

CARE PROVIDER INFORMATION

Quick Reference Guide: District of Columbia

UnitedHealthcare Dual Complete® (PPO SNP)

Need to contact us? This reference guide provides you with quick access to a variety of helpful resources about the UnitedHealthcare Dual Complete® (PPO 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: 877-842-3210

- 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. – 8 p.m. (except major holidays).



Network Referrals

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

Phone: 877-842-3210

To submit a behavioral health service referral, please call 877-842-3210.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 877-842-3210.



Prescription Drugs

Formulary

Online: UHCprovider.com/DCcommunityplan > UnitedHealthcare Dual Complete® Special Needs Plans > Dual Complete Medicare Advantage Pharmacy Formulary



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 877-842-3210.

Claims Submission

Payer ID: 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 – District of Columbia

P.O. Box 31350, Salt Lake City, UT 84131

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan – District of Columbia

Attention: Provider Dispute

P.O. Box 31364, Salt Lake City, UT 84131-0364



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 877-842-3210



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/DCcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 877-842-3210
8 a.m. – 8 p.m.
Online: providerexpress.com



Dental

Phone: 877-842-3210
8 a.m. – 8 p.m.
Online: dbp.com



Vision (MARCH®)

Phone: 844-366-2724
Monday – Friday, 8 a.m. – 5 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



OptumHealth NurseLine

Phone: 877-365-7949
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 |

District of Columbia Medicaid

| Washington, DC Medical Insurance | | |
|---|---------|-----------------|
| Sex: F | Ins. C. | Case: 99999999 |
| Name: SUBSCRIBER BROWN | | DOB: 99 99 9999 |
| 9999999999 | | |
| <i>The "M" Card: Covering 1 in 4 DC Residents</i> | | |

UnitedHealthcare Dual Complete®

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|--|----------------------------|---|--|--------|--------|--------|------|--------|-----|
| UnitedHealthcare Community Plan | | | | | | | | | |
| Health Plan (80840): 911-87726-04 | | | | | | | | | |
| Member ID: QA00000-00 | Group Number: 09011 | | | | | | | | |
| Member: MEMBER BROWN | | | | | | | | | |
| Payer ID: 87726 | Dental Benefits Included | | | | | | | | |
| <table border="1"> <tr> <td colspan="2" style="text-align: center;">MedicareRx 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>COS</td> </tr> </table> | | MedicareRx Prescription Drug Coverage | | RxBin: | 610097 | RxPCN: | 9999 | RxGrp: | COS |
| MedicareRx Prescription Drug Coverage | | | | | | | | | |
| RxBin: | 610097 | | | | | | | | |
| RxPCN: | 9999 | | | | | | | | |
| RxGrp: | COS | | | | | | | | |
| H2228 PBP# 045 | | | | | | | | | |
| UnitedHealthcare Dual Complete (PPO SNP) Medicare limiting charges apply. | | | | | | | | | |

Front

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| Customer Service Hours: 8 am - 8 pm 7 days/week | | Printed: 10/15/17 |
| | | |
| For Members | | |
| Website: | www.UHCCommunityPlan.com | |
| Customer Service: | 1-866-480-1086 | TTY 711 |
| NurseLine: | 1-877-365-7949 | TTY 711 |
| Behavioral Health: | 1-800-496-5841 | TTY 711 |
| Dental: | 1-866-480-1086 | TTY 711 |
| For Providers UHCprovider.com 1-877-842-3210 | | |
| Medical Claim Address: P.O. Box 31350 Salt Lake City, UT 84131-0350 | | |
| Dental Providers: | www.dbp.com | 1-844-275-8750 |
| Medicare Community Plan | UHC | NO Referral Required |
| For Pharmacists | 1-877-889-6510 | |
| Pharmacy Claims | OptumRx PO Box 29045, Hot Springs, AR 71903 | |

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