Overview

The UnitedHealthcare Medicare National Network allows members of eligible preferred provider organization (PPO) plans to have access to participating care providers across the United States* at their in-network cost share, even when getting care outside of their home location.

Frequently Asked Questions

Which UnitedHealthcare Medicare Advantage plan members can use the National Network?
The National Network is available on most UnitedHealthcare Medicare Advantage PPO plans.

The member’s ID card will show the National Network logo:

![National Network Logo]

You can also call Provider Services at 877-842-3210 to verify eligibility.

How do I know if I participate in the UnitedHealthcare Medicare National Network?
Care providers contracted with UnitedHealthcare Medicare Advantage plans can check your participation status in the My Practice Profile tool on Link. You can also call your Physician Advocate or Network Management Representative to confirm your participation status with UnitedHealthcare.

*PPO plans with the Medicare National Network aren’t currently available to residents of Alaska, Montana and Wyoming. However, we’re developing the network in those states and members using the Medicare National Network may seek care from any contracted, participating care providers.
Do eligible members need to call Customer Service to “activate” the UnitedHealthcare Medicare National Network before seeing a participating care provider?
No. The eligible member can see a participating care provider in the UnitedHealthcare Medicare National Network without activation. You’ll verify their eligibility as usual.

Are referrals required for eligible members to access the National Network?
No. PPO plans don’t require referrals.

What is the copay or coinsurance for members using the National Network?
In-network benefit copays and coinsurance apply to applicable services received through the National Network. Please remember to check member eligibility and benefits and the member ID for the amounts.

Is prior authorization and advance notification required for members using the National Network?
Yes. Prior authorization and advance notification requirements still apply. You can find more information on prior authorization requirements and submit a prior authorization or notification request at UHCprovider.com/pan.

Can a member receive services from an out-of-network care provider?
Yes, members of eligible plans can see any care provider in the United States who accepts Medicare. However, if the care provider isn’t contracted with UnitedHealthcare Medicare Advantage, the member will typically have to pay a higher cost.

Is there a time limit on how long a member can be outside their home service area and access care using the National Network?
No, there are no time limits.

Who do I contact if I have questions?
If you have questions, please call Provider Services at 877-842-3210. Thank you.