

UnitedHealthcare Dual Complete[®] (HMO SNP) - Delaware Frequently Asked Questions

Key Points

- UnitedHealthcare Dual Complete (HMO SNP), a Dual Special Needs Plan (DSNP), was effective on Jan 1, 2017.
- The service area is New Castle County, Delaware.
- UnitedHealthcare Dual Complete (HMO SNP) in Delaware is a Medicare Advantage plan that is managed by UnitedHealthcare Community Plan.
- Dual Complete members may enroll, disenroll or switch plans any time during the year by following the Centers for Medicare and Medicaid Services (CMS) regulatory requirements.


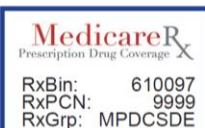
Overview

On Jan. 1, 2017 UnitedHealthcare officially launched a new Medicare Advantage plan known as UnitedHealthcare Community Plan Dual Complete (HMO SNP), a Dual Special Needs Plan, in New Castle County, Delaware, for individuals eligible for both Medicare and Medicaid.

UnitedHealthcare Community plan will manage the Medicare Advantage benefits and, one of the following will manage the Medicaid services and be responsible for processing the Medicaid benefits and any applicable remaining provider reimbursement:

- A managed Medicaid plan such as Highmark Health Options or AmeriHealth Caritas, or,
- The State Medicaid agency (Fee-for-Service structure)

Member ID Cards

 UnitedHealthcare Community Plan	
Health Plan (80840): 911-87726-04	
Member ID: 000000003-00	Group Number: DEDSNP
Member: SUBSCRIBER BROWN	
Payer ID: 04567	
Copay: PCP \$XX Spec \$XX	RxBin: 610097 RxPCN: 9999 RxGrp: MPDCSDE
H3113 PBP# 011	UnitedHealthcare Dual Complete (HMO SNP) Medicare limiting charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week	Printed: 10/25/16
For Members	
Website: www.UHCCommunityPlan.com	
Customer Service: 1-866-262-9919 TTY 711	
Behavioral Health: 1-866-262-9919 TTY 711	
Dental: 1-866-262-9919 TTY 711	
For Providers www.UHCCommunityPlan.com	1-866-262-9919
Medical Claim Address: PO Box 5270 Kingston, NY 12402	
Dental Providers: www.dbp.com	1-844-275-8750
Medicare Community Plan 	
For Pharmacists 1-877-889-6510	
Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903	

Sample ID cards are for illustration only. Actual cards may vary.

Supplemental Benefits

As part of DSNP, we cover preventive services at no cost to our members and offer assistance with coordination of Medicaid benefits. The 2018 additional supplemental benefits that will be covered at no additional cost to the member are:

- Routine vision with an annual exam and eyewear/contact lenses allowance of \$200 every two years
- Routine dental with two preventative exams/cleanings per year, routine x-rays once per year, and a \$1,500 allowance for additional dental work such as fillings and extractions per year
- Routine hearing with an annual exam and hearing aid allowance of \$1,000 every two years
- Routine transportation for 24 one-way trips or 12 round trips to a plan-approved location
- Four routine foot care visits a year at \$0 copay
- An allowance of up to \$130 every quarter for non-prescription health-related items purchased from the plan-approved Health Products Benefit Catalog
- Personal Emergency Response System (PERS) available 24 hours a day, 7 days a week at no additional cost. Service includes wireless/land-line compatibility, assisted or self-set-up and is available anywhere in the U.S.

Frequently Asked Questions and Answers

Eligibility and Benefits

Q1. Who is eligible to participate in UnitedHealthcare Dual Complete (HMO SNP)?

- A. Those eligible to participate in DSNP plans include low-income seniors ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicare and Medicaid separately. Most qualify for Medicare once they reach age 65. Some younger adults with disabilities also qualify.

Q2. What are the advantages to members who participate in this plan?

- A. Our DSNP plan offers benefits and services to our dual members that are 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 not covered by traditional Medicare, such as long-term services and supports.

Q3. How can I check member eligibility?

