

UnitedHealthcare Medicare Advantage members assigned to WellMed primary care providers

Frequently asked questions

Overview

As a specialty care provider delivering care to UnitedHealthcare® Medicare Advantage members, how you complete tasks such as referrals, claim submissions and case management may vary based on the member's primary care provider (PCP).

In Florida, you may see members with a PCP who's employed by or contracted with WellMed (a WellMed PCP). WellMed is an affiliate of UnitedHealthcare and is delegated to manage and process all referrals, notification/prior authorization requests and claims for members assigned to a WellMed PCP. More information is available at wellmedhealthcare.com.

For more information about referrals, claims and notification/prior authorization requests for all other UnitedHealthcare members, see the UnitedHealthcare Administrative Guide at UHCprovider.com/guides.



Key points

- UnitedHealthcare Medicare Advantage members enrolled in a plan in Florida may select a PCP contracted with WellMed
- WellMed isn't a health plan – it's a network of doctors, specialists and other medical professionals who specialize in providing care for older adults throughout Florida and Texas
- WellMed is an affiliate of UnitedHealthcare that manages care authorizations, referrals and claims for UnitedHealthcare Medicare Advantage members assigned to WellMed PCPs
- You can identify a member with a WellMed PCP by looking at their member ID card
- Medicare Advantage notification and prior authorization requirements listed in the [UnitedHealthcare Administrative Guide](#) are the same for members with WellMed and non-WellMed PCPs

Frequently asked questions

Is WellMed a health benefit plan?

No. WellMed isn't a benefit plan. WellMed provides care and other health care services, such as utilization management, referrals, prior authorization requests and claims processing for UnitedHealthcare Medicare Advantage members assigned to a UnitedHealthcare PCP who is also employed or contracted with WellMed.

How do I identify a UnitedHealthcare Medicare Advantage member with a WellMed PCP?

The front of the member ID card will show Payer ID WELM2. You can also find the Payer ID at eprg.wellmed.net.



front

back

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

The following group numbers are used for UnitedHealthcare Medicare Advantage members assigned to a WellMed PCP.

WellMed PCP group numbers			
40199	72811	82977	90352
70341	80192	82978	90359
70342	80193	82980	90360
70343	80194	90028	90403
70344	82940	90078	95115
70345	82958	90079	95116
70346	82960	90086	95117
70347	82962	90349	95118
70348	82969	90350	
72790	82970	90351	

Do members with a WellMed PCP need to be referred to certain specialists and hospitals?

No. These UnitedHealthcare Medicare Advantage members have access to all specialists, ancillary care providers, facilities and hospitals participating in the UnitedHealthcare Medicare Advantage care provider network in the member's service area.

Are the notification and prior authorization requirements different for UnitedHealthcare Medicare Advantage members with a WellMed PCP?

No. UnitedHealthcare protocols and requirements apply to Medicare Advantage members who select a WellMed PCP. The notification and prior authorization requirements can be found in the UnitedHealthcare Administrative Guide at [UHCprovider.com/guides](https://uhcprovider.com/guides).

Is there a different list of services that require prior authorizations for UnitedHealthcare Medicare Advantage members with a WellMed PCP?

No. You can find services that require prior authorization either in the Prior Authorization List in the UnitedHealthcare Provider Portal or the Provider Resource Gateway at eprg.wellmed.net.

How do I complete a notification/prior authorization request for members who have a WellMed PCP?

Request notification/prior authorization:

- Online (preferred method): Use the Provider Resource Gateway at eprg.wellmed.net
- By phone: **877-299-7213** or **877-757-4440**

Please submit requests at least 7 days before 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 is needed on previously approved services.

Hospital admission notifications:

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

- Online (preferred method): Use the Provider Resource Gateway at eprg.wellmed.net
- By phone: **877-490-8982**

Referrals

The referral process is distinct from prior authorization.

- Prior authorization is required for specific procedures
 - Find services requiring prior authorization either in the Prior Authorization List in the UnitedHealthcare Provider Portal or the Provider Resource Gateway at eprg.wellmed.net
- Referrals are for evaluation and/or treatment between in network physicians

What does this mean for providers?

