

UnitedHealthcare Community Plan of Rhode Island - Dual Complete (HMO-SNP) Quick Reference Guide

This reference guide provides you with quick access to a variety of resources to help make it easier for you to contact us about the UnitedHealthcare Community Plan of Rhode Island Dual Complete (HMO-SNP) program.



Provider Services

Phone: 877-842-3210

- 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. - 8 p.m. Eastern Time, Monday - Friday (except major holidays).



Link and UnitedHealthcareOnline.com

Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To access Link, sign in to UnitedHealthcareOnline.com using your Optum ID.

If you don't have an Optum ID, go to UnitedHealthcareOnline.com and select "New User" to begin registration.

To learn more about using Link, please visit UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > [Link](#).



Eligibility and Benefits

Please call 877-842-3210 or use the Eligibility & Benefits application on Link.



Network Referrals

You may find a network care provider online or by calling us.

Online: Link > UnitedHealthcare Community Plan application > For Health Care Providers > Rhode Island > Dual Complete (HMO-SNP) Program.

Phone: 877-842-3210

To submit a behavioral health service referral, please call 800-496-5841.



Prior Authorization Requests

Phone: 866-604-3267

Fax: 866-950-7757

Prior authorization information is available at Link > Prior Authorization and Notification application.



Prescription Drugs

Formulary

Online: Link > UnitedHealthcare Community Plan application > For Health Care Providers > Rhode Island > Dual Complete (HMO SNP) Program.

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Claims Submission

Electronic Claims:

Please submit claims within 180 days of service to: UnitedHealthcareOnline.com > [Claims & Payments](#) > [Claim Submission](#).

Payer ID: 87726

Paper Claims: Please mail claims to:
UnitedHealthcare Community Plan - Rhode Island
P.O. Box 31361
Salt Lake City, UT 84131-0350



Claims Management and Reconsideration

Please call 877-842-3210 or use the Claims Management and Claims Reconsideration applications on Link.



Appeals Submission

Mail formal appeals to:

UnitedHealthcare Community Plan – Rhode Island
Attention: Provider Dispute
P.O. Box 6106
MS CA 124-0157
Cypress, CA 90630



Other Resources

For more information, please contact your Physician Advocate or visit [Link > UnitedHealthcare Community Plan application > For Health Care Professionals > Rhode Island > Dual Complete \(HMO-SNP\) Program](#).



Sample Member ID Card

UnitedHealthcare Community Plan
Health Plan (80840): 911-87726-04
Member ID: 000000000-00 Group Number: 51902
Member:
SUBSCRIBER CARD
PCP Name: Doctor Physician
PCP Phone: (999) 999-9999
Payer ID: 87726
Dental Benefits Included
Medicare Rx
Prescription Drug Coverage
RxBin: 610097
RxPCN: 9999
RxGrp: MPDCSRI
UnitedHealthcare Dual Complete (HMO SNP)
Medicare limiting charges apply.
H3113 PBP# 010

Customer Service Hours: 8 a.m. - 8 p.m. local time, 7 days a week 00/00/000
For Members
Website: www.UHCCommunityPlan.com
Customer Service: 1-866-275-6093 TTY 711
Behavioral Health: 1-866-496-5841 TTY 711
Dental: 1-866-275-6093 TTY 711
For Providers www.UHCCommunityPlan.com 1-877-842-3210
Medical Claim Address: PO Box 31361, Salt Lake City, UT 84131-0350
Dental Providers: www.dbp.com 1-877-842-3210
Medicare Community Plan UHC
For Pharmacists 1-877-889-6510
Pharmacy Claims OptumRx PO Box, 29045 Hot Springs, AR 71903

Sample ID cards are for illustration only. Actual cards may vary