

Care Provider Information

Quick Reference Guide: Tennessee UnitedHealthcare Dual Complete® (HMO D-SNP)

Effective Jan. 1, 2020

Need to contact us? This reference guide provides you with quick access to a variety of helpful resources about the UnitedHealthcare Dual Complete® (HMO D-SNP) Medicare Advantage 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: 800-690-1606

- Confirm member eligibility and benefits.
- Provide care coordination notification.
- Check claims status.
- Request prior authorization.
- Update facility/practice data.
- Submit a reconsideration request.

Representatives are available weekdays, 8 a.m. – 6 p.m. ET (except major holidays).



Network Referrals

Online: UHCprovider.com > Find Dr. > Search for a Provider > Medical Directory > Medicare Plans > UnitedHealthcare Dual Complete®

Phone: 800-690-1606

To submit a behavioral health service referral, please call 800-690-1606.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 800-690-1606.



Prescription Drugs

Formulary List

Online: UHCprovider.com/TNDSNP > Dual Complete Medicare Advantage Pharmacy Formulary



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 866-604-3267



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 800-690-1606.

Claims Submission

Payer ID: 95378

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
Tennessee
P.O. Box 5220
Kingston, NY 12402-5240

Appeals Submission

Mail formal appeals to:

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



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/TNcommunityplan > UnitedHealthcare Dual Complete® Special Needs Plans.

Key Contacts for Additional Benefits



Dental

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



Vision (MARCH®)

Phone: 844-966-2724
Monday – Friday, 8 a.m. – 5 p.m.
Online: marchvisioncare.com



Non-Emergent Transportation (Tennessee Carriers)

Phone: 866-405-0238
7 days a week, 24 hours a day
Online: tenn carriers.com



Virtual Doctor Visits

Phone: 855-635-1393
7 days a week, 24 hours a day
Online: amwell.com



Hearing

Phone: 855-523-9355
Monday – Friday, 8 a.m. – 8 p.m.
Online: UHChearing.com



NurseLine

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



Personal Emergency Response System

Phone: 800-368-2925
Monday – Friday, 8:30 a.m. – 6:30 p.m.
Online: lifeline.philips.com



Routine Chiropractic

Phone: 800-873-4575
Monday – Friday, 8 a.m. – 8 p.m.
Online: myoptumhealthphysicalhealth.com



Behavioral Health

Phone: 800-690-1606
Monday – Friday, 8 a.m. – 6 p.m.
Online: providerexpress.com
Virtual Visits Phone: 877-614-0484



Meal Program

Phone: 877-913-7374
Monday – Friday, 7 a.m. – 6 p.m.
Online: momsmeals.com



Health & Wellness Products Card (Solutran®)

Phone: 833-853-8587
Monday – Friday, 8 a.m. – 8 p.m.
Online: healthybenefitsplus.com/hwpcard



Fitness Benefit

Online: myrenewactive.com

Sample Cards

UnitedHealthcare Dual Complete®

Community Plan	
Health Plan (80840): 999-99999-99	
Member ID: 999999999	Group Number: TND SNP
Member: SUBSCRIBER BROWN	
PCP Name: DR. PROVIDER BROWN	Payer ID: 95378
PCP Phone: (999)999-9999	Prescription Drug Coverage
	Rx Bin: 999999
	Rx Grp: XXXXXXXX
	Rx PCN: 9999
H0251 PBP# 002	UnitedHealthcare Dual Complete® (HMO D-SNP)

Medicaid

Community Plan	
Health Plan (99999) 999-99999-99	
Member ID:	
Member:	
PCP Name:	Payer ID
Date Of Birth:	Effective Date
COPAY: Office/ER/Hosp \$0/\$0/\$0	
0501	TennCare Medicaid, Benefit A Administered by UnitedHealthcare Plan of the River Valley, Inc.

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 01-01-2020
MEDICAL (PART B)	01-01-2020

Doc#: PCA-1-015768-05072019_06052019

Not for distribution to retirees or beneficiaries.
© 2019 United HealthCare Services, Inc. All rights reserved.
CST25572_H0251-002