

## Care Provider Information

# Quick Reference Guide: Texas

## UnitedHealthcare Dual Complete® Choice (Regional 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® Choice (Regional 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: 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, 7 a.m. – 7 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: 877-842-3210

To submit a behavioral health service referral, please call 800-496-5841.



### Eligibility and Benefits

Please use the eligibilityLink tool at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink), EDI 270/271 transactions or call 877-842-3210.



### 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: 877-842-3210



### Claims Management and Reconsideration

Please use the claimsLink tool at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink) or call 877-842-3210.

### Claims Submission

Payer ID: 87726

**Electronic Claims:** Please submit claims within 90 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 Texas  
P.O. Box 30436  
Salt Lake City, UT 84130

### Appeals Submission

#### Mail formal appeals to:

UnitedHealthcare Texas  
Attention: Provider Dispute  
P.O. Box 6106, MS CA124-0157  
Cypress, CA 90630-0016



### 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/TXDSNP](https://UHCprovider.com/TXDSNP) > 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 (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



### NurseLine

Phone: 877-365-7949  
7 days a week, 24 hours a day



### Hearing

Phone: 855-523-9355  
Monday – Friday, 8 a.m. – 8 p.m.  
Online: UHChearing.com



### Health Products Benefit (FirstLine Medical)

Phone: 800-933-2914  
Monday – Friday, 7 a.m. – 7 p.m.  
Saturday, 7 a.m. – 4 p.m.  
Online: healthproductsbenefit.com



### Behavioral Health

Phone: 800-496-5841  
7 days a week, 24 hours a day  
Online: providerexpress.com



### Fitness Benefit

Online: myrenewactive.com

## Sample Cards

### UnitedHealthcare Dual Complete®

|   |                          |
|---|--------------------------|
|   |                          |
| Health Plan (80840): 999-99999-99   |                          |
| Member ID: 999999999  | Group Number: 99999      |
| 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  |                          |
| R6801 PBP# 011 <span style="float: right;">UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)</span> |                          |

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### Medicaid

|              |   |
|--------------|---|
|              |   |
| Member name: |   |
| Member ID:   | Note to Provider:<br>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

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

|  |                       |
|--|-----------------------|
| Customer Service Hours: 8 a.m. to 8 p.m. local time, 7 days a week |                       |
| <b>For Members</b>   |                       |
| Website:   | www.uhc.com           |
| Customer Service:  | SEE YOUR CARD TTY 711 |
| Mental Health:   | SEE YOUR CARD TTY 711 |
| <b>For Providers</b> UHCprovider.com 999-999-9999                  |                       |
| Medical Claim Address: PO Box 12345, Anywhere, USA                 |                       |
| <b>Pharmacy Claims</b> PO Box 12345, Anywhere, USA                 |                       |
| <b>For Pharmacists</b> 999-999-9999                                |                       |

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