



UnitedHealthcare Dual Complete® (HMO D-SNP) – California H1375-001 Alameda County

Understanding the Benefit Design



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Overview

On Jan. 1, 2020, we officially launch a new Medicare Advantage plan known as UnitedHealthcare Dual Complete® (HMO D-SNP), a Dual Special Needs Plan (DSNP), in **Alameda county**.

UnitedHealthcare Dual Complete (HMO D-SNP) is a specialized type of Medicare Advantage plan. The plan follows existing Centers for Medicare & Medicaid (CMS) rules, which means that it:

- ✓ Adheres to required Medicare benefits
- ✓ Provides Part D (pharmacy) benefits
- ✓ Offers targeted clinical programs, benefits and services

This DSNP is different from the UnitedHealthcare Medicare Advantage Assure (HMO) plan.



How it works

Primary Payer: UnitedHealthcare Dual Complete (HMO SNP) Medicare Advantage

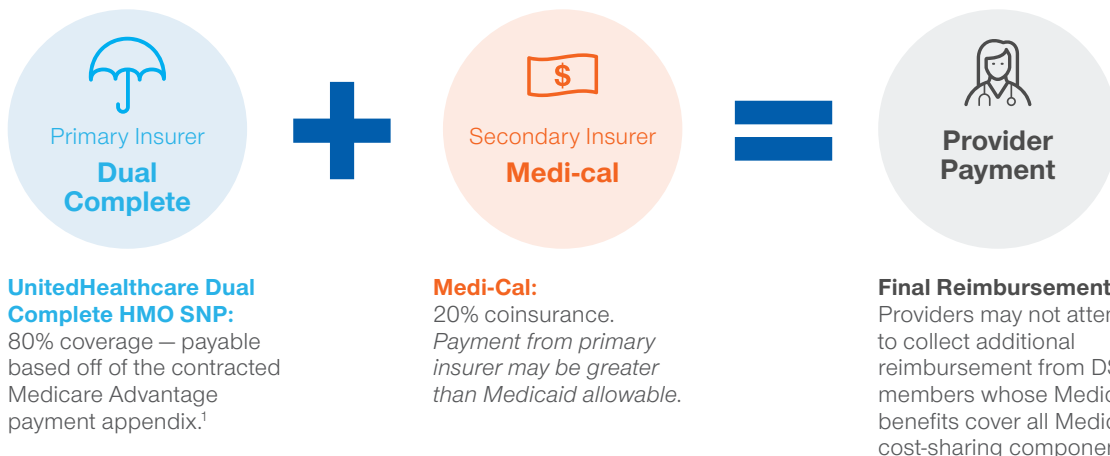
As the primary payer, we're responsible for the management and payment of the Medicare covered services, as defined by the benefit levels outlined in the plan's Evidence of Coverage (EOC). We'll also be the primary payer for the plan's supplemental benefits.

The EOC explains what the plan covers, how much members will be required to pay and more. You can find the EOC at UHCcommunityplan.com/CA > UnitedHealthcare Dual Complete® (HMO SNP) H1375-001 program > Downloadable Resources > Evidence of Coverage.

Secondary Payer: Medi-Cal

Since these members are dually eligible for Medicare and Medicaid, they'll have Medicaid as their secondary insurance in California. The Medi-Cal program (the state-administered Medical Assistance program) or a managed Medi-Cal organization will manage the member's Medicaid benefits.

This means that the Medi-Cal program may be responsible for administering and reimbursing care providers for the remaining costs associated with all Medicare-covered services. This includes items such as copayments, coinsurance and deductibles, depending on the member's eligibility category.



Benefit Highlights

All eligible members with UnitedHealthcare Dual Complete (HMO SNP) have a **Medicare Part B deductible of \$185** before the program benefits begin. This includes physician services, outpatient care, durable medical equipment, home health services and many preventive services.

After the member meets the deductible, many Medicare services will be covered at 80 percent. **This means that in many cases, care providers will be required to bill the secondary payer for Part B services that are applied to the deductible.**

You can find more information in the CMS Medicaid Managed Care Manual, Chapter 16-B: Special Needs Plans, Table 2, at [cms.gov](https://www.cms.gov) > Regulations & Guidance > Guidance > Manuals > Internet-Only Manuals > Publication 100-16 "Medicare Managed Care Manual" > Chapter 16-B: Special Needs Plans.

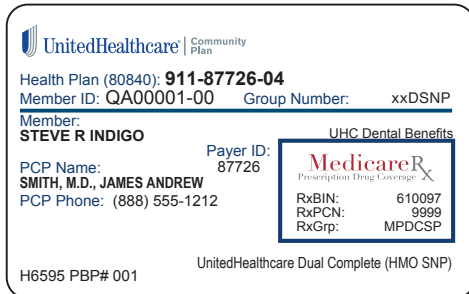
¹Care provider reimbursement example. Exact reimbursement will depend on service being performed.



Member ID Cards

Remember to ask for all health insurance cards at each visit and check eligibility and benefits for all active health insurance plans before treating members. Here's an example of the member ID cards associated with this plan:

Primary Payer ID Card: UnitedHealthcare Dual Complete (HMO D-SNP)



All member information in the above sample is fictional for sample purposes. Please always refer to the member's active ID card for current details.

Secondary Payer ID Card: Medi-Cal



Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements



Reimbursement

We'll reimburse participating care providers according to their Medicare Advantage payment appendix in their UnitedHealthcare Participation Agreement. Payment will be made based on the defined benefit level for each covered service, as outlined in the plan's EOC.

- ✓ You cannot attempt in any form to bill, charge, collect a deposit from, and seek payment or reimbursement from DSNP members whose Medicaid benefits cover all Medicare-associated premiums, copayments, coinsurance and deductibles.
- ✓ You should submit reimbursement to the member's secondary payer for the remaining balances (cost share) after you receive the Provider Remittance Advice (PRA) and reimbursement from UnitedHealthcare Dual Complete (HMO SNP) for the eligible Medicare services.
- ✓ After a claim has been settled and you receive the PRA from both the primary and secondary payer, payment is considered "in full."
- ✓ Always verify benefits for both health insurance programs before you provide services.



Medicaid Enrollment Requirements

If you treat eligible Medicaid members, the Medi-Cal program requires you to enroll in the Medi-Cal fee-for-service (FFS) program. This applies for billing-only purposes, too, when you are only seeking the cost-share portion. Medi-Cal has enrollment instructions and a variety of provider resources at [medi-cal.ca.gov](https://www.medi-cal.ca.gov) > Publications > Provider Manuals.

Choosing Not to Participate in Medi-Cal

If you decide not to enroll/re-enroll with Medi-Cal, you'll forfeit your ability to seek the secondary payer reimbursement for a dually eligible member. This means:

- ✓ You must accept payment made by or on behalf of UnitedHealthcare Dual Complete (HMO SNP) as payment in full, depending on the member's eligibility status with the Medicaid program.
- ✓ You may not bill, charge, collect a deposit from, seek payment or reimbursement from, or have any recourse against the member's representative, or the UnitedHealthcare Dual Complete Medicare Advantage organization for Medicare Part A and B cost-sharing, such as copays, deductibles and coinsurance, when Medi-Cal is responsible for paying these amounts.

Resources:



To learn more about this new plan, visit UHCprovider.com/CAcommunityplan.



If you have questions, please call Provider Services at **800-933-4017** and select "Care Provider," or contact your Network Account Manager or Provider Advocate.