

Administrative updates for UnitedHealthcare Medicare Advantage members in New Jersey



For dates of service beginning Jan. 1, 2024, Optum® Care Network, an affiliate of UnitedHealthcare, will manage certain administrative services for the following UnitedHealthcare Medicare Advantage benefit plans. Optum Care Network will manage these services through WellMed Medical Management, Inc. This reference guide provides an overview of the administrative processes, including how to:

- Verify member eligibility
- Submit referrals
- Submit prior authorization requests
- Notify us of hospital admissions
- Check claim submission status
- Submit claim reconsideration requests

The following benefit plans will be administered by Optum Care, effective Jan. 1, 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
Optum Care Network	H0755	037	000	09100
Optum Care Network	H0755	038	000	09102
Optum Care Network	H0755	038	000	09103
Optum Care Network	H0755	044	000	90068
Optum Care Network	H0755	044	000	90069
Optum Care Network	H0755	045	000	90071
Optum Care Network	H0755	045	000	90072
Optum Care Network	H8768	022	000	92014
Optum Care Network	H8768	022	000	92016
Optum Care Network	H8768	035	000	90330

Verifying member eligibility

You can verify member eligibility:

Online: Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility Sign in to the WellMed provider web portal at eprg.wellmed.net

By phone: 877-842-3210

Referrals

For plans that require referrals, submit referral requests online at eprg.wellmed.net or call 877-299-7213.

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.

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: eprg.wellmed.net

By phone: 877-757-4440

You don't need to submit another prior authorization request if a request was previously reviewed and approved by UnitedHealthcare for dates of service starting Jan. 1, 2024, and after. Optum Care will reimburse services approved by UnitedHealthcare.

Hospital admission notifications

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

Online: eprg.wellmed.net

By phone: 877-490-8982

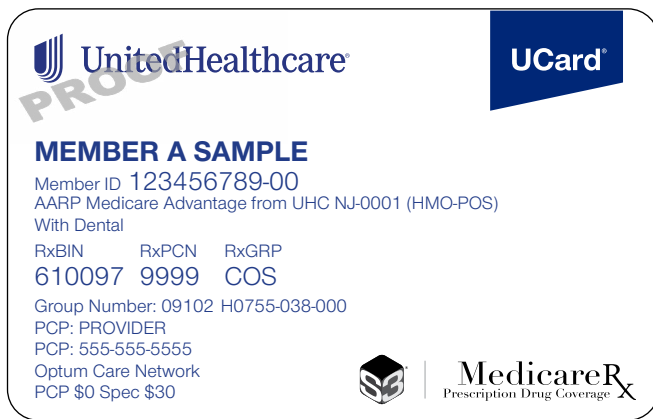
Member ID cards

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**.

2024 UnitedHealthcare UCard

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

- Nearly all UnitedHealthcare Medicare Advantage plan members who receive an ID card receive the 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 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 an S3 number, security code and scannable barcode 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



front



back

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

2024 plan name changes

Providers can refer to the [Plan Name Change Crosswalk](#) for the state-specific 2024 plan names.

Plan overviews

Plan overviews are available in the [2024 Medicare Advantage Plan Overview > 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 2024 plans > select Medicare Advantage plans or Medicare Special Needs plans tab > find plan and select View plan details > Plan Documents > select Summary of Benefits.

UnitedHealthcare Medicare National Network and UnitedHealth Passport®

Referrals are not required for members who travel outside their plan service area and access covered services using the National Network or their Passport benefit. For more information about National Network and Passport, visit UHCprovider.com/plans > Choose your state > Medicare > Choose plan > Tools & Resources.

Claims

Submit claims using the following electronic Payer ID or mailing address:

Payer ID: WELM2

Mailing address:

WellMed Networks Inc.
Claims Department
P.O. Box 30508
Salt Lake City, UT 84130-0508

Submit claim reconsiderations:

Online: WellMed PHC Claims Portal at
americas.pch.global

By phone: 800-550-7691

By mail:

WellMed Networks Inc.
Claims Department
P.O. Box 30508
Salt Lake City, UT 84130-0508

Check the status of your claim submission:

Online: Sign in to the WellMed provider web portal at eprg.wellmed.net

By phone: 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.



Questions?

Chat with a live advocate 7 a.m.-7 p.m. CT from the [UnitedHealthcare Provider Portal](#). You can also contact UnitedHealthcare Provider Services at **877-842-3210**, TTY/RTT **711**, 7 a.m.-5 p.m. CT, Monday-Friday.