

# Administrative updates for UnitedHealthcare Medicare Advantage members in Texas



For dates of service beginning Jan. 1, 2026, WellMed Medical Management Inc., an affiliate of UnitedHealthcare, will manage certain administrative services for the following UnitedHealthcare Medicare Advantage benefit plans. This reference guide provides an overview of the administrative processes, including how to:

- Verify member eligibility
- Submit and check referral status
- Submit hospital admission notifications
- Submit prior authorization requests
- Check claim status, submit claims and claim reconsiderations

The following benefit plans will be administered by WellMed:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	050	000	90723	NA
H0609	051	000	90724	NA
H0609	051	000	90500	NA
H0609	052	000	90725	Partial Dual Group
H0609	052	000	91642	Full Dual Group
H0609	054	000	90727	NA
H0609	054	000	90728	NA
H0609	055	000	90729	NA
H0609	055	000	06315	NA
H0609	056	000	92122	NA
H0609	058	000	90732	NA
H0609	058	000	06316	NA
H0609	059	000	90252	NA
H0609	059	000	90733	NA

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	060	000	90734	NA
H0609	060	000	06320	NA
H0609	061	000	90735	NA
H0609	062	000	90736	NA
H0609	062	000	06325	NA
H0609	063	000	90737	NA
H0609	065	000	90714	Full Dual Group
H0609	065	000	90716	Partial Dual Group
H0609	066	000	90717	NA
H0609	066	000	90718	NA
H0609	067	000	90720	NA
H0609	067	000	90722	NA
H0609	068	000	90767	NA
H0609	068	000	90768	NA
H0609	070	000	90769	NA
H0609	071	000	90771	NA
H1278	003	000	77018	NA
H1278	003	000	77019	NA
H1278	010	000	90114	NA
H1278	010	000	90115	NA
H1278	015	000	72814	NA
H1278	015	000	90262	NA
H1278	016	000	72815	NA
H1278	016	000	90263	NA
H1278	024	000	90777	NA
H1278	024	000	90778	NA
H1278	027	000	90781	NA
H1278	027	000	06483	NA
H2406	039	000	90786	NA
H2406	039	000	90789	NA
H2406	119	000	90861	NA
H2406	119	000	90862	NA
H2406	121	000	90865	NA
H2406	135	000	90284	NA

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H2406	039	000	90790	NA
H2406	039	000	90791	NA
H2406	119	000	90914	NA
H2406	119	000	90915	NA
H2406	121	000	90916	NA
H4514	007	000	90116	NA
H4514	007	000	90117	NA
H4514	014	000	90129	NA
H4514	016	000	90131	Full Dual Group
H4514	016	000	90164	Partial Dual Group
H4514	017	000	90312	NA
H4514	018	000	90313	Full Dual Group
H4514	018	000	90314	Partial Dual Group
H4527	001	000	00300	NA
H4527	002	000	00309	NA
H4527	002	000	06439	NA
H4527	003	000	00310	Full Dual Group
H4527	003	000	90029	Partial Dual Group
H4527	005	000	00304	NA
H4527	013	000	00306	NA
H4527	015	000	00307	Full Dual Group
H4527	015	000	90165	Partial Dual Group
H4527	024	000	00308	NA
H4527	024	000	96000	NA
H4527	037	000	90122	NA
H4527	037	000	90123	NA
H4527	039	000	90118	NA
H4527	039	000	06441	NA
H4527	040	000	90119	NA
H4527	041	000	90120	NA
H4527	042	000	90121	NA
H4527	045	000	90315	NA
H4527	048	000	90917	NA
H4527	048	000	90297	NA

