



HealthTexas Medical Group of San Antonio Provider Quick Reference Guide

MEDICARE ADVANTAGE HMO PLANS

The following information refers to the Medicare Advantage HMO Plans (United Healthcare).

MA HMO PLAN NAMES	SPECIALIST COPAYS
Secure Horizons MA TX-0021 Plan 050	\$15
AARP MA Patriot No RX TX-MA03 Plan 056	\$40
AARP MA TX-0028 Plan 063	\$20
UHC Dual Complete TX-V007 Plan 065	\$15
UHC Dual Complete TX-D005 Plan 053	\$0 or 20% coinsurance
UHC Complete Care TX-0024 Plan 058	\$10
AARP MA TX-0040 Plan 067	\$50
AARP MA TX-0043 Plan 071	\$15

Please check eligibility and benefits at the following website: <https://www.uhcprovider.com/>

ELIGIBILITY PORTAL

Online Eligibility Portal (Please register to verify a patient's eligibility, effective date, coverage, and benefits).

Online Eligibility Portal

<https://www.uhcprovider.com/>

CLAIMS/PAYMENT/EFT ENROLLMENT

Electronic Claims Submission (Preferred method)

HealthTexas Electronic Payor ID: **HTHTX**

Claims Status or Verification Provider/Customer Service Phone Number

Phone: 210-334-3459

ACH/EFT Enrollment email:

PM_ElectronicFundsTransfer@healthtexas.org

Disputes and Reconsiderations

Disputes and Reconsiderations should be submitted to the claims mailing address:

P.O. BOX 100155

San Antonio, TX 78201

Want to check Claims Status?

Use our provider portal to view claim status!

<https://providerportal.healthtexas.org/EZ-NET60/Login.aspx>

New Accounts, please email to:


EZNETNEWACCOUNTS@HEALTHTEXAS.ORG

Contact us at:

EZNETCONTACTUS@HEALTHTEXAS.ORG



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HEALTHTEXAS UTILIZATION MANAGEMENT	
<p>HealthTexas Utilization Management (Referral and authorization questions, please call our direct UM dept., for support)</p>	<p>Phone: 210-447-4777 Fax (Provider Authorization Fax): 210-736-7077</p>
<p>“No Authorization Required” List</p>	<p>Network Providers healthtexas.org </p> <p>Click on the link to view the most current “No Authorization Required” List</p>
HEALTHTEXAS CREDENTIALING	
<p>Providers joining or departing your organization: Please send all notifications to our Credentialing Department’s email address.</p>	<p>CredentialDept@healthtexas.org</p>
<p>Demographic Changes</p> <p>Please provide the Provider Information Demographic Change form with the required documents for any changes to the TIN or physical address and send to the DemoChanges.ProviderAdds@healthtexas.org</p>	
SUPPORTING VENDORS	
<p>UnitedHealthcare Hearing Network (Hearing aids) UHChearing.com/Medicare</p>	<p>Phone: 1-855-523-9355</p>



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<p>Medivcare (Non Urgent Transportation Benefit for Medicare Advantage HMO members <i>only</i>)</p> <p>Please remember to have the following, (at a minimum), when making a reservation:</p> <ul style="list-style-type: none"> - Member's name - Insurance ID number - Destination address - Appointment time 	<p>Phone: Reservations: 866-435-9357 Ride Assist: 866-435-9358</p> <p>Reservations need to be made at least three (3) days in advance, prior to the member's appointment.</p> <p><i>*For Urgent, inquiries please use the Ride Assist</i></p>
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INITIAL AND ANNUAL REQUIRED COMPLIANCE TRAINING FOR ALL PROVIDERS

<p>Please see the provider portal link to complete the Special Needs Plan (SNP) Model of Care (MOC) required annual compliance training</p> <p>Special Needs Plans (SNP), must develop and implement a Model of Care (MOC) for each type offered.</p> <p>The MOC is evaluated and approved by the National Committee for Quality Assurance, (NCQA), according to Center for Medicaid and Medicare Services (CMS), guidelines. CMS and Health plans audit SNPs for compliance of MOC performance.</p>	<p>https://chameleoncloud.io/review/3030-5ed65670ea37f/prod</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>Network Providers healthtexas.org</p> </div>
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<p>Annual Survey - We want your feedback please!</p> <p>HealthTexas would like to hear from our Specialists/Providers, how can we be better? HealthTexas portal link will take you to our Specialist survey, we appreciate your time to complete. https://www.surveymonkey.com/r/HTMG24</p>	
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IN NETWORK LABORATORY

