



## HealthTexas Medical Group of San Antonio Provider Quick Reference Guide

### MEDICARE ADVANTAGE HMO PLANS

In-Network UnitedHealthcare Medicare Advantage HMO Plans with HealthTexas

MA HMO PLAN NAMES	Plan Code	SPECIALIST OFFICE VISIT COPAY
Secure Horizons MA TX-0021	H0609-050-000	\$15
AARP MA Patriot No RX TX-MA03	H0609-056-000	\$55
AARP MA TX-0028	H0609-063-000	\$20
UHC Dual Complete TX-V007	H0609-065-000	\$20
UHC Dual Complete TX-D004	H0609-052-000	w/Medicaid Cost Share Assistance \$0 w/o Medicaid Cost Share Assistance 20% coinsurance
UHC Complete Care TX-0024	H0609-058-000	\$10
AARP MA TX-0040	H0609-067-000	\$50
AARP MA TX-0043	H0609-071-000	\$15
AARP MA CareFlex TX-45	H0609-078-000	\$50
UHC Dual Complete TX-S003	H4514-021-000	\$0

### ELIGIBILITY PORTAL

<b>Online Eligibility Portal</b> (Please register to verify patient's eligibility, effective date, coverage, and benefits).	<a href="https://www.uhcprovider.com/" style="color: #0070C0; text-decoration: underline;">https://www.uhcprovider.com/</a>
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### CLAIMS/PAYMENT/EFT ENROLLMENT

<b>Electronic Claims Submission</b> (Preferred method)	HealthTexas Electronic Payor ID: <b>HTHTX</b>
<b>Electronic Fund Transfer Enrollment</b>	<b>ACH/EFT Enrollment email:</b> <a href="mailto:PM_ElectronicFundsTransfer@healthtexas.org" style="color: #0070C0; text-decoration: underline;">PM_ElectronicFundsTransfer@healthtexas.org</a>
<b>Disputes and Reconsiderations</b>	Disputes and Reconsiderations should be submitted to the claims mailing address: P.O. BOX 100155 San Antonio, TX 78201



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<b>Claim Status</b>	Provider Portal: <a href="https://providerportal.healthtexas.org/EZ-NET60/Contactus.a">https://providerportal.healthtexas.org/EZ-NET60/Contactus.a</a> New Portal Access: <a href="mailto:EZNetNewAccounts@healthtexas.org">EZNetNewAccounts@healthtexas.org</a> Add Users: <a href="mailto:EZNetAddUsers@healthtexas.org">EZNetAddUsers@healthtexas.org</a> Contact Us: <a href="mailto:EZNetContactUs@healthtexas.org">EZNetContactUs@healthtexas.org</a>
<b>HEALTHTEXAS UTILIZATION MANAGEMENT</b>	
<b>HealthTexas Utilization Management</b> (Referral and authorization questions, please call our direct UM dept., for support)	<b>Phone:</b> 210-447-4777 <b>Fax (Provider Authorization Fax):</b> 210-736-7077
<b>"No Authorization Required" List</b>	<a href="https://healthtexas.org/network-providers/">https://healthtexas.org/network-providers/</a> Click on the link to view the most current "No Authorization Required" List
<b>HEALTHTEXAS CREDENTIALING</b>	
<b>Providers joining or departing your organization:</b> Please send all notifications to our Credentialing Department's email address.	<a href="mailto:CredentialDept@healthtexas.org">CredentialDept@healthtexas.org</a>
<b>Demographic Changes</b>	
Please provide the Provider Information Demographic Change form with the required documents for any changes to the TIN or physical address please send to the <a href="mailto:DemoChanges.ProviderAdds@healthtexas.org">DemoChanges ProviderAdds@healthtexas.org</a> , (for TIN changes, W9 will be required).	
<b>SUPPORTING VENDORS</b>	
<b>UnitedHealthcare Hearing Network (Hearing aids)</b> <a href="http://UHChearing.com/Medicare">UHChearing.com/Medicare</a>	<b>Phone:</b> 1-855-523-9355



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

<p><b>Please see the provider portal link to complete the Special Needs Plan (SNP) Model of Care (MOC) required annual compliance training.</b></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><a href="https://chameleon-4-prod.s3.amazonaws.com/clients/39-64ecae4085df9/courses/1450-65985d7c209de/prod/index.html#/en-US/*/">https://chameleon-4-prod.s3.amazonaws.com/clients/39-64ecae4085df9/courses/1450-65985d7c209de/prod/index.html#/en-US/*/</a></p>
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**Annual Survey - We want your feedback please!**

HealthTexas would like to hear from our Specialists/Providers, how we can improve.

