

UnitedHealthcare Medicare Advantage Administrative Changes in Indiana

For members with American Health Network (AHN) or Suburban Health Organization (SHO) PCPs

Some administrative tasks will change for dates of service starting Jan. 1, 2021.

WellMed Medical Management, an affiliate of UnitedHealthcare, manages administrative services for UnitedHealthcare Medicare Advantage members with a primary care provider (PCP) contracted with American Health Network (AHN) or Suburban Health Organization (SHO). For members of these plans with an AHN or SHO PCP, WellMed administers these administrative services:

- Claim processing and reconsiderations
- Hospital admission notifications
- Prior authorization requests
- Utilization management requests

WellMed isn't a health plan. It's a physician-led, patient-focused health care delivery system. WellMed is part of Optum, a UnitedHealth Group company. You can find more information about WellMed at wellmedhealthcare.com.

2021 Plan Overview

Members of these plans may have an AHN or SHO PCP.

Plan Name and Type	Centers for Medicare & Medicaid Services (CMS) Contract	Group Numbers
AARP® Medicare Advantage Choice (PPO)	H2228-022, 064, 065, 066	67034, 90101, 90102, 90103, 90105, 90106
AARP® Medicare Advantage Choice Plan 1 (PPO)	H2228-019, 021	67030, 67026
AARP® Medicare Advantage Choice Plan 2 (PPO)	H2228-080, 081	90126, 90127, 90128
AARP® Medicare Advantage Patriot (PPO)	H2228-091	90022, 90041
AARP® Medicare Advantage Choice Premier (PPO)	H2228-092	90023, 90042
AARP® Medicare Advantage Focus (PPO)	H2228-020	74000
AARP® Medicare Advantage Plan 1 and Plan 2 (HMO-POS)	H2802-008, 010, 012, 015, 016, 018, 020	00744, 00745, 00748, 00749, 00750, 00751, 00754, 00755, 00756, 00758, 00759, 00761, 00762
AARP® Medicare Advantage Profile (HMO-POS)	H2802-007	00746, 00747
UnitedHealthcare Dual Complete® (PPO D-SNP)	H0271-005	90006

How do I identify which physician groups are affiliated with a SHO PCP?

Please reach out to your Network Contract Manager or your Provider Advocate or go to suburbanhealth.com/partnerships.

How do I identify a UnitedHealthcare Medicare Advantage member with an AHN or SHO PCP?

The member's ID will have the payer ID **WELM2** or have **eprg.wellmed.net** listed as the care provider contact. You can view the member ID card through Eligibility and Benefits (on Link) at UHCprovider.com/eligibility.

Health Plan (99999): 999-99999-99
Member ID: 999999999 Group Number: XXXXX
Member: MEMBER SAMPLE
PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999
Copay: PCP \$XX Spec \$XX
ER Svc: AARP Medicare Advantage Choice (PPO)
H9999-999-999

Customer Service Hours: 8 am - 8 pm 7 days/week
Printed: xxx/xx/xxxx
For Members
Website: www.memberurl.com
Customer Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
Dental: 1-999-999-9999 TTY 711
For Providers
https://eprg.wellmed.net 1-800-550-7691
Medical Claim Address: P.O. Box 30508 Salt Lake City, UT 84130-0508
Provider Authorizations: 1-877-757-4440
UHC Renew Active
UHC Dental Providers: www.dentalurl.com 1-999-999-9999
For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999-9999

Health Plan (80840): 999-99999-99
Member ID: 999999999 Group Number: XXXXX
Member: MEMBER SAMPLE
PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999
H9999-999-999

Customer Service Hours: 8 am - 8 pm 7 days/week
Printed: xxx/xx/xxxx
For Members
Website: Customer
Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
Transportation Svs: 1-866-288-3133
For Providers
https://eprg.wellmed.net 1-800-550-7691
Medical Claim Address: P.O. Box 30508 Salt Lake City, UT 84130-0508
Provider Authorizations: 1-877-757-4440
UHC Renew Active
UHC Dental Providers: www.dentalurl.com 1-877-816-3596
For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999-9999

Health Plan (99999): 999-99999-99
Member ID: 999999999 Group Number: XXXXX
Member: MEMBER SAMPLE
PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999
Copay: PCP \$XX Spec \$XX
ER Svc: AARP Medicare Advantage Plan 1 (HMO-POS)
H9999-999-999

Customer Service Hours: 8 am - 8 pm 7 days/week
Printed: xxx/xx/xxxx
For Members
Website: www.memberurl.com
Customer Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
Dental: 1-999-999-9999 TTY 711
For Providers
https://eprg.wellmed.net 1-800-550-7691
Medical Claim Address: P.O. Box 30508 Salt Lake City, UT 84130-0508
Provider Authorizations: 1-877-757-4440
UHC Renew Active
UHC Dental Providers: www.dentalurl.com 1-999-999-9999
For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999-9999

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

Do AHN or SHO PCPs need to refer members to certain specialists and hospitals?

