

## CARE PROVIDER INFORMATION

# Quick Reference Guide: Missouri

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.



### 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](https://UHCprovider.com/link) and [UHCprovider.com/edi](https://UHCprovider.com/edi).



### Provider Services

Phone: 844-368-6886

- 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. (except major holidays).



### Network Referrals

Online: [UHCprovider.com](https://UHCprovider.com) > Find Dr. > Search for a Provider > Medical Directory > Medicare Plans > UnitedHealthcare Dual Complete®

Phone: 844-368-6886

To submit a behavioral health service referral, please call 844-368-6886.



### Eligibility and Benefits

Please use the eligibilityLink tool at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink), EDI 270/271 transactions or call 844-368-6886.



### Prescription Drugs

Formulary

Online: [UHCprovider.com/MOcommunityplan](https://UHCprovider.com/MOcommunityplan) > UnitedHealthcare Dual Special Needs Plans > Dual Complete Medicare Advantage Pharmacy Formulary



### Claims Management and Reconsideration

Please use the claimsLink tool at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink) or call 844-368-6886.

### Claims Submission

Payer ID: 86050

**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 – Missouri  
P.O. Box 5240  
Kingston, NY 12402

### Appeals Submission

#### Mail formal appeals to:

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

Online: Link > claimsLink Tool



### Prior Authorization Requests

Online: [UHCprovider.com/paan](https://UHCprovider.com/paan)

Phone: 844-368-6886



### Model of Care Training

Please complete the required Model of Care training at [UHCprovider.com](https://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/MOcommunityplan](https://UHCprovider.com/MOcommunityplan) > UnitedHealthcare Dual Special Needs Plans

## ADDITIONAL KEY CONTACTS



### Behavioral Health

**Phone: 844-368-6886**  
Monday – Friday, 8 a.m. – 6 p.m.  
**Online: providerexpress.com**



### Dental

**Phone: 844-368-6886**  
Monday – Friday, 8 a.m. – 6 p.m.  
**Online: UHCdental.com**



### Vision (MARCH®) Routine and Medical Vision Services

**Phone: 844-616-2724**  
Monday – Friday, 8 a.m. – 5 p.m.  
**Online: MarchVisionCare.com**



### Hearing (EPIC)

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



### Non-Emergent Transportation Vendor (National MedTrans)

**Phone: 844-368-6886**  
Monday – Friday, 8 a.m. - 6 p.m.  
**Online: Natmedtrans.com**  
(Effective 1/1/2019)



### 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**

## SAMPLE CARDS

### UnitedHealthcare Dual Complete®

Health Plan (80840): <b>911-87726-04</b>	
Member ID: QA00000-00	Group Number: MODSNP
Member: MEMBER BROWN	
PCP Name: PROVIDER BROWN	Payer ID: 86050
PCP Phone: (000) 000-0000	Dental Benefits Included
	RxBin: 610097
	RxPCN: 9999
	RxGrp: MPDCSP
H0169 PBP# 002	UnitedHealthcare Dual Complete (HMO SNP)

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### Missouri Medicaid

Name of Participant	
Date of Birth XX-XX-XXXX	MO HealthNet ID Number 999999999
USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW	

Customer Service Hours: 8 am - 8 pm 7 days/week	Printed: 11/15/17
<b>For Members</b>	
Website:	www.UHCCommunityPlan.com
Customer Service:	1-844-368-6886 TTY 711
NurseLine:	1-877-440-9407 TTY 711
Behavioral Health:	1-844-368-6886 TTY 711
Dental:	1-844-368-6886 TTY 711
<b>For Providers</b> UHCprovider.com 1-844-368-6886	
Medical Claim Address: P.O. Box 5240 Kingston, NY 12402-5240	
Dental Providers: www.dbp.com	1-844-275-8750
For Pharmacists 1-877-889-6510	
Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903	

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