

CARE PROVIDER INFORMATION

Quick Reference Guide: Virginia

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/VAcommunityplan > 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 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
MEDICAL (PART B) **01-01-2019**

UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan

Health Plan (80840): **911-87726-04**

Member ID: **QA00001-00** Group Number: **VADSNP**

Member:
STEVE R INDIGO

Payer ID:
87726

PCP Name:
SMITH, M.D., JAMES ANDREW

PCP Phone: (888) 555-1212

UHC Dental Benefits

MedicareRx
Prescription Drug Coverage

RxBIN: 610097
RxPCN: 9999
RxGrp: MPDCSP

UnitedHealthcare Dual Complete RP (Regional PPO SNP)
R1548 PBP# 001 Medicare limiting charges apply.

Front

Virginia Medicaid

UnitedHealthcare Community Plan

Plus Commonwealth Coordinated Care Plus

Member:
Medicaid ID:

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: 1-866-393-0208 TTY 711

NurseLine: 1-877-440-9407 TTY 711

Behavioral Health: 1-866-393-0208 TTY 711

Dental: 1-866-393-0208 TTY 711

For Providers

UHC Dental Providers: www.UHCproviders.com 1-844-275-8750

UHC Community Plan **UHC** Silver Sneakers **NO Referral Required**

For Pharmacists 1-877-889-6510
Pharmacy Claims OptumRx P.O. Box 29045, Hot Springs, AR 71903

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