



## 2017 Quick Reference Guide for Ohio Participating Care Providers



### Resources and Phone Numbers

Use this quick reference guide when you need phone numbers to reach us or for information about programs and services we offer.

#### **Provider Services Department**

**Phone:** 800-600-9007

**Hours:** 8 a.m. to 5 p.m. Eastern Time (ET), Monday through Friday.

**Fax:** 877-877-7697

#### **Mailing Address**

UnitedHealthcare Community Plan  
9200 Worthington Road, 3rd Floor  
Westerville, OH 43082

#### **Interactive Voice Response (IVR) System**

You can use this self-service system by calling **877-842-3210**.

#### **Ohio Department of Medicaid Member Eligibility**

**Phone:** 800-686-1516

Before calling, have your UnitedHealthcare Community Plan provider number, the member's UnitedHealthcare Community Plan ID number (or Social Security number) and member's date of birth available.



### Services

#### **Ambulance Services**

**Phone:** 800-366-7304

Ambulance services are covered in emergency situations. Contact Utilization Management at 800-366-7304 for authorization for ambulance transportation for non-emergency situations.

#### **Care Management**

**Phone:** 800-508-2581

**Fax:** 866-337-7581

- Cardiac Program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex Children and Adult Care Program
- Diabetes Program
- Kidney disease
- Neo Natal services
- Respiratory Program (asthma, chronic obstructive pulmonary disease, emphysema)

#### **Dental Services – DentaQuest**

**Phone:** 800-341-8478

Routine dental services are covered by Ohio Medicaid. Anesthesia and facility charges associated with dental procedures performed at a hospital facility or ambulatory surgery center must meet medical necessity and be prior authorized by UnitedHealthcare Community Plan for services to be considered.



## Services (continued)

### Durable Medical Equipment (DME)

**Phone:** 800-366-7304

**Fax:** 866-839-8058

Prior authorization is required for monthly rentals or purchases of \$500 or more.

### Healthy First Steps Program (Pregnancy and High-Risk Pregnancy Programs)

**Phone:** 800-599-5985

**Fax:** 877-611-4411

### Hearing Impaired

**Phone:** 711

Available to assist members, 7 a.m. to 7 p.m. ET, Monday through Friday.

### Home Health Services

**Phone:** 800-366-7304

The ordering care provider will need to request prior authorization for all home health care services.

### Incontinence Supplies

All incontinence supplies for United Healthcare Community Plan are provided by Edgepark. In order to access these services, contact Edgepark Medical Supply at our dedicated phone for UnitedHealthcare Community Plan members at: 844-564-1008, or by using our dedicated fax: 614-553-6236.

### Member Services

**Phone:** 800-895-2017

We're available to coordinate care for members, adult and children, with special needs, including care management, and outreach 7 a.m. to 7 p.m. ET, Monday through Friday.

### Interpreter Services:

For assistance in coordinating interpreter services for those members needing support with limited English proficiency (LEP), limited reading proficiency (LRP), hearing and/or visual impairment, please contact Member Services at 800-895-2017.

### Optum Behavioral Health

**Phone:** 866-261-7692

### Pharmacy Services and Authorizations

**Phone:** 800-310-6826

**Fax** for prior authorization requests:  
866-940-7328

**Pharmacy Claims Help Desk:** 877-305-8952

Retail pharmacies must submit pharmacy claims to OptumRx using the BIN, PCN, and Group numbers on the member ID card.

### Transportation Services

**Phone:** 800-895-2017

Members are eligible for 30 one-way or 15 free round trips per year to and from medical appointments. Those include PCP visits, WIC and other visits such as vision or dental.

- Coordination of transportation services requires at least two business days' advance notice.
- Advise members to contact Member Services to coordinate transportation services.
- If members have to go more than 30 miles for a required medical appointment, they may be entitled to transportation services outside of the enhanced benefit.

To arrange services, call UnitedHealthcare Community Plan 7 a.m. to 7 p.m. ET, Monday through Friday.

### Utilization Management

**Phone:** 800-366-7304

**Fax:** 866-839-6454

**Hours:** 8 a.m. to 5 p.m., ET, Monday through Friday. We can assist you with prior authorizations, admissions, discharges and coordination of members' care. Our on-call staff are available 24 hours, 7 days a week for emergency prior authorization purposes. If you need a peer-to-peer review, please call 800-955-7615.

### Vision Services

**Phone:** 844-756-2724

Prior Authorization is required for all routine eye exams and hardware. Authorizations must be obtained from March Vision Care at [marchvisioncare.com](http://marchvisioncare.com).

Members, both children and adults, are eligible for an annual routine vision exam. They have a choice of glasses or a retail allowance of \$125 to use once per year for any type of contacts.



## Billing, Claims and Correspondence Information

### Claims Correspondence Mailing Address

UnitedHealthcare Community Plan  
P.O. Box 8207  
Kingston, NY 12402

### Claim Appeals and Grievances Mailing Address

UnitedHealthcare Community Plan  
Grievances  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

### Claims and Billing

In accordance with federal guidelines, UnitedHealthcare Community Plan requires a national provider identifier (NPI) number on all claim forms. An NPI number is needed in the primary provider fields and the secondary provider fields of a claim form when applicable in order for claims to be paid.

