

Care Provider Information

Quick Reference Guide: New York

UnitedHealthcare Dual Complete® (HMO D-SNP)
UnitedHealthcare Dual Advantage (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: 866-362-3368

- 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: 866-362-3368

To submit a behavioral health service referral, please call 888-291-2506.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 866-362-3368.



Prescription Drugs

Formulary List

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



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 866-362-3368

Fax: 866-950-4490



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 866-362-3368.

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
New York
P.O. Box 5240
Kingston, NY 12402-5240

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan
New York
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/NYcommunityplan > UnitedHealthcare Dual Complete® Special Needs Plans.

Key Contacts for Additional Benefits



Dental

Phone: 844-275-8750
Monday – Friday, 8 a.m. – 6 p.m.
Online: UHCproviders.com



Vision (MARCH®)

Phone: 844-716-2724
Monday – Friday, 8 a.m. – 5 p.m.
Online: marchvisioncare.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



Personal Emergency Response System

Phone: 800-368-2925
Monday – Friday, 8:30 a.m. – 6:30 p.m.
Online: lifeline.philips.com



Routine Acupuncture and Chiropractic

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



Meal Program

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



OTC Network Card (InComm)

Phone: 800-514-4912
Monday – Friday, 8 a.m. – 8 p.m.
Online: UHCcommunityplan.com



Behavioral Health

Phone: 888-291-2506
Monday – Friday, 8 a.m. – 6 p.m.
Online: providerexpress.com



Fitness Benefit

Online: myrenewactive.com

Sample Cards

UnitedHealthcare Dual Complete®

Community Plan
 Health Plan (80840): 999-99999-99
 Member ID: 999999999 Group Number: NYCARE
 Member: SUBSCRIBER BROWN
 Payer ID: 87726
 PCP Name: DR. PROVIDER BROWN
 PCP Phone: (999)999-9999
 Prescription Drug Coverage
 Rx Bin: 999999
 Rx Grp: XXXXXXXX
 Rx PCN: 9999
 H3387 PBP# 010
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Front

Medicaid

DATE PRINTED: 01/01/2017 01:01:01 PM
 NEW YORK STATE
 ID NUMBER: XX00000X CARD NUMBER: 00000 0000 0000 000 00
 DOB: 00/00/0000
 LAST NAME: LSTN FIRST NAME: FRST
 ACCOUNT NUMBER: 0000 0000 000 00
 Signature Here
 Photo Here

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

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

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