

# 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.

Referral requirements will NOT apply to services provided by a:

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

## 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.

- Urgent and emergency services billed with the applicable place of service
- PT/OT/ST

## **Additional specialty services not requiring a referral (cont.):**

- Cardiac or pulmonary rehabilitation services
- 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, preventive and diagnostic, mammography, colonoscopies and bone screening
- Dialysis services
- Routine vision or hearing services must follow benefit plan guidelines
- Any lab services or radiological or non-radiological testing services
- 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**
- Members with an active referral may see providers of the same specialty billing under the same TIN – including physicians, nurse practitioners, physician assistants or other healthcare professionals – without a separate referral
- Note, eligibility and benefit verification information 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 the above categories when paying claims.

Specialists' claims could be denied due to missing referrals.

A claim 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
- Any denied claims will be considered provider liability. Members must not be balanced billed for services rendered without a valid referral.

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

PCPs can issue referrals through the LeadingReach platform to the specialist or utilize their own referral systems for referral to specialists, including through their internal EMR system and/or alternative referral methods.

## **For members on benefits plans administered through WellMed (cont.):**

The PCP must provide a referral ID, which the specialist is required to submit on the claim. The referral ID must be a unique value (combination of number and/or letters) assigned to each specific patient/provider combination. Each referral should reflect a designated time period and number of visits. Generic or duplicate referral ID's are strictly prohibited and will not be accepted as a valid referral.

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](http://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](http://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](http://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](#).

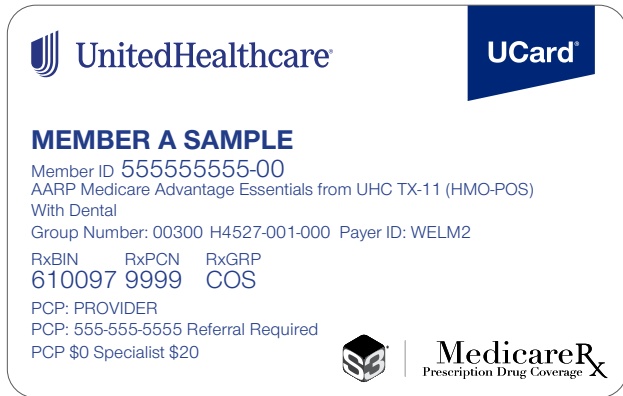
## **UnitedHealthcare UCard**

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

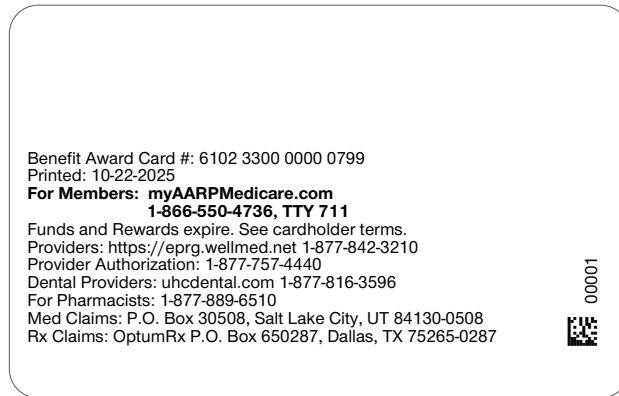
- UnitedHealthcare UCard makes it easier for members to access their benefits and programs so they can take advantage of their plan offerings
- UCard does not need to be activated for you to verify eligibility or provide care services to members and should be used in the same manner as any other UnitedHealthcare member ID card
- UCard cannot be used for member out-of-pocket expenses, including copays, coinsurance or deductibles

## UnitedHealthcare UCard (cont.)

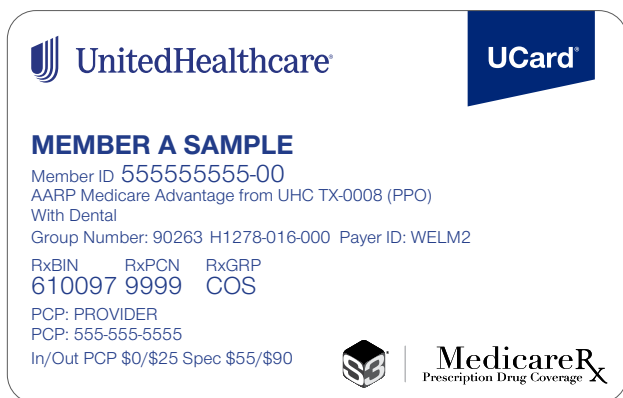
- Each UCard includes a Benefit Award Card Number, security numbers, expiration dates and a magnetic stripe for in-store purchases or spending rewards – providers do not need to scan the barcode to provide medical, dental, prescription, vision or hearing services to the member
- Payer ID is listed the front of the member ID card
- PCP name and phone number displays on some referral plan ID cards



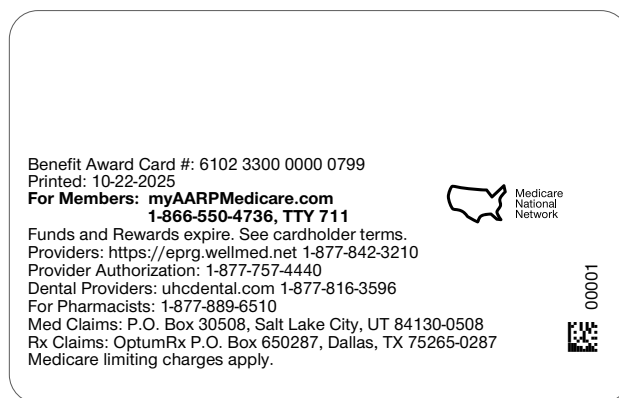
front



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](https://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

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

**D-SNP:**

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](https://americas.pch.global)  
(promo code WE0622)

**By phone:** 800-550-7691

**By mail:**

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

**D-SNP:**

WellMed Claims  
P.O. BOX 30578  
Salt Lake City, UT 84130-0578

Check the status of your claim submission:

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

**By phone:** 800-550-7691



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).