

Ohio Dual Eligible Special Needs Plan (DSNP) Frequently Asked Questions

Key Points

- UnitedHealthcare Community Plan offers a DSNP in Ohio for individuals who are eligible for both Medicare and Medicaid. Additional counties will be added for DSNP in January 2018.
- UnitedHealthcare manages Medicare benefits, while Medicaid benefits may be managed either by Ohio Medicaid or a MyCareOhio plan, depending on the county of member residence.
- If you are contracted with UnitedHealthcare for Medicare products, you are also a participating care provider for UnitedHealthcare Dual Complete products. The DSNP is a Medicare product, but may have a UnitedHealthcare Community Plan logo on the ID card.
- Dual members may enroll, disenroll or switch plans any month.
- UnitedHealthcare Community Plan also has a MyCareOhio plan (UnitedHealthcare Connected for MyCareOhio), another dual eligible program in Ohio. This plan includes members who reside in the following counties: Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull and Wayne.

Overview

The following frequently asked questions and answers will help you and your staff when UnitedHealthcare Dual Complete our DSNP transitions to an enhanced enrollment and claims payment system on Jan. 1, 2018.

Check for new member ID cards and use your new provider services phone number.

FAQs

DSNP Benefits and Eligibility

Q1. What are the benefits of DSNP?

- A1. As part of the Ohio DSNP benefits, UnitedHealthcare covers preventive services at no cost to members and offers assistance with coordination of Medicaid fee-for-service benefits. Additional supplemental benefits that may be covered at no additional cost to the member include:
- Over-the-counter catalog credit up to \$960 each quarter with an annual expiration
 - Combination of 10 additional routine chiropractic and acupuncture services
 - Routine dental care with two preventive exams/cleanings per year, routine X-rays once per year and a \$2,000 allowance for additional dental work such as fillings and crowns; dentures are not covered through this product
 - Routine vision with an annual exam and eyewear allowance of \$250 every year
 - Routine hearing with an annual exam and hearing aid allowance up to \$2,000 for two hearing aid(s) every two years
 - Personal Emergency Response System
 - Optum Fitness Advantage program, which allows members to join a health club or fitness center at no cost

- Routine transportation for 48 one-way trips or 24 round trips to a plan-approved location
- Four routine foot care visits per year
- NurseLine: A free phone service staffed by registered nurses that provides answers to health questions 24 hours a day, seven days a week

Q2. What are the advantages for care providers to participating in DSNP?

A2. As a benefit to participating in DSNP, UnitedHealthcare’s case management team will coordinate the various services that our dual members require. Most importantly, we will notify you if the member has not sought important services, such as annual exams and diagnostic testing.

Q3. What are the advantages to members who participate DSNP?

A3. DSNP offers high-value benefits and services to our dual members not typically available through Medicare or Medicaid. Dual members can continue to access their traditional Medicare benefits while their Medicaid benefits cover some of their out-of-pocket costs and benefits that are not covered by traditional Medicare, such as dental and vision.

Q4. Which members are eligible to participate in DSNP?

A4. Members who are eligible to participate in the DSNP plan are low-income seniors who are 65 years and older, and members with disabilities who are younger than 65 years. Individuals must qualify for Medicare and Medicaid separately. Most eligible members qualify for Medicare once they reach age 65; some younger adults with disabilities may also qualify.

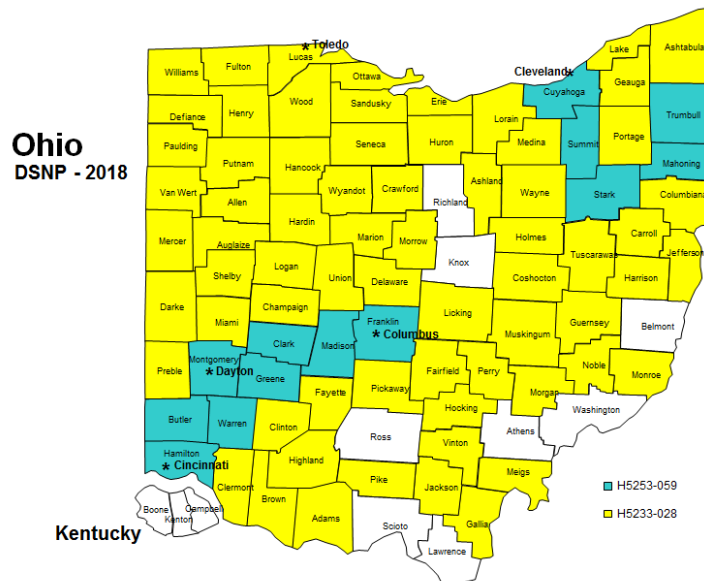
Service Area Coverage

Q5. What service areas in Ohio are covered for DSNP?

