

Administrative updates for UnitedHealthcare Medicare Advantage members in Texas



WellMed Medical Management Inc., an affiliate of UnitedHealthcare, 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 referrals
- Submit prior authorization requests
- Submit hospital admission notifications
- Check claim submission status
- Submit claim reconsideration requests

The following benefit plans will be administered by WellMed:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	050	000	90723	N/A
H0609	051	000	90500	N/A
H0609	051	000	90724	N/A
H0609	052	000	90725	Partial dual group
H0609	052	000	91642	Full dual group
H0609	054	000	90727	N/A
H0609	054	000	90728	N/A
H0609	055	000	90729	N/A
H0609	056	000	92122	N/A
H0609	058	000	90732	N/A
H0609	059	000	90252	N/A
H0609	059	000	90733	N/A
H0609	060	000	90734	N/A
H0609	061	000	90735	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	062	000	90736	N/A
H0609	063	000	90737	N/A
H0609	065	000	90714	Full dual group
H0609	065	000	90716	Partial dual group
H0609	066	000	90717	N/A
H0609	066	000	90718	N/A
H0609	067	000	90720	N/A
H0609	067	000	90722	N/A
H0609	068	000	90767	N/A
H0609	068	000	90768	N/A
H0609	070	000	90769	N/A
H0609	071	000	90771	N/A
H0609	077	000	90257	N/A
H0609	078	000	90259	N/A
H0609	822	000	Any employer groups associated with these H/PBPs	N/A
H1278	003	000	77018	N/A
H1278	003	000	77019	N/A
H1278	004	000	90110	N/A
H1278	004	000	90111	N/A
H1278	005	000	90112	N/A
H1278	005	000	90260	N/A
H1278	010	000	90114	N/A
H1278	010	000	90115	N/A
H1278	013	000	72806	N/A
H1278	013	000	90261	N/A
H1278	014	000	17064	N/A
H1278	014	000	72807	N/A
H1278	015	000	72814	N/A
H1278	015	000	90262	N/A
H1278	016	000	72815	N/A
H1278	016	000	90263	N/A
H1278	021	000	90772	N/A
H1278	021	000	90773	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H1278	022	000	90774	N/A
H1278	022	000	90775	N/A
H1278	023	000	90776	N/A
H1278	024	000	90777	N/A
H1278	024	000	90778	N/A
H1278	025	000	90779	N/A
H1278	026	000	90780	N/A
H1278	027	000	90781	N/A
H2406	039	000	90786	N/A
H2406	039	000	90789	N/A
H2406	039	000	90790	N/A
H2406	039	000	90791	N/A
H2406	050	000	TXDSNPF8W	Full dual group
H2406	050	000	TXDSNPP8W	Partial dual group
H2406	050	000	TXDSNPQ8W	QMB
H2406	119	000	90861	N/A
H2406	119	000	90862	N/A
H2406	119	000	90914	N/A
H2406	119	000	90915	N/A
H2406	121	000	90865	N/A
H2406	121	000	90916	N/A
H2406	134	000	90280	N/A
H2406	134	000	90282	N/A
H2406	134	000	90281	N/A
H2406	134	000	90283	N/A
H2406	135	000	90284	N/A
H2406	135	000	90285	N/A
H4514	007	000	90116	N/A
H4514	007	000	90117	N/A
H4514	014	000	90129	N/A
H4514	015	000	90130	N/A
H4514	016	000	90131	Full dual group
H4514	016	000	90164	Partial dual group
H4514	017	000	90312	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H4514	018	000	90313	Full dual group
H4514	018	000	90314	Partial dual group
H4514	019	000	TXDSNP5F	Full dual group
H4514	019	000	TXDSNP5P	Partial dual group
H4514	019	000	TXDSNP5Q	QMB
H4514	021	000	TXDSNPP8	Full dual group
H4514	021	000	TXDSNPF8	Partial dual group
H4514	022	000	90295	N/A
H4514	023	000	TXDSNPF5	Full dual group
H4514	023	000	TXDSNPP5	Partial dual group
H4527	001	000	00300	N/A
H4527	002	000	00309	N/A
H4527	003	000	00310	Full dual group
H4527	003	000	90029	Partial dual group
H4527	005	000	00304	N/A
H4527	013	000	00306	N/A
H4527	015	000	00307	Full dual group
H4527	015	000	90165	Partial dual group
H4527	024	000	00308	N/A
H4527	024	000	96000	N/A
H4527	037	000	90122	N/A
H4527	037	000	90123	N/A
H4527	039	000	90118	N/A
H4527	040	000	90119	N/A
H4527	041	000	90120	N/A
H4527	042	000	90121	N/A
H4527	045	000	90315	N/A
H4527	048	000	90917	N/A
H4527	048	000	90297	N/A
H4527	051	000	91612	N/A
H4527	051	000	91613	N/A
H4527	052	000	90298	N/A
H4527	053	000	90300	N/A
H4527	053	000	90299	N/A

