

UnitedHealthcare Medicare Advantage Administrative Changes in Texas

2021 Quick Reference Guide

WellMed Medical Management, an affiliate of UnitedHealthcare, manages administrative services for members enrolled in certain UnitedHealthcare Medicare Advantage, UnitedHealthcare Group Medicare Advantage and UnitedHealthcare Dual Complete® health plans in Texas. For the plans included in this guide, WellMed administers these administrative services:

- Member eligibility verification
- Referral requests
- Prior authorization requests
- Hospital admission notifications
- Claim submissions
- Claim reconsiderations

This reference guide will help you identify these affected members and give you quick access to a variety of helpful resources as you work with WellMed.

Overview: 2021 Affected Medicare Advantage plans in Texas

Starting Jan. 1, 2021, WellMed will manage administrative services for these plans.

City or Market	Centers for Medicare & Medicaid Services (CMS) Contract	Plan Name and Type
Austin	H4514-013-002	UnitedHealthcare Dual Complete® (HMO D-SNP)
Corpus Christi	H1278-016-000	AARP® Medicare Advantage Choice (PPO)
Dallas/Fort Worth	H1278-013-000	AARP® Medicare Advantage Choice (PPO)
	H4590-044-000	UnitedHealthcare® Medicare Advantage Ally (HMO-POS C-SNP)
East Texas	H1278-015-000	AARP® Medicare Advantage Choice (PPO)
	H4590-042-000	AARP® Medicare Advantage (HMO-POS)
	H4514-013-003	UnitedHealthcare Dual Complete® (HMO D-SNP)
El Paso	H2228-041-000	UnitedHealthcare Dual Complete® Choice Premier (PPO D-SNP)
Houston	H1278-014-000	AARP® Medicare Advantage Choice (PPO)
	H4514-013-001	UnitedHealthcare Dual Complete® (HMO D-SNP)
National	H2001-816-000	UnitedHealthcare Group Medicare Advantage (PPO) health plan for San Antonio Water System retiree members belonging to group numbers 13502 and 13503 only

Please note: WellMed doesn't manage administrative services for members assigned to a primary care provider in:

- Southwestern Health Resources (North Texas)
- HealthTexas Medical Group (San Antonio)

WellMed will continue to manage administrative services for members of these plans in 2021.

AARP® Medicare Advantage plans

H1278-004	AARP® Medicare Advantage Walgreens (PPO)	H4527-024	AARP® Medicare Advantage Patriot (HMO-POS)
H1278-005	AARP® Medicare Advantage Choice (PPO)	H4590-029	AARP® Medicare Advantage Patriot (HMO)
H1278-010 H2228-023	AARP® Medicare Advantage Choice (PPO)	H4590-010 H4590-025	AARP® Medicare Advantage SecureHorizons® (HMO)
H4514-007	AARP® Medicare Advantage Plan 2 (HMO)	H4590-012	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS)
H4590-043	AARP® Medicare Advantage (HMO-POS)	H4590-041	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)
H4527-001 H4527-002 H4527-005 H4527-013	AARP® Medicare Advantage (HMO)	H4527-037	AARP® Medicare Advantage Plan 1 (HMO-POS)

UnitedHealthcare Chronic Complete plans

H4527-039	H4527-040	H4527-041	H4527-042	H4590-037
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UnitedHealthcare Dual Complete plans

H4527-006 H4590-020 H4590-022	UnitedHealthcare Dual Complete® (HMO D-SNP)	H4527-003	UnitedHealthcare Dual Complete® Focus (HMO D-SNP)
H4527-004 H4527-015	UnitedHealthcare Dual Complete® Plan 1 (HMO D-SNP)	H4590-033 H5322-026	UnitedHealthcare Dual Complete® Plan 2 (HMO D-SNP)

UnitedHealthcare will continue to manage the administrative services for members of these plans.

H0710-020	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	H5652-003	Erickson Advantage Guardian (HMO-POS I-SNP)
H1278-003	AARP® Medicare Advantage Choice (PPO)	H5652-004	Erickson Advantage Champion (HMO-POS C-SNP)
H2001-816	UnitedHealthcare Group Medicare Advantage (all group numbers except 13502 and 13503)	H5652-006	Erickson Advantage Freedom (HMO-POS)
		R6801-008	UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
H5322-025	UnitedHealthcare Dual Complete® (HMO D-SNP)	R6801-009	UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
H5652-001	Erickson Advantage Signature with Drugs (HMO-POS)	R6801-011	UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)
H5652-002	Erickson Advantage Signature without Drugs (HMO-POS)	R6801-012	UnitedHealthcare® Medicare Advantage Choice (Regional PPO)



Verify Member Eligibility

You may verify member eligibility at the time of service online, by using electronic data interchange (EDI) or by phone.

Online

- Use Eligibility and Benefits on Link at UHCprovider.com. To sign in, go to UHCprovider.com and click the Sign in to Link button in the top right corner, then select Eligibility and Benefits.
- Use WellMed's care provider web portal, eprg.wellmed.net.

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

Phone: Call us at **877-842-3210**.



Referral Requests

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

Temporary Referral Waiver: For dates of service Jan. 1 – March 31, 2021, WellMed isn't requiring referrals. There is a notification at eprg.wellmed.net to remind submitters that referrals aren't required. If you need a referral number for your records, please use reference number GLEX01012020.



Claims

Submitting claims to WellMed

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

Paper: Please submit paper claims to: 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.

- View prior authorization request requirements and submit your request and clinical information at 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) and UnitedHealthcare Dual Complete (H4514-013).

Submit claims for these members 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.
- Fax 866-322-7276.

For plans administered by **UnitedHealthcare**:

- View prior authorization request requirements and submit your request and clinical information at UHCprovider.com/priorauth.
- Call **877-842-3210**.

WellMed will honor prior authorization requests reviewed and approved by UnitedHealthcare for dates of service starting in calendar year 2020.



Hospital Admission Notification

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

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



2021 Medicare Advantage Sample ID Card

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

AARP | Medicare Advantage
from **UnitedHealthcare**

Health Plan (80840): 999-99999-99
Member ID: 999999999 Group Number: XXXXX

Member: MEMBER SAMPLE PLAN CODE: XXX
[UHC Dental Benefits]

PCP Name: SAMPLE, PROVIDER Payer ID: WELM2

PCP Phone: (999) 999-9999
WELLMED NETWORKS INC

MedicareRx
Prescription Drug Coverage

RxBIN: 610097
RxPCN: 9999
RxGrp: SHTX

Copay: PCP \$XX ER \$XX
Spec \$XX

AARP Medicare Advantage SecureHorizons (HMO)
HXXXX-XXX-XXX

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: xx/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 1-888-866-8297
Medical Claim Address: P.O. Box 30508 Salt Lake City, UT 84130-0508
Provider Authorizations: 1-877-757-4440
[UHC Dental Providers: www.dentalurl.com 1-999-999-9999]

WEST **Renew**
Active

For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 999999, Healthcare, US 99999-9999

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