

CARE PROVIDER INFORMATION

Quick Reference Guide: Virginia

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: 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/VAcommunityplan > [UnitedHealthcare Dual Complete® Special Needs Plans](#) > [Dual Complete Medicare Advantage Pharmacy Formulary](#)

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/VAcommunityplan > [UnitedHealthcare Dual Special Needs Plans](#) > [Dual Complete Medicare Advantage Pharmacy Formulary](#)



Claims Management and Reconsideration

Please use the claimsLink tool at UHCprovider.com/claimsLink or call 844-368-7151.

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

Appeals Submission

Mail formal appeals to:

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



Prior Authorization Requests

Online: UHCprovider.com/paan
Phone: 844-368-7151



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/VAcommunityplan

ADDITIONAL KEY CONTACTS



Behavioral Health

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



Dental

Phone: 800-822-5353
8 a.m. – 6 p.m.
Online: dbp.com



Vision (MARCH®)

Phone: 855-476-2724
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: 877-440-9407
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, 8 a.m. – 8 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

Virginia Medicaid

Member:	
Medicaid ID:	

UnitedHealthcare Dual Complete®

	Health Plan (80840): 911-87726-04 Member ID: QA00001-00 Group Number: VADSNP
Member: STEVE R INDIGO	UHC Dental Benefits
Payer ID: 87726 PCP Name: SMITH, M.D., JAMES ANDREW PCP Phone: (888) 555-1212	RxBIN: 610097 RxPCN: 9999 RxGrp: MPDCSP
H7464 PBP# 001 UnitedHealthcare Dual Complete (HMO SNP)	

Front

Customer Service Hours: 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept	Printed: 10/17/2018
For Members	
Website:	www.UHCCommunityPlan.com
Customer Service:	1-844-368-7151 TTY 711
NurseLine:	1-877-440-9407 TTY 711
Behavioral Health:	1-844-368-7151 TTY 711
Transportation:	1-866-418-9812 TTY 1-866-288-3133
For Providers	
UHC Provider:	www.UHCprovider.com 1-844-368-7151
Medical Claim Address:	P.O. Box 5220, Kingston, NY 12402-5220
UHC Dental Providers:	www.UHCproviders.com 1-844-275-8750
Medicare Community Plan UHC Silver Sneakers For Pharmacists 1-877-889-6510 Pharmacy Claims OptumRx P.O. Box 29045, Hot Springs, AR 71903	

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