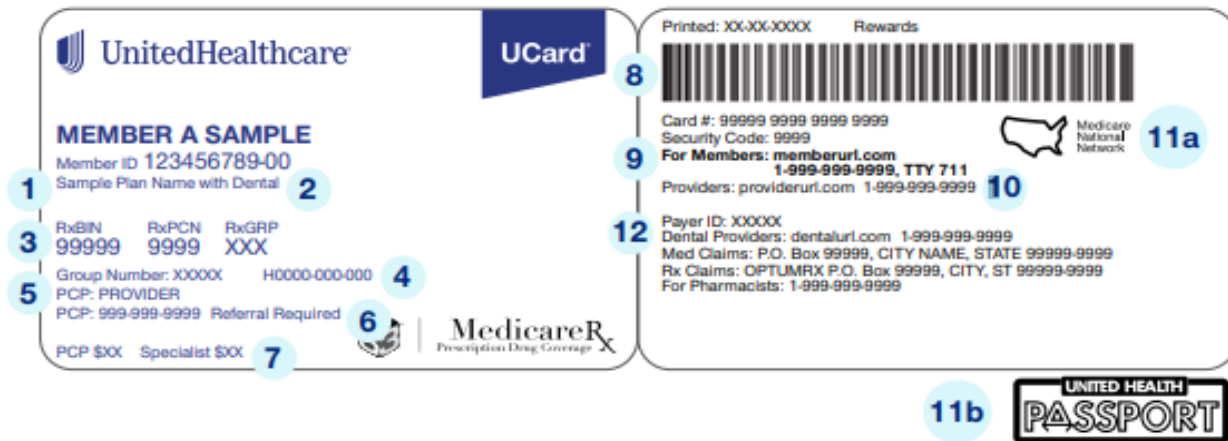
<p>HealthTexas Medical Group of San Antonio</p> <p>In Network Laboratory (Outpatient Clinical Reference Lab Services)</p> <p><i>*Specialists/Providers should refer to the In-Network Clinical Reference Labs.</i></p>	<p>Preferred In Network Laboratory: HealthTexas Medical Group of San Antonio Laboratory</p> <p><i>**For services that cannot be performed by HealthTexas' laboratory, please refer to LabCorp or Quest Labs for In Network Labs.</i></p> <p>https://healthtexas.org/network-providers/</p>
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Medicare Advantage (MA) member ID card legend

Front

Back



1. **Benefit plan name:** Identifies the applicable benefit plan name.
2. **Dental benefits:** Included if routine dental benefits are part of the benefit plan and/or if the member purchased an optional supplemental dental benefit rider.
3. **Prescription information:** If the benefit plan includes Part D prescription drug coverage, the Rx BIN, PCN and Group code are visible. If Part D coverage is not included, this area lists information for Medicare Part B Drugs.
4. **Plan ID number:** Identifies the plan ID number that corresponds to Centers for Medicare & Medicaid Services (CMS) filings.
5. **PCP:** Indicates PCP selection is required for the plan. Some plans with a PCP selection requirement do not display the PCP name on the ID card.
6. **Referral required:** Indicates a plan with referral requirements. Some plans with referral requirements do not display this wording on the ID card. Refer to the **Medicare Advantage (MA) Referral Required Plans** section in **Chapter 6: Referrals** for more detailed information.
7. **Copay information:** Select plans do not list copay information or may have a variance.
8. **S3 bar code, logo, card number and security code:** S3 technology allows UnitedHealthcare to direct members to approve products for in-store or online purchase.
9. **For members:** Lists benefit plan contact information for the member.
10. **Providers:** Lists benefit plan contact information for the health care provider.
- 11a. **Network logo:** If the Medicare National Network logo is present, the member has access to the national network.
- 11b. **UnitedHealth Passport logo:** If the UnitedHealth Passport logo is present, the member's plan has the Passport travel benefit.
12. **Payer ID:** Indicates claim can be submitted electronically using the number shown on card. Contact your vendor or clearinghouse to set up payer in your system, if necessary.

Sample member ID cards are for illustration only; actual information varies depending on payer, plan and other requirements.