

Administrative changes for UnitedHealthcare Medicare Advantage members in New Jersey

Quick Reference Guide

For dates of service beginning Jan. 1, 2023, Optum® Care Network, an affiliate of UnitedHealthcare, will manage some administrative services for certain UnitedHealthcare Medicare Advantage members who have selected an Optum Care Network primary care physician (PCP). Optum Care Network will manage these services through WellMed Medical Management, Inc. This reference guide provides an overview of administrative processes:

- Verifying member eligibility
- Prior authorization requests
- Hospital admission notifications
- Claims submission

Learn more about Optum Care and WellMed

Optum Care and WellMed aren't health plans. You can find more information about Optum Care at optumcare.com and WellMed at wellmedhealthcare.com.

The following benefit plan will be newly administered by Optum Care Network, effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage Choice Premier (LPPO)	H8768-035-000	90330

The following benefit plans will continue to be administered by Optum Care Network, effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage Patriot (HMO-POS)	H0755-037-000	09100
AARP® Medicare Advantage Plan 1 (HMO-POS)	H0755-038-000	09102 09103
AARP® Medicare Advantage Plan 2 (HMO-POS)	H0755-044-000	90068 90069
AARP® Medicare Advantage Plan 3 (HMO-POS)	H0755-045-000	90071 90072
AARP® Medicare Advantage Plan Choice (PPO)	H8768-022-000	92014 92016





Verifying member eligibility

You can verify member eligibility online or by phone:

- **Online:**

- Through the **UnitedHealthcare Provider Portal**, go to **UHCprovider.com** and click Sign In at the top right corner. Then, click Eligibility and enter member information.
- WellMed care provider portal at **eprg.wellmed.net**

- **Phone:** Call **877-842-3210** and select the Eligibility and Benefits option



Prior authorization requests

Prior authorization may be required for certain services based on the member's plan. Inpatient and outpatient services generally don't require prior authorization when members are referred to health care professionals who participate with UnitedHealthcare Medicare Advantage.

Services that require prior authorization will be listed at **UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources**. Submit your request at least 14 days before the planned date of service.

- **Online:** Submit your request at **eprg.wellmed.net**. Please include any clinical information associated with the requested service.
- **Phone:** Call **877-757-4440**

You don't need to submit another prior authorization request to WellMed if a request was previously reviewed and approved by UnitedHealthcare for dates of service starting Jan. 1, 2023, and after. WellMed will reimburse services approved by UnitedHealthcare.



Hospital admission notifications

Please notify WellMed of hospital admissions no later than 1 business day after admission by calling **877-490-8982** or faxing **877-757-8885**.



Claims submission

Please submit claims for UnitedHealthcare members to WellMed using the following electronic Payer ID or mailing address:

- **Electronic:** Payer ID WELM2 or use your clearinghouse's WellMed Payer ID
- **Mail:** WellMed Networks Inc., P.O. Box 30508, Salt Lake City, UT 84130-0508

To check the status of your claim submission, sign in at **eprg.wellmed.net**

For any other claim questions, call **800-550-7691**. Please don't submit duplicate claims unless you haven't received payment or an explanation of payment within 45 days of submission.

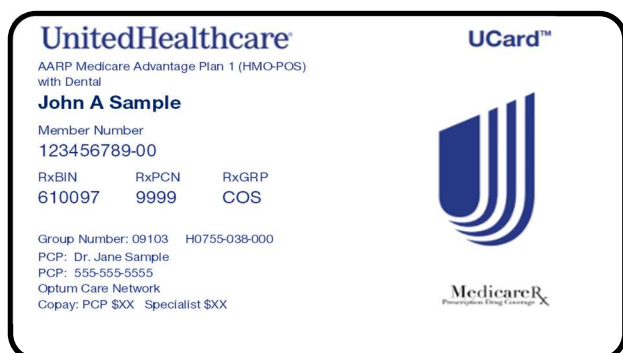


Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID WELM2 and will have other applicable delegation-specific descriptors, such as delegate name and delegate website listed as the care provider contact. You can download a copy of the member ID card when you verify eligibility and benefits in the UnitedHealthcare Provider Portal.

New for 2023 – UnitedHealthcare™ UCard (Member ID)

- Nearly all UnitedHealthcare Individual Medicare Advantage plan members 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's 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 cards for illustration only; actual information varies depending on payer, plan and other requirements.



We're here to help

If you have questions, please call **877-842-3210**. Thank you.

