

*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 57<sup>th</sup> Ct.  
Suite 500  
Miami, FL 33126

**2025 Preferred Care Partners - South Florida Plans**

Please note, effective 1/1/25; Preferred Care Partners DSNP members who are assigned to WellMed PCPs will now be managed by UnitedHealthcare for authorizations and claims.

2025 Preferred Care Network Plan Names	CMS Contract/ PBP/Segment	Plan Type	Counties	UHC Group#	Payer 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, B	78605	➡ 65088
UHC Preferred Dual Complete FL-D001	H1045-012-000	(HMO D-SNP) Full Dual (HMO D-SNP) Partial Dual (HMO D-SNP) QMB	MD, B	78602 78603 78609	➡ 65088
UHC Preferred Dual Complete FL-D01P	H1045-038-000	(HMO D-SNP) Full Dual (HMO D-SNP) Partial Dual (HMO D-SNP) QMB	PB	78607 78608 78610	➡ 65088
UHC Preferred Dual Complete FL-V1 <b>NEW</b>	H1045-061-000	(HMO D-SNP) Full Dual (HMO D-SNP) Partial Dual (HMO D-SNP) QMB	MD, B	01111 01115 01313	➡ 65088
UHC Preferred Dual Complete FL-Y2 <b>NEW</b>	H1045-063-000	(HMO-POS D-SNP) Full Dual (HMO-POS D-SNP) Partial Dual (HMO-POS D-SNP) QMB	MD, B	01262 01116 01314	➡ 65088
UHC Preferred Dual Complete FL-V2 <b>NEW</b>	H1045-064-000	(HMO D-SNP) Full Dual (HMO D-SNP) Partial Dual (HMO D-SNP) QMB	PB	01263 01117 01315	➡ 65088
UHC Preferred Dual Complete FL-Y3 <b>NEW</b>	H1045-065-000	(HMO-POS D-SNP) Full Dual (HMO-POS D-SNP) Partial Dual (HMO-POS D-SNP) QMB	PB	01264 01118 01316	➡ 65088

**UnitedHealthcare Provider Portal**

The secure place for accessing patient and practice-specific information including checking eligibility and referral requirements. Go to [UHCprovider.com](https://UHCprovider.com) and click on the “Sign In” button in the top 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 and Preferred Care Network. 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



#### **SAMPLE A SAMPLE**

Member ID 123456789-00

Your Preferred Care Partners Plan Name (HMO)

With Dental

Group Number: 12345 H1045-XXX-XXX Payer ID: 65088

RxBIN      RxCN      RxGRP  
999999   9999   XXX

PCP \$XX Specialist \$XX

Benefit Award Card #: 99999 9999 9999 9999      Security Code: 9999

Printed: XX-XX-XXXX

**For Members: [mypreferredcare.com](https://www.mypreferredcare.com)**

**1-866-231-7201, TTY 711**

Funds expire. See cardholder terms.

Providers: UHCprovider.com 1-866-725-9334

Provider Authorization: 1-800-995-0480

For Pharmacists: 1-877-889-6510

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

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

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### Eligibility & Member Resources

- Phone:** 866-725-9334
- Online:** [UHCprovider.com/eligibility](https://www.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](https://www.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](https://www.UHCProvider.com) > Claims and Payments > Documents and Forms > Claim Reconsideration Form – Single Claim

## Referrals

No referrals needed to see a network specialist under these plans.

## 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:** 866-273-9444

## 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's 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 requesting 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](mailto: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](http://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 and B

**UHC Preferred Medicare Advantage (HMO) – UHC Preferred Complete Care (HMO C-SNP)**

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

Medical Care - Part C and B

**UHC Preferred Dual Complete (HMO D-SNP) and (HMO-POSD-SNP)**

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](mailto:pcp-NetworkManagementServices@uhcsouthflorida.com)