

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

Address to send correspondence:

Preferred Care Network

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

2025 South Florida Plans

Please note, effective 1/1/25; Preferred Care Network DSNP members who are assigned to WellMed PCPs will now be managed by UnitedHealthcare for referrals, authorizations, and claims.

2025 Preferred Care Network Plan Names	CMS Contract/ PBP/Segment	Plan Type	Counties	UHC Group#	Payer ID
UHC MedicareMax Medicare Advantage FL-0028	H5420-001-000	(HMO)	MD	77700	78857
UHC MedicareMax Medicare Advantage FL-0029	H5420-003-000	(HMO)	B	77701	78857
UHC MedicareMax Complete Care FL-30	H5420-014-000	(HMO C-SNP)	MD, B	77707	78857
UHC MedicareMax Dual Complete FL-D4	H5420-006-000	(HMO D-SNP) Full Dual (HMO D-SNP) Partial Dual (HMO D-SNP) QMB	MD, B	77702 77703 77704	78857
UHC MedicareMax Dual Complete FL-V3 NEW	H5420-015-000	(HMO D-SNP) Full Dual (HMO D-SNP) Partial Dual (HMO D-SNP) QMB	MD, B	01193 01194 01317	78857
UHC MedicareMax Dual Complete FL-Y6 NEW	H5420-016-000	(HMO-POS D-SNP) Full Dual (HMO-POS D-SNP) Partial Dual (HMO-POS D-SNP) QMB	MD, B	01195 01196 01318	78857

UnitedHealthcare Provider Portal

The secure place for accessing patient and practice-specific information including checking eligibility and referral requirements. Go to UHCprovider.com and click on the “Sign In” button in the top right corner.

- 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.

MyPreferredProvider

We invite you to use this website, created especially for Preferred Care Partners and Preferred Care Network. Go to <https://www.mypreferredprovider.com> to find these resources:

- Provider Search
- Provider Manual
- Forms and Documents
- Health and Wellness
- Star Ratings and HEDIS Tools
- Summary of Benefits
- Evidence of Coverage
- Pharmacy Benefit
- Evidence -Based Clinical Guidelines
- Provider Benefit Toolkit

Preferred Care Network ID cards - Sample



SAMPLE A SAMPLE

Member ID 123456789-00

Your Preferred Care Network Plan Name (HMO)
With Dental

Group Number: 12345 H5420-XXX-XXX Payer ID: 78857

RxBIN RxCPCN RxGRP
999999 9999 XXX

PCP: PROVIDER

PCP: 555-555-5555 Referral Required

PCP \$XX Specialist \$XX



MedicareRx
Prescription Drug Coverage

Benefit Award Card #: 99999 9999 9999 9999 Security Code: 9999
Printed: XX-XX-XXXX

For Members: PCNhealth.com
1-800-407-9069, TTY 711

Funds expire. See cardholder terms.

Providers: UHCprovider.com 1-800-348-5548

Provider Authorization: 1-866-273-9444

For Pharmacists: 1-877-889-6510

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

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

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Eligibility & Member Resources

- Online:** UHCprovider.com/eligibility
- Phone:** 800-348-5548

Claims Submission

- Electronic Claims:** Payer ID: 78857.
- 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:

- Online:** UHCprovider.com/claims
- 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 > Documents and Forms > Claim Reconsideration Form - Single Claim

Referral Requests

Referrals may take up to two business days to update in the system. If the specialist determines the member needs to see another specialist or return for more visits; they should contact the PCP to request the referral. When you are searching for a specialist, they may be listed multiple times in the request system. Match the specialist ID to the last four digits of the specialist tax ID number (TIN).

- **Online:** UHCprovider.com / Referrals
 - You can request a referral for one or multiple visits.
 - The referral is good for the number of visits approved, valid for 6 months from the date issued.
 - No supporting documentation is needed for referrals to specialist visits.
 - Upon submitting a referral request, the system automatically generates the referral number to be printed.
 - For member convenience, you can also provide members with a copy of the referral confirmation.
 - Specialist will have the ability to view referral via UHC portal.
 - When there is no referral, the specialist's claim will be denied.

The following specialty types **require** a referral from the Primary Care Physicians:

Allergy & Immunology	General Surgery	Plastic Surgery
Cardiology	Hematology & Oncology	Pulmonology
Cardiothoracic Surgery	Infectious Disease	Rheumatology
Colon Rectal Surgery	Nephrology	Urology
Endocrinology	Neurology	Vascular Surgery
ENT / Otolaryngology	Neurosurgery	
Gastroenterology	Orthopedic	

***Any Specialty type not listed above will not require a referral.**

If you have any questions about a referral, please call the Provider Services number on the member's health plan ID card or Network Management Services 877-670-8432.

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.

Prior Authorization Request

- **Online:** UHCprovider.com/Prior Authorizations & Notifications
- **Phone:** 866-273-9444

Our National Gold Card program

Modernizing the prior authorization process, this program is available for provider groups meeting eligibility requirements. Get the details here: <https://www.uhcprovider.com/en/prior-auth-advance-notification/gold-card.html>

Services Not Requiring Prior Authorization

We are pleased to announce that these services no longer require prior authorization. If there is any discrepancy between this quick reference guide and UHCprovider.com follow what is posted on UHCprovider.com

- Preventive visits
- Minor office procedures

Prior Authorization Still Required

- Inpatient admissions, including inpatient hospice admissions.
- 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#T>

Facility Discharge Planning

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

- Phone:** 866-273-9444

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

Case & Disease Management

Case and disease management programs are managed by Optum.

Demographic Information Updates

- Online:** PCNHealth.com> Providers > Forms > Provider Demographic Change Request Form
Submit via fax (888) 659-0619 or by E-mail pcp-NetworkManagmentServices@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

- Online:** PCNHealth.com> Forms > Provider Appeal Request

Submit form and supporting documentation to the proper address below:

Medical Care – Part C and B

UHC MedicareMax Medicare Advantage (HMO) & UHC MedicareMax Complete Care (C-SNP)

Preferred Care Network
Appeals & Grievance Department
P.O. Box 6106, MS CA 120-0360
Cypress, CA 90630-0016

Medical Care – Part C & B

UHC MedicareMax Dual Complete (HMO D-SNP) and (HMO-POS D-SNP)

Preferred Care Network
Appeals & Grievance Department
P.O. Box 6106, MS CA 120-0360
Cypress, CA 90630-0016

Prescription Drugs – Part D

All plans

Preferred Care Network
Appeals & Grievance Department
P.O. Box 6106, MS CA 120-0368
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 Network** electronic remittances (835), enroll through your clearinghouse for Payer ID 78857.

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