

Frequently Asked Questions

Care Provider Information | Delaware UnitedHealthcare Dual Complete® (HMO D-SNP)

Effective Jan 1, 2021



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

UnitedHealthcare Community Plan of Delaware manages the Medicare Advantage benefits and reimburses you according to your existing contracted rates.

Eligibility and Benefits

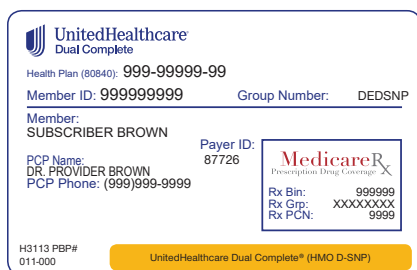
Q. Who is eligible to participate in the plan?

A. D-SNP-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 plan member. You can check member eligibility and benefits by:

- Eligibility and benefits on UHCprovider.com/eligibility
- Calling Provider Services at **866-262-9919** or the number on the member's ID card.
- Asking for health insurance cards at each visit including both primary and secondary cards (Medicaid).



We've included an example of the member ID cards 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 the plan?

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® (HMO D-SNP) is a **Medicare Advantage** plan.

As of Jan. 1, 2021, the service area is statewide.

Q. What are the member advantages of the plan?

A. Members can continue to access core Medicare benefits along with Part D (pharmacy) benefits and targeted clinical programs and services. Additionally, the plan offers supplemental benefits and services that are not typically available through original Medicare or Medicaid at no extra cost. These may include:



Dental

Up to \$2,000 for covered types of preventive and comprehensive dental services



Prescription Drug Coverage

\$0 drug copays on all tiers of covered medications with option for home delivery



OTC Items - Debit

Up to \$1,100 per year on a debit card to buy over-the-counter products



Food Allowance

Up to \$360 per year on a debit card to buy healthy foods at many retailers



Vision

\$0 copay for 1 routine eye exam and \$300 allowance for eyewear



Transportation

\$0 copay for 36 one-way rides to or from a doctor's office or pharmacy

Other additional benefits include hearing, foot care, personal emergency response system, a gym membership, a meal program benefit, virtual doctor and mental health visits, chiropractic coverage, 24-hour NurseLine and UnitedHealthcare® At Home.

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

A. Prospective members can explore their options by visiting UHCCommunityPlan.com/DE or speaking to a licensed sales agent. In addition to individuals enrolling during Annual Enrollment Period, October 15 – December 7, 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 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 Medicaid, they'll have Medicaid as their secondary payer in DE Care providers may not attempt to collect additional reimbursement from D-SNP members whose Medicaid benefits cover all Medicare cost-sharing components. These 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 service and covered benefit level, many DSNP care providers will be required to submit a secondary claim to Medicaid if there is deductible, copayment or coinsurance amount that is the responsibility of the Medicaid payer to cover. This will depend on the member's Medicaid eligibility levels. This may require registering for a care provider Medicaid ID number for reimbursement. 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 new plan, visit UHCprovider.com/DECommunityPlan
- If you have questions, please call Provider Services at **866-262-9919** 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 D-SNP.