HealthTexas Medical Group of San Antonio
Provider Quick Reference Guide

(Contracted Providers only)

MEDICARE ADVANTAGE HMO PLANS

In-Network UnitedHealthcare Medicare Advantage HMO Plans with HealthTexas

MA HMO PLAN NAMES	Plan Code	SPECIALIST OFFICE VISIT COPAY	DSNP Group ID *(if applicable)*
AARP Medicare Advantage Essentials from UHC TX-21 HMO POS	H0609-050-000	$20	X
AARP Medicare Advantage Patriot No RX TX-MA0	H0609-056-000	$55	X
AARP Medicare Advantage Extras from UHC TX-28 HMO	H0609-063-000	$35	X
UHC Dual Complete TX-V007 HMO	H0609-065-000	$25	90713 Full Dual 90715 Partial Dual
UHC Dual Complete TX-D004 HMO	H0609-052-000	$0 with full Medicaid/Medicare benefits w/o Medicaid Cost Share Assistance may apply	91640 Full Dual 91635 Partial Dual
UHC Complete Care TX-24 HMO	H0609-058-000	$15	X
AARP Medicare Advantage Giveback from UHC TX-40	H0609-067-000	$60	X
AARP Medicare Advantage from UHC TX-0043	H0609-071-000	$20	X
AARP Medicare Advantage CareFlex	H0609-078-000	$60	X
UHC Dual Complete TX-S003	H4514-021-000	$0 with full Medicaid/Medicare benefits w/o Medicaid Cost Share Assistance may apply	TXDSNPF9 Full Dual TXDSNPP9 Partial Dual

ELIGIBILITY PORTAL

Online Eligibility Portal Please register to verify patient's eligibility, effective date, coverage, and benefits.	https://www.uhcprovider.com/

CLAIMS STATUS/EFT ENROLLMENT/PAYOR ID

Electronic Claims Submission (Preferred method)	HealthTexas Electronic Payor ID: **HTHTX**
Electronic Fund Transfer Enrollment	**ACH/EFT Enrollment email:** ***For Contracted Providers only* PM_ElectronicFundsTransfer@healthtexas.org

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Disputes and Reconsiderations	Disputes and Reconsiderations should be submitted to the claims mailing address: P.O. BOX 100155 San Antonio, TX 78201
To check/view claim status please login to our Provider Portal. Provider Portal: New Portal Access: Add Users: Contact Us: IT Support (Login/Reset assistance):	 https://providerportal.healthtexas.org/EZ-NET60/Contactus EZNetNewAccounts@healthtexas.org EZNetAddUsers@healthtexas.org EZNetContactUs@healthtexas.org EznetTechSupport@healthtexas.org
HEALTHTEXAS MEDICAL MANAGEMENT AUTHORIZATIONS AND REFERRALS	
HealthTexas Medical Management Referral and authorization questions, please call our HealthTexas Medical Management Department support.	**Phone:** 210-447-4777 **Fax (Provider Authorization Fax):** 210-736-7077
"No Authorization Required" Listing HealthTexas has provided our Contracted Providers a list of service descriptions and CPT codes that do not require authorization/referrals.	https://healthtexas.org/network-providers/ Click on the link to view the most current "No Authorization Required" listing for our Contracted Network
HEALTHTEXAS CREDENTIALING NETWORK	
Providers joining or departing your organization: Please send all new and departing provider notifications to our Credentialing Department.	CredentialDept@healthtexas.org
Demographic Changes Please send all provider demographic changes/ to the DemoChanges_ProviderAdds@healthtexas.org, (for TIN changes, W9 will be required).	
SUPPORTING VENDORS	
UnitedHealthcare Hearing Network (Hearing aids) **UHCHearing.com/Medicare**	**Phone:** 1-855-523-9355

