

Quick Reference Guide

Agent Information | Maryland | UnitedHealthcare Dual Complete® (HMO D-SNP) H4094-001

Service areas include: Montgomery

Agent Tools/Marketing Support

Producer Help Desk (PHD)

Phone: **1-888-381-8581**

7 a.m. – 9 p.m. CT, Monday – Friday

Email: phd@uhc.com

Contact the Producer Help Desk (PHD) if you are looking for producer portal access, enrollment kits, customer eligibility or application status.

Jarvis

Online: UHCJarvis.com

Jarvis is the go-to for all support resources like UnitedHealthcare Toolkit, LEAN, training, prescription drug list, provider look-up and more.

UnitedHealthcare Toolkit Support

Phone: **1-877-249-5419**

8 a.m. – 5 p.m. CT, Monday – Friday

Email: customerservice@uhcagenttoolkit.com

Contact if you need help navigating the website or customizing your marketing material.

Compliance

Email: compliance_questions@uhc.com

For questions or to report a non-compliant activity.

Provider Information

Provider Lookup

Online: UHCprovider.com

Claim Submissions

Electronic: 87726

Hard Copy: UnitedHealthcare Community Plan

Maryland

P.O. Box 31365

Salt Lake City, UT 84131-0350

Enrollment Support

Product Information

Online: UHCCommunityPlan.com

UnitedHealthcare Enrollment

Fax: **1-501-262-7070**

Application Cancellation and Withdrawals

Phone: **1-888-867-5554**

Agent is **NOT** permitted to assist members on call.

Medicaid Eligibility

QMB Plus, SLMB Plus, QMB, FBDE

Member Support

Customer Service

Phone: **1-844-855-9776**

8 a.m. – 8 p.m.

7 days a week, October – March;

Monday – Friday, April – September

Online: UHCCommunityPlan.com

Member Portal

Online: myuhc.com/CommunityPlan

Help your members register their secure website to access plan information, benefits, search providers, print/view ID cards and more.

Benefit Contact Information

Behavioral Health

Phone: **1-844-855-9776**

24 hours a day, 7 days a week

Online: VirtualVisitsMentalHealth.UHC.com

Dental

Phone: **844-855-9776**, TTY 711

8 a.m. – 8 p.m.

7 days a week, October – March;

Monday – Friday, April – September

Online: www.myuhc.com/CommunityPlan

OTC Benefit

FirstLine – Catalog

Phone: **1-844-368-7171**, TTY 711

8 a.m. – 8 p.m., local time,

7 days a week, October – March;

Monday – Saturday, April – September

Online: ShopFirstLineBenefits.com

Vision (MARCH®)

Phone: **1-844-855-9776**

8 a.m. – 8 p.m.

7 days a week, October – March;

Monday – Friday, April – September



Benefit Contact Information (continued)

Non-Emergent Transportation (LogistiCare®)

Phone: **866-418-9812**
8 a.m. – 5 p.m., Monday – Friday
Online: **logisticare.com**

Hearing

Phone: **1-844-855-9776**
8 a.m. – 8 p.m.
7 days a week, October – March;
Monday – Friday, April – September
Online: **www.myuhc.com/CommunityPlan**

Virtual Doctor Visits

Phone: **1-844-855-9776**
8 a.m. – 8 p.m.
7 days a week, October – March;
Monday – Friday, April – September
Online: **www.amwell.com/cm**

NurseLine

Phone: **877-440-9407**
24 hours a day, 7 days a week

Prescription Drug Information

Formulary Lookup



Online: **UHCCommunityPlan.com**

Prescriptions – Mail Order

Phone: **1-877-889-6358, TTY 711**
24 hours a day, 7 days a week
Online: **OptumRx.com**


Sample Member ID Card

UnitedHealthcare Community Plan


| | |
|---|---|
|  | |
| Health Plan (80840): 999-99999-99 | |
| Member ID: 999999999 | Group Number: |
| Member: SUBSCRIBER BROWN | |
| Payer ID: | |
| PCP Name: DR. PROVIDER BROWN PCP Phone: (999)999-9999 |  |
| Rx Bin: 999999 | Rx Grp: XXXXXXXX |
| Rx PCN: 9999 | |


Sample Eligibility Cards

Medicare

| | |
|---|---|
|  | |
| MEDICARE HEALTH INSURANCE | |
| Name/Nombre JOHN L SMITH | |
| Medicare Number/Número de Medicare 1EG4-TE5-MK72 | |
| Entitled to/Con derecho a HOSPITAL (PART A) MEDICAL (PART B) | Coverage starts/Cobertura empieza 01-01-2019 01-01-2019 |

Maryland Medicaid and QMB

| | |
|---|---|
|  | STATE OF MARYLAND MEDICAID PROGRAM |
| IDENTIFICATION NO. | PROVIDER |
| | BIRTH YEAR |
| MEDICARE NO. | INS VCN |

| | |
|--|--|
|  | STATE OF MARYLAND MEDICAL ASSISTANCE PROGRAM QUALIFIED MEDICARE BENEFICIARY |
| IDENTIFICATION NO. | PROVIDER |
| | BIRTH YEAR |
| MEDICARE NO. | INS VCN |