

Preferred Care Network Quick Reference Guide Primary Care Physicians 2024

For Care Providers Serving Preferred Care Network Members

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.

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. FI 33126

South Florida Plans

| | | UHC MedicareMax Medicare Advantage | (HMO |
|--|--|------------------------------------|------|
|--|--|------------------------------------|------|

- ☐ UHC MedicareMax Medicare Advantage (HMO D-SNP)
- ☐ UHC MedicareMax Complete Care (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.

Referral Requests

Referrals are accepted to network physicians only. Request for non-participating providers will need prior authorization from the health plan. The member's primary care provider (PCP) should Submit and check the status of the referral online

You can use the referralLink tool on Link to submit and confirm referral requests. To access referral Link, go to uhcprovider.com/referrallink.

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're 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).

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's 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.

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

- □ 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

Prior Authorization Request

Phone: 866-273-9444

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: 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

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 Network ID cards - Sample





FIRST M LAST

Member ID 111111111-00 UHC MedicareMax Medicare Advantage FL-0028 (HMO) SAMPLE With Dental

RxBIN RXPCN RXGRP 610097 9999 COS Group Number: 77700 H5420-001-000 PCP: PCPLAST, PCPFIRST M PCP: 555-555-5555 Referral Required PCP \$0 Spec \$0



Printed: 09-21-2023 Rewards Card #: 12345 6789 0123 4567

For Members: PCNhealth.com 1-800-407-9069, TTY 711 Providers: UHCprovider.com 1-800-348-5548 Provider Authorization: 1-866-273-9444

Security Code: 1234

Payer ID: 78857 Med Clalms: P.O. Box 30448, Salt Lake City, UT 84130-0448 Rx Clalms: OptumRx P.O. Box 650287, Dallas, TX 75265-0287 For Pharmacists: 1-877-889-6510

Eligibility & Member Resources:

Phone: 800-348-5548

Online: UHCprovider.com/eligibility

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:

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: PCNHealth.com> Providers > 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

Online: PCNHealth.com> Forms > Provider Appeal Request

Submit form and supporting documentation to the appropriate address below:

<u>UHC MedicareMax Medicare Advantage (HMO) – UHC MedicareMax Chronic Complete Care (C-SNP)</u>

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

UHC MedicareMax Medicare Advantage (HMO D-SNP)

Preferred Care Network Appeals & Grievance Department P.O. Box 6106, MS CA 124-0157 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