

## 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 57<sup>th</sup> 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

- <u>UHCprovider.com</u> 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:866-273-9444Online: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**



## 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 <u>NMS@uhcsouthflorida.com</u>

## 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:

#### UHC MedicareMax Medicare Advantage (HMO) – UHC MedicareMax Chronic Complete Care (C-SNP)

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 <u>https://myservices.optumhealthpaymentservices.com/registrationSignIn.do</u> 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 <u>pcp-NetworkManagementServices@uhcsouthflorida.com</u>