



UnitedHealthcare Dual Complete[®] (HMO-POS SNP) in Ohio

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, 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: 866-944-3488

- 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. – 10 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: UHCCommunityPlan.com
> For Health Care Professionals > Ohio > Pharmacy Program > UnitedHealthcare Dual Complete.



Eligibility and Benefits

Phone: 866-944-3488

Online: Use the eligibility Link app on Link.



Care Professional Network

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

Phone: 866-604-3267

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 – Ohio
P.O. Box 8207
Kingston, NY 12402-8207



Claims Management and Reconsideration

Phone: 866-944-3488

Online: Use the claimsLink app on Link.



Appeals Submission

Mail formal appeals to:

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

Standard Appeal Fax: 801-994-1349

Expedited Appeal Fax: 801-994-1082



Behavioral Health

Phone: 866-261-7692

Monday – Friday, 8 a.m. to 10 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: 877-440-9407

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: OHSNPHP1
Member: MEMBER BROWN Payer ID: 87726
PCP Name: PROVIDER BROWN
PCP Phone: (000) 000-0000
Dental Benefits Included
MedicareRx
Prescription Drug Coverage
RxBin: 610097
RxPCN: 9999
RxGrp: MPDCSP
UnitedHealthcare Dual Complete (HMO SNP)
H5253 PBP# 059

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 11/22/17
For Members
Website: www.UHCCommunityPlan.com
Customer Service: 1-866-944-3488...TTY: 711
NurseLine: 1-877-365-7949...TTY: 711
Behavioral Health: 1-866-944-3488...TTY: 711
Dental: 1-866-944-3488...TTY: 711
For Providers www.unitedhealthcareonline.com 1-866-944-3488
Medical Claim Address: P.O. Box 8207 Kingston, NY 12402-8207
Dental Providers: www.dbp.com 1-844-275-8750
Medicare Community Plan UHC
For Pharmacists: 1-877-889-6510
Pharmacy Claims OptumRx PO Box 29046, Hot Springs, AR 71903