

CARE PROVIDER INFORMATION

Quick Reference Guide: Wisconsin

UnitedHealthcare Dual Complete® LP1 (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® LP1 (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: 800-396-1942

- 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: 800-396-1942

To submit a behavioral health service referral, please call 877-651-6677.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 800-396-1942.



Prescription Drugs

Formulary

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



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 800-396-1942.

Claims Submission

Payer ID: WID01; 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 – Wisconsin
P.O. Box 5280
Kingston, NY 12402-5280

Appeals Submission

Mail formal appeals to:

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



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 800-396-1942



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/WIcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 800-396-1942
8 a.m. – 6 p.m.
Online: providerexpress.com



Dental

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



Vision (MARCH®)

Phone: 844-516-2724
Monday – Friday, 8 a.m. – 6 p.m.
Online: MarchVisionCare.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



NurseLine

BadgerCare/ Medicaid: 866-827-0806



Personal Emergency Response System (Philips Lifeline)

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



Chiropractic/Acupuncture

Phone: 866-785-1654
Monday – Friday, 7 a.m. – 7 p.m.
Online: myoptumhealthphysicalhealth.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

Wisconsin Medicaid

ForwardHealth
Wisconsin serving you

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ID No. 0000000000
Ima Member

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan	Health Plan (80840): 911-87726-04
Member ID: QA00000-00	Group Number: WIFHMR
Member: MEMBER BROWN	Payer ID: 87726
PCP Name: PROVIDER BROWN	Dental Benefits Included MedicareRx Prescription Drug Coverage X
PCP Phone: (000) 000-0000	RxBin: 610097 RxPCN: 9999 RxGrp: MPDCSP
H5253 PBP# 024	
UnitedHealthcare Dual Complete LP (HMO SNP)	

Front

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 11/16/17

For Members
Website: www.UHCCommunityPlan.com
Customer Service: 1-800-396-1942 TTY 711

Behavioral Health: 1-800-396-1942 TTY 711
Dental: 1-800-396-1942 TTY 711

For Providers UHCprovider.com 1-800-396-1942
Medical Claim Address: P.O. Box 5280 Kingston, NY 12402-5280

Dental Providers: www.dbp.com 1-844-275-8750

Medicare Community Plan
For Pharmacists 1-877-889-6510
Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

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