Submit claims using HIPAA-compliant CPT-4 or HCPCS codes. Hospitals and ancillary care providers, please use the UB-04 or CMS-1500 form.

You can submit claims electronically through the following clearinghouses: RelayHealth, Payerpath®, or Change Healthcare, formerly Emdeon. Our payer number is **87726**.

For more information on electronic billing, please visit our website or call Provider Services at 800-600-9007.

Please allow 30 days for the processing of clean claims. "Clean claims" mean the claim has the appropriate documentation, has no errors, which helps us pay the claim in a timely manner for you. Please check your Provider Agreement for specific time frames for claim submissions and appeals of denied claims.



## Member Information and Sample Identification (ID) Card

- Each member covered by UnitedHealthcare Community Plan will receive his/her own identification card and selects a Primary Care Provider (PCP) who coordinates their care.
- There are no copays or out-of-pocket deductibles.

### Member Identification Card Sample

UnitedHealthcare Community Plan  
Health Plan (80840) 911-87726-04  
Member ID: 999999999 Group Number: OHPHCP  
Member: SUBSCRIBER BROWN Payer ID: 87726  
MMIS: 999999999999  
PCP Name: DR. PROVIDER BROWN  
PCP Phone: (999)999-9999  
DOB: 99/99/9999  
OH: Medicaid  
Administered by UnitedHealthcare Community Plan of Ohio, Inc.

OPTUMRx®	
Rx Bin:	610494
Rx Grp:	ACUOH
Rx PCN:	9999

If you have an emergency, call 911 or go to the nearest emergency room. Printed: 05/29/11

This card does not guarantee coverage. By using this card for services, you agree to the release of medical information, as stated in your Member handbook. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider or the 24/7 NurseLine. To verify benefits or to find a provider, visit the website [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan) or call.

For Members:	800-895-2017	TTY 711
NurseLine:	800-542-8630	800-855-2880
Mental Health:		866-261-7692

For Providers: [www.uhccommunityplan.com](http://www.uhccommunityplan.com) 800-600-9007  
Medical Claims: PO Box 8207, Kingston, NY, 12402  
Eligibility: 800-600-9007 Utilization Management: 800-366-7304

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903  
For Pharmacist: 877-305-8952

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### Member Self-Referrals

Members can self-refer to the following care providers or for the following services:

- Certified Nurse Midwife services or Certified Nurse Practitioner services
- Dental care (participating care providers only).
- Emergency services
- Family planning services including services rendered by a Qualified Family Planning Provider or through an OB/GYN
- Federally Qualified Health Center or Rural Health Center services.
- Mental health services offered through a Community Mental Health Center (CMHC) certified as a Medicaid care provider (see the provider directory or our website for a list of CMHCs).
- OB/GYNs
- Specialty care provided by participating care providers except for pain management specialist services.
- Substance abuse services offered through certified Medicaid care providers affiliated with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).
  - Go to <http://mha.ohio.gov> for a list care providers affiliated with ODADAS).
- Vision care (participating care providers only)

### PCP Member Roster

To view your roster go to:

- **UHCProvider.com** > Menu > Reports and Quality Programs > Capitation, Claim, Quality, Roster and Profile Reports: UnitedHealthcareOnline.com.
- Then click the plus sign and scroll to the section titled “Provider Roster / Profile Reports for the PCP Panel Roster. You’ll need to sign in with your Optum ID.

Rosters contain the following information:

- Members’ names and addresses
- New member additions to the practice have an asterisk
- Termination dates of members who are disenrolling from the plan or practice
- Notation on whether the member is due for a Healthchek exam.

**Note:** Consulting care providers and facilities do not receive monthly rosters.

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UnitedHealthcare Community Plan recommends that all PCPs, consulting providers and facilities verify member eligibility prior to each service.

### Referrals by Care Providers

- If you are a primary care providers, OB/GYN and other consulting physician, please refer members to participating care providers.
- If a services requires prior authorization, please call our Utilization Management Department at 800-366-7304.
- If you’re referring a member for lab services, please use a participating lab.
- Chromosome or genetic testing, requires prior authorization
- Referrals to out-of-network lab require prior authorization.



### Online Resources

Go to **UHCCommunityPlan.com** > For Health Care Professionals > select Ohio. You can access information about the following topics:

- Claims and member information
- Claims reconsideration and appeals
- Clinical practice guidelines
- Cultural competency library
- Electronic data interchange (EDI)
- Newsletters
- Pharmacy programs
- Provider forms

**UHCprovider.com** is our new home for the latest news, policy information and access to Link self-services tools for care providers.

You’ll still have access to the same transactions you had through UnitedHealthcareOnline.com.

Claims and payment resources, eligibility and benefits information, and prior authorization and notification resources are accessible from the home page.