

CARE PROVIDER INFORMATION

Quick Reference Guide: Kansas

UnitedHealthcare Dual Complete® (HMO POS 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 POS 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: 866-262-9947

- Confirm member eligibility and benefits.
- Provide care coordination notification.
- Check claims status.
- Request prior authorization.
- Update facility/practice data.
- Submit an reconsideration 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: 866-262-9947

To submit a behavioral health service referral, please call 866-262-9947.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 866-262-9947.



Prescription Drugs

Formulary

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



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 866-262-9947.

Claims Submission

Payer ID: 87726

Electronic Claims: Please submit claims within 90 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 – Kansas
P.O. Box 5270
Kingston, NY 12402

Appeals Submission

Mail formal appeals to:

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

Online: [Link](https://UHCprovider.com/claimsLink) > claimsLink Tool



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 866-604-3267



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/KScommunityplan > UnitedHealthcare Dual Special Needs Plans

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 866-262-9947
8 a.m. – 6 p.m.
Online: providerexpress.com



Dental

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



Vision (UnitedHealthcare Vision®)

Phone: 866-262-9947
7 days a week, 8 a.m. – 8 p.m.
Online: UHCprovider.com



Non-Emergent Transportation Vendor (National MedTrans)

Phone: 844-714-2219
Online: Natmedtrans.com
(Effective 1/1/2019)



Hearing (EPIC)

Phone: 866-956-5400
Monday – Friday, 8 a.m. – 8 p.m.
Online: 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



Chiropractic and Acupuncture

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

SAMPLE CARDS

UnitedHealthcare Dual Complete®

		Community Plan Health Plan (80840): 911-87726-04 Member ID: QA00000-00 Group Number: KSDSNP Member: MEMBER BROWN Payer ID: 87726 PCP Name: PROVIDER BROWN PCP Phone: (000) 000-0000
Dental Benefits Included 		RxBin: 610097 RxPCN: 9999 RxGrp: MPDCSKS
H5322 PBP# 029 UnitedHealthcare Dual Complete (HMO-POS SNP)		

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Kansas Medicaid

STATE OF KANSAS Identification Card Name: John Smith Member ID: 12345678910
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Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 11/14/17
For Members Website: www.UHCCommunityPlan.com Customer Service: 1-866-262-9947 TTY 711 NurseLine: 1-877-440-9407 TTY 711 Behavioral Health: 1-866-262-9947 TTY 711 Dental: 1-866-262-9947 TTY 711
For Providers UHCprovider.com 1-866-262-9947 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 1-877-889-6510 Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

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