This guide provides contact information, prior authorization requirements and other general information to help you and your practice when working with UnitedHealthcare Medicare Advantage health maintenance organization (HMO), preferred provider organization (PPO), and HMO-point of service (HMO-POS) members.

**UHCprovider.com and Link**

Link is your gateway to UnitedHealthcare’s online tools. To sign in to Link, go to [UHCprovider.com](http://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

If you have questions, visit [UHCprovider.com/link](http://UHCprovider.com/link) or call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, from 7 a.m. – 9 p.m. Central Time, Monday through Friday.

**UnitedHealthcare Voice Portal**

Call us at **877-842-3210** to:

- Confirm member eligibility and benefits
- Provide care coordination notification
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit an appeal request

You'll be prompted to enter your patient’s date of birth, the date of service and the member ID and group number as shown on the member's ID card.

**Claims Submission**

**Electronic:** To submit claims by Electronic Data Interchange (EDI), please use payer ID **87726**. Learn more at [UHCprovider.com/edi](http://UHCprovider.com/edi).

**Paper:** Please submit paper claims to the address listed on the back of the member's ID card.

**Prior Authorization Requests and Care Coordination Notification**

877-842-3210

[UHCprovider.com](http://UHCprovider.com) > [Prior Authorization and Notification Resources](http://UHCprovider.com)

**Prescription Medications**

OptumRX.com

Mail Order

- Call **800-791-7658**, Monday through Friday, 8 a.m. - 8 p.m. Central Time
- Fax **800-491-7997**

Oral Drug Prior Authorization Requests

- Call **800-711-4555**, option 1
- Fax **800-527-0531**

Injectable Drugs Prior Authorization Requests

- Call **800-711-4555**, option 2
- Fax **800-853-3844**

Tip: You can go online to get much of this information and submit transactions. To learn more, please go to [UHCprovider.com/link](http://UHCprovider.com/link).
**Referral Requests (if required)**

Referrals are accepted to network physicians only. 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 referralLink, go to [UHCprovider.com/referralLink](http://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).
- When there’s no referral, the specialist’s claim will be denied.

If you have any questions about a referral, please call the Provider Services number on the member’s health plan ID card.

**Services That Don’t Require a Referral**

These services don’t require a referral:

- Allergy immunotherapy
- Any laboratory or radiological testing series, excluding radiation therapy
- Any service provided by a network PCP
- Any service provided by a network care provider participating under the same tax ID number as the member’s assigned PCP
- Any service provided by a network OB-GYN, chiropractor, optometrist, ophthalmologist, optician, podiatrist, audiologist, oncologist, nutritionist, disease management, or infectious disease specialist
- Any services provided by a pathologist or anesthesiologist, excluding office-based or pain management services, and any inpatient consulting care providers, including hospitalists
- Durable medical equipment, home health, prosthetic/orthotic devices, medical supplies, diabetic testing supplies, or Medicare Part B drugs
- Medicare-covered preventive services, kidney disease education, or diabetes self-management training
- Mental health or substance use services with behavioral health clinicians
- Routine annual physical, vision, or hearing exams
- Services obtained under a UnitedHealth Passport® benefit, which allows for services while traveling Services performed in an observation setting
- Services provided in an emergency room, emergency ambulance, or in a network urgent care center, convenience clinic, or virtual visit
- Additional coverage that may be included by some Medicare Advantage plans, but aren’t covered by Medicare, such as hearing aids, routine eyewear, fitness membership or outpatient prescription drugs
Behavioral Health Services
Please refer to the member’s ID card for their behavioral health provider phone number.

Vision
800-638-3120
myUHCvision.com
Monday through Friday, 7 a.m. – 10 p.m., and Saturday, 8 a.m. – 5:30 p.m., Central Time

hi HealthInnovations®
855-523-9355
hihealthinnovations.com/UHC
Monday through Friday, 9 a.m. – 5 p.m. CT

Epic Hearing Health Care
866-956-5400
epichearing.com
Monday through Friday, 6 a.m. – 6 p.m. PT

UnitedHealth Passport Travel Benefit
The UnitedHealth Passport travel benefit allows eligible members to receive non-emergency covered services at the in-network copayment or coinsurance when traveling outside their home service area. Services include preventive care and optional supplemental benefits for up to nine consecutive months of travel.

