PREFERRED CARE NETWORK
A UnitedHealthcare Company

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 Inc.

1000 NW 57th Ct.

Suite 500

Miami, FL 33126

2026 South Florida Plans

2026 Preferred Care Network HMO Plans	CMS Contracts / PBP /Segment	Plan Type	Counties	UHC Group#		Payor 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
2026 Preferred Care Network DSNP Plans	**CMS Contracts / PBP /Segment**	**Plan Type**	**Counties**	**UHC Group#**		**Payor ID**
UHC MedicareMax Dual Complete FL-D4	H5420-006-000	(HMO D-SNP) Full Dual		77702		
		(HMO D-SNP) Partial Dual	MD,B	77703	➡	78857
		(HMO D-SNP) QMB		77704		
UHC MedicareMax Dual Complete FL-V3	H5420-015-000	(HMO-POS D-SNP) Full Dual		01193		
		(HMO-POS D-SNP) Partial Dual	MD,B	01194	➡	78857
		(HMO-POS D-SNP) QMB		01317		
UHC MedicareMax Dual Complete FL-Y6	H5420-016-000	(HMO-POS D-SNP) Full Dual		01195		
		(HMO-POS D-SNP) Partial Dual	MD,B	01196	➡	78857
		(HMO-POS D-SNP) QMB		01318		

UnitedHealthcare Provider Portal

This is a secure place for accessing patient and practice-specific information, including eligibility verification and referral requirements. Visit UHCprovider.com and click the "Sign In" button in the upper right corner.

On the portal 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.

MyPreferredProvider.com

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
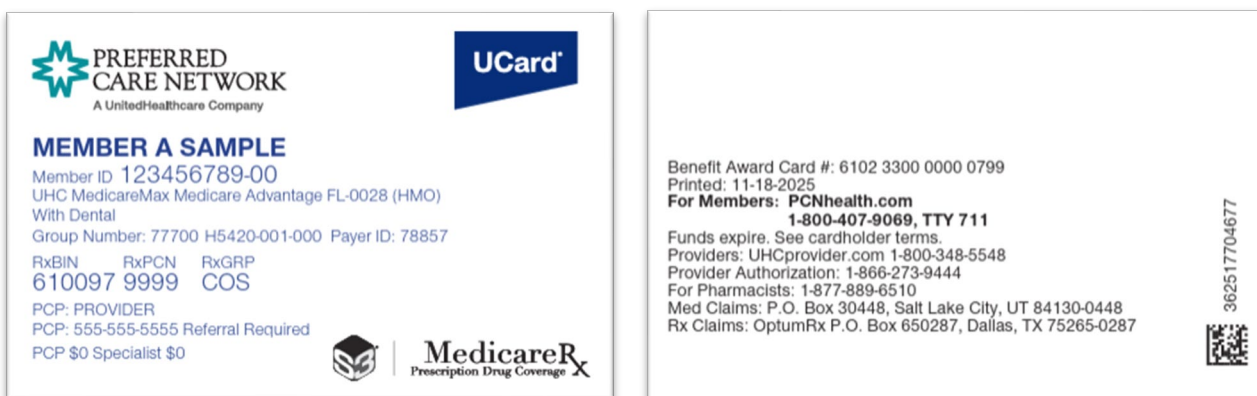
Eligibility & Member Resources

- ☐ **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

Referrals

Submission Options:
- ☐ Online Portal: UHCprovider.com > Sign In > Referrals
- ☐ EDI: Use 278 transaction. Visit UHCprovider.com/edi278 for more information.
- ☐ API Marketplace: Visit the API Marketplace and follow 'Get Started' to schedule a meeting.
- ☐ Delegated Entity's Website: Refer to the member's ID card for the correct site.

Referral Guidelines:
- ☐ Start Date: Up to 5 calendar days prior to entry date.
- ☐ Effective Immediately: Upon submission.
- ☐ Validity: Up to 6 months from selected start date.
- ☐ Visit Count: Determined by the PCP.
- ☐ Renewal: PCP can submit a new referral after visits are used or referral expires.

Important Notes:
- ☐ PCP Control: PCP decides which specialist the member may see and whether a PCP visit is needed before issuing
- ☐ Referrals must be entered by the member's assigned PCP or another PCP under the same Tax ID (TIN).
- ☐ Referral will match if the specialist on the claim is the named provider, or another provider under the same TIN.
- ☐ No Approval Needed: UHC does not approve/deny referrals · they are accepted as entered.
- ☐ Billing Responsibility:
  - o Services without a referral are provider's responsibility.
  - o Members cannot be billed.
  - o For urgent care, specialists may contact PCP for same-day referral.
  - o Alternatively, request a Pre-Service Organizational Determination to get an IDN.

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

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

Exceptions to Referral Requirements
Referrals are not required for facilities, ancillary providers or for certain services.

