

UnitedHealthcare Medicare Advantage Administrative Changes in Ohio

For members with American Health Network 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 contracted with American Health Network (AHN). For members of these plans with an AHN 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.

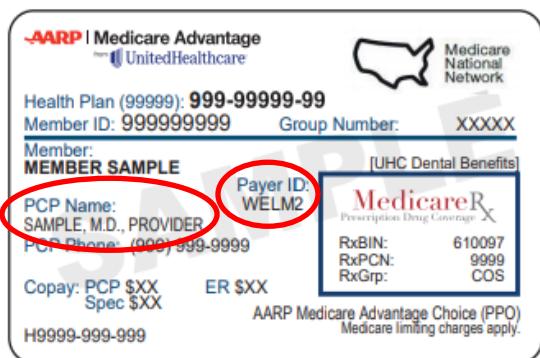
2021 Plan Overview

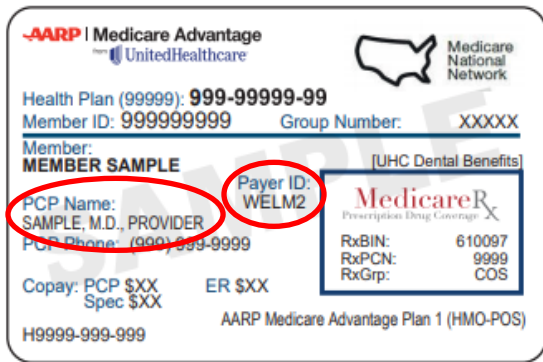
Members of these plans may have an AHN PCP.

Plan Name and Type	Centers for Medicare & Medicaid Services (CMS) Contract	Group Numbers
AARP® Medicare Advantage Choice (PPO)	H8768-007	90049
AARP® Medicare Advantage Patriot (PPO)	H8768-021	90001, 90002
AARP® Medicare Advantage Plan 1 (HMO)	H5253-050	90007
AARP® Medicare Advantage Plan 2 (HMO)	H5253-001, 002, 109	90046, 90047, 90048
AARP® Medicare Advantage Plan 3 (HMO)	H5253-051	90044, 90045
AARP® Medicare Advantage Plan 5 (HMO)	H5253-062	90043
AARP® Medicare Advantage Plan 7 (HMO)	H5253-049	90005

How do I identify a UnitedHealthcare Medicare Advantage member with an AHN 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.





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

Do AHN 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 PCP?

No. Standard prior authorization and admission notification requirements still apply. Requirements are in the UnitedHealthcare Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides) and at [UHCprovider.com/priorauth](https://www.uhcprovider.com/priorauth).

How do I submit a notification or prior authorization request for members with an AHN 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 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 eProvider Resource Gateway (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 one 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 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](https://www.ahncare.com/edi)
- **Mail:** Send your claim to the address on the member's ID card

Can I check claim 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 claim information through the "Member Claims Search" or the "Advanced Claims Search" functions in the claim 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](https://www.ahncare.com) > Contact Us > [Network Contacts](#).