

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.

UHCprovider.com and Link

Link is your gateway to UnitedHealthcare's online tools. To sign-in to Link or register, go to [UHCprovider.com](https://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



MedicareMax (HMO)
with Dental

SAMPLE A SAMPLE

Member Number
123456789-00

RxBIN 610097 RxPCN 9999 RxGRP COS

Group Number: 77701
PCP: Sample A Sample M.D.
PCP: 999-999-9999 Referral Required
Copay: PCP \$0 Specialist \$10

H5420-003-000



MedicareRx
Prescription Drug Coverage

For Members: PCNhealth.com

Customer Service: 1-800-407-9069, TTY 711

Customer Service Hours: 8AM - 8PM, 7 Days a Week

For Providers: UHCprovider.com

Provider Service: 1-800-348-5548

Provider Authorization: 1-866-273-9444

Printed Date: 09/13/2022

Plan Year: 2023

Payer ID: 78857

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

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

For Pharmacists: 1-877-889-6510



Card #: 9999 9999 9999 9999 Security Code: 9999

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:

Medicare Max (HMO) - MedicareMax Chronic (HMO C-SNP)

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

Medicare Max Plus (HMO D-SNP)

Preferred Care Network
Appeals & Grievance Department
P.O. Box 6106, MS CA 124-0187
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