

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



Vision (UnitedHealthcare Vision®)

Phone: 800-638-3120
Monday – Friday, 5 a.m. – 8 p.m.
Saturday, 6 a.m. – 3:30 p.m.
Online: UHCprovider.com



Non-Emergent Transportation (National MedTrans)

Phone: 833-219-1175
Monday – Friday, 8 a.m. – 5 p.m.
Online: natmedtrans.com



Virtual Doctor Visits

Phone: 855-635-1393
7 days a week, 24 hours a day
Online: amwell.com



Hearing

Phone: 855-523-9355
Monday – Friday, 6 a.m. – 6 p.m.
Online: UHChearing.com



NurseLine

Phone: 877-440-9407
7 days a week, 24 hours a day



Personal Emergency Response System

Phone: 800-368-2925
Monday – Friday, 5:30 a.m. – 3:30 p.m.
Online: lifeline.philips.com/uhcmedicare



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



Routine Acupuncture and Chiropractic

Phone: 800-873-4575
Monday – Friday, 5 a.m. – 5 p.m.
Online: myoptumhealthphysicalhealth.com



Meal Program

Phone: 855-428-6667
Monday – Friday, 5 a.m. – 4 p.m.
Online: momsmeals.com



Behavioral Health

Phone: 800-933-4017
Monday – Friday, 8 a.m. – 8 p.m.
Online: providerexpress.com



Fitness Benefit

Online: myrenewactive.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 PCP Phone: (999)999-9999	
Payer ID: 87726	
Rx Bin: 999999 Rx Grp: XXXXXXXX Rx PCN: 9999	
H1375 PBP# 002 UnitedHealthcare Dual Complete® (HMO D-SNP)	

Medi-Cal

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

Medicare

MEDICARE HEALTH INSURANCE	
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

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

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