Members of referral-required plans do not need referrals when using services under Passport. Members must activate their Passport coverage by calling the Customer Service number on their UnitedHealthcare member ID card.

WellMed Primary Care Provider
If a member selects a WellMed-delegated PCP, please submit all referrals, claims, and prior authorizations through the eProvider Resource Gateway (EPRG) as listed on the member’s ID card.

WellMed Network of Florida, Inc. and WellMed Medical Management, Inc. are UnitedHealthcare affiliates.

Members have access to the UnitedHealthcare state-wide network of specialists, ancillary care providers and hospitals.

The PCP Role
All Medicare Advantage plans, including PPO plans, require a member to select a PCP at enrollment. If the member doesn’t select one, the plan will assign a PCP.

PCPs play an important role:
- Refer members for specialty care
- Obtain referrals and prior authorizations
- Coordinate care with specialists to help prevent duplicate or unnecessary services and costs
- Collaborate to manage inpatient and discharge care
- Help manage prescriptions and identify possible harmful interactions
- Encourage preventive care and health screenings

Members may request a different PCP and those changes generally become effective the following month.
Other Resources

You’ll find information in our Care Provider Administrative Guides at UHCprovider.com/guides. If you have questions, please contact your Physician Advocate or Provider Relations or Network Management representative at UHCprovider.com > Contact Us > Network Contacts.

2019 Medicare Advantage Florida Sample ID Cards

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.
### 2019 Medicare Advantage Florida Membership Plans

#### Plans Requiring Referrals

<table>
<thead>
<tr>
<th>Plan Name and Type</th>
<th>Group Number</th>
<th>Network Copay</th>
<th>Florida Counties</th>
<th>CMS Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP® MedicareComplete® (HMO) Referrals Required</td>
<td>80000 82958*</td>
<td>PCP: $0 Specialist: $45</td>
<td>Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie</td>
<td>H1045-028</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO) Referrals Required</td>
<td>82037 82960*</td>
<td>PCP: $0 Specialist: $25</td>
<td>Brevard, Orange, Osceola, Seminole</td>
<td>H1045-030</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO) Referrals Required</td>
<td>82949</td>
<td>PCP: $0 Specialist: $25</td>
<td>Escambia, Okaloosa, Santa Rosa</td>
<td>H1045-031</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO) Referrals Required</td>
<td>82950</td>
<td>PCP: $0 Specialist: $30</td>
<td>Bay and Walton</td>
<td>H1045-032</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO) Referrals Required</td>
<td>82951 82969*</td>
<td>PCP: $0 Specialist: $30</td>
<td>Alachua, Columbia, Gilchrist, Suwannee</td>
<td>H1045-033</td>
</tr>
<tr>
<td>AARP® MedicareComplete® Plan 2 (HMO) Referrals Required</td>
<td>82953 82962*</td>
<td>PCP: $0 Specialist: $20</td>
<td>Charlotte, Collier, Lee, Manatee, Sarasota</td>
<td>H1045-034</td>
</tr>
<tr>
<td>AARP® MedicareComplete® Focus (HMO) Referrals Required</td>
<td>70340 82970*</td>
<td>PCP: $0 Specialist: $30</td>
<td>Indian River, Martin, St. Lucie</td>
<td>H1045-036</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO)** Referrals Required</td>
<td>82976</td>
<td>PCP: $0 Specialist: $25</td>
<td>Gadsden, Holmes, Jackson, Leon**, Washington</td>
<td>H1045-041</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO) ** Referrals Required</td>
<td>82984 82977*</td>
<td>PCP: $0 Specialist: $25</td>
<td>DeSoto, Hardee, Highlands</td>
<td>H1045-042</td>
</tr>
<tr>
<td>AARP® MedicareComplete® (HMO) ** Referrals Required</td>
<td>82985 82978*</td>
<td>PCP: $0 Specialist: $40</td>
<td>Citrus, Levy</td>
<td>H1045-043</td>
</tr>
<tr>
<td>AARP® MedicareComplete® Focus (HMO)** Referrals Required</td>
<td>82126 70341*</td>
<td>PCP: $0 Specialist: $20</td>
<td>Hillsborough, Pasco, Pinellas, Polk</td>
<td>H1045-045</td>
</tr>
</tbody>
</table>

