

# Quick Reference Guide

Agent Information | Texas | UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP) R6801-011

**Service areas include:** Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera, Bastrop, Baylor, Bee, Bell, Bexar, Blanco, Borden, Bosque, Bowie, Brazoria, Brazos, Brewster, Briscoe, Brooks, Brown, Burleson, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Cass, Castro, Chambers, Cherokee, Childress, Clay, Cochran, Coke, Coleman, Collin, Collingsworth, Colorado, Comal, Comanche, Concho, Cooke, Coryell, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, Eastland, Ector, Edwards, El Paso, Ellis, Erath, Falls, Fannin, Fayette, Fisher, Floyd, Foard, Fort Bend, Franklin, Freestone, Frio, Gaines, Galveston, Garza, Gillespie, Glasscock, Goliad, Gonzales, Gray, Grayson, Gregg, Grimes, Guadalupe, Hale, Hall, Hamilton, Hansford, Hardeman, Hardin, Harris, Harrison, Hartley, Haskell, Hays, Hemphill, Henderson, Hidalgo, Hill, Hockley, Hood, Hopkins, Houston, Howard, Hudspeth, Hunt, Hutchinson, Irion, Jack, Jackson, Jasper, Jeff Davis, Jefferson, Jim Hogg, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kent, Kerr, Kimble, King, Kinney, Kleberg, Knox, La Salle, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Liberty, Limestone, Lipscomb, Live Oak, Llano, Loving, Lubbock, Lynn, Madison, Marion, Martin, Mason, Matagorda, Maverick, McCulloch, McLennan, McMullen, Medina, Menard, Midland, Milam, Mills, Mitchell, Montague, Montgomery, Moore, Morris, Motley, Nacogdoches, Navarro, Newton, Nolan, Nueces, Ochiltree, Oldham, Orange, Palo Pinto, Panola, Parker, Parmer, Pecos, Polk, Potter, Presidio, Rains, Randall, Reagan, Real, Red River, Reeves, Refugio, Roberts, Robertson, Rockwall, Runnels, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Smith, Somervell, Starr, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terrell, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Tyler, Upshur, Upton, Uvalde, Val Verde, Van Zandt, Victoria, Walker, Waller, Ward, Washington, Webb, Wharton, Wheeler, Wichita, Wilbarger, Willacy, Williamson, Wilson, Winkler, Wise, Wood, Yoakum, Young, Zapata, Zavala

## 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

Texas

P.O. Box 30995

Salt Lake City, UT 84130-0995

## 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, QMB

## 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: **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 – 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](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 (LogistiCare®)

Phone: **1-855-693-2897**

8 a.m. – 5 p.m., Monday – Friday

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



## 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**

### 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: **877-365-7949**  
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


	
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

	
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> <b>MEDICAL (PART B)</b>	Coverage starts/Cobertura empieza <b>01-01-2019</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.