

UnitedHealthcare Dual Complete® Medicare Advantage A Dual Special Needs Plan (DSNP) Frequently Asked Questions

Key Points

- UnitedHealthcare Community Plan is managing the UnitedHealthcare Dual Complete Medicare Advantage plan, a Dual Special Needs Plan (DSNP).
- The Dual Complete Medicare Advantage program plan offers benefits and services not typically available through Medicare or Medicaid, such as dental and vision benefits.
- To be eligible for the plan, members must be dually eligible for Medicare and Medicaid, such as seniors age 65 and older and people with disabilities who are younger than 65.
- Care providers must participate in the UnitedHealthcare Medicare Advantage network to be a network Dual Complete care provider.

Overview

UnitedHealthcare Dual Complete Medicare Advantage Plan offers a variety of network and out-of-network benefits. To be eligible for the plan, members must be dually eligible for Medicare and Medicaid, such as seniors age 65 and older and people with disabilities who are younger than 65.

Frequently Asked Questions and Answers

Program Overview

Q1. What is a DSNP?

A1. A DSNP is a specialized type of Medicare Advantage Prescription Drug Plan (MAPD). A DSNP must follow CMS rules such as:

- Adhering to required MAPD benefits
- Limiting enrollment to individuals who are eligible for both Medicare and Medicaid
- Providing Part D (pharmacy) benefits
- Offering targeted clinical programs, benefits and services

Q2. Why is UnitedHealthcare Community Plan managing a Medicare Advantage program?

A2. While UnitedHealthcare Community Plan programs are often associated with Medicaid, that is not always accurate. With more than 25 years of managing Medicaid and State funded health insurance programs, we believe that this population is best served by UnitedHealthcare Community Plan administration.

Q3. Can a member change their plan at any time during a month?



- A3. There is no time limit for a DSNP member to change plans. They may enroll, unenroll or switch plans any time during the year. Enrollment changes become effective the first day of the following month.

Eligibility and Benefits

Q4. What are the advantages to members who participate in this plan?

- A4. Our Dual Complete Medicare Advantage program plan offers benefits and services not typically available through Medicare or Medicaid. While dual members can continue to access their traditional Medicare benefits through the Dual Complete program, their Medicaid benefits may cover some out-of-pocket costs and benefits not covered by traditional Medicare, such as dental and vision benefits.

Q5. Which members are eligible to participate in the Dual Complete Medicare Advantage (DSNP) program?

- A5. Members must be dually eligible for both Medicare and Medicaid. These dual eligible populations include low-income seniors age 65 and older and people with disabilities who are younger than 65.

Q6. Are referrals required for the Dual Complete Medicare Advantage program?

- A6. Referrals are not required if the member seeks network care. Dual Complete can offer a variety of network and out-of-network benefits. For full benefit details, please see the full Evidence of Coverage (EOC) document at UHCprovider.com > Menu > Health Plans by State > Medicare. The EOC outlines details about what the plan covers, how much members will be required to pay and more. This document is created by the Dual Complete program and sent to all enrolled members each year.

Q7. What happens if a member loses their Medicaid eligibility?

- A7. If a member loses their Medicaid eligibility, they move into a “deemed” eligibility status for DSNP for six months. During this grace period, the member is responsible for the Medicare cost-sharing portion such as copayments, coinsurance, deductibles and premiums. If the member does not regain their Medicaid eligibility at the end of the six-month period, they will be unenrolled from the DSNP plan.

Q8. What are the standard Dual Complete Medicare Advantage benefits?

- A8. Our Dual Complete Medicare Advantage program covers preventive services at no additional cost to members. We also offer member assistance with coordination of Medicaid benefits. As a DSNP program, we offer the standard benefits, including acute visits and acute home services, physician services, drug coverage, durable medical equipment and skilled nursing facility.

The program standard Behavioral Health Benefits include:

- Acute inpatient hospital for Mental Health and Substance Use Disorder (SUD), following Medicare hospital days rules
- Inpatient free-standing psychiatric facility, for 190 lifetime days
- Outpatient Mental Health/SUD Partial Hospitalization (PHP)
- Mental Health/SUD Intensive Outpatient (IOP)

- Electroconvulsive Therapy (ECT)
- Transmagnetic Stimulation (TMS)
- Psychological Testing
- Home Health
- Standard/Routine Outpatient (CPT Codes)

UnitedHealthcare Dual Complete Medicare Advantage program may also offer supplemental benefits, depending on the population in your region. Supplemental benefits may include routine foot care, vision and hearing aids, comprehensive dental, routine transportation and NurseLine™.

