



Preferred Care Partners Quick Reference Guide – Specialist 2019

For Care Providers Serving Preferred Care Partners Members

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.

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 (Palm Beach Only)

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	Neuro Surgery	
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 > plan requirements for advance notification/prior authorization > Medica Healthcare and Preferred Care Partners Medicare Notification/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: 800-995-0480
Fax: 866-567-0144

Facility Discharge Planning

Use the following to initiate patient discharges as well as requesting authorization for transition to AIR and LTAC facilities.

Phone: 800-995-0480
Fax: 866-567-0144

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 UnitedHealthcareOnline.com, follow what's posted on UnitedHealthcareOnline.com.

Case & Disease Management

Case and disease management programs are managed by Optum.

Preferred Care Partners Member ID cards - Sample

	
Health Plan (80840): 911-65088-02	
Member ID: QA00001-00	Group Number: 78603
Member:	
	Payer ID: 65088
PCP Name:	65088
PCP Phone:	
Copay: PCP \$0	ER \$90
Spec \$0	
H1045 PBP# 012	Preferred Medicare Assist (HMO SNP)

MedicareRx
Prescription Drug Coverage

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

Customer Service Hours: 8 am - 8 pm 7 days/week		Printed: 10/27/2018
		
For Members		
Website:	www.myPreferredCare.com	
Customer Service:	1-866-231-7201 TTY 711	
NurseLine:	1-855-575-0293 TTY 711	
Behavioral Health:	1-800-496-5841 TTY 711	
Dental:	1-855-351-8163 TTY 711	
For Providers		
	www.myPreferredProvider.com	1-866-725-9334
Medical Claim Address: P.O. Box 30448, Salt Lake City, UT 84130-0448		
  		
For Pharmacists 1-877-889-6510		
Pharmacy Claims OptumRx P.O. Box 29045, Hot Springs, AR 71903		

Eligibility & Member Resources: 866-725-9334

- Confirm member eligibility and benefits
- Check claims status

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.

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 > Quick Reference: Claim Reconsideration – Corrected Claims.

Demographic Information Updates

Online: MyPreferredProvider.com > *Provider Resources* > *Forms and Documents* > *Participating Provider 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 Partners members. For more information, please go to [UnitedHealthcareOnline](#) > Tools & Resources > EDI Education for Electronic Transactions.

Appeals Submissions

Participating Provider Appeals

- Mail to P.O. Box 30997, Salt Lake City, UT 84130.

Non-Participating Provider Appeals

- Mail to P.O. Box 31362, Sal Lake City, UT 84131-0362.

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.

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 Partners Medical Group.

Prior Authorization Requests

WellMed Medical Management will adopt the current Preferred Care Partners 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.

Member ID Cards for Members Managed by WellMed

- Payer ID code is WELM2
- “WellMed” is in lower right corner

Some content is different on the back of the card.

	
Health Plan (80840): 911-87726-04	
Member ID: QA00001-00	Group Number: 99790
Member:	
	Payer ID:
PCP Name: WELM2	
PCP Phone:	
Copay: PCP \$0 Spec \$0	
ER \$90	Preferred Choice Dade (HMO) WellMed
H1045 PBP# 001	

Horario de atención: de 8 a.m. a 8 p.m., los 7 días de la semana		Impreso: 10/12/2018
		
Para miembros		
Sitio web:	www.myPreferredCare.com	
Servicio Cliente:	1-866-231-7201 TTY 711	
NurseLine:	1-855-575-0293 TTY 711	
Salud mental:	1-800-985-2596 TTY 711	
Provider UM:	1-877-299-7213	
For Providers		https://eprg.wellmed.net 1-800-587-5114
Medical Claim Address: P.O. Box 400066, San Antonio, TX 78229-0066		
 		
For Pharmacists 1-877-889-6510 Pharmacy Claims OptumRx P.O. Box 29045, Hot Springs, AR 71903		

Hospital Inpatient Notifications

Submit inpatient hospital admission notifications no later than the first business day after admission:

FAX: 877-757-8885

Claims Submission

Mail: WellMed Claims, P.O. Box 400066, San Antonio, TX 78229

Online: Payer ID: WELM2

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