

CARE PROVIDER INFORMATION

Quick Reference Guide: Rhode Island

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 and UHCprovider.com/edi.



Provider Services

Phone: 866-480-1086

- 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).



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 866-480-1086.



Prescription Drugs

Formulary

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



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.



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 866-480-1086.

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 – Rhode Island
P.O. Box 31350
Salt Lake City, UT 84131 - 0350

Appeals Submission

Mail formal appeals to:

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



Prior Authorization Requests

Online: UHCprovider.com/paan

Phone: 866-604-3267



Other Resources

For more information, please contact your Provider Advocate or visit UHCprovider.com/RIcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 866-480-1086
8 a.m. – 8 p.m.
Online: providerexpress.com



Dental

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



Hearing (EPIC)

Phone: 866-956-5400
Monday – Friday, 9 a.m. – 9 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, 8:30 a.m. – 6:30 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

Rhode Island Medicaid

RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES MEDICAL ASSISTANCE IDENTIFICATION CARD			
RECIPIENT NAME	VER		
JANE A DOE	611		
MID	CARR	SEX	DOB
555-55-5555	195	F	02/12/38
If found please drop in any U.S. Mail Box Return Postage Guaranteed HP Enterprise Services, LLC P.O. Box 2010 Warwick, RI 02887			

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan	
Health Plan (80840): 911-87726-04	
Member ID: QA00000-00	Group Number: 51902
Member: MEMBER BROWN	
Payer ID: 87726	Dental Benefits Included
PCP Name: PROVIDER BROWN	MedicareRx Prescription Drug Coverage
PCP Phone: (401) 444-0580	RxBin: 610097 RxPCN: 9999 RxGrp: MPDCSR1
UnitedHealthcare Dual Complete (HMO SNP)	
H3113 PBP# 010	

Front

Customer Service Hours: 8 am - 8 pm 7 days/week		Printed: 09/10/17
For Members		
Website:	www.UHCCommunityPlan.com	
Customer Service:	1-866-480-1086 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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