



UnitedHealthcare Dual Complete® (HMO-SNP), offered by UnitedHealthcare Community Plan of Michigan

Quick Reference Guide

Need to contact us? Use this reference guide for quick access to a variety of helpful resources about UnitedHealthcare Dual Complete®, (HMO-SNP), offered by UnitedHealthcare Community Plan of Michigan, a Medicare Advantage program.



Link and UHCprovider.com

Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. If you aren't registered yet, go to UHCprovider.com and select "New User" to begin registration.

To learn more about using Link, please visit UHCprovider.com/Link



Provider Services

Phone: 844-368-6885

- 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. – 6 p.m. local time (except major holidays).



Eligibility and Benefits

Please call 844-368-6885 or use the eligibility Link application on Link.



Care Professional Network

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

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

Phone: 844-368-6885



Prescription Drugs

Formulary

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



Claims Submission

Electronic Claims:

Please submit claims within **90** days of service, or the **timeframe in your participation agreement** to UHCprovider.com/Link.

Payer ID: 95467

Paper Claims:

Please mail claims to:
UnitedHealthcare Community Plan of Michigan
P.O. Box 30991
Salt Lake City, UT 84130



Claims Management and Reconsideration
Please call 844-368-6885 or use the claimsLink application on Link.



Appeals Submission
Mail formal appeal to:
UnitedHealthcare Community Plan of Michigan
Attention: Appeals and Grievance
P. O. Box 31364
Salt Lake City], UT, 84131-0364



Other Resources
For more information, please contact your Physician Advocate or visit Link > UnitedHealthcare Community Plan application > For Health Care Professionals > Michigan > Dual Complete Program HMO – SNP



Completing Model of Care Training
Please complete the required Model of Care training at UHCprovider.com > Menu > Resource Library > Training > 2017 Special Needs Plan Model of Care Training.



Sample Community Plan Medicaid Member ID Card

| | | | |
|---|--|---|--|
| | | Michigan | |
| Health Plan: 0506401 911-95467-00 | | | |
| Member ID: 000000000 Group Number: MIPHCP | | | |
| Member: MEMBER NAME State Assigned ID: 000000000 | | Payer ID: 95467 | |
| PCP Name: PROVIDER NAME PCP Phone: (000)000-0000 Effective Date: 01/01/2014 | | | |
| | | Rx Bin: 610494 Rx Grp: ACUMI Rx PCN: 9999 | |
| 0501 Administered by UnitedHealthcare Community Plan, Inc. | | | |
| In an emergency go to nearest emergency room or call 911. | | | |
| This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to test a provider, visit the website www.uhc.com/communityplan or call. | | | |
| For Members: 800-803-5253 TTY 711 Non-Emergency Transportation: 877-482-3995 Outpatient Mental Health: 800-903-5253 Vision: 800-903-5253 | | | |
| For Providers: www.uhccommunityplan.com 800-803-5253 Medical Claims: PO Box 309A1, Salt Lake City, UT 84130-0991 | | | |
| Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71603 For Pharmacist: 877-305-6842 | | | |



Sample Dual Complete Member ID Card

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|--|--|--|--|
| | | Michigan | |
| Health Plan: (80840): 911-87726-04 | | | |
| Member ID: 999999999-99 Group Number: MIDSNP | | | |
| Member: SUBSCRIBER BROWN | | Payer ID: 87726 | |
| PCP Name: PROVIDER BROWN PCP Phone: (903) 500-8990 | | Dental Benefits Included | |
| | | Rx Bin: 610097 Rx PCN: 9999 Rx Grp: MIPDCS.H | |
| H02247 PIP# 001 UnitedHealthcare Dual Complete (HMO SNP) Medicare limiting charges apply. | | | |

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|---|--|
| Customer Service Hours: 9 a.m. – 6 p.m. local time, 7 days a week Printed: 06/03/09 | |
| For Members Website: www.UHCCommunityPlan.com Customer Service: 1-844-368-6885 TTY 711 NurseLine: 1-877-440-9407 TTY 711 Behavioral Health: 1-844-368-6885 TTY 711 Dental: 1-844-368-6885 TTY 711 | |
| For Providers: www.unitedhealthcareonline.com 1-844-368-6885 Medical Claim Address: PO Box 30991 Salt Lake City UT 84130 | |
| Dental Providers: www.dbp.com 1-844-275-6750 | |
| Medicare Community Plan UHC | |
| For Pharmacists: 1-877-889-6510 Pharmacy Claims OptumRx, PO Box 29045, Hot Springs, AR 71603 | |



Sample State Medicaid Member ID Card



- Eligible members may carry all three cards when seeking treatment.
- Please remember to ask members for all health insurance ID cards.
- Dual Complete® Medicare Advantage is the primary payer.

Additional Key Contacts

Behavioral Health:
Phone Number: 844-368-6885
Hours: Monday – Friday, 8 a.m. to 6 p.m. local time

UnitedHealthcare Dental:
Phone Number: 844-368-6885
Hours: Monday – Friday, 8 a.m. to 6 p.m. local time

March Vision:
Phone Number: 844-586-2724
Hours: Monday – Friday, 8 a.m. to 5 p.m. local time

Non- Emergent Transportation:
Logisticare
Phone Number: 866-418-9812
Hours: Monday – Friday, 8 a.m. to 5 p.m. local time
Web: Logisticare.com

OptumHealth NurseLine:
Phone Number: 877-440-9407
Hours: 7 days a week, 24 hours a day