

UnitedHealthcare Dual Complete plans in Texas

2025 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:

- Verify member eligibility
- Submit referrals
- Submit prior authorization requests
- Submit hospital admission notifications
- Check claim submission status
- Submit claim reconsideration requests

The following new benefit plans will be administered by WellMed, effective Jan. 1, 2025:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H4527	054	000	90277	Full dual group
H4527	054	000	90278	Partial dual group

WellMed will continue to manage administrative services for members of the following benefit plans in 2025:

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H0609	065	000	90714	Full dual group
H0609	065	000	90716	Partial dual group
H0609	052	000	91642	Full dual group
H0609	052	000	90725	Partial dual group

Contract number	PBP	Segment ID	Group number	Group Medicaid eligibility type
H4527	003	000	00310	Full dual group
H4527	003	000	90029	Partial dual group
H4527	015	000	00307	Full dual group
H4527	015	000	90165	Partial dual group
H5322	026	000	00012	Full dual group
H5322	026	000	90166	Partial dual group
H4514	016	000	90131	Full dual group
H4514	016	000	90164	Partial dual group
H4514	018	000	90313	Full dual group
H4514	018	000	90314	Partial dual group

Please note, WellMed doesn't manage administrative services for members assigned to a primary care provider (PCP) in HealthTexas Medical Group (San Antonio). Please use the claims submission information on the member's ID card.

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:** 877-842-7691

Referrals

For plans that require referrals, visit 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
- **By phone:** 877-757-4440

Requests for services that require prior authorization will be in the Prior Authorization List that is on eprg.wellmed.net. Submit your request at least 14 days before the planned date of service.

Services previously approved by UnitedHealthcare for dates of service starting Jan. 1, 2025, 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 by:

- **Online (preferred):** eprg.wellmed.net
- **Phone:** 877-490-8982

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

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

- **Payer ID:** WELM2
- **Mailing address:**
WellMed D-SNP Claims
P.O. Box 30578
Salt Lake City, UT 84130-0578

Check the status of your claim submission:

- **Online (preferred):** 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 (preferred):** WellMed PHC Claims Portal at americas.pch.global
- **By phone:** 800-550-7691
- **By mail:**
WellMed D-SNP Claims
P.O. Box 30578
Salt Lake City, UT 84130-0578



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](#).

2025 UnitedHealthcare UCard


PCP removal

- Starting, Jan. 1, 2025, the primary care provider (PCP) name and phone number will be removed from some UCards for UnitedHealthcare individual Medicare Advantage plans
- Providers can access the member's PCP assignment information on the UnitedHealthcare Provider Portal or via eligibility check (EDI 270/271)
- This change will affect most open access HMO, POS and PPO plans
- The PCP name and phone number will continue to display on most Gatekeeper (referral plans)
- UnitedHealthcare Medicare Advantage plans that have delegated risk arrangements will continue to display the delegated entity's name on the front of the UCard, if desired by the delegated entity


Member ID

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 machine-readable bar code or 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 moving to front of the member ID card


 **UCard**

MEMBER A SAMPLE
Member ID: 123456789-00
UHC Dual Complete TX-V007 (HMO-POS D-SNP)
With Dental
Group Number: 90714 H0609-065-000 Payer ID: WELM2
RxBIN RxPCN RxGRP
610097 9999 COS
PCP: PROVIDER
PCP: 555-555-5555 Referral Required

 MedicareRx
Prescription Drug Coverage

PROOF

Benefit Award Card #: 6102 3300 0000 0799
Printed: 10-29-2024
For Members: MyUHCAdvantage.com
1-866-480-1086, TTY 711
Earned rewards expire 1 mo. after plan terminates
Providers: <https://eprg.wellmed.net> 1-800-550-7691
Dental Providers: uhcdentalproviders.com 1-844-275-8750
For Pharmacists: 1-877-889-6510
Med Claims: P.O.Box 30578, Salt Lake City, UT 84130-0578
Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
See cardholder terms for fees and terms of use

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

2025 plan names

Providers can refer to the [Medicare Advantage Benefit Plan Names](#) for the state-specific 2025 plan names.

Plan overviews

Plan overviews are available in the [2025 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 2025 plans > select Medicare Advantage plans or Medicare Special Needs plans tab > find plan and select View plan details > Plan Documents > select Summary of Benefits.

Claims

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

Payer ID:

WELM2

WellMed D-SNP Claims

P.O. BOX 30578

Salt Lake City, UT 84130-0578

Submit claim reconsiderations:

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

By phone: 800-550-7691

By mail:

WellMed D-SNP Claims

P.O. Box 30508

Salt Lake City, UT 84130-0508

Check the status of your claim submission:

Online: eprg.wellmed.net

By phone: 800-550-7691



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

- If the provider is contracted directly with the delegate, the delegate owns all formal provider appeals
- If the provider is not contracted directly with the delegate, UnitedHealthcare owns all provider appeals, regardless of the providers participation status with UnitedHealthcare



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.