

Frequently Asked Questions

Care Provider Information | Florida

UnitedHealthcare Dual Complete® LP (HMO D-SNP)

Effective Jan 1, 2021



UnitedHealthcare Dual Complete® LP (HMO D-SNP) is a Dual Special Needs Plan (DSNP), for individuals who are eligible for both Medicaid and Medicare.

Eligibility and Benefits

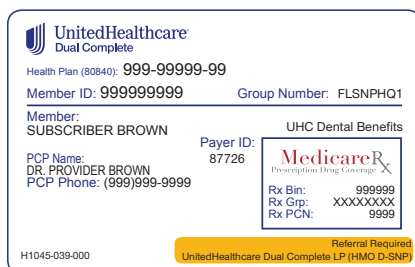
Q. Who is eligible to participate in UnitedHealthcare Dual Complete® LP (HMO D-SNP)?

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® LP (HMO D-SNP) plan member. You can check member eligibility and benefits by:

- Eligibility and benefits on UHCprovider.com/eligibility
- Calling Provider Services at **866-842-4968** or the number on the member's ID card.



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. What happens 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 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 six month period, they are required to disenroll from the DSNP plan.

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

A. Prospective members can explore their options by visiting uhcommunityplan.com/FL or speaking to a licensed sales agent. Prospective members can explore their options by visiting 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. 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.

Key Points

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

As of Jan. 1, 2021 the service area will include Brevard, Charlotte, Clay, Duval, Flagler, Hernando, Hillsborough, Indian River, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, St. Johns, Sarasota and Seminole counties

The UnitedHealthcare Dual Complete® LP (HMO D-SNP) plan follows the Medicare Advantage plan referral requirements as outlined in the administration guide.

Visit UHCprovider.com/guides > View Online Guide > Chapter 5: Referrals > Medicare Advantage Referral Required Plans for complete details, requirements and full list of services that do not require a referral.



Q. What are the member advantages of the UnitedHealthcare Dual Complete® LP (HMO D-SNP) plan?

A. UnitedHealthcare Dual Complete® LP (HMO D-SNP) offers benefits and services that are not typically available through Medicare or Medicaid. Members can continue to access their traditional Medicare benefits while their Medicaid benefits, depending on level of coverage, cover some out-of-pocket costs and benefits not covered by traditional Medicare, such as transportation and vision. This plan also covers some preventive services at no cost to our members and can help coordinate Medicaid benefits. Additional benefits include:



Dental

Up to \$3,500 for covered types of preventive and comprehensive dental services



Food Allowance

Up to \$600 per year on a debit card to buy healthy foods at many retailers



Prescription Drug Coverage

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



Vision

\$0 copay for 1 routine eye exam and eyewear



OTC Items - Debit

Up to \$1,060 per year on a debit card to buy over-the-counter products



Transportation

\$0 copay for 60 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 and acupuncture coverage and 24-hr. NurseLine. Each member now has a designated Care Navigator to help guide them through the various questions they may have concerning their health and benefits

Care Provider Reimbursement

Q. How will I be reimbursed for the UnitedHealthcare Dual Complete® RP (Regional PPO D-SNP) plan?

A. We will reimburse you according to your UnitedHealthcare network agreement. UnitedHealthcare is responsible for processing and paying both Medicare and Medicaid claims for our UnitedHealthcare Dual Complete Full Dual Medicaid and QMB members. UnitedHealthcare Dual Complete Medicare primary claims are paid according to the member's Evidence of Coverage. For Medicare crossover claims, please don't bill the state Medicaid program. UnitedHealthcare handles payment. If the member is a partial Medicaid member, you will collect cost sharing from the member.

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

A. Yes. Per the Florida Agency for Health Care Administration, you must have a Medicaid ID or Treating ID to bill for Medicaid-only covered services.

Q. Will I be reimbursed if I don't participate in the UnitedHealthcare Dual Complete® LP (HMO D-SNP) plan?

A. For plans with network (INN) only benefits, you must be participating in the UnitedHealthcare Medicare Advantage network to be considered participating for the Dual Complete program. This does not apply to plans with out-of-network (OON) benefits. If you're unsure of your current participation status for our Medicare Advantage programs, please contact your Network Account manager. If a member wishes to receive services from an OON provider when only INN benefits exist, prior authorization is required. For programs with OON benefits, you must be willing to accept the OON benefits.

Care Provider Resources

- To learn more about this new plan, visit UHCprovider.com/FLDSNP
- If you have questions, please call Provider Services at **866-842-4968** 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