- The 2018 DSNP member service area can be seen on the map below.

New counties to be added in 2018 include:

- **H5322-028** – Ashtabula, Hancock, Huron, Meigs, Monroe, Muskingum, Sandusky, Seneca and Tuscarawas



Fee Schedules and Cost Share

Q6. What is the fee schedule for this plan?

A5. Reimbursement will be consistent with your Medicare Advantage network agreement. You may contact your Network Account Manager for any contract-specific questions.

Q7. Is cost sharing offered?

A6. Cost sharing will depend on the member's Medicaid eligibility. Always ask for the member's Medicaid coverage card, which may be either an Ohio Medicaid card or a MyCare Ohio plan card, depending on county of residence. Once you receive the Explanation of Benefits (EOB) from UnitedHealthcare, you can bill the state of Ohio or secondary coverage directly for the cost share portion.

Please make sure to validate Medicaid eligibility through the Ohio Medicaid Information Technology System (MITS) portal and ask the member for a copy of their Medicaid coverage card as well for secondary coverage. This may be through Medicaid or through a Medicaid Managed Care Plan. If the member has a Medicaid card that says QMB, the member is a Qualified Medicare Beneficiary, where Medicaid pays deductible and cost sharing up to Medicaid allowable amounts. It is also possible the member only gets their Part A or Part B premium paid by Medicaid and does not have additional cost sharing paid by Medicaid. This would be reflected by a status of SLMB, QI or QWDI in the MITS portal.

Member ID Cards

Q8. How will I know if a member is an Ohio DSNP member?

A7. Ohio DSNP member ID cards have the UnitedHealthcare Dual Complete (HMO SNP) product name on the front of the card in the bottom right corner.

| | |
|---|-------------------|
| Customer Service Hours: 8 am - 8 pm 7 days/week | Printed: 10/05/17 |
| For Members Website: www.UHCCommunityPlan.com Customer Service: 1-866-944-3488 TTY 711 NurseLine: 1-877-365-7949 TTY 711 Behavioral Health: 1-866-944-3488 TTY 711 Dental: 1-866-944-3488 TTY 711 | |
| For Providers www.unitedhealthcareonline.com 1-866-944-3488 Medical Claim Address: P.O. Box 8207 Kingston, NY 12402-8207 | |
| Dental Providers: www.dbp.com 1-844-275-8750 | |
| Medicare Community Plan UHC NO Referral Required | |
| For Pharmacists 1-877-889-6510 Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903 | |

| | |
|---|---|
| UnitedHealthcare Community Plan | |
| Health Plan (80840): 911-87726-04 | |
| Member ID: QA00001-00 Group Number: 36062 | |
| Member: | |
| PCP Name: | Payer ID: 87726 |
| PCP Phone: | Dental Benefits Included |
| | MedicareRx Prescription Drug Coverage |
| | RxBin: 610097 |
| | RxPCN: 9999 |
| | RxGrp: MPDCSOH |
| H5253 PBP# 059 | UnitedHealthcare Dual Complete (HMO SNP) |

Referrals

Q9. Are referrals required for the DSNP plan?

A8. Referrals are not required for the DSNP plan if the member seeks in-network care.

For **H5322-028**, Behavioral Health Services such as outpatient mental health, outpatient substance abuse and partial hospitalization are Point of Service (POS). A POS benefit allows members to obtain certain services from non-network/non-plan providers, generally at a higher cost-sharing than with in-network providers. In certain circumstances, members of this plan may use their POS benefits to see non-network care providers. Coverage is limited to certain services and there may be other restrictions. Secondary coverage for members who have full Medicaid or are Qualified Medicare Beneficiaries is through Medicaid. **Note:** While members can get the care from an out-of-network provider, the provider must be eligible to participate in Medicare. Except for emergency care, we cannot pay a provider who is not eligible to participate in Medicare.

More Information

Q10. Where can I find more information about the Ohio DSNP plan?

A9. For a complete list of DSNP Medicaid benefits available in Ohio, please visit medicaid.ohio.gov.

For more information about UnitedHealthcare DSNP, please refer to the UnitedHealthcare Administrative Guide at UHCprovider.com > Menu > Administrative Guides.

Q11. Who do I contact internally if I have questions?

A10. If you have questions, please call Provider Services at **866-944-3488** after Jan. 1, 2018. Or contact your Network Account Manager.