- A. Please verify member eligibility and benefits one of the following ways before providing services:
- Link > Eligibility & Benefits application
 - If you don't have an Optum ID, go to UnitedHealthcareOnline.com and select "New User" to begin registration
 - UnitedHealthcareOnline.com > Patient Eligibility & Benefits > Patient Eligibility
 - Call Provider Services – 866-262-9919 or the number on the back of the member's ID card

Always check benefits before providing services to a UnitedHealthcare Community Plan member.

Q3. Are referrals required for the UnitedHealthcare Dual Complete (HMO SNP) plan?

- A. No, we do not require referrals for UnitedHealthcare Dual Complete (HMO SNP) if the member seeks in-network care.

Q4. What if a member loses their Medicaid eligibility?

- A. If a member loses their Medicaid eligibility, they move into a "deemed" eligibility status for DSNP for six months. During this 6-month grace period, the member is responsible for the Medicare cost-sharing portion which includes copayments, coinsurance, deductibles and premiums. If the member does not regain their Medicaid eligibility at the end of the 6-month period, they are required to disenroll from the DSNP plan.

Care Provider Reimbursement

Q5. How will I be reimbursed for UnitedHealthcare Dual Complete (HMO SNP)?

- A. We will reimburse you according to your UnitedHealthcare Medicare Solutions network agreement. You can't balance bill DSNP members whose Medicaid benefits cover all Medicare associated premiums, copayments, coinsurance and deductibles. After a claim has been settled and you receive the Explanation of Benefits (EOB) from both the primary payer, UnitedHealthcare Dual Complete (HMO SNP), and secondary payer, Medicaid, payment is considered "in full."

Q6. Is there cost sharing on UnitedHealthcare Dual Complete (HMO SNP)?

- A. UnitedHealthcare Community Plan has no cost sharing. Once you receive our EOB, you can bill the Medicaid payer (the state agency or managed Medicaid plan) for the remaining balance. You should always verify benefits for both health insurance programs before you provide services.

Q7. Will UnitedHealthcare Dual Complete (HMO SNP) reimburse me for the additional 20 percent that is not covered by Medicare?

- A. No, as a Medicare Advantage plan, UnitedHealthcare Dual Complete (HMO SNP) is responsible for the management and payment of the Medicare-covered services. This plan replaces the traditional services provided by Medicare.
You should submit reimbursement to the member's secondary payer for the remaining balance after you receive the EOB and reimbursement from UnitedHealthcare Dual Complete (HMO SNP) for the eligible Medicare services. Your Medicaid ID number may be required to provide services to Medicaid members in Delaware and receive reimbursement.

Q8. Do I need to be enrolled in Medicaid to receive the remaining reimbursement?

- A. Yes. The Centers for Medicare and Medicaid Services (CMS) requires states to deny claims from care providers who are not enrolled in the State's Medicaid or Children's Health Insurance Program (CHIP). These claims include reimbursement for services, prescriptions, referrals and orders for lab work and tests. Please contact Delaware Medical Assistance Program for more information.

Q9. Will I be reimbursed if I don't participate in UnitedHealthcare Dual Complete (HMO SNP) plan?

- A. No, you must participate in the UnitedHealthcare Medicare Solutions network to be considered participating for the UnitedHealthcare Dual Complete (HMO SNP) plan. If you aren't sure about your current participation status for our Medicare plans, please contact your Network Account Manager. If a member wants to receive services from a non-participating care provider, prior authorization is required. Out-of-network care providers who see new DSNP members can request a Transition of Care (TOC)/Continuity of Care (COC) authorization by calling Provider Services at 866-262-9919.

Q10. Where can I find more information about the UnitedHealthcare Dual Complete (HMO SNP) plan?

- A. To learn more about this new plan, visit UHCCommunityPlan.com > For Health Care Professionals > Select your state = Delaware > [Dual Complete \(HMO SNP\) Program](#).

Q11. Who can I contact for more information?

- A. If you have questions, please call Provider Services at 866-262-9919 and say "something else" for DSNP, or contact your Network Account Manager or Provider Advocate.