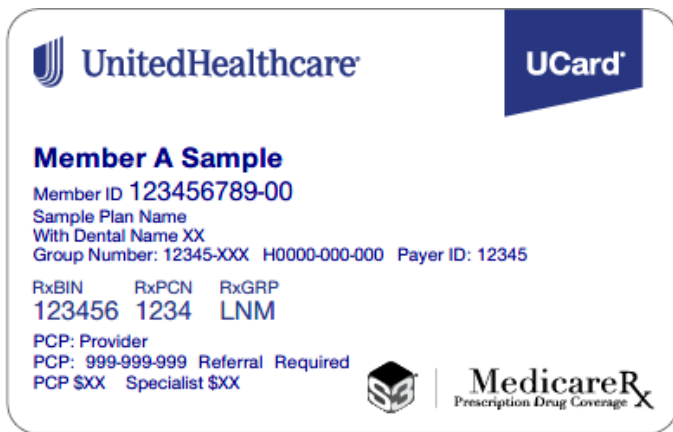
<https://www.surveymonkey.com/r/HTMG2025>

### IN NETWORK LABORATORY

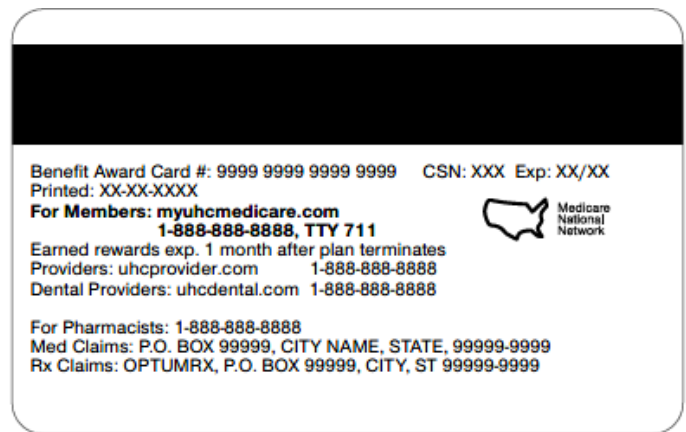
<p><b>In Network Laboratory</b> (Outpatient Clinical Reference Lab Services)</p> <ul style="list-style-type: none"> <li>• HealthTexas Medical Group of San Antonio Laboratory</li> </ul> <p><i>*Specialists/Providers should refer to the In-Network Clinical Reference Labs.</i></p>	<p><b>Preferred In Network Laboratory:</b> HealthTexas Medical Group of San Antonio Laboratory</p> <p><b>**For services that cannot be performed by HealthTexas’ laboratory, please refer to LabCorp or Quest Labs for <i>In Network Labs</i>.</b></p> <p><a href="https://healthtexas.org/network-providers/">https://healthtexas.org/network-providers/</a></p>
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## HealthTexas Medical Group of San Antonio Provider Quick Reference Guide

### UnitedHealthcare/HealthTexas member ID card sample



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#### Understanding the numbers on your UCard

A member ID number and group number allow healthcare providers to verify your coverage and file insurance claims for health care services. It also helps UnitedHealthcare advocates answer questions about benefits and claims.

- **Member ID number:** Each member has a unique member ID number linked to their specific health insurance benefits and coverage.
- **Group number:** This number is the same for everyone who participates in that insurance plan.
- **Member:** Your name
- **PCP name:** Primary Care Provider. Some plans require members to choose a primary care provider (PCP). If required, your PCP will be listed on your member ID card. A PCP is your main point of contact for most health problems or concerns. It can be a licensed physician, nurse practitioner, clinical nurse specialist or physician assistant.
- **PCP phone number:** Phone number for you to easily call your primary care provider.
- **Copay:** If your plan has copays, the copay for certain services may be listed on your member ID card. Your copay is the fixed amount you pay for covered health care services. It is usually paid when you receive the service.
- **Pharmacy Benefits:** If your plan includes prescription drug coverage, your pharmacy will need to see your member ID card to verify your insurance coverage when filling prescriptions.
- **Medicare limiting charges apply:** When doctors don't accept Medicare but haven't opted out entirely, the most they can charge is 15% over what Medicare will pay for that service (in addition to out-of-pocket costs). Limiting charges do not apply to medical equipment or supplies.