PCPs:

- Must issue referrals for certain network specialty providers prior to the patient receiving care from the network specialist
- Referrals should be directed to the specialist physician's name (nurse practitioners and physician assistants are not listed in the referral tool)
- Although a referral is entered for a specific physician's name, a referral is valid for any physician who is participating under the same TIN

Specialists:

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

Are referrals required for United HealthCare Gatekeeper plans?

Yes. 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 PCP before providing care, even if the member has previously been treated by the specialist. This applies regardless of whether the member has a WellMed PCP.

How can a PCP or specialist submit/receive a referral for members who have a referral requirement?

For PCPs not part of WellMed, referrals are entered and submitted via the UnitedHealthcare Provider Portal. Specialists can access the referral in the portal.

WellMed PCPs issue referrals through the LeadingReach platform accessed through Zephyr. Specialists need to register to create a LeadingReach account. For more information, reference the Referral section at pse.joinwellmed.com/market-plan-reference-guide. For application assistance, contact LeadingReach at **866-656-4410**.

Find additional information about the 2026 referral requirements for UnitedHealthcare Medicare Advantage members who have a WellMed PCP at eprg.wellmed.net.

If a member is currently obtaining specialist care, is a referral required?

Yes. A referral will need to 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.

Are there specialty providers who do not require a member to obtain a referral?

Yes. A referral is not required for the following:

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

Are there specialty providers who do not require a member to obtain a referral? (cont.)

In addition, the following services do not require PCP referral:

- Urgent and emergency services billed with the applicable place of service
- PT/OT/ST
- Cardiac or pulmonary rehabilitation services
- Provision of anesthesiology (pain management services rendered by an anesthesiologist do require a referral)
- Home health agency services
- Services performed in an observation setting
- Any services from a pathologist or inpatient consulting physician, including hospitalists
- Ambulance
- Telehealth services
- Same-day or walk-in visits for evaluation and treatment for orthopedic urgent care with a diagnosis of acute fracture, sprain, strain, dislocation or other acute injury
- Medicare-covered preventive services, kidney disease education or diabetes self-management training
- Routine annual physical exams, routine vision exams or hearing exams
- Dialysis services
- Any lab services or radiological or non-radiological testing services, including preventive and diagnostic mammograms and colonoscopies
- Durable medical equipment, home health, prosthetic/orthotic devices, medical supplies, diabetic testing supplies, Medicare Part B drugs or allergens
- Additional coverage that may be included by some Medicare Advantage plans but are not covered by Medicare, such as hearing aids, routine eyewear, dental care, fitness memberships or outpatient prescription drugs

Are referrals required for members accessing the Medicare National Network?

Yes. Starting in 2026 referrals are required for members in HMO and HMO-POS plans to any participating network specialist nationwide, including specialists both inside and outside the member's home plan service area.

Are referrals required for members utilizing their Passport benefit?

No. Members enrolled in HMO and HMO-POS plans with the UnitedHealth Passport benefit will not require PCP referral for specialist care away from their home plan service area when using the Passport benefit, even if a PCP referral is required for specialist services in the member's home plan service area.

Will my claims be impacted if I do not obtain a referral before rendering care?

Yes. For 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 reasons including, but not limited to:

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

Does a member need a new referral if they see another provider in the same specialty?

No. If a member has an active referral, they may see providers of the same specialty billing under the same TIN – including physicians, nurse practitioners, physician assistants or other health care professionals – without a separate referral.

Why does the Evidence of Coverage (EOC) indicate referrals are required for certain services that are listed as exclusions in the referral requirements document?

Eligibility and benefit verification tools and member materials (such as the Evidence of Coverage) may indicate referrals are required for additional benefit categories. However, PCPs are not required to submit referrals for the exclusions listed above, and WellMed Medical Management, Inc. will not check for referrals for these categories when adjudicating claims.

Who do I contact for more information?

To check the status of your claims, sign in to eprg.wellmed.net. For all other claims questions, please contact your physician advocate, provider relations or network management representative. Find local contact information at UHCprovider.com/contactus.