

# UnitedHealthcare Community Plan of Ohio

## Quick reference guide

As a health care professional, you can use this reference guide for quick access to a variety of resources about UnitedHealthcare Community Plan of Ohio.



### UnitedHealthcare Provider Portal

Our self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans – without the extra step of calling for information. Use the UnitedHealthcare Provider Portal to perform secure online transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization.

To sign in to the Provider Portal, go to [UHCprovider.com](https://UHCprovider.com) and click on the Sign In button in the top-right corner. If you aren't registered yet, go to [UHCprovider.com](https://UHCprovider.com) and select “New User” to begin registration. [Learn more about the Provider Portal.](#)



### Sample member ID card

Each member covered by UnitedHealthcare Community Plan will receive their own identification card and select a primary care provider (PCP) who coordinates their care.

 Health Plan (80840) 911-87726-04 Member ID: 000000410 Member: REISSUE ENGLISH MMIS: 999999941062 Payer ID: 87726 PCP Name: Refer to Medicare PCP UnitedHealthcare Connected for MyCare Ohio(Medicare-Medicaid Plan) H2531 PBP# 001	 Connecting Medicare+Medicaid OPTUMRx Rx Bin: 610494 Rx Grp: ACUOHMMP Rx PCN: 9999	<small>Please: 10/13/20</small> In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line. Website: MyUHC.com/CommunityPlan Member Services: 1-877-542-9236 TTY 711 Behavioral Health Crisis: 1-877-542-9236 TTY 711 Care Management: 1-877-542-9236 TTY 711 24 Hour Nurse Advice: 1-800-542-8630 TTY 711 For Providers: 1-800-600-9007 Send claims to: PO Box 8207, Kingston, NY, 12402-8207 Eligibility Verification: 1-800-600-9007 Claim Inquiry: 1-800-600-9007 Pharmacy Claims: OptumRx, PO Box 650287, Dallas, TX 75265-0287 Pharmacy Help Desk: 1-877-889-6510
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### Provider Services

UnitedHealthcare Community Plan: **800-600-9007**

**General provider line: 877-842-3210**

Representatives are available weekdays, 8 a.m.–8 p.m., ET

Call us to:

- Confirm member eligibility and benefits
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit a claim reconsideration request



## Care management services

Phone: 800-508-2581

- Cardiac program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex children and adult care program
- Diabetes program
- Kidney disease
- Neonatal services
- Respiratory program (asthma, chronic obstructive pulmonary disease or emphysema)



## Utilization management

Phone: 800-366-7304

Get assistance with prior authorizations, admissions, discharges and coordination of members' care from 8 a.m.–5 p.m. CT, Monday–Friday. Our on-call staff is available 24 hours a day, 7 days a week for emergency prior authorization purposes. If you need a peer-to-peer review, please call **800-955-7615** or email [uhc\\_peertopeer\\_scheduling@uhc.com](mailto:uhc_peertopeer_scheduling@uhc.com).



## Eligibility and benefits

Check eligibility and benefits using the Provider Portal or by calling the Ohio Department of Medicaid member eligibility at **800-686-1516**. You'll need to know the care provider's National Provider Identifier (NPI) number or Medicaid ID number, the member's UnitedHealthcare Community Plan ID number or Social Security number and the member's date of birth. To access the Provider Portal, go to [UHCprovider.com](https://UHCprovider.com) and click on the Sign In button in the top-right corner.



## Pharmacy services and authorizations

Phone: 800-310-6826

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

View a **complete** list of services that require prior authorizations. Retail pharmacies must submit pharmacy claims to Optum Rx using the BIN, PCN and group numbers on the member ID card.



## Prior authorization requests

Prior authorizations must be obtained for all services performed by a non-participating health care professional.

**Online:** You can submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Sign In to the Provider Portal by going to [UHCprovider.com](https://UHCprovider.com) and clicking on the Sign in button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Visit our [Prior Authorization and Notification page](#) for more information.

**Phone: 800-366-7304**

For after-hours requests, follow the prompts for “Prior Authorization Requests.”

Prior Authorization forms are available on our [Forms, Billing and Reference Guide page](#).

