

CARE PROVIDER INFORMATION

Quick Reference Guide: Iowa

UnitedHealthcare Dual Complete® (HMO SNP)

Need to contact us? This reference guide provides you with quick access to a variety of helpful resources about the UnitedHealthcare Dual Complete® (HMO SNP) 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: 844-368-6883

- Confirm member eligibility and benefits.
- Provide care coordination notification.
- Check claims status.
- Request prior authorization.
- Update facility/practice data.
- Submit an appeal 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: 844-368-6883

To submit a behavioral health service referral, please call 844-368-6883.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 844-368-6883.



Prescription Drugs

Formulary

Online: UHCprovider.com/IAcommunityplan > UnitedHealthcare Dual Complete® Special Needs Plans > Dual Complete Medicare Advantage Pharmacy Formulary



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 844-368-6883.

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 of Iowa
P.O. Box 5240
Kingston, NY 12402

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan of Iowa
Attention: Provider Dispute
P.O. Box 31364
Salt Lake City, UT 84131-0367



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 844-368-6883



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/IAcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 844-368-6883
Monday – Friday, 8 a.m. – 6 p.m.
Online: providerexpress.com



Hearing (EPIC)

Phone: 866-956-5400
Monday – Friday, 8 a.m. – 8 p.m.
Online: epichearing.com



Personal Emergency Response System (Philips Lifeline)

Phone: 800-368-2925
Monday – Friday, 7:30 a.m. – 5:30 p.m.
Online: lifeline.philips.com

SAMPLE CARDS

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 01-01-2019
MEDICAL (PART B)	01-01-2019

Iowa Medicaid

Iowa			
ID NUMBER AB12345C	CARD NUMBER 600486 8888 8888 888 88		
SEX F	DOB 11/11/1911		
LAST NAME DOE	600486		
FIRST NAME JANE	ACCESS NUMBER 8888 8888 888	SEQ 88	
<i>J. Doe</i>			

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan	
Health Plan (80840): 911-87726-04	
Member ID: QA00000-00	Group Number: IADSNP
Member: MEMBER BROWN	
Payer ID: 87726	
PCP Name: PROVIDER BROWN	
PCP Phone: (000) 000-0000	
RxBin: 610097 RxPCN: 9999 RxGrp: MPDCSP	
H0169 PBP# 001	
UnitedHealthcare Dual Complete (HMO SNP)	

Front

Customer Service Hours: 8 am - 8 pm 7 days/week		Printed: 11/14/17
For Members		
Website:	www.UHCCommunityPlan.com	
Customer Service:	1-844-368-6883 TTY 711	
Behavioral Health:	1-844-368-6883 TTY 711	
For Providers UHCprovider.com 1-844-368-6883		
Medical Claim Address: P.O. Box 5240 Kingston, NY 12402-5240		
Medicare Community Plan		
For Pharmacists	1-877-889-6510	
Pharmacy Claims	OptumRx PO Box 29045, Hot Springs, AR 71903	

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