

CARE PROVIDER INFORMATION

Quick Reference Guide: Louisiana

UnitedHealthcare Dual Complete® (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 (HMO SNP) plan.



Link and UHCprovider.com

Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To learn more about using Link, please visit UHCprovider.com/link.



Provider Services

Phone: 866-263-0627

- 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, 7 a.m. – 7 p.m. (except major holidays).



Network Referrals

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

Phone: 866-263-0627

To submit a behavioral health service referral, please call 866-263-0627.



Eligibility and Benefits

Please call 866-263-0627 or use the eligibilityLink tool at UHCprovider.com/eligibilityLink.



Prescription Drugs

Formulary

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



Claims Management and Reconsideration

Please call 866-263-0627 or use the claimsLink tool at UHCprovider.com/claimsLink.

Claims Submission

Payer ID: 87726

Electronic Claims: Please submit claims within 180 days of service, or the time frame in your participation agreement, at UHCprovider.com/claimsLink.

Paper Claims:

Please mail claims to:

UnitedHealthcare Community Plan of Louisiana
P.O. Box 31350
Salt Lake City, UT 84131-0350

Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan of Louisiana
Attention: Provider Dispute
P.O. Box 31364
Salt Lake City, UT 84131-0367



Prior Authorization Requests

Phone: 866-604-3267

Fax: 877-271-6290

Prior Authorization information is available at UHCprovider.com/paan.



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/LAcommunityplan.

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 877-440-9407
Monday – Friday, 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 (MARCH®)

Phone: 844-526-2724
Monday – Friday, 8 a.m. – 6 p.m.
Online: marchvisioncare.com



Non-Emergent Transportation Vendor (LogistiCare)

Phone: 866-418-9812
Monday – Friday, 7 a.m. – 7 p.m.
Online: LogistiCare.com



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

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

Louisiana Medicaid

HEALTH NETWORK for LOUISIANA	
CCN:	7770001051857702
Issue Date	01-01-2011
BIN	123456
JANE J DOE	

UnitedHealthcare Dual Complete

Health Plan (80840): 911-87726-04	
Member ID: QA00000-00	Group Number: LADSNP
Member: MEMBER BROWN	
Payer ID: 87726	Dental Benefits Included
PCP Name: PROVIDER BROWN	
PCP Phone: (000) 000-0000	RxBin: 610097
	RxPCN: 9999
	RxGrp: MPDCSLA
UnitedHealthcare Dual Complete (HMO SNP)	
H5008 PBP# 010	

Front

Customer Service Hours: 8 am - 8 pm 7 days/week	Printed: 11/14/17
For Members	
Website:	www.UHCCommunityPlan.com
Customer Service:	1-866-263-0627 TTY 711
NurseLine:	1-877-440-9407 TTY 711
Behavioral Health:	1-866-263-0627 TTY 711
Dental:	1-866-263-0627 TTY 711
For Providers	UHCprovider.com 1-866-263-0627
Medical Claim Address: P.O. Box 31348 Salt Lake City, UT 84131-0348	
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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