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Non Urgent Transportation Benefit (Medicare Advantage HMO members *only)* UnitedHealthcare and SafeRide have partnered up to provide non urgent transportation to our Medicare Advantage HMO patients. Scheduling a reservation by phone: call 1-888-462-6050 Monday–Friday **|** 8 AM – 5 PM (local time)	UnitedHealthcare customer service will assist with eligibility verification and reservations. **Only applicable for MA HMO plans with the transportation benefit*

INITIAL AND ANNUAL REQUIRED COMPLIANCE TRAINING FOR ALL PROVIDERS

Special Needs Plan (SNP) and Model of Care (MOC) required annual compliance training. Special Needs Plans (SNP), must develop and implement a Model of Care (MOC) for each type offered. 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.	All Providers are required to complete the Special Needs Plan (SNP) Model of Care (MOC) compliance training within thirty days of your hire date and annually thereafter. To complete this training, please click on the link below: https://chameleon-4-prod.s3.amazonaws.com/clients/39-64ecae4085df9/courses/1450-65985d7c209de/prod/index.html#/en-US/*/

Annual Survey - We want your feedback please!

HealthTexas would like to hear from our Specialists/Providers, how we can improve.
Please click on the link to complete this 5 minute survey – thank you!
https://www.surveymonkey.com/r/W8VPPC2

HEALTHTEXAS IN NETWORK LABORATORY

In Network Laboratory (HealthTexas Outpatient Clinical Reference Lab Services) • HealthTexas Medical Group of San Antonio Laboratory *Specialist and Providers should refer to HealthTexas Medical Group of San Antonio Laboratory	**Preferred In Network Laboratory:** HealthTexas Medical Group of San Antonio Laboratory ******For services that cannot be performed by HealthTexas' laboratory, please refer to our ***In Network*** labs at **Quest Lab** or Labcorp. https://healthtexas.org/network-providers/

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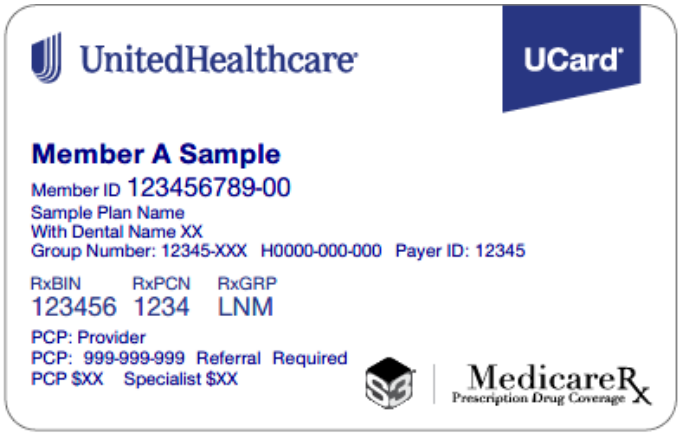
UnitedHealthcare/HealthTexas member ID card sample



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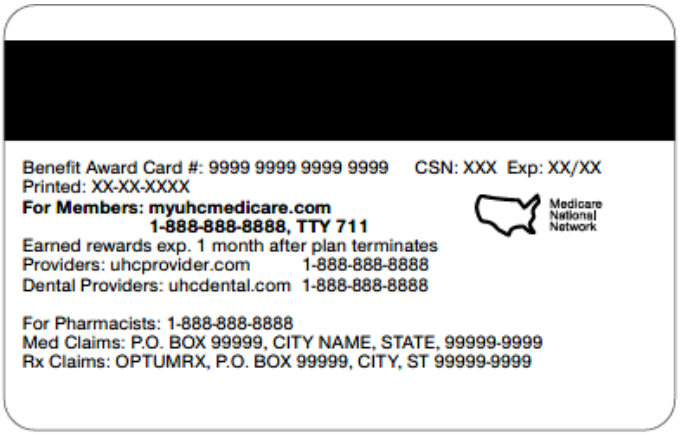

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Understanding the numbers on your UCard

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.