UnitedHealthcare offers a Medicare Advantage plan in your area known as UnitedHealthcare Dual Complete® (HMO D-SNP), a Dual Special Needs Plan (DSNP), for individuals who are eligible for both Medi-Cal and Medicare.

UnitedHealthcare Community Plan of California manages the Medicare Advantage benefits and reimburses you according to your existing Medicare Advantage contracted rates. While we may also manage Medi-Cal services, benefits and care provider reimbursement for some members, another managed Medi-Cal plan or Medi-Cal will be responsible for the management of services, benefits and care provider reimbursement for other eligible members in Alameda county.

Eligibility and Benefits

Q. Who is eligible to participate in UnitedHealthcare Dual Complete® (HMO D-SNP)?
A. DSNP-eligible members can include low-income seniors ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medi-Cal and Medicare separately.

Q. How can I check member eligibility?
A. Always verify eligibility before providing services to a UnitedHealthcare Dual Complete® (HMO D-SNP) plan member. You can check member eligibility and benefits by:

- Using the eligibilityLink tool at UHCprovider.com/eligibilityLink
- Calling Provider Services at 800-933-4017 or the number on the member’s ID card.

Ask for all health insurance cards at each visit including both primary and secondary cards (Medi-Cal).

We’ve included an example of the member ID card to help you identify these members. All member information in the sample is fictional for sample purposes. Please always refer to the member’s active ID card for current details.

Q. Are referrals required for UnitedHealthcare Dual Complete® (HMO D-SNP)?
A. No, we don’t require referrals if the member seeks care from an in-network care provider. Out-of-network services require prior authorization. Please make sure to check eligibility and benefits before providing services.
Q. What are the member advantages of the UnitedHealthcare Dual Complete® (HMO D-SNP) plan?
A. Members can continue to access core Medicare benefits along with Part D (pharmacy) benefits and targeted clinical programs and services. Additionally, UnitedHealthcare Dual Complete® (HMO D-SNP) offers supplemental benefits and services that are not typically available through original Medicare or Medicaid at no extra cost. For members living in Alameda county enrolled in H1375-001, these may include:

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\text{Health Products Benefit: Up to $200 in credits to buy health products}
\]

\[
\text{Dental Coverage: Preventive and diagnostic: $500 in credits toward select dental services}
\]

Q. How can a member enroll in a Dual Special Needs Plan?
A. Prospective members can explore their options by visiting uhccommunityplan.com or speaking to a licensed sales agent. Plan members may enroll, disenroll or switch plans once per calendar quarter during the first nine months of the year by following the Centers for Medicare & Medicaid Services (CMS) regulatory requirements.

Q. What is the difference between the UnitedHealthcare Dual Complete (HMO D-SNP) plan and UnitedHealthcare Medicare Advantage Assure (HMO) Plan?
A. UnitedHealthcare Dual Complete is a Dual Special Needs Plan for individuals who are eligible for both Medicare and Medi-Cal. The UnitedHealthcare Medicare Advantage Assure (HMO) plan is a Medicare Advantage plan designed to appeal to Medicare beneficiaries, including those who qualify for Medicare and Medi-Cal benefits.

Care Provider Reimbursement

Q. How will I be reimbursed for the UnitedHealthcare Dual Complete® (HMO D-SNP) plan?
A. We will reimburse you according to your existing Medicare Advantage contracted rates. As the primary payer, we’re responsible for the management and payment of the Medicare covered and supplemental services. Since these members are dually eligible for Medicare and Medi-Cal, they’ll have Medi-Cal as their secondary payer in California. Care providers may not attempt to collect additional reimbursement from DSNP members whose Medi-Cal benefits cover all Medicare cost-sharing components. You will need to submit claims to the Medi-Cal plan for remaining reimbursements.

Q. As a care provider, do I need to be enrolled in Medicaid to receive the remaining reimbursement?
A. At a minimum, you’re required to enroll or register with the Medi-Cal program for Medicare secondary cost share billing purposes. You can find instructions on enrolling in the Medi-Cal program at medi-cal.ca.gov so you can be eligible to be reimbursed for the remaining deductible, copayment or coinsurance amount. If you decide not to enroll or re-enroll with Medi-Cal, you’ll give up your ability to seek the secondary payer.

Care Provider Resources

- To learn more about this plan, visit UHCprovider.com/CAcommunityplan
- If you have questions, please call Provider Services at 800-933-4017 and select “Health Care Provider”
- Further details around medical and reimbursement policies at UHCprovider.com/policies > Medicare Advantage Policies
- Find out more about doing business with us at UHCprovider.com/guides > Administrative Guide for Commercial, Medicare Advantage and DSNP. The UnitedHealthcare Dual Complete plan follows the UnitedHealthcare Medicare Advantage provisions and guidelines, not UHC West.