

## CARE PROVIDER INFORMATION

# Quick Reference Guide: New York

UnitedHealthcare Dual Complete® (HMO SNP) | H3387-010

UnitedHealthcare Dual Advantage (HMO SNP) | H3387-010

Effective Date: Jan. 1, 2019

Need to contact us? This reference guide provides you with quick access to a variety of helpful resources about these UnitedHealthcare plans.



### Link and UHCprovider.com

Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To learn more about using Link, please visit [UHCprovider.com/link](https://UHCprovider.com/link).



### Provider Services

Phone: 866-362-3368

- 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](https://UHCprovider.com) > Find Dr. > Search for a Provider > Medical Directory > Medicare Plans > UnitedHealthcare Dual Complete

Phone: 866-362-3368

To submit a behavioral health service referral, please call 888-291-2506.



### Eligibility and Benefits

Please call 866-362-3368 or use the eligibilityLink tool at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink).



### Prescription Drugs

Formulary

Online: [UHCprovider.com/NYcommunityplan](https://UHCprovider.com/NYcommunityplan) > Pharmacy Resources and Physician Administered Drugs > Prescription Drug List



### Claims Management and Reconsideration

Please call 866-362-3368 or use the claimsLink tool at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink).

### Claims Submission

Payer ID: 87726

**Electronic Claims:** Please submit claims within 180 days of service, or the time frame in your participation agreement, at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink).

### Paper Claims:

Please mail claims to:

UnitedHealthcare Community Plan – New York  
P.O. Box 5240  
Kingston, NY 12402-5240

### Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan – New York  
Attention: Provider Dispute  
P.O. Box 31364  
Salt Lake City, UT 84131-0364



### Prior Authorization Requests

Phone: 866-362-3368

Prior Authorization information is available at [UHCprovider.com/paan](https://UHCprovider.com/paan).



### 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/NYcommunityplan](https://UHCprovider.com/NYcommunityplan).

## ADDITIONAL KEY CONTACTS



### Behavioral Health (UHB)

Phone: 888-291-2506  
Monday-Friday, 8 a.m. - 6 p.m.  
Online: [providerexpress.com](http://providerexpress.com)



### Dental

Phone: 844-275-8750  
Monday - Friday, 8 a.m. - 6 p.m.  
Online: [dbp.com](http://dbp.com)



### Vision (MARCH®)

Phone: 844-716-2724  
Monday - Friday, 8 a.m. - 6 p.m.  
Online: [marchvisioncare.com](http://marchvisioncare.com)



### Non-Emergent Transportation Vendor (National MedTrans)

Phone: National Med Trans, 844-714-2219  
Monday - Friday, 7 a.m. - 7 p.m.  
Online: [natmedtrans.com](http://natmedtrans.com)



### Hearing (EPIC)

Phone: 866-956-5400  
Monday - Friday, 9 a.m. - 9 p.m.  
Online: [epichearing.com](http://epichearing.com)



### OptumHealth NurseLine

Phone: 877-440-9407  
7 days a week, 24 hours a day



### Personal Emergency Response System (Philips Lifeline)

Phone: 800-368-2925  
Monday - Friday, 8:30 a.m. - 6:30 p.m.  
Online: [lifeline.philips.com](http://lifeline.philips.com)



### Acupuncture

Phone: 866-785-1654  
Monday - Friday, 8 a.m. - 8 p.m.  
Online: [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com)

## SAMPLE CARDS

### Medicare

MEDICARE HEALTH INSURANCE	
Name/Nombre <b>JOHN L SMITH</b>	
Medicare Number/Número de Medicare <b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a <b>HOSPITAL (PART A)</b>	Coverage starts/Cobertura empieza <b>01-01-2019</b>
<b>MEDICAL (PART B)</b>	<b>01-01-2019</b>

### New York Medicaid

DATE PRINTED: 01/01/2017 01:01:01 PM		NEW YORK STATE	
ID NUMBER XX00000X	CARD NUMBER 00000 0000 0000 000 00	Photo Here	
DOB 00/00/0000			
LAST NAME: LSTN	FIRST NAME: FRST	Signature Here	
	ACCOUNT NUMBER 0000 0000 000 00		

### UnitedHealthcare Dual Complete

UnitedHealthcare®   Community Plan											
Health Plan (80840) <b>911-87726-04</b>											
Member ID: QA00001-00	Group Number: <b>NYCARE</b>										
Member: <b>MEMBER BROWN</b>	Payer ID: 87726										
PCP Name: PROVIDER BROWN PCP Phone: (000) 000-0000	<table border="1"> <tr> <th colspan="2">MedicareRx</th> </tr> <tr> <td colspan="2">Prescription Drug Coverage X</td> </tr> <tr> <td>Rx Bin:</td> <td>610097</td> </tr> <tr> <td>Rx Grp:</td> <td>MPDCSP</td> </tr> <tr> <td>Rx PCN:</td> <td>9999</td> </tr> </table>	MedicareRx		Prescription Drug Coverage X		Rx Bin:	610097	Rx Grp:	MPDCSP	Rx PCN:	9999
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H3387-010	UnitedHealthcare Dual Complete® (HMO SNP)										

Dual Complete Front

### UnitedHealthcare Dual Advantage

UnitedHealthcare®   Community Plan											
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