

UnitedHealthcare Community Plan of Ohio Quick Reference Guide for Non-Participating Care Providers

Need to contact us? Use this reference guide for quick access to a variety of resources about UnitedHealthcare Community Plan of Ohio.



Link and UHCprovider.com

Link's self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans – without the extra step of calling for information. Use Link to perform secure online transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization.

To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. If you aren't registered yet, go to UHCprovider.com and select "New User" to begin registration. To learn more about using Link, please visit UHCprovider.com/link.



Sample Member ID Card

Each member covered by UnitedHealthcare Community Plan will receive their own identification card and selects a Primary Care Provider (PCP) who coordinates their care.

The image shows two sample member ID cards. The left card is for a member named SUBSCRIBER BROWN, with member ID 999999999 and group number OHPHCP. It includes contact information for the PCP, DR. PROVIDER BROWN, and a Payer ID of 87726. The right card is a backside view with a QR code and contact numbers for members, providers, and pharmacy claims.

Category	Contact Information
For Members:	800-895-2017
NurseLine:	800-542-8630
Mental Health:	TTY 711 800-855-2880 866-261-7692
For Providers:	www.uhcommunityplan.com 800-600-9007
Medical Claims:	PO Box 8207, Kingston, NY, 12402
Eligibility:	800-600-9007 Utilization Management: 800-366-7304
Pharmacy Claims:	OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist:	877-305-8952



Provider Services

UnitedHealthcare Community Plan: 800-600-9007

General Provider Line: 877-842-3210

Representatives are available weekdays, 8 a.m. – 8 p.m., Eastern Time

Call us to:

- Confirm member eligibility and benefits
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit a claim reconsideration request

Care Management Services

Phone: 800-508-2581

Fax: 866-337-7581

- Cardiac program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex children and adult care program
- Diabetes program
- Kidney disease
- Neonatal intensive care unit (NICU) services
- Respiratory program (asthma, chronic obstructive pulmonary disease, emphysema)

UnitedHealthcare Community Plan of Ohio

Quick Reference Guide for Non-Participating Care Providers

Utilization Management

Phone: 800-366-7304

Get assistance with prior authorizations, admissions, discharges and coordination of members' care from 8 a.m. to 5 p.m. Central Time Monday through Friday. Our on-call staff is available 24 hours a day, seven days a week for emergency prior authorization purposes. If you need a peer-to-peer review, please call 800-955-7615.



Eligibility and Benefits

Check eligibility and benefits using the eligibilityLink tool on Link or by calling the Ohio Department of Medicaid Member eligibility at 800-686-1516. You'll need to know the care provider's national provider identifier (NPI) or Medicaid ID number, the member's UnitedHealthcare Community Plan ID number (or Social Security number) and member's date of birth. To access the eligibilityLink tool on Link, go to UHCprovider.com and click on the Link button in the top right corner.



Pharmacy Services and Authorizations

Phone: 800-310-6826

Pharmacy Claims Help Desk: 877-305-8952

To view a complete list of services that require prior authorization, visit UHCprovider.com > Health Plans by State > Ohio > Community Plan > [Prior Authorizations and Notification](#). Retail pharmacies must submit pharmacy claims to OptumRx using the BIN, PCN and Group numbers on the member ID card.



Prior Authorization Requests

Prior authorization must be obtained for all services performed by a non-participating care provider.

Online: You can submit prior authorization requests online using the Prior Authorization and Notification tool on Link. Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. For additional information, go to UHCprovider.com > Health Plans by State > Ohio > Community Plan > [Prior Authorization and Notification](#)

Phone: 800-366-7304

For after-hours requests, follow the prompts for "Prior Authorization Requests."

Prior Authorization forms are available at UHCprovider.com > Health Plans by State > Ohio > Community Plan > [Forms, Billing and Reference Guides](#).

Primary care providers, OB-GYNs and other consulting physicians should refer members to participating care providers. If you're referring a member for laboratory services, be sure to use a participating laboratory. Prior authorization is required for referrals to out-of-network laboratories, chromosome or genetic testing.

Members can self-refer for:

- Certified nurse midwife or nurse practitioner services
- Dental care (participating care providers only)
- Emergency services
- Family planning services including services rendered by a qualified family planning provider, an OB-GYN federally qualified health center or rural health center
- Mental health services offered through a community mental health center (CMHC) certified as a Medicaid care provider
- Services provided by a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)
- Specialty care services provided by participating care providers except pain management specialist services

UnitedHealthcare Community Plan of Ohio

Quick Reference Guide for Non-Participating Care Providers

- Substance abuse services offered through certified Medicaid care providers affiliated with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). Find a list of care providers affiliated with ODADAS at mha.ohio.gov.
- Vision care (participating care providers only)

Radiology/Cardiology Prior Authorization Requests

Phone: 866-889-8054

View a complete list of services that require prior authorization at UHCprovider.com > Health Plans by State > Ohio > Community Plan > [Prior Authorizations and Notification](#).



Claims Submission

Beginning Jan. 1, 2019, care providers must have a valid Medicaid ID number or be in the application process (120 day agreement) to be paid for services. Care providers with a 120-day agreement, single case agreement or those providing emergency services are the exception. The application can be found at medicaid.ohio.gov > Provider > Enrollment and Support > Provider Enrollment.

