

Preferred Care Partners Quick Reference Guide – Specialist Physicians 2024

For Care Providers Serving Preferred Care Partners Members

This reference guide provides information plus a variety of resources to help make it easier for you and your practice contact us about your patients who are Preferred Care Partners members.

We are relocating!! Please make note of our new address and send any future correspondence to this location accordingly.

Preferred Care Partners Inc. & Preferred Care Network inc.

1000 NW 57th Ct. Suite 500 Miami, FL 33126

South Florida Plans

UHC Preferred Medicare Advantage (HMO) UHC Preferred Complete Care (HMO D-SNP) UHC Preferred Dual Complete (HMO C-SNP)

UHCprovider.com and Link

Link is your gateway to UnitedHealthcare's online tools. To sign in to Link or register, go to UHCprovider.com and click on the Link button in the top right corner. On Link you can:

Check patient eligibility and benefits
 Check claims status and submit reconsideration requests
 Watch videos on-demand in UHC On Air
 Submit and check referral status
 Member Eligibility Rosters
 Daily Inpatient census
 Provider Reports

For assistance, please call 866-842-3278, option 1.

Prior Authorizations

For the full list of services requiring prior authorizations, go to: UHCprovider.com > Prior Authorization and Notification > Advance Notification and Clinical Submission Requirements > Preferred Care Network and Preferred Care Partners Prior Authorization Requirements.

You'll need an Optum ID to access Link and uhcprovider.com. If you don't have an Optum ID, go to uhcprovider.com and select "New User" to begin registration. To learn more about using Link and uchprovider.com, please visit uchprovider.com > Help > Quick Reference.

Prior Authorization Still Required

□ Behavioral health services (managed through Optum Behavior Services)	
□ Transplants (managed through Optum Transplant & VAD team)	
□ Ventricular assist device (managed through Optum Transplant & VAD team)	
Part D - https://professionals.optumrx.com/prior-authorization/medicare-part-d.html:	#7

Prior Authorization Request

Phone: 800-995-0480

Online: UHCprovider.com/priorauth

Facility Discharge Planning

Use the following to initiate patient discharges as well as requesting authorization for transition to AIR and LTAC facilities.

Phone: 800-995-0480

Transplant Prior Authorization Requests & Status

For transplant management follow same procedures as you do with other UnitedHealthcare lines of business.

Phone: 888-936-7246 **Fax:** 855-250-7278

Services Not Requiring Prior Authorization

We are pleased to announce that these services no longer require prior authorization:

Preventive visits

Minor office procedures

If there is any discrepancy between this quick reference guide and UHCprovider.com, follow what's posted on UHCprovider.com

Case & Disease Management

Case and disease management programs are managed by Optum.

Preferred Care Partners Member ID cards - Sample





FIRST M LAST

Member ID 111111111-00 UHC Preferred Medicare Advantage FL-002P (HMO) With Dental

RxBIN RXPCN RXGRP 610097 9999 COS Group Number: 78606 H1045-037-000 PCP: PCPLAST, PCPFIRST M

PCP: 555-555-5555 PCP \$0 Spec \$10



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Security Code: 1234

Printed: 09-21-2023

For Members: myPreferredCare.com 1-866-231-7201, TTY 711 Providers: UHCprovider.com 1-866-725-9334 Provider Authorization: 1-800-995-0480

Payer ID: 65088

Med Claims: P.O. Box 30448, Salt Lake City, UT 84130-0448

Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287

For Pharmacists: 1-877-889-6510

Eligibility & Member Resources: 866-725-9334

Phone: 866-725-9334

Online: UHCprovider.com/eligibility

Claims Submission

Electronic Claims: Payer ID: 65088.

Paper Claims: Please submit paper claims to the address listed on the back of the member's ID card.

Online: UHCprovider.com/claims

Claims Reconsideration

Submit reconsideration requests one of these ways:

Phone: Call the Provider number on the member's health care ID card.

Mail: Complete the claim reconsideration process available at UHCProvider.com > Claims and Payments >

Claim Reconsideration Form - Single Claim

Demographic Information Updates

Online: MyPreferredProvider.com> Provider Resources > Forms and Documents > Participating Provider

Forms > Provider Demographic Change Request Form

Submit via fax (888) 659-0619 or by E-mail NMS@uhcsouthflorida.com

EDI 278

If you currently use EDI 278 with UnitedHealthcare for other lines of business, you can now use it for your patients who are Preferred Care Network. For more information, please go to uhcprovider.com > Resources > Resource Library> Electronic Data Interchange (EDI)

Appeals Submissions

Participating Provider Appeals

Online: MyPreferredProvider.com> Provider Resources > Forms and Documents > Provider Appeal Request

Submit form and supporting documentation to the appropriate address below:

UHC Preferred Medicare Advantage (HMO) – UHC Preferred Complete Care (HMO C-SNP)

Preferred Care Partners
Appeals & Grievance Department
P.O. Box 6106, MS CA 124-0157
Cypress, CA 90630-0016

UHC Preferred Medicare Advantage (HMO D-SNP) – UHC Preferred Dual Complete (HMO D-SNP)

Preferred Care Partners Appeals & Grievance Department P.O. Box 6106, MS CA 124-0187 Cypress, CA 90630-0016

Electronic Payments and Statements Enrollment

Please visit https://myservices.optumhealthpaymentservices.com/registrationSignIn.do to learn more and enroll.

835 Delivery

For Preferred Care Partners electronic remittances (835) enroll through your clearinghouse for Payer ID 65088.

How to work with WellMed:

WellMed is a medical management organization. It provides specific utilization management and claims services for Medicare Advantage members who are assigned to a primary care physician belonging to the Preferred Care Network Medical Group.

Prior Authorization Requests

WellMed Medical Management will adopt the current Preferred Care Network Authorization requirements.

Online: https://eprg.wellmed.net

Fax: 866-322-7276

For requests meeting the expedited classification: 877-299-7213, Monday - Friday, 8 a.m. - 5 p.m. ET.

Member ID Cards for Members Managed by WellMed

• Payer ID code is WELM2

Some content is different on the back of the card.



Hospital Inpatient Notifications

Submit inpatient hospital admission notifications no later than the first business day after admission:

FAX: 877-757-8885

Claims Submission

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

Online: Payer ID: WELM2

Questions?

If you have questions, please contact your Physician Advocate or you may contact Network Management Services Via Phone 877-670-8432 or e-mail pcp-NetworkManagementServices@uhcsouthflorida.com