

UnitedHealthcare Medicare Advantage administrative changes in Texas

2023 quick reference guide

WellMed Medical Management, an affiliate of UnitedHealthcare, manages administrative services for members enrolled in UnitedHealthcare Dual Complete® health plans in Texas.

This reference guide will help you identify these members and give you quick access to helpful resources as you work with WellMed. For the plans included in this guide, WellMed administers these services:

- Claim submissions
- Claim reconsiderations
- Hospital admission notifications
- Prior authorization requests
- Referral requests

Starting Jan. 1, 2023, WellMed will manage administrative services for the following plan.

City or market	Centers for Medicare & Medicaid Services (CMS) Contract	Plan name and type
East Texas	H4514-019-000	UnitedHealthcare Dual Complete Select (HMO-POS D-SNP)*

*New plan for 2023



2023 Medicare Advantage ID card

Member IDs for the affected plans will show the **payer ID WELM2** and have eprg.wellmed.net listed as the **For Providers** contact.



New for 2023 – UnitedHealthcare UCard (Member ID)

- Nearly all UnitedHealthcare Individual Medicare Advantage plan members, including D-SNP, will receive a UnitedHealthcare UCard™ (some plan exclusions may apply)
- 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 or for members to receive medical, dental, prescription, vision and hearing care services
- Starting Jan. 1, 2023, impacted members will present their redesigned member card
- UCard will have the information you need to verify eligibility 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 will include an S3 number, security code and scannable barcode for in-store purchases — providers do not need to scan the barcode to provide medical, dental, prescription, vision or hearing services to the member
- For questions, members should visit their plan website or call the Customer Service number on their UCard
- For a description of the information displayed on the UCard, refer to **Chapter 2** of the **UnitedHealthcare Care Provider Administrative Guide**



Sample member ID card

UnitedHealthcare UCard™

Sample Plan Name with Dental

Member A Sample

Member Number:
123456789-00

RxBIN 99999 RxPCN 9999 RxGRP XXX

Group Number: XXXXX H0000-000-000
PCP: Dr. Sample
PCP: 999-999-9999 Referral Required
Copy: PCP \$XX Specialist: \$XX

For Members: memberurl.com
Customer Service: 1-999-999-9999, TTY 711
Printed Date: xx/xx/xxxx
Plan Year: xxxx

For Providers: providerurl.com
Provider Service: 1-999-999-9999
Dental Providers: dentalurl.com 1-999-999-9999
[Medicare limiting charges apply.]

Medicare National Network

9, City Name, State 99999-9999
999999, City Name, State 99999-9999

Printed Date: xx/xx/xxxx
Plan Year: xxxx

UnitedHealthcare PASSPORT

999 Security Code: 9999

Payer ID: xxxxxx
Medical Claim Address: P.O. Box 99999, City Name, State 99999-9999
Pharmacy Claims: OptumRX P.O. Box 999999, City Name, State 99999-9999
For Pharmacists: 1-999-999-9999

Card #: 9999 9999 9999 99999 Security Code: 9999



Verify member eligibility

Verify member eligibility at the time of service online using electronic data interchange (EDI) or by phone.

- **Online:** The UnitedHealthcare Provider Portal gives you instant access to the latest eligibility and benefits information in real time without needing to pick up the phone. You can quickly check coverage dates, policy information, detailed benefits information and get a copy of the digital ID card. Go to **UHCprovider.com** and click the Sign In button in the top right corner, then select Eligibility and Benefits.
- **EDI:** Use Transactions 270 (Inquiry) and 271 (Response) through your vendor or clearinghouse
- **Phone:** Call us at **866-944-4983**



Referral requests

When WellMed-managed plans require referrals, submit requests online at eprg.wellmed.net.



Claims

Submitting claims to WellMed

Electronic: Use **payer ID WELM2** or use your clearinghouse's **WellMed** payer ID

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

Checking claims status

Only submit duplicate claims if there's no payment or an explanation of payment 45 days after submitting.

- **Online:** eprg.wellmed.net
- **Call:** 800-550-7691

Submitting claim reconsiderations to WellMed

For these plans, submit claim reconsideration requests to the same claims address.

Claims and reimbursement for Dual Special Needs Plans (D-SNPs): UnitedHealthcare Dual Complete Choice Premier (H2228-041-000), UnitedHealthcare Dual Complete (H4514-013-001, H4514-013-002, H4514-013-003) and UnitedHealthcare Dual Complete Select (H4514-019-000)

- Submit claims to WellMed. WellMed will reimburse you for the member's medical services. UnitedHealthcare will reimburse you for the applicable member cost-share.



Prior authorization requests and advance notification

For plans administered by **WellMed**, submit a request at least 14 days before the planned date of service.

- View prior authorization request requirements and submit your request and clinical information at eprg.wellmed.net
- Call **877-757-4440**

WellMed will honor prior authorization requests reviewed and approved by UnitedHealthcare for services with dates of service starting in calendar year 2022 but rendered in 2023.



Hospital admission notification

Please notify WellMed no later than 1 business day after admission.

- Call **877-490-8982**
- Fax **877-757-8885**

WellMed will continue to manage administrative services for members of these plans in 2023

UnitedHealthcare Dual Complete® plans

- H2228-041-000 UnitedHealthcare Dual Complete® Choice Premier (PPO D-SNP)
- H4514-013-001 UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
- H4514-013-002 UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
- H4514-013-003 UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
- H4514-016-000 UnitedHealthcare Dual Complete® Ally (HMO-POS D-SNP)
- H4514-019-000 UnitedHealthcare Dual Complete® Select (HMO-POS D-SNP)