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H4527	054	000	90277	Full dual group
H4527	054	000	90278	Partial dual group
H5322	025	000	TXSNH2FW	Full dual group
H5322	025	000	TXSNH2PW	Partial dual group
H5322	025	000	TXSNH2QW	QMB
H5322	026	000	00012	Full dual group
H5322	026	000	90166	Partial dual group
H5322	038	000	TXSNPF6W	Full dual group
H5322	038	000	TXSNPP6W	Partial dual group
H5322	038	000	TXSNPQ6D	QMB
H5322	046	000	TXDSNPP4	Partial dual group
H5322	046	000	TXDSNPF4	Full dual group
R6801	008	000	99950	N/A
R6801	009	000	99951	N/A
R6801	009	000	99954	N/A
R6801	011	000	91632	Partial dual group
R6801	011	000	99952	Full dual group
R6801	012	000	99953	N/A
R6801	012	000	99955	N/A

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the [UnitedHealthcare Provider Portal](#) and select Eligibility

Electronic data interchange (EDI): Use Transactions 270 (Inquiry) and 271 (Response) through your vendor or clearinghouse

Referrals

For plans that require referrals, visit eprg.wellmed.net

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.

Online (preferred): eprg.wellmed.net

By phone: 877-757-4440

Requests for services that require prior authorization will be in the Prior Authorization List available at eprg.wellmed.net. Submit your request at least 14 days before the planned date of service.

Services previously approved by UnitedHealthcare for dates of service starting Jan. 1, 2025 and after, will be transitioned to WellMed. No further action needed on previously approved services.

Hospital admission notifications

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

Online (preferred): eprg.wellmed.net

By phone: 877-490-8982

Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID WELM2 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](#).

2025 UnitedHealthcare UCard

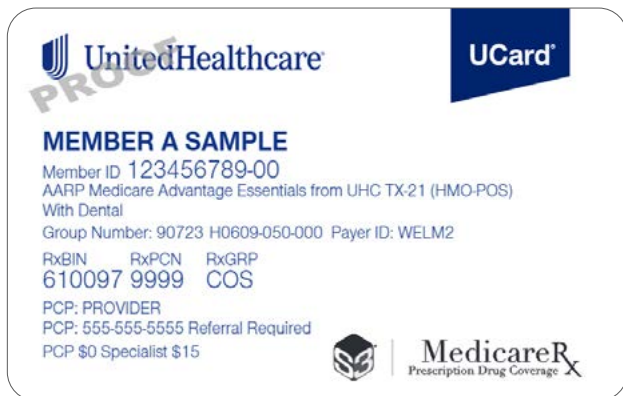
PCP removal

- Starting, Jan. 1, 2025, the primary care provider (PCP) name and phone number will be removed from some UCards for UnitedHealthcare individual Medicare Advantage plans
- Providers can access the member's PCP assignment information on the UnitedHealthcare Provider Portal or via eligibility check (EDI 270/271)
- This change will affect most open access HMO, POS and PPO plans
- The PCP name and phone number will continue to display on most Gatekeeper (referral plans)
- UnitedHealthcare Medicare Advantage plans that have delegated risk arrangements will continue to display the delegated entity's name on the front of the UCard, if desired by the delegated entity

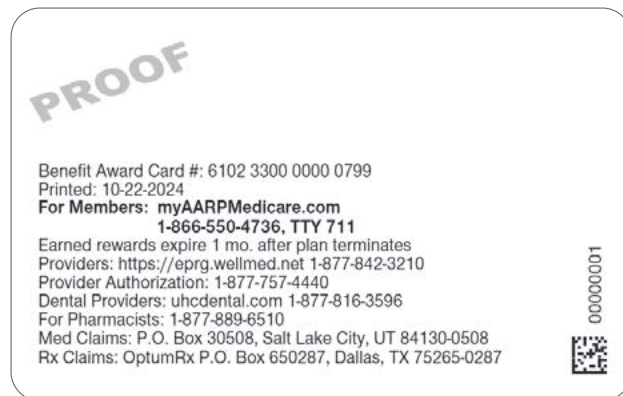
Member ID

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 machine-readable bar code or 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 moving to front of the member ID card



front



back

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

2025 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for the state-specific 2025 plan names.

Plan overviews

Plan overviews are available in the [2025 Medicare Advantage Plan Overview](#) > 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 2025 plans > select Medicare Advantage plans or Medicare Special Needs plans tab > find plan and select View plan details > Plan Documents > select Summary of Benefits.

UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Referrals are not required for members who travel outside their plan service area and access covered services using the National Network or their Passport benefit. 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: WELM2

Mailing address:

WellMed Networks Inc.
Claims Department
P.O. Box 30508
Salt Lake City, UT 84130-0508

D-SNP:

WellMed D-SNP Claims
P.O. BOX 30578
Salt Lake City, UT 84130-0578

Submit claim reconsiderations:

Online: WellMed PHC
Claims Portal at
americas.pch.global

By phone: 800-550-7691

By mail:

WellMed Claims
P.O. Box 30508
Salt Lake City, UT 84130-0508

D-SNP:

WellMed Claims
P.O. BOX 30578
Salt Lake City, UT 84130-0578

Check the status of your claim submission:

Online: eprg.wellmed.net

By phone: 800-550-7691



The delegate owns all reconsiderations when they process a claim for a delegated member.

- If the provider is contracted directly with the delegate, the delegate owns all formal provider appeals
- If the provider is not contracted directly with the delegate, UnitedHealthcare owns all provider appeals, regardless of the providers participation status with UnitedHealthcare



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.