

## CARE PROVIDER INFORMATION

# Quick Reference Guide: Connecticut

UnitedHealthcare Dual Complete® (PPO SNP) | H0271-014

Need to contact us? This reference guide provides you with quick access to a variety of helpful resources about the UnitedHealthcare Dual Complete® (PPO SNP) plan.



### Link and UHCprovider.com

Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To learn more about using Link, please visit [UHCprovider.com/Link](https://UHCprovider.com/Link).



### 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. (except major holidays).



### Network Referrals

**Online: UHCprovider.com > Find Dr. > Search for a Provider > Medical Directory > Medicare Plans > UnitedHealthcare Dual Complete®.**

**Phone: 877-842-3210**

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



### Eligibility and Benefits

Please call **877-842-3210** or use the eligibilityLink tool at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink).



### Prescription Drugs

Formulary

**Online: UHCprovider.com/CTcommunityplan > Pharmacy Resources and Physician Administered Drugs > Prescription Drug List.**



### Claims Management and Reconsideration

Please call **877-842-3210** or use the claimsLink tool at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink).

### Claims Submission

**Payer ID: 87726**

**Electronic Claims:** Please submit claims within 180 days of service, or the time frame in your participation agreement, at [UHCprovider.com/claimsLink](https://UHCprovider.com/claimsLink).

### Paper Claims:

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

### Appeals Submission

#### Mail formal appeals to:

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



### Prior Authorization Requests

**Phone: 877-842-3210**

**Fax: 866-950-7757**

Prior authorization information is available at [UHCprovider.com/paan](https://UHCprovider.com/paan).



### Model of Care Training

Please complete the required Model of Care training at [UHCprovider.com](https://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/CTcommunityplan](https://UHCprovider.com/CTcommunityplan).

## ADDITIONAL KEY CONTACTS



### Behavioral Health

Phone: 800-496-5841  
Monday – Friday, 8 a.m. – 8 p.m. ET  
Online: [providerexpress.com](http://providerexpress.com)



### Dental

Phone: 877-816-3596  
Monday – Friday, 8 a.m. – 11 p.m. ET  
Online: [dbp.com](http://dbp.com)



### Hearing (EPIC)

Phone: 866-956-5400  
Monday – Friday, 9 a.m. – 9 p.m. ET  
Online: [epichearing.com](http://epichearing.com)



### OptumHealth NurseLine

Phone: 877-365-7949  
7 days a week, 24 hours a day



### Non-Emergent Transportation Vendor (LogistiCare)

Phone: 866-418-9812  
Monday – Friday, 8 a.m. – 5 p.m. ET  
Online: [logisticare.com](http://logisticare.com)



### Support for Caregivers

Phone: 888-303-6163  
7 days a week, 24 hours a day  
Online: [UHCforcaregivers.com](http://UHCforcaregivers.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	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>01-01-2019</b>
<b>MEDICAL (PART B)</b>	<b>01-01-2019</b>

### UnitedHealthcare Dual Complete®

UnitedHealthcare Community Plan

Health Plan (80840): 999-99999-99

Member ID: 999999999 Group Number: XXDSNP

Member:  
SUBSCRIBER BROWN

PCP Name: DR. PROVIDER BROWN  
PCP Phone: (999)999-9999

Payer ID: 99999

**MedicareRx**  
Prescription Drug Coverage

Rx Bin: 999999  
Rx Grp: XXXXXXXX  
Rx PCN: 9999

H9999 PBP# 999 UnitedHealthcare Dual Complete® (Plan Type)

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### Connecticut Medicaid

**JOHN J. SAMPLE**  
**123456789**

No cost share

[www.ct.gov/husky](http://www.ct.gov/husky)

Customer Service Hours: 8 a.m. to 8 p.m. local time, 7 days a week

**For Members**  
Website: [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)  
Customer Service: SEE YOUR CARD TTY 711  
Mental Health: SEE YOUR CARD TTY 711

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**For Providers** UHCprovider.com 999-999-9999  
Medical Claim Address: PO Box 12345, Anywhere, USA

**Pharmacy Claims** PO Box 12345, Anywhere, USA  
**For Pharmacists** 999-999-9999

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