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H4527	051	000	91612	NA
H4527	051	000	91613	NA
H5322	026	000	00012	Full Dual Group
H5322	026	000	90166	Partial Dual Group
H0609	077	000	90257	NA
H0609	077	000	06325	NA
H0609	078	000	90259	NA
H0609	080	000	06328*	NA
H2406	135	000	90285	NA
H4514	022	000	90295	NA
H4527	052	000	90298	NA
H4527	053	000	90300	NA
H4527	053	000	90299	NA
H4527	054	000	90277	Full Dual Group
H4527	054	000	90278	Partial Dual Group
H4527	055	000	06444*	NA
H4527	056	000	06445*	NA
H4527	057	000	06488*	Partial Dual Group
H4527	057	000	00143*	Full Dual Group
H4527	058	000	06446*	NA
H4527	059	000	06447*	NA
H2406	050	000	TX99TXSNPF8W	Full Dual Group
H2406	050	000	TX99TXSNPP8W	Partial Dual Group
H2406	050	000	TX99TXSNPQ8W	QMB
H4514	023	000	TX99TXDSNPF5	Full Dual Group
H4514	023	000	TX99TXDSNPP5	Partial Dual Group
H4514	024	000	TX99TXSNPP7W*	Partial Dual Group
H4514	024	000	TX99TXSNPQ7W*	QMB
H4514	021	000	TX99TXSNPP2W	Partial Dual Group
H4514	021	000	TX99TXSNPF2W	Full Dual Group
H5322	025	000	TX99TXSNH2FW	Full Dual Group
H5322	025	000	TX99TXSNH2PW	Partial Dual Group
H5322	025	000	TX99TXSNH2QW	QMB
H5322	038	000	TX99TXSNPF6W	Full Dual Group

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H5322	038	000	TX99TXSNPP6W	Partial Dual Group
H5322	038	000	TX99TXSNPQ6D	QMB
H5322	046	000	TX99TXDSNPP4	Partial Dual Group
H5322	046	000	TX99TXDSNPF4	Full Dual Group
H2406	039	000	90786	NA
H2406	039	000	90789	NA
H2406	119	000	90861	NA
H2406	119	000	90862	NA
H2406	121	000	90865	NA
H2406	135	000	90284	NA
H0609	822	000	Any employer groups associated with these H/PBPs	NA

\*New plans in 2026

As of Jan. 1, 2026, the following plans are no longer administratively managed by WellMed. These plans will be managed by UnitedHealthcare.

State	Contract number	PBP	Segment ID
Texas	H1278	005	000
Texas	H1278	013	000
Texas	H1278	014	000
Texas	H1278	021	000
Texas	H1278	025	000
Texas	H1278	026	000
Texas	H4514	015	000
Texas	R6801	008	000
Texas	R6801	009	000
Texas	R6801	011	000
Texas	R6801	012	000

For more information, including group numbers, see the [2026 Medicare Advantage, CSNP & DSNP Quick Reference Guide](#)..

## Verifying member eligibility

You can verify member eligibility:

**Online:** Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility

**Electronic data interchange (EDI):** Use Transactions 270 (Inquiry) and 271 (Response) through your vendor or clearinghouse

## Referrals

The referral process is **distinct from prior authorization**.

- **Referrals** are for evaluation and/or treatment between physicians
- **Prior authorization** is required for specific procedures listed on the WellMed Prior Authorization List (PAL) and must be submitted via ePRG

Starting Jan. 1, 2026, specialists providing care to members enrolled in UnitedHealthcare Medicare Advantage HMO and HMO-POS plans are required to obtain a referral from the member's primary care physician (PCP) before rendering care in office or home settings.

### PCPs:

- Must issue referrals for specialties **prior to** the patient receiving care for certain specialties
- Referrals should be directed to the **specialist physician's name**
  - Nurse practitioners and physician assistants are not listed in the referral tool

### Specialists:

- Must have a valid referral from the patient's PCP **before rendering services**
  - Specialists cannot refer to other specialists

A referral must be obtained for specialist visits for dates of service in 2026 even if the patient has an existing ongoing relationship with the specialist. Referrals obtained outside of the LeadingReach platform for 2025 dates of service will not carry over and apply to 2026 dates of service.

Referral requirements will NOT apply to services provided by a:

- |                                 |                             |                           |
|---------------------------------|-----------------------------|---------------------------|
| • Audiologist                   | • Neonatology               | • Optician                |
| • Chiropractor                  | • Nuclear medicine          | • Optometrist             |
| • Emergency medicine            | • Nutritionist              | • Podiatrist              |
| • Hematologist                  | • Obstetrician/gynecologist | • Primary care provider   |
| • Infectious disease specialist | • Oncologist                | • Radiologist             |
| • Mental health provider        | • Ophthalmology             | • Therapeutic radiologist |

## **Additional specialty services not requiring a referral:**

The following services do not require a referral. However, they **may require notification and/or prior authorization**. For information on prior authorization requirements, refer to the prior authorization list.

