

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 the plans included in this guide, 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.

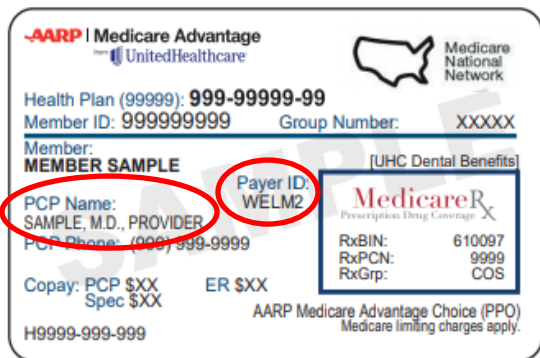
2021 Plan Overview

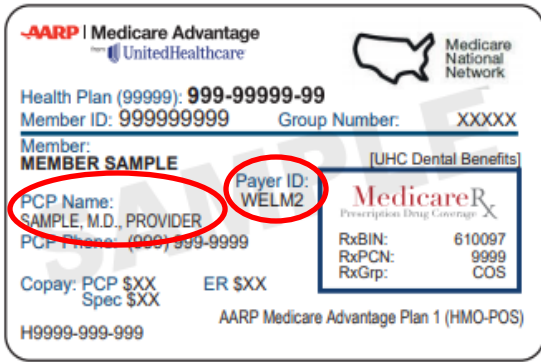
Members of these plans may have a PCP contracted with AHN.

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

Member ID Cards

The member's ID will have the payer ID **WELM2** or have eprg.wellmed.net listed as the care provider contact.





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

WellMed Referral, Notification/Prior Authorization and Claims



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). Care providers can check the status of utilization management requests at eprg.wellmed.net.

Submit prior authorization requests to WellMed

For members with an AHN PCP, submit prior authorization or notification request at least 14 days before the planned date of service.

- **Online:** Use the eProvider Resource Gateway at eprg.wellmed.net
- **Phone:** Call Provider Utilization Management at **877-757-4440**, available 24/7
- **Fax:** 866-322-7276



Submit claims to WellMed

- **Electronic Data Interchange (EDI):** Use payer ID WELM2 or your clearinghouse's WellMed ID
- **Mail:** WellMed Claims, P.O. Box 30508, Salt Lake City, UT 84130-0508

To check the status of your claims submission, contact WellMed at claimshelpdesk@wellmed.net, sign in to eprg.wellmed.net or call **800-550-7691**



Submit inpatient notification to WellMed

Please notify WellMed of hospital inpatient admissions no later than one business day after admission by calling **877-490-8982** or faxing 877-757-8885

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.uhcprovider.com) > Contact Us > **Network Contacts**.