

# Quick Reference Guide

Agent Information | Texas | UnitedHealthcare Dual Complete® Focus (HMO D-SNP) H4527-004

Service areas include: Aransas, Kleberg, Nueces, San Patricio

## 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](mailto: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](http://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](mailto:customerservice@uhcagenttoolkit.com)

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

### Compliance

Email: [compliance\\_questions@uhc.com](mailto:compliance_questions@uhc.com)

For questions or to report a non-compliant activity.

## Provider Information

### Provider Lookup

Online: [UHCprovider.com](http://UHCprovider.com)

### Claim Submissions

Electronic: 87726

Hard Copy: UnitedHealthcare Community Plan

Texas

P.O. Box 30508

Salt Lake City, Utah 84130-0526

## Enrollment Support

### Product Information

Online: [UHCCommunityPlan.com](http://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, FBDE, QMB, QDWI, QI, SLMB

## Member Support

### Customer Service

Phone: **1-866-480-1086**

8 a.m. – 8 p.m. local time, 7 days a week

Online: [UHCCommunityPlan.com](http://UHCCommunityPlan.com)

### Member Portal

Online: [myuhc.com/CommunityPlan](http://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: **1-800-496-5841**

24 hours a day, 7 days a week

Online: [VirtualVisitsMentalHealth.UHC.com](http://VirtualVisitsMentalHealth.UHC.com)

### Dental

Phone: **866-480-1086**, TTY 711

8 a.m. – 8 p.m. local time, 7 days a week

Online: [www.myuhcadvantage.com](http://www.myuhcadvantage.com)

### OTC Benefit

#### FirstLine – Debit Card

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](http://ShopFirstLineBenefits.com)

### Vision (UnitedHealthcare Vision®)

Phone: **1-866-480-1086**

8 a.m. – 8 p.m. local time, 7 days a week

### Non-Emergent Transportation (Comfort Care)

Phone: **1-866-879-8023**

6 a.m. – 8 p.m., Monday – Friday



## Benefit Contact Information (continued)

### Hearing

Phone: **1-866-480-1086**  
8 a.m. – 8 p.m. local time, 7 days a week  
Online: **www.myuhcadvantage.com**

### Personal Emergency Response System

Phone: **1-855-596-7612**  
8 a.m. – 8:30 p.m. ET, Monday – Friday  
9 a.m. – 5:30 p.m. ET, Saturday  
Online: **www.lifeline.philips.com/UHCMedicare**

### Fitness Benefit

Online: **myrenewactive.com**

### Virtual Doctor Visits

Phone: **1-866-480-1086**  
8 a.m. – 8 p.m. local time, 7 days a week  
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

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

### Texas Medicaid

	
Member name:	
Member ID:	Note to Provider: Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card?
Issuer ID:	Date card sent: Pharmacists can use the non-managed care billing information on the back of this card.