#### No Referrals Required Plans

<table>
<thead>
<tr>
<th>Plan Name and Type</th>
<th>Group Number</th>
<th>Network Copay</th>
<th>Florida Counties</th>
<th>CMS Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP® MedicareComplete Choice® (PPO) No Referrals Required</td>
<td>80189</td>
<td>PCP: $5 Specialist: $40</td>
<td>Bay, Escambia, Okaloosa, Santa Rosa, Walton</td>
<td>H2406-008</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO) No Referrals Required</td>
<td>80188 80192*</td>
<td>PCP: $10 Specialist: $35</td>
<td>Brevard, Orange**, Osceola, Seminole</td>
<td>H2406-010</td>
</tr>
<tr>
<td>Plan Name and Type</td>
<td>Group #</td>
<td>Network Copay</td>
<td>Florida Counties</td>
<td>CMS Contract</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------------</td>
<td>---------------------</td>
<td>-------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82127</td>
<td>PCP: $5 Specialist: $40</td>
<td>Gadsden, Holmes, Jackson, Leon, Washington</td>
<td>H2406-012</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82130 70342*</td>
<td>PCP: $10 Specialist: $35</td>
<td>Clay, Duval, Flagler, Nassau, Putnam, St. Johns, Volusia</td>
<td>H2406-013</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82131 70343*</td>
<td>PCP: $10 Specialist: $35</td>
<td>Alachua, Baker, Bradford, Columbia, Suwannee, Union</td>
<td>H2406-014</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82132 70344*</td>
<td>PCP: $10 Specialist: $35</td>
<td>Citrus, Levy</td>
<td>H2406-015</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82133 70345*</td>
<td>PCP: $5 Specialist: $40</td>
<td>Lake, Marion, Sumter</td>
<td>H2406-016</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82134 70346*</td>
<td>PCP: $10 Specialist: $35</td>
<td>Indian River, Martin, Okeechobee, St. Lucie</td>
<td>H2406-017</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82135 70347*</td>
<td>PCP: $0 Specialist: $35</td>
<td>Broward, Miami-Dade, Palm Beach</td>
<td>H2406-018</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® (PPO)** No Referrals Required</td>
<td>82136 70348*</td>
<td>PCP: $10 Specialist: $35</td>
<td>DeSoto, Hardee, Highlands</td>
<td>H2406-019</td>
</tr>
<tr>
<td>UnitedHealthcare® Sync (PPO)** No Referrals Required</td>
<td>82137</td>
<td>PCP: $0 Specialist: $35</td>
<td>Palm Beach</td>
<td>H2406-020</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® Plan 2 (Regional PPO) No Referrals Required</td>
<td>82075 82955*</td>
<td>PCP: $15 Specialist: $50</td>
<td>Statewide: All Florida Counties</td>
<td>R7444-003</td>
</tr>
<tr>
<td>AARP® MedicareComplete Choice® Essential (Regional PPO) No Referrals Required</td>
<td>82085 82956*</td>
<td>PCP: $15 Specialist: $50</td>
<td>Statewide: All Florida Counties</td>
<td>R7444-004</td>
</tr>
<tr>
<td>UnitedHealthcare® The Villages MedicareComplete® 1 (HMO) No Referrals Required</td>
<td>82943 82940*</td>
<td>PCP: $0 Specialist: $40</td>
<td>Lake, Marion, Sumter</td>
<td>H1045-025</td>
</tr>
<tr>
<td>UnitedHealthcare® The Villages MedicareComplete® 2 (HMO-POS) No Referrals Required</td>
<td>82948 82971*</td>
<td>PCP: $0 Specialist: $15</td>
<td>Lake, Marion, Sumter</td>
<td>H1045-027</td>
</tr>
</tbody>
</table>

*Groups delegated through WellMed  
**New for 2019 (plan, name change or county addition)