- PT/OT/ST, cardiac therapy or pulmonary therapy
- Mental health/substance use services with behavioral health clinicians (follow health plan behavioral health guidelines)
- Any service from a hospital-based physician (anesthesiologist, emergency physician, radiologist and pathology)
- Any service provided in a hospital-based setting by a consulting physician, including hospitalists
- Routine mammography and bone screening
- Dialysis services
- Routine vision or hearing services must follow benefit plan guidelines
- Any lab services and radiological testing service, excluding radiation therapy
- DME, home health, prosthetic/orthotic devices, medical supplies, diabetic testing supplies and Medicare Part B drugs (confirm the prior authorization list)
- Additional benefits that may be covered by some Medicare Advantage benefit plans but are not covered by Medicare, such as hearing aids, routine eyewear, fitness memberships or outpatient prescription drugs
  - Approvals for these services should follow members' benefit plan guidelines
- Services obtained while accessing the health plan Medicare National Network or other out of service area provider which allows for services while traveling. Please refer to members **benefit plan regarding guidelines**.

Specialists, claims could be denied due to missing referrals. Any denied claims will be considered provider liability. Members must not be balanced billed for services rendered without a valid referral.

Claims may be denied even when a valid referral is on file for the reasons including, but not limited to:

- The services are not covered under the members' benefit plan
- Required prior authorization was not obtained

## **For members on benefits plans administered through WellMed:**

PCPs will issue referrals through the LeadingReach platform. Specialists will need to register to create a LeadingReach account.

For additional information, go to the **Market Plan Reference Guide** under the referral section. For application assistance, contact LeadingReach at 866-656-4410. Additional information about the upcoming referral requirement is posted at [eprg.wellmed.net](http://eprg.wellmed.net).

## Prior authorization

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 PPO.

**Online (preferred):** [eprg.wellmed.net](https://eprg.wellmed.net)

**By phone:** 877-757-4440 or 877-299-7213

Requests for services that require prior authorization will be in the Prior Authorization List available at [eprg.wellmed.net](https://eprg.wellmed.net). Submit your request at least 7 days before the planned date of service.

Services previously approved by UnitedHealthcare for dates of service starting Jan. 1, 2026 and after, will be transitioned to WellMed. No further action needed on previously approved services.

## Hospital admission notifications

Please notify WellMed of hospital admissions no later than 1 business day after admission:

**Online (preferred):** [eprg.wellmed.net](https://eprg.wellmed.net)

**By phone:** 877-490-8982

## Member ID cards

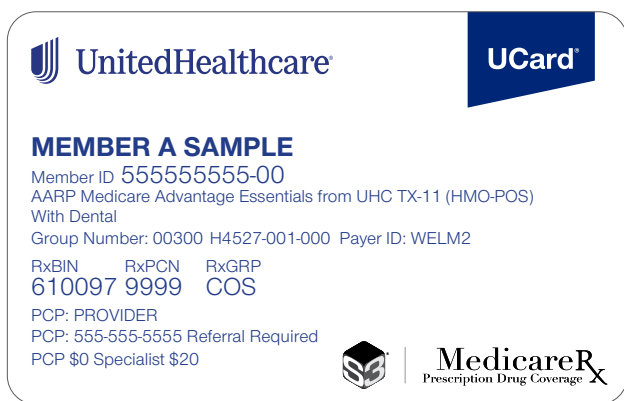
Members in the affected plans will get new member ID cards that show the Payer ID WELM2 and will have other applicable delegation-specific descriptors such as delegate name and delegate website listed as the care provider contact. You can download a copy of the member ID card when you verify eligibility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

## UnitedHealthcare UCard

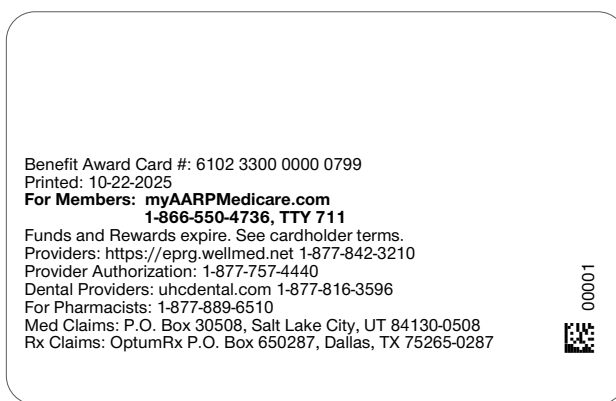
You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

