

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.

Address to send correspondence:

Preferred Care Partners Inc.

1000 NW 57th Ct.

Suite 500

Miami, FL 33126

2026 Preferred Care Partners - South Florida Plans

2026 Preferred Care Partners HMO Plans	CMS Contracts / PBP /Segment	Plan Type	Counties	UHC Group#	Payor ID
UHC Preferred Medicare Advantage FL-0001	H1045-001-000	(HMO)	MD	78600	➡ 65088
UHC Preferred Medicare Advantage FL-0002	H1045-005-000	(HMO)	B	78601	➡ 65088
UHC Preferred Medicare Advantage FL-002P	H1045-037-000	(HMO)	PB	78606	➡ 65088
UHC Preferred Complete Care FL-0003	H1045-018-000	(HMO C-SNP)	MD	78605	➡ 65088
2026 Preferred Care Partners DSNP Plans	CMS Contracts / PBP /Segment	Plan Type	Counties	UHC Group#	Payor ID
UHC Preferred Dual Complete FL-D001	H1045-012-000	(HMO D-SNP) Full Dual	MD,B	78602	➡ 65088
		(HMO D-SNP) Partial Dual		78603	
		(HMO D-SNP) QMB		78609	
UHC Preferred Dual Complete FL-D01P	H1045-038-000	(HMO D-SNP) Full Dual	PB	78607	➡ 65088
		(HMO-POS D-SNP) Partial Dual		78608	
		(HMO D-SNP) QMB		78610	
UHC Preferred Dual Complete FL-V1	H1045-061-000	(HMO D-SNP) Full Dual	MD,B	01111	➡ 65088
		(HMO D-SNP) Partial Dual		01115	
		(HMO D-SNP) QMB		01313	
UHC Preferred Dual Complete FL-Y2	H1045-063-000	(HMO-POS D-SNP) Full Dual	MD,B	01262	➡ 65088
		(HMO-POS D-SNP) Partial Dual		01116	
		(HMO-POS D-SNP) QMB		01314	
UHC Preferred Dual Complete FL-V2	H1045-064-000	(HMO-POS D-SNP) Full Dual	PB	01263	➡ 65088
		(HMO-POS D-SNP) Partial Dual		01117	
		(HMO-POS D-SNP) QMB		01315	
UHC Preferred Dual Complete FL-Y3	H1045-065-000	(HMO-POS D-SNP) Full Dual	PB	01264	➡ 65088
		(HMO-POS D-SNP) Partial Dual		01118	
		(HMO-POS D-SNP) QMB		01316	

UnitedHealthcare Provider Portal

This is a secure place to access 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
- ☐ Member Eligibility Rosters
- ☐ Daily inpatient Census
- ☐ Provider Reports

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

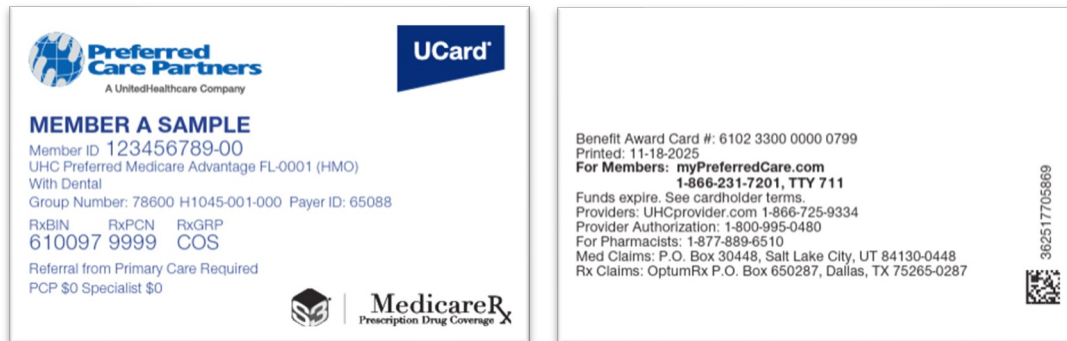
[MyPreferredProvider.com](https://www.mypreferredprovider.com)

We invite you to use this website, created especially for Preferred Care Partners.

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 Partners Member ID cards – Sample



Eligibility & Member Resources

- ☐ **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 > Documents and Forms > Claim Reconsideration Form – Single Claim

****NEW – Referrals Requirement****

Effective January 1, 2026, Preferred Care Partners will begin requiring a referral from the member's primary care provider (PCP) prior to receiving specialist services in outpatient, office, or home settings. This requirement is essential to ensure proper coordination of care and claims processing.

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:
 - Services without a referral are provider's responsibility.
 - Members cannot be billed.
 - For urgent care, specialists may contact PCP for same-day referral.
 - Alternatively, request a Pre-Service Organizational Determination to get an IDN.

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

Allergy & Immunology	General Surgery	Plastic Surgery
Cardiology	Gastroenterology	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 Requests

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.

- **Online:** UHCprovider.com/Prior Authorizations & Notifications
- **Phone:** 800-995-0480

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 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 the same procedures as you do with other UnitedHealthcare lines.

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

Case & Disease Management

Case and disease management programs are managed by Optum.

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 Partners

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

Prescription Drugs – Part D – All plans

Preferred Care Partners

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

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