Services that do not require a referral to be submitted to UHC include the following:

- Any service provided by a network PCP (whether or not the provider is the assigned PCP for the member), which includes providers designated as primary care, family practice, general practice, internists, and pediatricians.

- Any service from a network obstetrician/gynecologist, chiropractor, audiologist, oncologist, hematologist, nuclear medicine, neonatology, emergency medicine, nutritionist, podiatrist, optometrist, ophthalmologist, optician, radiologist, therapeutic radiologist, or infectious specialist.

- Mental health and substance use disorder (SUD) services with behavioral health clinicians.

- PT/OT/ST, cardiac therapy, or pulmonary therapy.

- Provision of anesthesiology. (Note, 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.

- Emergency room, ambulance, or urgent care services.

- Telehealth services.

- Medicare-covered preventive services, kidney education, or diabetes self- management training.

- Routine annual physical exams, routine vision exams, or hearing exams.

- Any lab services or radiation therapy.

- 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.

- Note, member materials, such as the Evidence of Coverage, may indicate that referrals are required for additional benefit categories. However, PCPs are not required to submit referrals for the exclusions listed above, and UHC will not check for referrals for the above categories when paying claims.

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 procedure

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 initiate patient discharges as well as request 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.
- **Online:** UHCprovider.com/eligibility
- **Phone:** 800-348-5548

Demographic Information Updates
- ☐ Online: MyPreferredProvider.com > Provider Resources > Forms and Documents > Provider Demographic Change Request Form
- ☐ Fax: (888)659-0619 or Email: pcp-networkmanagementservices@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*
- ☐ Mail: Submit form and supporting documentation to the appropriate address below:

Medical Care – Part C & B – All plans
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.

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.

2026 WellMed HMO South Florida Plans

2026 WellMed HMO Plans	CMS Contracts / PBP /Segment		Plan Type	Counties	WellMed Groups (delegated)	Payor ID
UHC MedicareMax Medicare Advantage FL-0028	H5420-001-000	(HMO)		MD	98151	➡ WELM2
UHC MedicareMax Medicare Advantage FL-0029	H5420-003-000	(HMO)		B	98152	➡ WELM2
UHC MedicareMax Complete Care FL-30	H5420-014-000	(HMO C-SNP)		MD,B	90215	➡ WELM2

Member ID Cards for Members Managed by WellMed

☐   Payer ID code is WELM2
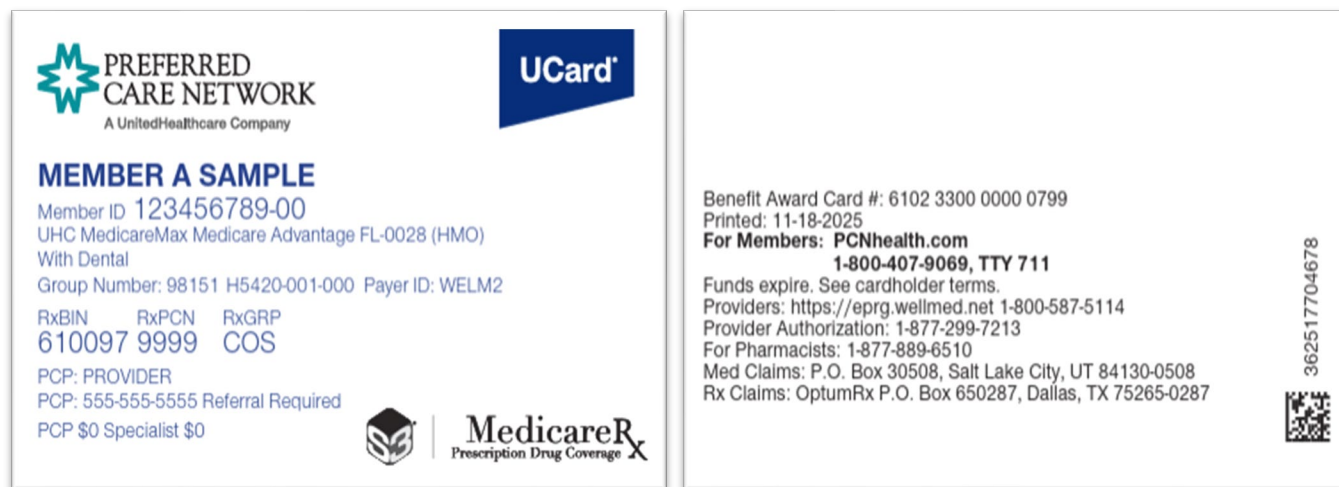
WellMed Provider Service

☐   **Online:** ProviderService@Wellmed.net

Referrals Requests

Visit the web page below to register for an account and start receiving referrals

☐   Online: https://leadingreach.com/wellmed

☐   Email: network@leadingreach.com

☐   Call: 1-866-656-4410

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.

Claim Submission for Members Managed by WellMed

- ☐ Payer ID code is **WELM2**
- ☐ Mail: use the address on the member's ID card

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

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