



Understanding UnitedHealthcare Dual Complete® (HMO-SNP), offered by UnitedHealthcare Community Plan of Nebraska – A Dual Special Needs Plan (DSNP)

Key Points

- Effective **Jan. 1, 2018**, UnitedHealthcare Community Plan of Nebraska will launch a new Dual Complete Medicare Advantage program in **the following counties: Cass, Douglas, Lancaster and Sarpy**.
- Enrollment is limited to individuals who are eligible for both Medicare and Medicaid.
- The Dual Complete Medicare Advantage program plan offers all standard Medicare benefits and supplemental benefits not typically available through Medicare or Medicaid.

DSNP Population Overview

- 37% are under the age of 65 with a disability.
- 54% of dual eligibles live with 3 or more chronic conditions.
- 61% have a cognitive/mental impairment.
- 16% live in long-term care facilities.



About the Dual Complete Medicare Advantage Program

The Dual Complete Program is a specialized type of Medicare Advantage Prescription Drug Plan (MAPD). The program follows existing Centers for Medicare and Medicaid (CMS) rules, such as adhering to required MAPD benefits, providing Part D benefits, and offering targeted clinical programs, benefits, and services.

UnitedHealthcare Dual Complete® (HMO-SNP), offered by UnitedHealthcare Community Plan of Nebraska, a Medicare Advantage Program



Program Highlights

- Medicare is the primary payer on most acute health services and prescription drugs.
- This program assumes responsibility for 80 percent of coverage for all eligible Medicare services. The remaining 20 percent falls to the member's secondary health insurance carrier or the member.
- Members are required to have Medicaid as their secondary health insurance. Those Medicaid benefits, depending on eligibility category, should cover all co-payments, co-insurances and deductibles.
- Medicaid may provide additional coverage beyond Medicare, including screenings, durable medical equipment, inpatient and hospice care. The Medicaid health insurance carrier has primary responsibility for long-term care services, if it is a covered benefit.
- Care providers should seek secondary payer reimbursement from the members' Medicaid health insurer. Care providers may not balance bill members.
- Care providers may be required to be enrolled with Medicaid to receive payment from the secondary insurer.
- Care providers should always validate eligibility and benefits for all health insurance programs prior to providing services.



Care Provider Reimbursement

Because this is a Medicare Advantage program, care providers will be reimbursed for eligible services based on their existing Medicare Advantage contracted rates, as outlined in their UnitedHealthcare network participation agreement.



Covered Services

Our Dual Complete Medicare Advantage program covers preventive services at no additional cost to members. We also offer assistance with coordination of Medicaid benefits. Benefits utilize Medicare Coverage Summaries (if available) for medically necessary coverage determination.

Dual Complete Medicare Advantage Benefits	Dual Complete Supplemental Benefits	Medicaid Benefits
<ul style="list-style-type: none"> Acute visits Physician services Skilled nursing facility Acute home health Durable medical equipment Drug coverage Behavioral Health 	<ul style="list-style-type: none"> Over-the-counter catalog Comprehensive dental Routine vision Routine hearing/hearing aid NurseLine Routine foot care Routine acupuncture 	<ul style="list-style-type: none"> Medicare cost share covered for all members Additional coverage beyond Medicare limits Additional Medicaid benefits Long-term Care Benefits Long-term Home Health Supplemental Drug Coverage

Supplemental Benefits may vary depending on an eligible member's benefit program. Please always confirm eligibility and benefits prior to providing services.