Care Provider Reimbursement

Q9. What is the care provider reimbursement for this plan?

A9. Reimbursement will be consistent with the UnitedHealthcare Medicare Advantage network agreement. You may not balance bill Dual Complete Medicare Advantage members whose Medicaid benefits cover all Medicare associated premiums, copayments, coinsurance and deductibles. Once a claim has been adjudicated and you've received the Explanation of Benefits (EOB) from both Dual Complete as the primary and Medicaid as the secondary payer, payment is considered in full. Please contact your Network Account Manager with contract-specific questions.

Q10. Is there cost sharing on the Dual Complete Medicare Advantage program?

A10. Some eligible members in our Dual Complete Medicare Advantage programs may have a cost share responsibility, depending on their level of Medicaid coverage. If Dual Complete Medicare Advantage members do not have a cost share responsibility, you may not balance bill or try to collect additional reimbursement from them. Once you receive the EOB from UnitedHealthcare Dual Complete, care providers can bill the Medicaid payer for the remaining balance. Please always verify benefits for both health insurance programs before performing services.

Q11. Will UnitedHealthcare Community Plan reimburse care providers for the coinsurance that is not covered by the Dual Complete Medicare Advantage program?

A11. This depends on the Medicare Advantage program. Most UnitedHealthcare Dual Complete Medicare Advantage programs are responsible for the management and payment of the Medicare covered services at the benefit level defined in the plan's EOC.

After receiving the EOB and reimbursement from UnitedHealthcare Dual Complete for eligible Medicare services, at the defined benefit level, care providers should bill the member's secondary payer for the remaining balance.

Q12. Will care providers be required to have a Medicaid ID or be enrolled in the state Medicaid program in order to bill the state Medicaid agency or a managed Medicaid payer for eligible services?

A12. A Provider Medicaid identification (ID) number issued by a State's Medicaid agency or Medicaid enrollment may be required when you seek reimbursement from the secondary payer for the remaining coinsurance amount for services to a dually eligible member.

Q13. Will I be reimbursed if I'm not participating in the UnitedHealthcare Dual Complete Medicare Advantage program?

A13. For plans with network (INN) only benefits, you must be participating in the UnitedHealthcare Medicare Advantage network to be considered participating for the Dual Complete program. This does not apply to plans with out-of-network (OON) benefits. If you're unsure of your current participation status for our Medicare Advantage programs, please contact your Network Account manager.

If a member wishes to receive services from an OON provider when only INN benefits exist, prior authorization is required. For programs with OON benefits, you must be willing to accept the OON benefits.

Q14. If the member is enrolled in UnitedHealthcare Dual Complete Medicare Advantage and UnitedHealthcare Community Plan for Medicaid or Long Term Support Services (LTSS), will I have to submit the claim twice or will UnitedHealthcare Community Plan coordinate a crossover?

A14. UnitedHealthcare Community Plan has an internal process to process the secondary Medicaid claim after we process the Medicare claim. You won't have to submit the claim twice, if the member's Medicaid program is managed by UnitedHealthcare Community Plan. However, because we try to process claims as quickly as possible, the processing of both insurance claims may not appear on the same provider remittance. If UnitedHealthcare Community Plan is not the responsible payer for Medicaid services, you'll need to submit a claim to the secondary payer.

Doing Business with Us

Q15. Where can I find more information about the Dual Complete Medicare Advantage program?

A15. For more information, visit UHCprovider.com > Menu > Health Plans by State > Medicare > UnitedHealthcare Dual Complete Special Needs. We also encourage you to use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To sign into Link, go to UHCprovider.com and click on the Link button in the top right corner.

Q16. Who can I contact for more information?

A16. If you have questions, you can call the Dual Complete Medicare Advantage Provider Services number on the back of the member's ID card. You can also contact your Network Account Manager or Provider Advocate.