No. These UnitedHealthcare Medicare Advantage members have access to all the specialists, ancillary care providers, facilities and hospitals that participate in the UnitedHealthcare Medicare Advantage network in the plan service area.

Are notification and prior authorization requirements different for UnitedHealthcare Medicare Advantage members with an AHN or SHO PCP?

No. Standard prior authorization and admission notification requirements still apply. Requirements are in the UnitedHealthcare Administrative Guide at UHCprovider.com/guides and at UHCprovider.com/priorauth.

How do I submit a notification or prior authorization request for members with an AHN or SHO PCP?

Because these are WellMed-delegated members, submit prior authorization or notification request to WellMed at least 14 days before the planned date of service.

- **Online:** Use the eProvider Resource Gateway (ePRG) at eprg.wellmed.net and include related clinical information
- **Phone:** Call Provider Utilization Management at **877-757-4440**, available 24/7
- **Fax:** 866-322-7276

Will WellMed contact me after I submit a notification or prior authorization request?

Yes. WellMed will contact you and the member after deciding about a notification/prior authorization request. You can also check the status of the member's notification/prior authorization requests at WellMed's ePRG at eprg.wellmed.net.

If WellMed denies the request, they'll notify you and the member in writing, outlining the member's appeal rights and including more information about the denial.

When can I expect to hear back about my utilization management (UM) requests?

It depends on the type of request. WellMed processes these requests according to the Centers for Medicare & Medicaid Services (CMS) requirements and will deliver a determination within:

- **72 hours** for expedited or urgent pre-service requests
- **14 days** for standard or non-urgent pre-service requests

Is there a chance to have a peer-to-peer discussion if WellMed denies, or will deny, a UM request?

Yes. If a request is going to be denied, the WellMed UM nurse or coordinator will contact the requesting care provider. If you submit the request and you have additional clinical information to share, WellMed will encourage you to set up a conversation with a WellMed UM Medical Director. This peer-to-peer discussion takes place before the request is denied and before the appeals process starts.

To request a peer-to-peer conversation with WellMed, call 866-390-4971. They'll work to set up the conversation within 1 business day of the request, between 8 a.m. - 5 p.m. local time.

If the request isn't authorized after the discussion, WellMed will notify you and the member in writing, including information about the member's appeal rights.

You can find more information about WellMed's processes and procedures in their ePRG at eprg.wellmed.net.

Where do I submit claims for members with an AHN or SHO PCP?

Because these are WellMed-delegated members, submit claims to WellMed:

- **Electronic Data Interchange (EDI):** Use payer ID WELM2 or your clearinghouse's WellMed ID or learn more at UHCprovider.com/edi
- **Mail:** Send your claim to the address on the member's ID card

Can I check claims status online?

Yes. To check the status of your claim submission, sign in to eprg.wellmed.net. With your tax ID number, you can view detailed claims information through the "Member Claims Search" or the "Advanced Claims Search" functions in the claims tab of WellMed's ePRG.

If you have questions about claims, please contact WellMed at claimshelpdesk@wellmed.net or call **800-550-7691**, Monday-Friday, 7 a.m. - 5 p.m. local time.

If my claim is paid incorrectly, can I dispute the payment with WellMed?

Yes. For claims paid by WellMed, you can request a reconsideration of the paid claim. WellMed requests that you use their Claim Reconsideration Request Form. You can find the form in the Provider Resources section of the ePRG at eprg.wellmed.net. Within 180 days from the date of the explanation of payment (EOP), please submit:

- A copy of the reconsideration request form
- A copy of the EOP
- Any documentation supporting the reconsideration

We're here to help you

If you have questions, please contact your Physician Advocate or Network Contract Manager. You can find your local contacts listed at UHCprovider.com > Contact Us > [Network Contacts](#).