The Dual Complete Medicare Advantage program's standard Behavioral Health benefits include:

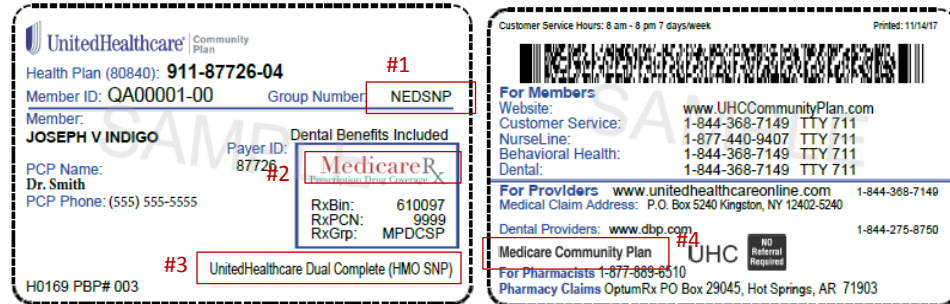
- Acute inpatient hospital for Mental Health and Substance Use Disorder (SUD) (Follow Medicare Hospital days rules)
- Inpatient free-standing psychiatric facility (190 lifetime days)
- MH/SUD Partial Hospitalization (PHP)
- MH/SUD Intensive Outpatient (IOP)
- Electroconvulsive Therapy (ECT)
- Transmagnetic Stimulation (TMS)
- Psychological; Testing
- Home Health
- Standard/Routine Outpatient (CPT Codes)



Confirming Eligibility

Members enrolled in this program will have a UnitedHealthcare Community Plan health care ID card – but this does not mean they are participating in a managed Medicaid program. Please ask members for all active health insurance cards before providing services and check the ID card for the following elements.

Sample Dual Complete® Member ID Card



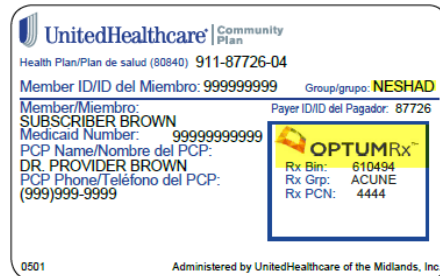
Front of Card

1. Group Number: Two digit state abbreviation and DSNP
2. Pharmacy: Medicare Rx
3. Medicare reference – Medicare limits apply.

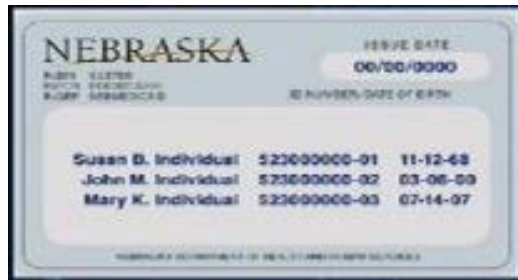
Back of card

4. Medicare reference – Medicare Community Plan

Sample Community Plan (Heritage Health) Medicaid Member ID Card



Sampe State Medicaid ID card



Our Dual Complete members may have two Medicaid insurance ID cards. If the member selects a Managed Care Organization, they will have two insurance ID cards: a state issued Medicaid ID card and one from the Medicaid Managed Care Organization. If the member remains with Medicaid Fee-For-Service, they will only have one card, issued by the State Medicaid program.



Resources

[Link](#)

The Dual Complete Medicare Advantage program utilizes Link for all of your eligibility and claims inquiries. Use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. If you aren't registered yet, go to UHCprovider.com and select "New User" to begin registration. To learn more about using Link, please visit UHCprovider.com/Link

[UnitedHealthcare Administrative Guide](#)

Find out more about doing business with us in the UnitedHealthcare Administrative Guide 2017, located at UHCprovider.com > Menu > Administrative Guide > UnitedHealthcare Administrative Guide 2017.

[UnitedHealthcare Medical and Reimbursement Policies](#)

To review UnitedHealthcare's Medicare Advantage Medical and Reimbursement Policies and other information on working with UnitedHealthcare, visit UHCprovider.com > Menu > Policies and Protocols >, Medicare Advantage Policies

[About UnitedHealthcare Community Plan](#)

While Community Plan programs are often associated with Medicaid, they can extend into other plans. With more than 25 years of managing Medicaid and State funded health insurance programs and developing targeted clinical programs for care management, we believe that the Dual Complete Medicare Advantage population is best served with Community Plan administration.