ID card?

We put safeguards in place to ensure claims submitted with the old member ID information are processed appropriately, even if the date of service occurs after the member has transitioned to the new system.

Member eligibility

How will delegates identify specific groups within their organization?

We've given all delegates a 1:1 mapping of the DEC ID to the Network ID. Each DEC ID number will have a corresponding Network ID number. In some cases, multiple DEC ID numbers were consolidated to one Network ID. Delegates can use the Network ID to identify specific groups for members who have transitioned. Please note that the primary care providers (PCPs) and specialists may appear in multiple mappings.

Will delegates lose membership when the transition occurs?

No. Membership will not be lost because of the data and system changes. However, membership may change as employees leave or if members select a different PCP, for instance.

Can you send all the member ID changes for the members assigned to our provider group at once, and then send us only the new reports from that point forward?

You'll receive a crosswalk report listing all current members. The new member ID cards are created as their employer group renewal occurs. After Oct. 1, 2025, you'll receive 2 eligibility files: EL915 and UC916. The EL915 Eligibility File lists existing members and the UC916 Eligibility File will report all members who have renewed. If multiple employer groups are assigned to you, you'll receive the ID changes when each group is renewed. This process will continue monthly until March 2027 when all groups have renewed.

Will the commercial and Medicare reports be combined?

No, the reports will stay separate, as follows:

- The reports for commercial members who have transitioned will have a prefix of UC###. Commercial members will transition upon renewal beginning Oct. 1, 2025, through March 2027.
- The reports for Medicare members who have transitioned will have a prefix of EC###. All Medicare members will transition on Jan. 1, 2026.

Capitation

Will the enhanced system affect claim reimbursement times?

No. The modernized system provides expanded automation capabilities for faster, more consistent claims processing. You'll receive reimbursements within the same time frame as before, based on your agreement.

Will we need to submit encounter information differently with the enhanced system?

No, as outlined below, the current encounter submission process will not change in the enhanced system:

- The member ID on the encounter submission should match the information on the member ID cards
- The current information will not change until the member renews
- Use the current process to submit provider data on the transactions
- The overall format in the response files remains the same

During claims processing, additional remark codes may be sent to the submitter based on the transactions. Clearinghouses will need to account for this and not interpret it as an error.

What's the window to make retroactive adjustments to capitation transactions?

The window is typically up to 180 days, but it may vary based on the provider's contract. Please refer to the **Commercial member runout/retroactivity** section of the **California HMO Commercial Changes and Updates** interactive guide for more details.

File formatting

Where can I find technical specifications and supporting documentation?

You can access them on the **Report Center** in the UnitedHealthcare Provider Portal.

Should we remove current configurations once all the members in our provider group have received their new member ID cards?

No, do not remove the configurations.

Is the new UC916 Eligibility File available in any file format?

The new UC916 Eligibility File will be a comma-delimited (.csv) format. With the new file format, fields will be separated by commas and non-numeric fields are enclosed in quotation marks. No additional file formats will be provided.

Will the UC### file layout and structure be the same as the current state EL### file layout and structure?

No. The UC### file layout and structure will be different from how they currently appear. We've provided details of the changes. You can also view them in the [Report Center](#) at UHCprovider.com.

In the UC916 Eligibility File, what's the difference between MEMBER_DISENROLLMENT_DATE and COVERAGE_TRANSACTION_END_DATE? When will they be populated?

Both fields reference coverage termination dates. The difference lies in whether an employee plan is involved:

- COVERAGE_TRANSACTION_END_DATE: This field will populate when a member event takes place that results in coverage ending for that plan
- MEMBER_DISENROLLMENT_DATE: This field will populate when the member no longer has coverage with the employer group

Reports and files

How will the new commercial files be named?

The new commercial files will have a prefix of UC###. We'll send the specific file names in a future communication.

What are the CP and UC capitation reports?

- CP = ID information for members still on the current system
- UC = ID information for members who transitioned to the enhanced system

Will the new files and reports be delivered with the same frequency and delivery methods?

