

CARE PROVIDER INFORMATION

Quick Reference Guide: North Carolina

UnitedHealthcare Dual Complete® RP (Regional 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® RP (Regional 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: 844-368-7151

- 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. – 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: 844-368-7151

To submit a behavioral health service referral, please call 844-368-7151.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 844-368-7151.



Prescription Drugs

Formulary

Online: UHCprovider.com/NCcommunityplan > 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 888-368-7151.

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 – North Carolina
P.O. Box 5220
Kingston, NY 12402-5240

Appeals Submission

Mail formal appeals to:

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



Prior Authorization Requests

Online: UHCprovider.com/paan
Phone: 888-368-7151



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/NCcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 844-368-7151
8 a.m. – 6 p.m.
Online: providerexpress.com



Dental

Phone: 844-368-7151
8 a.m. – 6 p.m.
Online: dbp.com



Vision (MARCH®)

Phone: 844-736-2724
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



Hearing (EPIC)

Phone: 866-956-5400
Monday – Friday, 9 a.m. – 9 p.m.
Online: epichearing.com



OptumHealth NurseLine

Phone: 877-365-7949
7 days a week, 24 hours a day



Personal Emergency Response System (Philips Lifeline)

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

North Carolina Medicaid

ANNUAL MEDICAID IDENTIFICATION CARD	
LME MCO: 800-888-8888	
JOHN Q. PUBLIC ADDRESS CITY, NC 12345	
Recipient Signature _____ (Not valid unless signed)	
USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH	

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan	Health Plan (80840): 911-87726-04
Member ID: QA00000-00	Group Number: NCDSNP
Member: MEMBER BROWN	Dental Benefits Included
Payer ID: 87726	MedicareRx Prescription Drug Coverage
PCP Name: PROVIDER BROWN	RxBin: 610097
PCP Phone: (000) 000-0000	RxPCN: 9999
	RxGrp: MPDCSP
UnitedHealthcare Dual Complete RP (Regional PPO SNP)	
R1548 PBP# 001	Medicare limiting charges apply.

Front

Customer Service Hours: 8 am - 8 pm 7 days/week	Printed: 11/16/17
For Members	
Website:	www.UHCCommunityPlan.com
Customer Service:	1-844-368-7151 TTY 711
NurseLine:	1-877-365-7949 TTY 711
Behavioral Health:	1-844-368-7151 TTY 711
Dental:	1-844-368-7151 TTY 711
For Members	UHCprovider.com 1-844-368-7151
Medical Claim Address:	P.O. Box 5220 Kingston, NY 12402-5240
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

Back