

CARE PROVIDER INFORMATION

Quick Reference Guide: Texas

UnitedHealthcare Dual Complete® Focus (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® Focus (HMO SNP) plan.



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.



Provider Services

Phone: 866-944-4983

- 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: 866-944-4983

To submit a behavioral health service referral, please call **866-944-4983**.



Eligibility and Benefits

Please call **866-944-4983** or use the eligibilityLink tool at UHCprovider.com/eligibilityLink.



Prescription Drugs

Formulary

Online: UHCprovider.com/TXcommunityplan > Pharmacy Resources and Physician Administered Drugs > Prescription Drug List



Claims Management and Reconsideration

Please call **844-368-7150** or use the claimsLink tool at 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.

Paper Claims:

Please mail claims to:

UnitedHealthcare Community Plan – Texas
P.O. Box 5270
Kingston, NY 12402-5270

Appeals Submission

Mail formal appeals to:

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



Prior Authorization Requests

Phone: 866-944-4983

Prior authorization information is available at UHCprovider.com/paan.



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/TXcommunityplan.

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 866-944-4983
8 a.m. – 6 p.m.
Online: providerexpress.com



Dental

Phone: 844-275-8750
Monday – Friday, 8 a.m. – 6 p.m. ET
Online: UHCproviders.com



Vision (UnitedHealthcare Vision®)

Phone: 800-638-3120
Monday – Friday, 8 a.m. – 11 p.m.
Saturday, 9 a.m. – 6:30 p.m.
Online: spectera.com



Non-Emergent Transportation Vendor (LogistiCare)

Phone: 866-418-9812
Monday – Friday, 8 a.m. – 5 p.m.
Online: logisticare.com



Hearing (EPIC)

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



OptumHealth NurseLine

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

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

Texas Medicaid

Your Texas Benefits Health and Human Services Commission	
Member name:	
Member ID:	Note to Provider: Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card?
Issuer ID:	Date card sent: Pharmacists can use the non-managed care billing information on the back of this card.

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan	Health Plan (80840): 911-87726-04										
Member ID: QA00000-00	Group Number: TXDSNP										
Member: MEMBER BROWN	Payer ID: 87726										
Dental Benefits Included											
<table border="1"> <tr> <td colspan="2">Medicare^R</td> </tr> <tr> <td colspan="2">Prescription Drug Coverage</td> </tr> <tr> <td>RxBin:</td> <td>610097</td> </tr> <tr> <td>RxPCN:</td> <td>9999</td> </tr> <tr> <td>RxGrp:</td> <td>MPDCSP</td> </tr> </table>		Medicare^R		Prescription Drug Coverage		RxBin:	610097	RxPCN:	9999	RxGrp:	MPDCSP
Medicare^R											
Prescription Drug Coverage											
RxBin:	610097										
RxPCN:	9999										
RxGrp:	MPDCSP										
H2228 PBP# 041	UnitedHealthcare Dual Complete (HMO SNP) Medicare limiting charges apply.										

Front

Customer Service Hours: 8 am - 8 pm 7 days/week	Printed: 11/18/17
For Members	
Website:	www.UHCCommunityPlan.com
Customer Service:	1-866-944-4983 TTY 711
NurseLine:	1-877-365-7949 TTY 711
Behavioral Health:	1-866-944-4983 TTY 711
Dental:	1-866-944-4983 TTY 711
For Providers	UHCprovider.com 1-866-944-4983
Medical Claim Address: P.O. Box 5270 Kingston, NY 12402-5270	
Dental Providers:	www.dbp.com 1-844-275-8750
Medicare Community Plan 	
For Pharmacists: 877-889-6510	
Pharmacy Claim@OptumRx PO Box 29045, Hot Springs, AR 71903	

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