

## CARE PROVIDER INFORMATION

# Quick Reference Guide: Pennsylvania

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](https://UHCprovider.com/link) and [UHCprovider.com/edi](https://UHCprovider.com/edi).



### Provider Services

Phone: 800-600-9007

- 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: 800-600-9007

To submit a behavioral health service referral, please call 800-600-9007.



### Eligibility and Benefits

Please use the eligibilityLink tool at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink), EDI 270/271 transactions or call 800-600-9007.



### Prescription Drugs

Formulary

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



### Claims Management and Reconsideration

Please use the claimsLink tool at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink) or call 800-600-9007.

### 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 – Pennsylvania  
P.O. Box 8207  
Kingston, NY 12402-5250

### Appeals Submission

#### Mail formal appeals to:

UnitedHealthcare Community Plan – Pennsylvania  
Attention: Provider Dispute  
P.O. Box 31364  
Salt Lake City, UT 84131-0363



### Prior Authorization Requests

Online: [UHCprovider.com/paan](https://UHCprovider.com/paan)

Phone: 800-600-9007



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

## ADDITIONAL KEY CONTACTS



### Behavioral Health

Phone: 800-600-9007  
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: 844-916-2724  
Monday – Friday, 8 a.m. – 5 p.m.  
Online: [MarchVisionCare.com](http://MarchVisionCare.com)



### Non-Emergent Transportation Vendor (LogistiCare)

Phone: 866-418-9812  
Monday – Friday, 8 a.m. – 5 p.m.  
Online: [logisticare.com](http://logisticare.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)

## SAMPLE CARDS

### Medicare

**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>01-01-2019</b>
<b>MEDICAL (PART B)</b>	<b>01-01-2019</b>

### Pennsylvania Medicaid

**ACCESS**

Pennsylvania  
Access Card

RECIP# 0123456789

NAME: DOE JOHN

CARD ISSUE# 00

### UnitedHealthcare Dual Complete®

UnitedHealthcare

Health Plan (80840): 911-87726-04

Member ID: QA00000-00 Group Number: PADSNP

Member: MEMBER BROWN Dental Benefits Included

Payer ID: 87726 **Medicare<sup>R</sup>**  
Prescription Drug Coverage X

PCP Name: PROVIDER BROWN RxBin: 610097

PCP Phone: (000) 000-0000 RxCPCN: 9999

UnitedHealthcare Dual Complete - PA (HMO SNP)

H3113 PBP# 009

Front

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 11/14/17

**For Members**

Website: [www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com)

Customer Service: 1-800-290-4009 TTY 711

NurseLine: 1-877-440-9407 TTY 711

Behavioral Health: 1-866-261-7692 TTY 711

Dental: 1-800-290-4009 TTY 711

**For Providers** UHCprovider.com 1-800-600-9007

Medical Claim Address: P.O. Box 8207 Kingston, NY 12402-5250

Dental Providers: [www.dbp.com](http://www.dbp.com) 1-844-275-8750

**Medicare Solutions** UHC NO Referral Required

For Pharmacists 1-877-889-6510

Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

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