



September 30, 2025

### **Q3 UM Health Plan Wind Down Communication**

As you know, **University of Michigan Health Plan (UM Health Plan), formerly known as Physicians Health Plan (PHP), is winding down operations of our Medicare Plan as of Dec. 31, 2025 and Commercial Plans as of Jan. 31, 2026.** Coverage through UM Health Plan Medicare and most Commercial plans will end Dec. 31, 2025. Coverage for a small group of employer groups may extend until Jan. 31, 2026. It will be important to verify member coverage through the Provider Portal at each visit to ensure eligibility.

UM Health Plan is committed to ensuring there is a smooth transition and have listed some important reminders:

#### **Prompt claim submission will help ensure timely payment:**

It is important to submit claims promptly, using the address on the back of the member ID card and in the Provider Manual, located at [UofMHealthPlan.org/Providers/Provider-Manual](https://UofMHealthPlan.org/Providers/Provider-Manual). The frequently asked questions (FAQ) will be published on the website soon and will include pertinent dates and communications regarding claims submission timelines.

#### **60 days to submit a provider appeal:**

Providers have 60 calendar days from the date of the adverse benefit decision letter or the date of the initial claim denial to submit an appeal. Please use the Provider Appeal Form, located at [UofMHealthPlan.org/Providers/Forms](https://UofMHealthPlan.org/Providers/Forms).

#### **Prior Authorizations:**

Follow appropriate protocols to request necessary authorizations before providing medical services. Providers are required to use EZ Auth/Referrals to submit authorization requests electronically.\* You can access EZ Auth/Referrals through your provider portal at [UofMHealthPlan.org/Login](https://UofMHealthPlan.org/Login).

\* Providers are able to submit PA request forms ([UofMHealthPlan.org/Providers/Forms](https://UofMHealthPlan.org/Providers/Forms)) for Self-Funded Members only. This policy does not affect Medicare.

Untimely requests / notifications will no longer be accepted by UM Health Plan after the members eligibility and benefits terminate with UM Health Plan. The provider can follow the claim submission process with applicable documentation for a claim review if a request / notification was not obtain prior to services, procedures, or items being provided. EZ Auth / Referrals, as well as requests received by fax or through the online exception process will not be accessible after Jan. 31, 2026.

**Keeping Payment & Demographic information up to date:**

Keeping provider payment and demographic information up to date is the providers responsibility and will be vital through 2026 to ensure your payments and tax information gets to the correct locations. Applicable changes must be made using the Provider Information Update Form, [UofMHealthPlan.org/Providers/Forms](https://UofMHealthPlan.org/Providers/Forms).

You will be able to review our FAQ page on our website soon. The FAQ page will be located on the UM Health Plan website, [UofMHealthPlan.org/Providers](https://UofMHealthPlan.org/Providers).

Thank you for your continued partnership. We remain committed to the health of our members and appreciate your assistance with prompt submission of claims, appeals, and prior authorizations.

Sincerely,

University of Michigan Health Plan