

Care Provider Information

Quick Reference Guide: Michigan 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: 844-368-6885

- 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. – 6 p.m. (except major holidays).



Network Referrals

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

Phone: 877-369-1302

To submit a behavioral health service referral, please call 844-368-6885.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 844-368-6885.



Prescription Drugs

Formulary List

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



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 844-368-6885

Fax: 855-225-9847



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 844-368-6885.

Claims Submission

Payer ID: 95467

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
Michigan
P.O. Box 30991
Salt Lake City, UT 84130

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan
Michigan
Attention: Provider Dispute
P.O. Box 31364
Salt Lake City, UT 84131-0364



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/MIcommunityplan > UnitedHealthcare Dual Complete® Special Needs Plans.

Key Contacts for Additional Benefits



Dental

Phone: 844-368-6885
Monday – Friday, 8 a.m. – 6 p.m.
Online: UHCproviders.com



Vision (MARCH®)

Phone: 844-586-2724
Monday – Friday, 8 a.m. – 8 p.m.
Online: marchvisioncare.com



Non-Emergent Transportation (National MedTrans)

Phone: 844-525-2329
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, 9 a.m. – 9 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, 8:30 a.m. – 6:30 p.m.
Online: lifeline.philips.com



Routine Chiropractic

Phone: 800-873-4575
Monday – Friday, 8:00 a.m. – 8:00 p.m.
Online: myoptumhealthphysicalhealth.com



Health Products Card (FirstLine Medical)

Phone: 844-368-7171
Monday – Friday, 8 a.m. – 8 p.m.
Saturday, 8 a.m. – 5 p.m.
Online: healthproductscard.com



Meal Program

Phone: 855-428-6667
Monday – Friday, 8 a.m. – 7 p.m.
Online: momsmeals.com



Behavioral Health

Phone: 844-368-6885
Monday – Friday, 8 a.m. – 6 p.m.
Online: providerexpress.com



Fitness Benefit

Online: silversneakers.com

Sample Cards

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan Michigan
Health Plan (80840): 999-99999-99
Member ID: 999999999 Group Number: MIDSNP
Member: SUBSCRIBER BROWN
Payer ID: 95467
PCP Name: DR. PROVIDER BROWN
PCP Phone: (999)999-9999
Rx Bin: 999999
Rx Grp: XXXXXXXX
Rx PCN: 9999
H2247 PBP# 001 UnitedHealthcare Dual Complete® (HMO D-SNP)

Medicaid

mihealth card
12345678
JOHN O. CITIZEN

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/Coertura empieza: 01-01-2020

Doc#: PCA-1-015768-05072019_06052019

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