PCPs, OB-GYN and other consulting physicians should refer members to participating health care professionals. If you're referring a member for lab services, please use a participating lab. Referrals to out-of-network labs require prior authorization. Chromosome or genetic testing, also require prior authorization. Members can self-refer for the following:

- Certified nurse midwife or nurse practitioner services
- Dental care (participating care providers only)
- Emergency services
- Family planning services including services rendered by a qualified family planning provider, an OB-GYN Federally Qualified Health Center or Rural Health Center
- Mental health services offered through a community mental health center (CMHC) certified as a Medicaid care provider
- OB-GYN services
- Specialty care services provided by participating care providers except 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). Find a list of care providers affiliated with ODADAS at [mha.ohio.gov](http://mha.ohio.gov).
- Vision care (participating health care professionals only)

PCPs may access and print a monthly Primary Care Provider Panel Roster from [UHCprovider.com](http://UHCprovider.com). Go to [UHCprovider.com](http://UHCprovider.com) and sign in to the Provider Portal by clicking on the Link button in the top-right corner. Then select Reports from Tools & Resources. From the Report Search page, select the Report Type (PCP Panel Roster) from the dropdown menu. Complete additional fields as required and click on the available report you want to view.

**Radiology and cardiology prior authorization requests****Phone: 866-889-8054**

View a [complete](#) list of services that require prior authorizations.

**Claims submission**

Please submit claims within the timely filing guidelines outlined in your UnitedHealthcare Participation Agreement. In accordance with federal guidelines, UnitedHealthcare Community Plan requires a 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.

**Electronic claims:** Please submit electronic claims using the Claim Submission tool on Provider Portal. To sign in to the Provider Portal, go to [UHCprovider.com](http://UHCprovider.com) and click on the Sign In button in the top-right corner. You can submit claims electronically through clearinghouses.

**Payer ID:** 87726

**Paper claims:** for **MyCare plans**, please mail claims to:  
UnitedHealthcare Community Plan of Ohio  
P.O. Box 8207  
Kingston, NY 12402

for **Medicaid plans**, please mail claims to:  
UnitedHealthcare Community Plan  
P.O. Box 5240  
Kingston, NY 12402-5240

For more information on electronic billing, visit our Forms, Billing and Reference guides or call **800-600-9007**.



## Claims management and reconsideration

**Online:** Please use the claims tool on the **Provider Portal**. To access, sign in to the Provider Portal by clicking on the Sign In button in the top-right corner of **UHCprovider.com**.

**Phone:** 800-600-9007

You can mail your claims reconsideration request to:

**UnitedHealthcare Community Health Plan Ohio Grievances and Appeals**

**Attention:** Claims Management and Reconsideration  
P.O. Box 31364  
Salt Lake City, UT 84131



## Appeal submission

**Online:** Please use the claimsLink tool on the Provider Portal. To access, sign in to the Provider Portal by clicking on the Sign In button in the top-right corner of **UHCprovider.com**.

**Mail:** Please send your appeal to:

**UnitedHealthcare Community Plan of Ohio**

**Attention:** Appeals and Grievances Unit  
P.O. Box 31364  
Salt Lake City, UT 84131-0364  
Fax: 801-994-1082



## Other health care professional information

General inquiries

**Phone:** 800-600-9007

**Mail:**

UnitedHealthcare Community Plan  
5900 Parkwood Pl  
Dublin, OH 43016

### **Healthy First Steps program**

A great start to a healthy pregnancy begins with UnitedHealthcare Healthy First Steps. This program will help members take the right steps to keep themselves and their baby healthy. They get support and information, plus earn rewards for signing up and getting pregnancy care. This includes going to provider visits throughout their pregnancy and baby's first 15 months of life.

**Phone: 800-599-5985**

### **Optum® Behavioral Health**

**Phone: 866-261-7692**



## **Member services**

### **Ambulance services**

**Phone: 800-366-7304**

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

### **Dental services: UnitedHealthcare Dental**

**Online: [uhcdental.com](https://uhcdental.com)**

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.

### **Durable medical equipment (DME)**

**Phone: 800-366-7304**

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

### **Home health services**

**Phone: 800-366-7304**

Prior authorization is required for all home health care services.



## **Interpreter services**

**Phone: 800-895-2017**

### **Member services**

**Phone: 800-895-2017**

Available 7 a.m.–7 p.m. ET, Monday–Friday

### **Transportation services**

**Phone: 800-269-4190**

Available 7 a.m.–7p.m. ET, Monday–Friday

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

- Coordination of transportation services requires at least 2 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



### **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](https://marchvisioncare.com).

Members, both children and adults, are eligible for an annual routine vision exam.



### **Additional information**

For more information on UnitedHealthcare Community Plan of Ohio, please contact your provider advocate or our [UnitedHealthcare Community Plan of Ohio page](#).