

## Care Provider Information

# Frequently Asked Questions: Texas

UnitedHealthcare Dual Complete® Focus (HMO D-SNP) | H4527-004

Effective Jan. 1, 2020

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

### Eligibility and Benefits

**Q. Who is eligible to participate in UnitedHealthcare Dual Complete® Focus (HMO D-SNP)?**

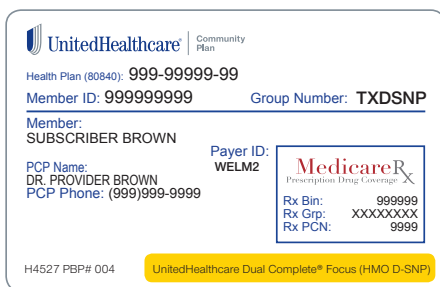
**A.** DSNP-eligible members can include low-income seniors ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

**Q. How can I check member eligibility?**

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

- Using the eligibilityLink tool at [UHCprovider.com/eligibilityLink](http://UHCprovider.com/eligibilityLink)
- Visiting the care provider web portal at [eprg.wellmed.net](http://eprg.wellmed.net)
- Calling Provider Services at **877-842-3210** or the number on the member's ID card.

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



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® Focus (HMO D-SNP)?**

**A.** Referrals are normally not required if the member seeks in-network care. As part of the plan benefit design, members can decide who they wish to visit for their care. Please check eligibility and benefits prior to providing services.

### Key Points

UnitedHealthcare Dual Complete® Focus (HMO D-SNP) is a **Medicare Advantage** plan in Texas.

As of Jan. 1, 2020 the service area will include Aransas, Kleberg, Nueces and San Patricio counties.

**Q. What are the member advantages of the UnitedHealthcare Dual Complete® Focus (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® Focus (HMO D-SNP) offers supplemental benefits and services that are not typically available through original Medicare or Medicaid at no extra cost. These include:



**Health Products Card:** Up to \$400 in credits on an OTC debit card



**Vision Coverage:** Annual exam and \$300 in credits every two years for eyewear



**Transportation Assistance:** Up to 60 one-way rides every year



**Hearing Coverage:** Annual exam and \$1,100 in credits every two years for hearing devices



**Dental Coverage:** Preventive care and diagnostic



**Fitness Benefit:** Access to participating fitness centers through Renew Active™

Other additional benefits include 24-hr. NurseLine, a personal emergency response system, virtual doctor visits and virtual mental health visits.

**Q. How can a member enroll in a Dual Special Needs Plan?**

**A.** Prospective members can explore their options by visiting [uhcommunityplan.com](http://uhcommunityplan.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.

## Care Provider Reimbursement

**Q. How will I be reimbursed for the UnitedHealthcare Dual Complete® Focus (HMO D-SNP) plan?**

**A.** We will reimburse you according to your existing Medicare Advantage contracted rates. WellMed will be responsible for the management and payment of the Medicare covered and supplemental services. Since these members are dually eligible for Medicare and Medicaid, they'll have Medicaid as their secondary payer in Texas. Care providers may not attempt to collect additional reimbursement from DSNP members whose Medicaid benefits cover all Medicare cost-sharing components. Fully dual-eligible members aren't responsible for Medicare cost sharing under CMS regulations. Medicare cost sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage benefit plans.

**Q. As a care provider, do I need to be enrolled in Medicaid to receive the remaining reimbursement?**

**A.** At a minimum, you are required to enroll or register with the state Medicaid plan for Medicare secondary cost share billing purposes. Depending on the state Medicaid agency process, this could include registering for a care provider Medicaid ID number to be reimbursed for the remaining deductible, copayment or coinsurance amount. If you decide not to enroll or re-enroll with the state Medicaid program, you'll give up your ability to seek the secondary payer reimbursement for a dually-eligible member.

## Care Provider Resources

- To learn more about this plan, visit [UHCprovider.com/TXcommunityplan](http://UHCprovider.com/TXcommunityplan)
- If you have questions, please call Provider Services at **877-842-3210** and select "Health Care Provider"
- Further details around medical and reimbursement policies at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Medicare Advantage Policies
- Find out more about doing business with us at [UHCprovider.com/guides](http://UHCprovider.com/guides) > Administrative Guide for Commercial, Medicare Advantage and DSNP