

## CARE PROVIDER INFORMATION

# Quick Reference Guide: Texas

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.



### 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: 866-944-4983**

- 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](https://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](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 – 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](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/TXcommunityplan](https://UHCprovider.com/TXcommunityplan).

## ADDITIONAL KEY CONTACTS



### Behavioral Health

Phone: 866-944-4983  
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. ET  
Online: [UHCproviders.com](http://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](http://spectera.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, 8 a.m. – 8 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, 7:30 a.m. – 5:30 p.m.  
Online: [lifeline.philips.com](http://lifeline.philips.com)



### Chiropractic/Acupuncture

Phone: 866-785-1654  
Monday – Friday, 7 a.m. – 7 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>

### 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	Dental Benefits Included <b>MedicareRx</b> Prescription Drug Coverage
Payer ID: 87726	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	www.UHCCommunityPlan.com
Website:	1-866-944-4983 TTY 711
Customer Service:	1-877-365-7949 TTY 711
NurseLine:	1-866-944-4983 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

Back