Yes. The frequency and delivery method for your CA HMO commercial data files and reports will not change.

Where can I access the new UC capitation reports?

You can find them on the Report Center > Documents & Reporting in the [UnitedHealthcare Provider Portal](#). Sign in to the UnitedHealthcare Provider Portal with your One Healthcare ID. If you don't have a One Healthcare ID, [register now](#).

Is the UC916 Eligibility File the new version of the CP915 Eligibility File?

Yes. When the transition is complete, you'll only receive the UC916 Eligibility File. It replaces the CP915 Eligibility File found in the Report Center.

How will the data files show member termination and start dates when members transition to the new system?

Using an example of a member whose coverage renews on Oct. 1, 2025, the member will appear in the September 2025 CP915 Eligibility File with a termination date of Sept. 30, 2025. They'll be added to the new UC916 Eligibility File with an effective date of Oct. 1, 2025. Please note: Termination dates will not be displayed in the UC916 File.

How long will we receive 2 sets of capitation reports for commercial plans?

You'll continue to receive both sets of reports – ECap (current) and UCap (new) – for current and transitioned members until August 2027, when all the members have transitioned to the modernized system. The members will move from the current report to the new report upon renewal.

Will I receive combined Medicare Advantage and commercial capitation reports with the enhanced system?

No, the reports will not be combined. You'll receive a separate set of reports for Medicare Advantage and commercial members.

Will the layouts for the Medicare Advantage and commercial capitation reports be the same?

No. The layouts are different in the 2 reports. Please visit the **Report Center** to see the crosswalks mapping the changes.

How will provider remittance advice (PRA) notices be split during a member's transition between the old and new systems?

The PRA will follow the member ID. The current system will generate PRA notices until the member renews. After renewal, the new system will generate the PRA notices. If there is an overlap during the transition, there will be 2 separate PRA notices: one with the previous member ID information and another with the new member ID information.

Will cap deduct transactions be included in the UC7810 File?

No. Cap deduct transactions will be in a separate file, as you currently receive them, and will not be added to the UC7810 File. The UC200 and the UC050 Cap Deduct Files will be available in December 2025.

How will the new reports display gender values?

The gender field in the new UC916 Eligibility File can display 3 values: Male (M), Female (F) and Unknown (U).

Crosswalk reports

Will there be a crosswalk mapping the current DEC ID number to the new Provider Network ID number?

Yes. You can find the [California HMO Commercial Provider Crosswalk](#) field descriptions in the Report Center of the UnitedHealthcare Provider Portal. If your practice was affected by these changes, the California HMO commercial team shared individual delegate data results with you in July 2025.

Will there be a crosswalk mapping the current member ID to the new member ID?

Yes. You can find the [California HMO Commercial Member Crosswalk](#) field descriptions in the UnitedHealthcare Provider Portal.

Will there be a crosswalk mapping the current Employer Group Number to the new Member Group ID Number?

Yes. You can find the [California HMO Commercial Member Crosswalk](#) field descriptions in the UnitedHealthcare Provider Portal.

Additional questions

Will access to the UnitedHealthcare Provider Portal on UHCprovider.com change?

No. Access to the portal will not change. You can continue to use the portal as you do now. Sign in to the UnitedHealthcare Provider Portal with your One Healthcare ID. If you don't have a One Healthcare ID, [register now](#).

Who do we contact if we need access to the UnitedHealthcare Provider Portal?

Please contact your organization's portal administrator and ask them to grant you access. They can register at UHCprovider.com/access.

Is UnitedHealthcare meeting with California delegates to educate us on the system modernization?

Yes. We've been actively engaging with California delegates at monthly meetings where we inform them of the upcoming data and system changes and answer questions. We'll continue to meet with delegates as needed to ensure they're fully prepared for the system transitions that will begin on Oct. 1, 2025, and continue through March 2027.

Who can we contact if we have more questions or need assistance during the system transition?

Please contact ca_hmosystemupdates@uhc.com.