Please submit claims to UnitedHealthcare Community Plan within 365 days of the date of service using HIPAA compliant CPT-4 or HCPCS codes. Hospitals and ancillary care providers, please bill on a UB-04 or CMS-1500 form.

Electronic Claims: Please submit electronic claims using the Claim Submission tool on Link. To access the tool, sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner.

Payer ID: 87726

Paper Claims: Please mail claims to:

UnitedHealthcare Community Plan of Ohio
P.O. Box 8207
Kingston, NY 12402

To support standard coding and prevent potential claims denials, please use the following Place of Service (POS) codes when billing.

POS Code	POS	Definition of POS
50	Federally Qualified Health Center	Located in a medically underserved area providing Medicare members preventive primary medical care under the general direction of a physician.
71	Public Health Clinic	Maintained by state or local health department providing ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	Certified and located in a rural medically underserved area providing ambulatory primary medical care under the general direction of a physician.
11	Provider Office	Not applicable (N/A)
20	Urgent Care Centers	N/A

UnitedHealthcare Community Plan of Ohio

Quick Reference Guide for Non-Participating Care Providers

Also, please remember to:

- Use the CMS-1500 form
- Include the group NPI number in boxes 24J and 33A of the CMS-1500 form
- Do not list a physician name in Box 31 of the CMS-1500 form

For more information on electronic billing, visit UHCprovider.com > Health Plans by State > Ohio > Community Plan > [Forms, Billing and Reference Guides](#) or call **800-600-9007**.



Claims Management and Reconsideration

Online: Please use the claimsLink tool on Link. To access claimsLink, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.

Phone: 866-815-5334

Fax: 801-994-1082

You can mail your claims reconsideration request to:

UnitedHealthcare Community Health Plan of Ohio
P.O. Box 31364
Salt Lake City, UT 84131



Claims Payment

Payment made by UnitedHealthcare Community Plan is considered payment in full. Non-contracted care providers may not bill a UnitedHealthcare Community Plan member unless all of the following conditions are met.

- The member was notified by the care provider of the financial liability in advance of service delivery.
- The notification by the care provider was in writing, specific to the service being rendered, clearly stating that the member is financially responsible for the specific service. A general patient liability statement signed by the member is not sufficient for this purpose.
- The notification is dated and signed by the member.
- The reason the service is not covered is specified and is also one of the following:
 - The service is a benefit exclusion
 - The care provider is not contracted with UnitedHealthcare Community Plan and was denied approval to render the service because it is available from a contracted provider
 - The care provider has not requested approval to provide the service

If you need additional information on payment for non-participating care providers, please reference the OAC Rule 5160-1-60 available at medicaid.ohio.gov.



Other Care Provider Information

General Inquiries

Fax: 877-877-7697

Mail: UnitedHealthcare Community Plan

5900 Parkwood Pl

Dublin, OH 43016

Healthy First Steps Program

Phone: 800-599-5985

Fax: 877-611-4411

Optum Behavioral Health

Phone: 866-261-7692

UnitedHealthcare Community Plan of Ohio

Quick Reference Guide for Non-Participating Care Providers



Member Services

Dental Services: DentaQuest

Phone: 800-341-8478

Routine dental services are covered by Ohio Medicaid. Anesthesia and facility charges associated with dental procedures performed at a hospital facility or ambulatory surgery center must meet medical necessity and be prior authorized by UnitedHealthcare Community Plan for services to be considered.

Durable Medical Equipment (DME)

Phone: 800-366-7304

Fax: 866-839-8058

Prior authorization is required for monthly rentals or purchases of \$500 or more.

Emergency Care Services

Emergency services rendered by non-contracted providers are reimbursed at the lesser of billed charges or 100 percent of the Ohio Medicaid fee schedule.

Incontinence Supplies

Phone: 844-564-1008

Fax: 614-553-6236

Incontinence supplies for United Healthcare Community Plan are provided by Edgepark.

Interpreter Services

Phone: 800-895-2017

Member Services

Phone: 800-895-2017

Hearing Impaired Phone: 711

7 a.m. to 7 p.m. Eastern Time, Monday through Friday

Transportation Services

Phone: 800-269-4190

7 a.m. to 7 p.m. Eastern Time, Monday through Friday

Members are eligible for 30 one-way or 15 free round trips per year to and from medical appointments including PCP visits, Women, Infant and Children (WIC) visits and other visits such as vision or dental.

- Coordination of transportation services requires at least two business days' advance notice.
- Advise members to contact Member Services by calling the number on the back of their ID card to coordinate transportation services.
- If members have to go more than 30 miles for a required medical appointment, they may be entitled to transportation services outside of the enhanced benefit.

Vision Services

Phone: 844-756-2724

Prior Authorization is required for all routine eye exams and hardware. Authorizations must be obtained from March Vision Care at marchvisioncare.com. Members, both children and adults, are eligible for an annual routine vision exam. They have a choice of glasses or a retail allowance of \$125 to use once per year for any type of contacts.



Additional Information

For more information on UnitedHealthcare Community Plan of Ohio, please contact your Provider Advocate or visit UHCprovider.com > Health Plans by State > Ohio > [Community Plan](#).