

Care Provider Information

Quick Reference Guide: Texas

UnitedHealthcare Dual Complete® Focus (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® Focus (HMO D-SNP) Medicare Advantage plan.



eprg.wellmed.net and EDI

Use Electronic Data Interchange (EDI) to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To learn, please visit eprg.wellmed.net



Provider Services

Phone: 877-842-3210

- 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: 877-842-3210

To submit a behavioral health service referral, please call **877-842-3210**.



Eligibility and Benefits

Please use the eligibilityLink tool at **UHCprovider.com/eligibilityLink**, EDI 270/271 transactions or call **877-842-3210**.



Prescription Drugs

Formulary List

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



Prior Authorization Requests

Online: eprg.wellmed.net

Phone: 877-757-4440

Fax: 866-322-7276



Claims Management and Reconsideration

To check the status of your claims log into **eprg.wellmed.net**. For all other claims questions, call **800-550-7691**.

Claims Submission

Payer ID: WELM2

Electronic Claims: Please submit claims within 180 days of service, or the time frame in your participation agreement.

Paper Claims:

Please mail claims to:

WellMed Claims
P.O. Box 400066
San Antonio, TX 78229

Appeals Submission

Mail formal appeals to:

WellMed Appeals
P.O. Box 400066
San Antonio, TX 78229



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/TXcommunityplan** > UnitedHealthcare Dual Complete® Special Needs Plans or **eprg.wellmed.net**.

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



Virtual Doctor Visits

Phone: 866-480-2064

7 days a week, 24 hours a day

Online: amwell.com



NurseLine

Phone: 877-440-9407

7 days a week, 24 hours a day



Hearing

Phone: 855-523-9355

Monday – Friday, 8 a.m. – 8 p.m.

Online: UHChearing.com



Behavioral Health

Phone: 877-842-3210

Monday – Friday, 8 a.m. – 6 p.m.

Online: providerexpress.com

Virtual Visits Phone: 800-508-0088



Personal Emergency Response System

Phone: 855-596-7612

Monday – Friday, 7:30 a.m. – 5:30 p.m.

Online: lifeline.philips.com



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



Meal Program

Phone: 855-428-6667

Monday – Friday, 7 a.m. – 6 p.m.

Online: momsmeals.com



Non-Emergent Transportation (Comfort Care)

Phone: 866-879-8023

Monday – Friday, 6 a.m. – 8 p.m.



Fitness Benefit

Phone: 866-480-2064

Online: myrenewactive.com

Sample Cards

UnitedHealthcare Dual Complete®

Community Plan	
Health Plan (80840): 999-99999-99	
Member ID: 999999999	Group Number: XXXXX
Member: SUBSCRIBER BROWN	
PCP Name: DR. PROVIDER BROWN	Payer ID: WELM2
PCP Phone: (999)999-9999	Prescription Drug Coverage
Rx Bin: 999999	Rx Grp: XXXXXXXX
Rx PCN: 9999	
H4527 PBP# 003	UnitedHealthcare Dual Complete® Focus (HMO D-SNP)

Medicaid

Health and Human Services Commission	
Member name:	
Member ID:	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.
Issuer ID:	Date card sent:

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 01-01-2020

Doc#: PCA-1-015768-05072019_06052019

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