

Care Provider Information

Quick Reference Guide: Wisconsin UnitedHealthcare Dual Complete® LP1 (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® LP1 (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: 800-396-1942

- 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: 800-396-1942

To submit a behavioral health service referral, please call 877-651-6677.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 800-396-1942.



Prescription Drugs

Formulary List

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



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 800-396-1942



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 800-396-1942.

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
Wisconsin
P.O. Box 5280
Kingston, NY 12402-5280

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan
Wisconsin
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/Wlcommunityplan > 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 (MARCH®)

Phone: 844-516-2724
Monday – Friday, 8 a.m. – 5 p.m.
Online: marchvisioncare.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



Routine Acupuncture and Chiropractic

Phone: 800-873-4575
Monday – Friday, 7 a.m. – 7 p.m.
Online: myoptumhealthphysicalhealth.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



Behavioral Health

Phone: 800-396-1942
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: WIFHMR
 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
 H3794 PBP# 002 UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)

Medicaid

Wisconsin serving you
 0000 0000 0000 0000
 ID No. 0000000000
 Ima Member

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) Coverage starts/Cobertura empieza: 01-01-2020
 MEDICAL (PART B) 01-01-2020

Doc#: PCA-1-015768-05072019_06052019

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CST25572_H3794-002