

## CARE PROVIDER INFORMATION

# Quick Reference Guide: Tennessee

UnitedHealthcare Dual Complete® ONE Plus (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® ONE Plus (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: 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](https://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](https://UHCprovider.com/eligibilityLink), EDI 270/271 transactions or call 800-690-1606.



### Prescription Drugs

Formulary

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

Phone: 866-604-3267



### 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/TNcommunityplan](https://UHCprovider.com/TNcommunityplan)

## ADDITIONAL KEY CONTACTS



### Behavioral Health

Phone: 800-690-1606  
Monday – Friday, 8 a.m. – 6 p.m.  
Online: [providerexpress.com](http://providerexpress.com)



### Dental

Phone: 844-275-8750  
Monday – Friday, 8 a.m. – 6 p.m.  
Online: [dbp.com](http://dbp.com)



### Vision (MARCH®)

Phone: 844-966-2724  
Monday – Friday, 8 a.m. – 5 p.m.  
Online: [MarchVisionCare.com](http://MarchVisionCare.com)



### Non-Emergent Transportation Vendor (Tennessee Carriers)

Phone: 866-405-0238  
Online: [TennCarriers.com](http://TennCarriers.com)



### Hearing (EPIC)

Phone: 866-956-5400  
Monday – Friday, 9 a.m. – 9 p.m.  
Online: [epichearing.com](http://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](http://lifeline.philips.com)



### Chiropractic

Phone: 800-873-4575  
Monday – Friday, 8 a.m. – 6 p.m.  
Online: [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com)

## SAMPLE CARDS

### Medicare

MEDICARE HEALTH INSURANCE	
Name/Nombre <b>JOHN L SMITH</b>	
Medicare Number/Número de Medicare <b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a <b>HOSPITAL (PART A)</b>	Coverage starts/Cobertura empieza <b>01-01-2019</b>
<b>MEDICAL (PART B)</b>	<b>01-01-2019</b>

### 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>15501</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: <b>MEMBER BROWN</b>	Payer ID: 95378
PCP Name: <b>PROVIDER BROWN</b>	
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.	
Printed: 01/03/18	
<small>This card does not guarantee coverage. To verify benefits or find a physician, visit the website <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 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	
	<b>CP</b>
Pharmacy Claims: OptumRX, PO Box 29045, Hot Springs, AR 71903	
For Pharmacists: 877-889-6510	

Back