

Quick Reference Guide

Care Provider Information | New Jersey
UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

Effective Jan. 1, 2021



Provider Services	Online	Phone
Link self-service tools	UHCprovider.com/Link	888-362-3368
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: 888-362-3368

Seven days a week, 24 hours a day

Virtual Visits: 877-614-0484

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan

New Jersey

Attention: Provider Dispute

P.O. Box 6103, MS CA124-0187

Cypress, CA 90630

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: 86047

Electronic Claims

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

Claims

on Link

Paper Claims

Please mail claims to:

UnitedHealthcare Community Plan

New Jersey

P.O. Box 5250

Kingston, NY 12402-5250

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 Northeastprteam@uhc.com or visit UHCprovider.com/NJCommunityPlan > 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



OTC Benefit (FirstLine Benefits)

Phone: 844-368-7171

Mon – Fri, 8 a.m. – 8 p.m.

Online: ShopFirstLineBenefits.com



OptumHealth NurseLine

Phone: 877-440-9407

7 days a week, 24 hours a day



Healthy Food Benefit (Solutran)

Phone: 855-473-4369

8 – 8, 7 days Oct – Mar; Mon – Sat, Apr – Sep

Online: HealthyBenefitsPlus.com/HWP



Personal Emergency Response System

Phone: 800-514-4911

Mon – Fri, 8 a.m. – 8:30 p.m.

Online: healthcare.connectamerica.com



Fitness Benefit

Online: uhcrenewactive.com



Meal Program

Phone: 855-428-6667

Mon – Fri, 8 a.m. – 7 p.m.

Online: momsmeals.com



Virtual Doctor Visits



Phone: 844-733-3627

7 days a week, 24 hours a day

Online: amwell.com

Sample ID Cards

Dual Complete Special Needs

 Dual Complete	
Health Plan (80840): 999-99999-99	
Member ID: 999999999	Group Number: NJDUALCM
Member: SUBSCRIBER BROWN	
PCP Name: DR. PROVIDER BROWN PCP Phone: (999)999-9999	Payer ID: 86047
 Prescription Drug Coverage	
Rx Bin: 999999 Rx Grp: XXXXXXXX Rx PCN: 9999	
H3113 PBP# 005-000 UnitedHealthcare Dual Complete® ONE (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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