



UnitedHealthcare Dual Complete[®] RP (PPO-SNP) in Hawaii Quick Reference Guide

Need to contact UnitedHealthcare Community Plan? Use this reference guide for quick access to a variety of helpful resources.



Link

Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To sign into Link, go to UHCprovider.com and click on the Link button in the top right corner.

If you aren't registered, go to UHCprovider.com and select "New User." To learn more about using Link, please visit UHCprovider.com/Link or call the UnitedHealthcare Connectivity Desk at 866-842-3278, option 1, 7 a.m. – 9 p.m., Central Time, Monday – Friday.



Provider Services

Phone: 888-980-8728

- Confirm member eligibility and benefits
- Provide care coordination notification
- Check claims status
- Request prior authorization
- Submit an appeal request

Representatives are available weekdays, 8 a.m. – 6 p.m. Local Time (except major holidays).



Prior Authorization Requests (Medical)

Phone: 866-604-3267

Fax: 888-310-6858

Online: Find out more on the Prior Authorization and Notification app on Link.



Prescription Drugs

Online Formulary: UHCommunityPlan.com > For Health Care Professionals > Hawaii > Pharmacy Program > UnitedHealthcare Dual Complete .



Eligibility and Benefits

Phone: 888-980-8728

Online: Use the eligibility Link app on Link.



Care Professional Network

Call us or go online to find a network care provider.

Phone: 888-980-8728

Online: UHCprovider.com > Menu > Find a Care Provider.



Claims Submission

Electronic Claims:

Please submit claims within 180 days of service to UHCprovider.com > Claims, Billing and Payments > Submit a Claim.

Payer ID Number: 87726

Paper Claims:

Please mail claims to:
UnitedHealthcare Community Plan – Hawaii
P.O. Box 31350
Salt Lake City, UT 84131-0350



Claims Management and Reconsideration

Phone: 888-980-8728

Online: Use the claimsLink app on Link.



Appeals Submission

Mail formal appeals to:

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



Behavioral Health

Phone: 888-980-8728

Monday – Friday, 8 a.m. to 6 p.m. Local Time



Dental

Phone: 844-275-8750

Monday – Friday, 8 a.m. to 6 p.m. Local Time



Non-Emergent Transportation: Logisticare

Phone: 866-418-9812

Monday – Friday, 8 a.m. to 8 p.m. Local Time



NurseLine

Phone: 877-365-7949

Seven days a week, 24 hours a day



Sample Member ID Card

UnitedHealthcare | Community Plan
Health Plan (80840): 911-87726-04
Member ID: QA00000-00 Group Number: HIDSNP

Member: MEMBER BROWN Payer ID: 87726 Dental Benefits Included

PCP Name: PROVIDER BROWN
PCP Phone: (000) 000-0000

MedicareRx
Prescription Drug Coverage
RxBin: 610097
RxPCN: 9999
RxGrp: MPDOSH1

H2228 PBP# 043 UnitedHealthcare Dual Complete (EPO, SNR)
Medicare Savings charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 11/14/17

For Members
Website: www.UHCCommunityPlan.com
Customer Service: 1-866-622-8054 TTY: 711

Behavioral Health: 1-800-496-5841 TTY: 711
Dental: 1-866-622-8054 TTY: 711

For Providers: www.unitedhealthcareonline.com 1-866-622-8054
Medical Claim Address: P.O. Box 31350 Salt Lake City, UT 84131-0350

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

Medicare Community Plan
For Pharmacists 1-877-889-6510
Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903