

## Care Provider Information

# Quick Reference Guide: Texas

## 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.



### **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](http://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](http://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](http://UHCprovider.com/eligibilityLink)**, EDI 270/271 transactions or call **877-842-3210**.



### **Prescription Drugs**

Formulary List

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



### **Prior Authorization Requests**

**Online: [eprg.wellmed.net](http://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](http://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](http://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](http://UHCprovider.com/TXcommunityplan)** > UnitedHealthcare Dual Complete® Special Needs Plans or **[eprg.wellmed.net](http://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



### Non-Emergent Transportation (PMG)

Phone: 866-418-9812  
Monday – Friday, 8 a.m. – 5 p.m.



### Virtual Doctor Visits

Phone: 866-480-2064  
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



### 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



### NurseLine

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



### Meal Program

Phone: 855-428-6667  
Monday – Friday, 7 a.m. – 6 p.m.  
Online: momsmeals.com



### 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
H4590 PBP# 022	UnitedHealthcare Dual Complete® (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?
Issuer ID:	Date card sent: Pharmacists can use the non-managed care billing information on the back of this card.

### Medicare

MEDICARE HEALTH INSURANCE	
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>	Coverage starts/Cobertura empieza <b>01-01-2020</b>
<b>MEDICAL (PART B)</b>	<b>01-01-2020</b>

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

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