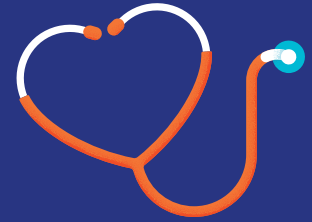


Quick Reference Guide

Care Provider Information | Alabama

UnitedHealthcare Dual Complete® Plan 1 (HMO D-SNP)

Effective Jan. 1, 2021



Provider Services	Online	Phone
Link self-service tools	UHCprovider.com/Link	877-842-3210 7 a.m. – 7 p.m.
Member eligibility and benefits	UHCprovider.com/eligibility	
Claims/reconsiderations	UHCprovider.com/claims	
Prior authorization	UHCprovider.com/paan	
EDI* transactions	UHCprovider.com/edi	
Referrals	UHCprovider.com/referral	
Prescription coverage/pricing	UHCprovider.com/precheckmyscript	
Prescription drug formulary	UHCprovider.com/dsnpformulary	
Provider educational resources	UHCprovider.com/training	
Facility/practice data updates	UHCprovider.com/mypracticeprofile	

Behavioral Health

Submit a behavioral health referral:

Online: providerexpress.com

Phone: 800-496-5841

Seven days a week, 24 hours a day

Virtual Visits: 877-614-0484

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Alabama

Attention: Provider Dispute

P.O. Box 6106, MS CA124-0157

Cypress, CA 90630-0016

Model of Care Training

Please complete the required annual Model of Care training at UHCprovider.com/training >

Special Needs Model of Care

Training for Providers.

Claims Submission

Payer ID: 87726

Electronic Claims

Claims can be filed as an EDI 837 transaction or by using Claims Submission on Link

Paper Claims

Please mail claims to:

UnitedHealthcare Alabama

P.O. Box 31362

Salt Lake City, UT 84131-0362

Please submit claims within 90 days of service, or the time frame in your Participation Agreement.

Other Helpful Resources

For more information, please contact your Provider Advocate at southeastprteam@uhc.com or visit UHCprovider.com/ALCommunityPlan > UnitedHealthcare Dual Complete Special Needs Plan.

Member Resources

Navigator Care Coordinators are now dedicated to each D-SNP member. Members with questions can call the number on the back of their member ID card. Non-members can call 1-855-277-4716 to see if they qualify.

Key Contacts for Additional Benefits



Dental

Phone: 844-275-8750

Monday – Friday, 8 a.m. – 6 p.m.

Online: UHCproviders.com



Virtual Doctor Visits

Phone: 844-733-3627

7 days a week, 24 hours a day

Online: amwell.com



OTC Benefit (FirstLine Benefits)

Phone: 844-368-7171

Monday – Friday, 7 a.m. – 7 p.m.;

Saturday, 7 a.m. – 4 p.m.

Online: ShopFirstLineBenefits.com



Non-Emergent Transportation (LogistiCare®)

Phone: 866-418-9812

Monday – Friday, 8 a.m. – 5 p.m.

Online: logisticare.com



Healthy Food Benefit (Solutran)

Phone: 855-473-4369

8 a.m. – 8 p.m., local time,

7 days a week, October – March;

Monday – Saturday, April – September

Online: HealthyBenefitsPlus.com/HWP



Personal Emergency Response System

Phone: 855-596-7612

Monday - Friday, 7 a.m. – 7:30 p.m.;

Saturday, 8 a.m. – 4:30 p.m.

Online: lifeline.philips.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: spectera.com



Hearing

Phone: 855-523-9355

Monday – Friday, 8 a.m. – 8 p.m., local time

Online: UHChearing.com



NurseLine

Phone: 877-365-7949

7 days a week, 24 hours a day



Fitness Benefit

Online: UHCRenewActive.com

Sample ID Cards

Dual Complete Special Needs

Health Plan (80840): 999-99999-99	
Member ID: 999999999	Group Number: 04506
Member: SUBSCRIBER BROWN	
PCP Name: DR. PROVIDER BROWN PCP Phone: (999)999-9999	Payer ID: 87726
Rx Bin: 999999	Rx Grp: XXXXXXXX
Rx PCN: 9999	
H0432 PBP# 009-000 UnitedHealthcare Dual Complete® Plan 1 (HMO D-SNP)	

Doc#: PCA-1-20-02008-C&S-QRG_07312020

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements. Not for distribution to retirees or beneficiaries.

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