

## Care Provider Information

# Quick Reference Guide: Texas

## UnitedHealthcare Dual Complete® (PPO 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® (PPO 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](https://UHCprovider.com/link) and [UHCprovider.com/edi](https://UHCprovider.com/edi).



### Provider Services

Phone: 866-944-4983

- 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](https://UHCprovider.com) > Find Dr. > Search for a Provider > Medical Directory > Medicare Plans > UnitedHealthcare Dual Complete®

Phone: 866-944-4983

To submit a behavioral health service referral, please call 866-944-4983.



### Eligibility and Benefits

Please use the eligibilityLink tool at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink), EDI 270/271 transactions or call 866-944-4983.



### Prescription Drugs

Formulary List

Online: [UHCprovider.com/TXDSNP](https://UHCprovider.com/TXDSNP) > Dual Complete Medicare Advantage Pharmacy Formulary



### Prior Authorization Requests

Online: [UHCprovider.com/paan](https://UHCprovider.com/paan)

Phone: 866-944-4983

Fax: 877-940-1972



### Claims Management and Reconsideration

Please use the claimsLink tool at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink) or call 844-368-7150.

### 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  
Texas  
P.O. Box 5270  
Kingston, NY 12402-5270

### Appeals Submission

#### Mail formal appeals to:

UnitedHealthcare Community Plan  
Texas  
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](https://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/TXcommunityplan](https://UHCprovider.com/TXcommunityplan) > UnitedHealthcare Dual Complete® Special Needs Plans.

## Key Contacts for Additional Benefits



### Dental

Phone: 844-275-8750

Monday – Friday, 7 a.m. – 5 p.m.

Online: UHCproviders.com



### Vision (UnitedHealthcare Vision®)

Phone: 800-638-3120

Monday – Friday, 7 a.m. – 10 p.m.

Saturday, 8 a.m. – 5:30 p.m.

Online: UHCprovider.com



### Non-Emergent Transportation (LogistiCare®)

Phone: 866-418-9812

Monday – Friday, 8 a.m. – 5 p.m.

Online: logisticare.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, 8 a.m. – 8 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, 7:30 a.m. – 5:30 p.m.

Online: lifeline.philips.com



### Behavioral Health

Phone: 866-944-4983

Monday – Friday, 8 a.m. – 6 p.m.

Online: providerexpress.com

Virtual Visits Phone: 877-614-0484



### Health Products Card (FirstLine Medical)

Phone: 844-368-7171

Monday – Friday, 7 a.m. – 7 p.m.

Saturday, 7 a.m. – 4 p.m.

Online: healthproductscard.com



### Routine Acupuncture and Chiropractic

Phone: 800-873-4575

Monday – Friday, 7 a.m. – 7 p.m.

Online: myoptumhealthphysicalhealth.com



### Meal Program

Phone: 855-428-6667

Monday – Friday, 7 a.m. – 6 p.m.

Online: momsmeals.com



### Fitness Benefit

Online: myrenewactive.com

## Sample Cards

### UnitedHealthcare Dual Complete®

Health Plan (80840): 999-99999-99 Member ID: 999999999      Group Number: TXDSNP Member: SUBSCRIBER BROWN Payer ID: 87726 PCP Name: DR. PROVIDER BROWN PCP Phone: (999)999-9999	
Rx Bin: 999999 Rx Grp: XXXXXXXX Rx PCN: 9999	
H2228 PBP# 041      UnitedHealthcare Dual Complete® (PPO D-SNP)	

### Medicaid

Member name: _____ Member ID: _____ Issuer ID: _____      Date card sent: _____	
Note to Provider: Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.	

### Medicare

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

Doc#: PCA-1-015768-05072019\_06052019

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