UnitedHealthcare Dual Complete plans in Texas

2024 quick reference guide

WellMed Medical Management, an affiliate of UnitedHealthcare, manages certain administrative services for members enrolled in UnitedHealthcare Dual Complete health plans in Texas. This reference guide provides an overview of the administrative processes, including how to:

- Verifying member eligibility
- Referral requests
- Prior authorization requests
- Hospital admission notifications
- Claim submissions
- Claim reconsideration requests

The following new benefit plans will be administered by WellMed, effective Jan. 1, 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
WellMed Medical Management Inc.	H4514	021	000	TXDSNPF8
WellMed Medical Management Inc.	H4514	021	000	TXDSNPP8

WellMed will continue to manage administrative services for members of the following benefit plans in 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
WellMed Medical Management Inc.	H4514	013	001	TXDSNPF1
WellMed Medical Management Inc.	H4514	013	001	TXDSNPP1
WellMed Medical Management Inc	H4514	013	002	TXDSNPF2
WellMed Medical Management Inc	H4514	013	002	TXDSNPP2

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The following new benefit plans will be administered by WellMed, effective Jan. 1, 2024:

Group delegated entity	Contract number	PBP	Segment ID	Group number
WellMed Medical Management Inc.	H4514	013	003	TXDSNPF3
WellMed Medical Management Inc.	H4514	013	003	TXDSNPP3
WellMed Medical Management Inc	H4514	013	001	TXDSNPQ1
WellMed Medical Management Inc	H4514	013	002	TXDSNPQ2
WellMed Medical Management Inc	H4514	013	003	TXDSNPQ3
WellMed Medical Management Inc	H4514	019	000	TXDSNP5F
WellMed Medical Management Inc	H4514	019	000	TXDSNP5P
WellMed Medical Management Inc	H4514	019	000	TXDSNP5Q
WellMed Medical Management Inc	H2406	050*	000	TXSNPF8W
WellMed Medical Management Inc	H2406	050*	000	TXSNPP8W
WellMed Medical Management Inc	H2406	050*	000	TXSNPQ8W

*Formerly H2228-041

Verifying member eligibility

You can verify member eligibility:
- **Online:** Sign in to the **UnitedHealthcare Provider Portal** and select Eligibility
- **EDI:** Use Transactions 270 (inquiry) and 271 (response) through your vendor or clearinghouse
- **By phone:** 800-550-7691

Referrals

For plans that require referrals, submit referral requests online at **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.

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. 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:
- **Online: eprg.wellmed.net**
- **Phone:** 877-490-8982
- **Fax:** 877-757-8885

Claims and reimbursement for Dual Special Needs Plans (D-SNPs)

Submit claims to WellMed. WellMed will reimburse you for the member's medical services. UnitedHealthcare will reimburse you for the applicable member cost-share.

Submit claims using the following electronic Payer ID or mailing address:
- **Payer ID:** WELM2
- **Mailing address:**
  WellMed Claims
  P.O. Box 30578
  Salt Lake City, UT 84130-0578

Check the status of your claim submission:
- **Online: 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.

Submit claim reconsiderations:
- **Online:** WellMed PHC Claims Portal at **americas.pch.global**
- **By phone:** 800-550-7691
- **By mail:**
  WellMed Claims
  P.O. Box 30578
  Salt Lake City, UT 84130-0578

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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

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.