

Care Provider Information

Quick Reference Guide: California UnitedHealthcare Dual Complete® (HMO D-SNP)

Effective Jan. 1, 2020

Need to contact us? This reference guide provides you with quick access to a variety of helpful resources about the UnitedHealthcare Dual Complete® (HMO D-SNP) Medicare Advantage plan.



UHCprovider.com, Link and EDI

Use Link and Electronic Data Interchange (EDI) to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To learn more about using Link and EDI, please visit UHCprovider.com/link and UHCprovider.com/edi.



Provider Services

Phone: 800-933-4017

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

Representatives are available weekdays, 8 a.m. – 8 p.m. (except major holidays).



Network Referrals

Online: UHCprovider.com > Find Dr. > Search for a Provider > Medical Directory > Medicare Plans > UnitedHealthcare Dual Complete®

Phone: 844-368-7149

To submit a behavioral health service referral, please call 844-368-7149.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 844-368-7149.



Prescription Drugs

Formulary List

Online: UHCprovider.com/CADSnp > Dual Complete Medicare Advantage Pharmacy Formulary



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 844-368-7149



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 844-368-7149.

Claims Submission

Payer ID: 87726

Electronic Claims: Please submit claims within 180 days of service, or the time frame in your participation agreement. Claims can be filed as an EDI 837 transaction or by using the Claims Submission tool in Link.

Paper Claims:

Please mail claims to:

UnitedHealthcare Community Plan
of California
P.O. Box 81348
Salt Lake City, UT 84131-0348

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan
of California
Attention: Provider Dispute
5757 Plaza Drive
Cypress, CA 90630



Model of Care Training

Please complete the required Model of Care training at UHCprovider.com > Menu > Resource Library > Training > Special Needs Model of Care Training for Providers.



Other Resources

For more information, please contact your Provider Advocate or visit UHCprovider.com/CAcommunityplan > UnitedHealthcare Dual Complete® Special Needs Plans.

Key Contacts for Additional Benefits



Dental

Phone: 844-275-8750

Monday – Friday, 5 a.m. – 3 p.m.

Online: uhcdental.com



Health Products Benefit (FirstLine Medical)

Phone: 800-933-2914

Monday – Friday, 5 a.m. – 5 p.m.

Saturday, 5 a.m. – 2 p.m.

Online: healthproductsbenefit.com



Behavioral Health

Phone: 800-933-4017

Monday – Friday, 8 a.m. – 8 p.m.

Online: providerexpress.com

Sample Cards

UnitedHealthcare Dual Complete®

Health Plan (80840): 999-99999-99	
Member ID: 999999999	Group Number: XXDSNP
Member: SUBSCRIBER BROWN	
PCP Name: DR. PROVIDER BROWN	Payer ID: 87726
PCP Phone: (999)999-9999	
Rx Bin: 999999	Rx Grp: XXXXXXXX
Rx PCN: 9999	
H1375 PBP# 001	UnitedHealthcare Dual Complete® (HMO D-SNP)

Front

Medi-Cal

STATE OF CALIFORNIA BENEFITS IDENTIFICATION CARD	
ID No. 01234567A95052 JOHN Q RECIPIENT M 05 20 1991 Issue Date 02 21 05	

Medicare

Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a HOSPITAL (PART A) MEDICAL (PART B)	Coverage starts/Cobertura empieza 01-01-2020 01-01-2020

Customer Service Hours: 8 a.m. to 8 p.m. local time, 7 days a week	
For Members	
Website:	www.UHCCommunityPlan.com
Customer Service:	SEE YOUR CARD TTY 711
Mental Health:	SEE YOUR CARD TTY 711
For Providers UHCprovider.com 999-999-9999	
Medical Claim Address: PO Box 12345, Anywhere, USA	
Pharmacy Claims PO Box 12345, Anywhere, USA	
For Pharmacists 999-999-9999	

Back

* Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

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