- UnitedHealthcare UCard makes it easier for members to access their benefits and programs so they can take advantage of their plan offerings
- UCard does not need to be activated for you to verify eligibility or provide care services to members 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 includes a Benefit Award Card Number, security numbers, expiration dates and a magnetic stripe for in-store purchases or spending rewards – providers do not need to scan the barcode to provide medical, dental, prescription, vision or hearing services to the member
- Payer ID is listed the front of the member ID card
- PCP name and phone number displays on some referral plan ID cards

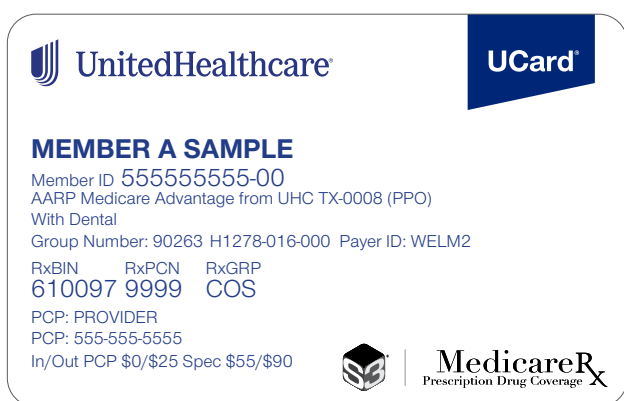




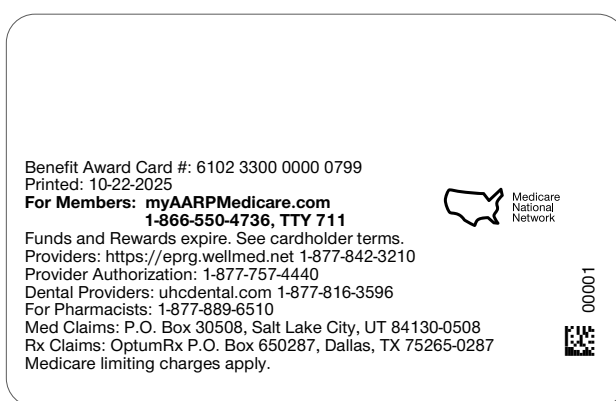
front



back



front



back

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

## 2026 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for state-specific plan names.

## Plan overviews

Plan overviews are available in the [2026 Medicare Advantage, CSNP & DSNP Plan Overview Course](#) > State > Interactive guide.

## Summary of benefits

State-specific plan benefits are available at [UHC.com/medicare](#) > Shop Medicare plans > Enter ZIP code > Find plans > View 2026 plans Medicare Advantage plans > Find plan and select view plan details > Plan documents > Summary of benefits.

# UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Some HMO and HMO-POS plans with referral requirements have access to the UnitedHealthcare Medicare National Network. For services requiring a referral, referrals are required to any participating network specialist nationwide, including specialists both inside and outside the member’s home plan service area.

For HMO and HMO-POS plans with referral requirements and the Passport benefit, a PCP referral is not required for Passport services.. For more information about National Network and Passport, visit [UHCprovider.com/plans](https://UHCprovider.com/plans) > Choose your state > Medicare > Choose plan > Tools & Resources.

Claims		
<p>Submit claims using the following electronic Payer ID or mailing address:</p> <p><b>Payer ID:</b> WELM2</p> <p><b>Mailing address:</b> WellMed Networks Inc. Claims Department P.O. Box 30508 Salt Lake City, UT 84130-0508</p> <p><b>D-SNP:</b> WellMed D-SNP Claims P.O. BOX 30578 Salt Lake City, UT 84130-0578</p>	<p>Submit claim reconsiderations:</p> <p><b>Online:</b> WellMed PHC Claims Portal at <a href="https://americas.pch.global">americas.pch.global</a> (promo code WE0622)</p> <p><b>By phone:</b> 800-550-7691</p> <p><b>By mail:</b> WellMed Claims P.O. Box 30508 Salt Lake City, UT 84130-0508</p> <p><b>D-SNP:</b> WellMed Claims P.O. BOX 30578 Salt Lake City, UT 84130-0578</p>	<p>Check the status of your claim submission:</p> <p><b>Online:</b> <a href="https://eprg.wellmed.net">eprg.wellmed.net</a></p> <p><b>By phone:</b> 800-550-7691</p>



The delegate owns all reconsiderations when they process a claim for a delegated member.



Please don’t submit duplicate claims unless you haven’t received payment or an explanation of payment within 45 days of submission.



## Questions?

For chat options and contact information, visit [UHCprovider.com/contactus](https://UHCprovider.com/contactus).