

CARE PROVIDER INFORMATION

Quick Reference Guide: Tennessee

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: 800-690-1606

- 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: 800-690-1606

To submit a behavioral health service referral, please call 800-690-1606.



Eligibility and Benefits

Please use the eligibilityLink tool at UHCprovider.com/eligibilityLink, EDI 270/271 transactions or call 800-690-1606.



Prescription Drugs

Formulary

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



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 800-690-1606.

Claims Submission

Payer ID: 95378

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 – Tennessee
P.O. Box 5290
Kingston, NY 12402-5240

Appeals Submission

Mail formal appeals to:

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



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/TNcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

Phone: 800-690-1606
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: dbp.com



Vision (MARCH®)

Phone: 844-966-2724
Monday – Friday, 8 a.m. – 5 p.m.
Online: MarchVisionCare.com



Non-Emergent Transportation Vendor (Tennessee Carriers)

Phone: 866-405-0238
Online: TennCarriers.com



Hearing (EPIC)

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



OptumHealth NurseLine

Phone: 800-690-1606
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: 800-873-4575
Monday – Friday, 8 a.m. – 6 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

Tennessee Medicaid

Health Plan (99999) 999-99999-99	
Member ID:	
Member:	
PCP Name:	Payer ID
Date Of Birth:	Effective Date
COPAY: Office/ER/Hosp \$0/\$0/\$0	
<small>0501</small> Administered by UnitedHealthcare Community Plan of the River Valley, Inc.	

UnitedHealthcare Dual Complete®

Health Plan (80840) 911-95378-08	
Member ID: 000000000	Group Number: TNDNSNP
Member: MEMBER BROWN	Payer ID: 95378
PCP Name: PROVIDER BROWN	
PCP Phone: (000) 000-0000	
Dental: Covered Primary Card H0251 PBP#002	Administered by UnitedHealthcare Community Plan, Inc.

Front

In an emergency go to nearest emergency room or call 911. <small>Printed: 01/03/18</small>	
<small>This card does not guarantee coverage. To verify benefits or find a physician, visit the website www.myuhc.com/communityplan or call customer service Monday - Sunday 8:00 a.m. to 8:00 p.m.</small>	
For Customer Service/NurseLine/Mental Health/Dental (PPO):	
800-690-1606	TDD 711
For Providers: UHCprovider.com 800-690-1606	
Medical Claims Address: PO Box 5220, Kingston, NY, 12402-5220	
	CP
Pharmacy Claims: OptumRX, PO Box 29045, Hot Springs, AR 71903	
For Pharmacists: 877-889-6510	

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