2027 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 UnitedHealthcare online tools. **Create or sign in using your 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 referrals and check 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.

Claims submission

- ✔ **Online:** Submit claims using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click the Sign in button in the top-right corner.
- ✔ **Electronic:** To submit claims by Electronic Data Interchange (EDI), use **Payer ID 87726** (applies to all states except Missouri D-SNP (86050), Michigan D-SNP (95467) and Arizona D-SNP (03432) – these payer IDs are not applicable to capitated-delegated providers). 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.

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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"

Provider data updates and attestation

Help our members connect with your practice by keeping your provider information accurate.

If you're contracted with UnitedHealthcare, you must verify and attest to your demographic information every 90 days. You can update your information using any of the available methods, but only one method is required.

Visit our **Provider data updates and attestation page** to update and attest to the demographic information displayed to UnitedHealthcare members.

My Practice Profile

The My Practice Profile tool at **UHCprovider.com/mpp** lets you view, update and attest to the demographic information UnitedHealthcare members see for your organization. Federal law requires you to verify your information every 90 days. To review your participation status, explore the Provider Products section in the Provider Demographic Details.

Model of Care training

The annually required Model of Care training can be accessed at **UHCprovider.com/training** > Special Needs Plan Model of Care Training.

Benefit contacts

Benefits vary by plan. State-specific information regarding benefit contacts is available in the **2027 Medicare Advantage Plan Overview** > State > State-Specific Information > Benefit Contacts.

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 12: Compensation.

Dual eligible

- Providers may not balance bill or attempt to collect reimbursement from fully eligible and QMB D-SNP members. Exceptions to balance billing exist for partial D-SNPs.
- Cost-share responsibility depends on the member's level of Medicaid eligibility, full versus partial Medicaid
- In Georgia, Oklahoma and Utah, full dual and QMB members may 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 D-SNP

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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**, Monday–Friday, 7 a.m.–7 p.m. CT for questions about the following:

- Credentialing and recredentialing*
- Contracting and fee schedules
- Network status*
- Provider demographic changes

* The AI-powered Virtual Assistant can also provide answers to common questions on this topic.

For **Provider Express Secure Portal Technical Support,** call **866-209-9320**, 7 a.m.–7 p.m. CT, Monday–Friday.

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**

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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 2027 plans > Medicare Advantage plans. Scroll down, click on Show more plans, find plan and select View plan details. Prescription drug documents are under plan resources.

GLP-1 Bridge Program

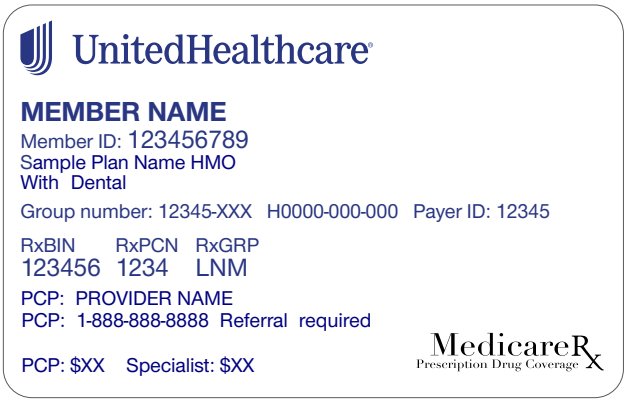
On July 1, 2026, the Centers for Medicare & Medicaid Services (CMS) launched the Medicare GLP-1 Bridge program. More information available in **Network News**.

