

Administrative updates for UnitedHealthcare Medicare Advantage members in Washington



For dates of service beginning Jan. 1, 2026, **Independent Clinics of Washington** 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 Independent Clinics of Washington, effective Jan. 1, 2026:

Contract number	PBP	Segment ID	Group number
H1278	029	000	90363
H1278	029	000	90364
H1278	030	000	90365
H1278	030	000	90366
H1278	031	000	90367
H1278	032	000	90368
H1278	032	000	90371
H2001	087	000	90377
H2001	087	000	90379
H2001	136	000	90390
H3805	015	000	91648
H3805	015	000	92120
H3805	017	000	90892
H3805	017	000	91653

Contract number	PBP	Segment ID	Group number
H3805	032	000	90413
H3805	032	000	90896
H3805	037	000	90903
H3805	037	000	91657
H3805	044	000	90424
H3805	806	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

Starting Jan. 1, 2026, most members enrolled in UnitedHealthcare Medicare Advantage HMO and HMO-POS plans are required to obtain a referral from their primary care provider (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.

Before providing services that require a referral, specialists and other health care professionals should confirm a referral has been issued.

Easily complete your registration and start using UnitedHealthcare's self-service tools. Our [Registration and Access Management guide](#) will walk you through the process.

We offer several digital tools to help health care professionals manage eligibility and referral activity. The [Digital Solutions Comparison Guide](#) can help health care professionals choose which tools are right for them.

- **UnitedHealthcare Provider Portal** is the secure place for accessing patient and practice-specific information including checking eligibility and referral requirements. Sign in to the Provider Portal to begin.
- **Application Programming Interface (API)** is a common interface that interacts between multiple applications in real-time. API solutions allow health care professionals to electronically receive detailed data on the status of claims, eligibility and benefits. Explore the benefits of API. The [API Marketplace](#) houses API technical guides.
- **Electronic Data Interchange (EDI)** is the automated transfer of data. This involves enabling seamless and faster information transfers by allowing health care professionals or facilities to check eligibility and benefits.

Use the UnitedHealthcare provider portal to check referral requirements, submit requests and see the status of referrals. Use the [Referrals Interactive User Guide](#) to get started using our referrals solution.

You may securely view a member's referrals by signing into the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](#) > Sign In > Referrals.



Referrals (cont.)

The new referral requirements will **not** apply to services provided by a(n):

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

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

- PT/OT/ST
- Cardiac or pulmonary rehabilitation services
- 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
- Same-day or walk-in visits for evaluation and treatment for orthopedic urgent care with a diagnosis of acute fracture, sprain, strain, dislocation or other acute injury
- 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 or radiological or non-radiological testing services, including preventive and diagnostic mammograms and colonoscopies
- 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

Note, eligibility and benefit verification information and member materials, such as the Evidence of Coverage, may indicate referrals are required for additional benefit categories. However, PCPs are not required to submit referrals for the exclusions listed above, and UnitedHealthcare will not check for referrals for the above categories when paying claims.

Members with an active referral may see providers of the same specialty who bill under the same tax ID number – including physicians, nurse practitioners, physician assistants and other health care professionals – without needing a separate referral.



Prior authorization

Prior authorization may be required for certain services based on the member's plan. Services that require prior authorization will be listed at ic-wa.org/for-providers. Submit your request at least 7 days before the planned date of service:

By phone: 206-878-1985, option 4

By fax: 206-834-6000

By email: medmanagement@ic-wa.org

If UnitedHealthcare has already reviewed and approved a prior authorization request for dates of service starting on or after Jan. 1, 2026, you do not need to submit another request. Independent Clinics of Washington (ICW) will honor and reimburse services approved by UnitedHealthcare. For continued care or new services requiring prior authorization, please submit requests directly to Independent Clinics of Washington.

Hospital admission notifications

Please notify Independent Clinics of Washington of hospital admissions no later than 1 business day after admission:

By phone: 206-878-1985, option 4

By fax: 206-834-6000

Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID 91164 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](#).

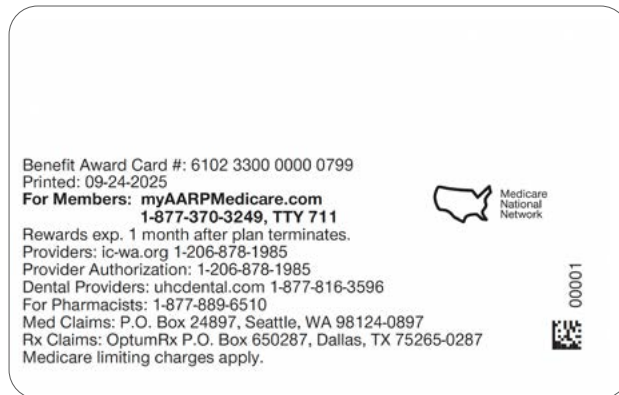
- UnitedHealthcare UCard makes it easier for members to access their benefits and programs so they can take advantage of their plan offerings
- UCard does not need to be activated for you to verify eligibility or provide care services to members and should be used in the same manner as any other UnitedHealthcare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



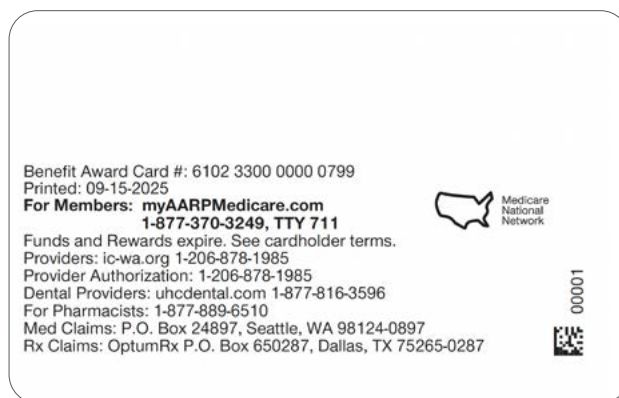
UnitedHealthcare UCard (cont.)



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 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 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:
Payer ID: 91164

Submit claim reconsiderations:
By fax: 206-834-6000
By email: claims@ic-wa.org

Check the status of your claim submission:
By phone: 206-878-1985, option 3
By email: claims@ic-wa.org



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.