

# Administrative updates for UnitedHealthcare Medicare Advantage members in Oregon



For dates of service beginning Jan. 1, 2026, South Tabor Family Physicians, LLP 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 South Tabor Family Physicians, LLP, effective Jan. 1, 2026:

Contract number	PBP	Segment ID	Group number
H3805	001	000	91622
H3805	015	000	90501*
H3805	015	000	90502*
H3805	017	000	90503*
H3805	017	000	90504*
H3805	032	000	90412*
H3805	032	000	90505*
H3805	037	000	90506*
H3805	037	000	90507*
H3805	039	001	90286
H3805	039	001	90905
H3805	039	002	90289
H3805	039	002	90908
H3805	041	000	90292
H3805	044	000	90531*

Contract number	PBP	Segment ID	Group number
H3805	803	000	Any employer groups associated with these H/PBPs
H3805	806	000	Any employer groups associated with these H/PBPs

\*Group number for Washington members who select an Oregon primary care physician (PCP).

## 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 South Tabor Managed Care Department prior to the specialist visit. The South Tabor Managed Care Department will submit referrals received from the PCP directly to UnitedHealthcare.

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
- Urgent care
- Mental health provider
- Optician
- 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 billing under the same TIN - including physicians, nurse practitioners, physician assistants or other healthcare professionals - without a separate referral.

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

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

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

For referral questions, PCPs should contact South Tabor Managed Care Department at 503-261-7221.

## 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 PPO.

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:** 503-261-7221

**By fax:** 503-261-7226



## Prior authorization (cont.)

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.

## Hospital admission notifications

Please notify South Tabor Family Physicians, LLP of hospital admissions no later than 1 business day after admission:

**Fax:** 503-261-7226

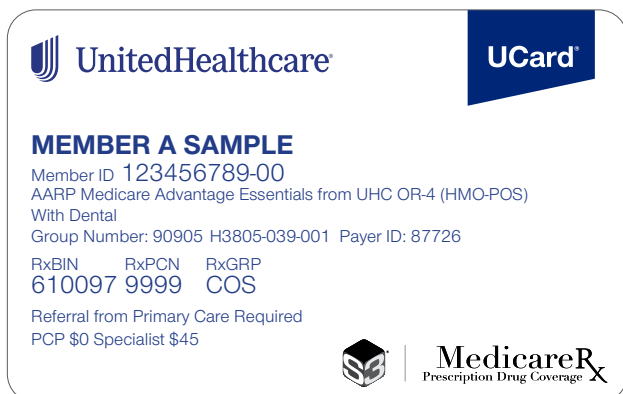
## Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID 87726. You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

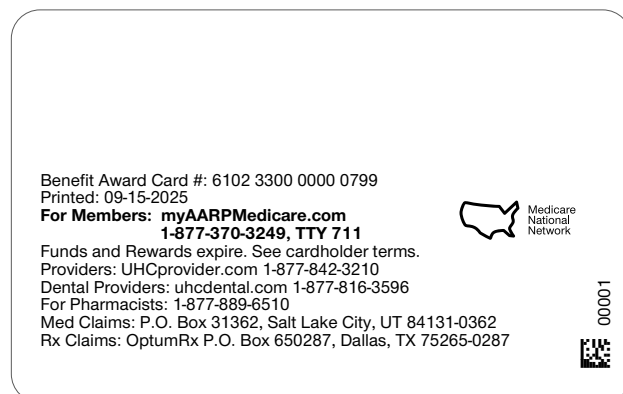
## UnitedHealthcare UCard

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



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 or mailing address:

**Payer ID:** 87726

**Mailing address:**

UnitedHealthcare

P.O. Box 31362

Salt Lake City, UT 84131-0362

Submit claim reconsiderations:

**Online: UnitedHealthcare  
Provider Portal**

Check the status of your claim submission:

**Online: 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](#).