UnitedHealthcare member ID card

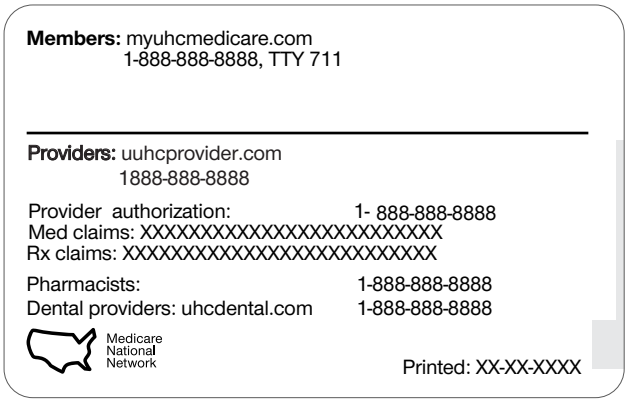
Member ID cards are used for provider and pharmacy visits and do not require activation. You can download a copy of the member ID card when you verify eligibility and benefits in the **UnitedHealthcare Provider Portal.**

- Payer ID is listed on the front of the member ID card
- PCP name and phone number display on some referral plan ID cards. ID card language varies by state and may display either as “Referral Required” or “Referral from Primary Care Required.”

Sample member ID card



front



back

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

Referral requirements

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.

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Referral requirements (cont.)

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

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

Please also note:

- Referral plans with the **UnitedHealthcare Medicare National Network** require PCP referrals for participating network specialists whether the specialist is located within or outside the member's plan service area
- Referral plans that offer the **UnitedHealth Passport** travel benefit require PCP referrals for specialty care received within the member's plan service area; however, referrals **are not** required for specialty care received through Passport from participating network specialists located outside the member's plan service area

To learn more, visit **UHCprovider.com/plans** > choose your state > Medicare > select plan name > Tools and Resources > **UnitedHealthcare Medicare National Network and UnitedHealth Passport**

- Referral requirements do not apply to members enrolled in Institutional SNP plans or Michigan Integrated D-SNP plans (H2247-006-001 and H2247-006-002)
- **California and Nevada:** UnitedHealthcare will not track or enforce referrals in these states. Providers should follow delegate or plan-specific guidance.
- **For delegated members**, referral requirements may vary by delegated provider organization and may differ from the referral requirements described on **Medicare Advantage Referrals** or in UnitedHealthcare provider education and training materials. Providers should verify referral requirements by contacting Provider Services at the telephone number listed on the member's ID card or returned through eligibility and benefits verification transactions.

For details on the specialist referral requirements, visit **Medicare Advantage referrals**.

C-SNP verification process

UnitedHealthcare Chronic Condition Special Needs Plans C-SNPs are designed for consumers with diabetes, chronic heart failure and/or cardiovascular disorders. UnitedHealthcare may contact a member's provider to verify a qualifying condition for C-SNP enrollment, as 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 Special Supplemental Benefits for the Chronically Ill (SSBCI) Healthy Food and/or Utility benefits are offered on certain UnitedHealthcare Medicare Advantage plans to members who have complex chronic conditions and are at high risk for hospitalization or adverse health outcomes.

UnitedHealthcare may contact a member's provider to verify the member has at least one qualifying condition to receive healthy food and/or utilities benefits 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**.

Synapse DME

Synaspe Health manages the durable medical equipment (DME) ordering and fulfillment process for certain DME categories for eligible UnitedHealthcare Medicare Advantage Individual HMO and PPO, Chronic Special Needs Plans (C-SNPs) and Dual Special Needs Plans (D-SNPs). Synapse Health does not support all UnitedHealthcare plans, and eligibility may vary by state, plan type and DME category. For more information about Synapse Health, including covered states, plans and DME services, visit **Durable Medical Equipment orders | UHCprovider.com**.

Other resources

- Interactive guide, including overviews: **2027 Medicare Advantage, CSNP & DSNP Plan Overview Course**
- State-specific plan names: **Medicare Advantage Benefit Plan Names**
- Referral requirements overview: **Medicare Advantage Referrals**
- **UnitedHealthcare Medicare National Network and UnitedHealth Passport**
- State-specific plan benefits (Summary of Benefits): **UHC.com/medicare** > Shop Medicare plans > Enter ZIP code > Find plans > View 2027 plans > Medicare Advantage plans. Scroll down, click on Show more plans, find plan and select View plan details. The Summary of Benefits is under plan resources.
- Plans and products: **UHCprovider.com/training** > Plans and products
- 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.**

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