

Frequently Asked Questions

Care Provider Information | Kansas

UnitedHealthcare Dual Complete® (HMO POS D-SNP)

Effective Jan 1, 2021



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

UnitedHealthcare Community Plan of Kansas manages the Medicare Advantage benefits and reimburses you according to your existing contracted rates. While we may also manage Medicaid services, benefits and care provider reimbursement for some members, another managed Medicaid plan or state Medicaid agency may be responsible for other members.

Eligibility and Benefits

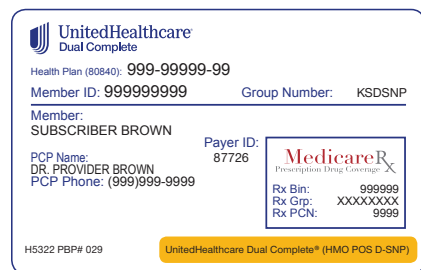
Q. Who is eligible to participate in UnitedHealthcare Dual Complete® (HMO POS D-SNP)?

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

- Eligibility and benefits on UHCprovider.com/eligibility
- Calling Provider Services at **866-262-9947** 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 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 UnitedHealthcare Dual Complete® (HMO POS 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® (HMO POS D-SNP) is a **Medicare Advantage** plan.

As of Jan. 1, 2021 the service area will include Atchison, Bourbon, Butler, Cherokee, Cowley, Crawford, Douglas, Franklin, Harvey, Jackson, Jefferson, Johnson, Labette, Leavenworth, Miami, Osage, Sedgwick, Sumner and Wyandotte counties.



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



Dental

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



Food Allowance

Up to \$300 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

Routine eye exam and \$400 allowance toward eyewear



OTC Items - Debit

Up to \$1,200 per year on a debit card to buy over-the-counter products



Transportation

\$0 copay for 48 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 and FitBit®, a meal program benefit, virtual doctor and mental health visits, chiropractic 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.

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

- A. Prospective members can explore their options by visiting UHCommunityPlan.com/KS 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 UnitedHealthcare Dual Complete® (HMO POS 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 Medicaid, they'll have Medicaid as their secondary payer in Kansas. Care providers may not attempt to collect additional reimbursement from DSNP 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. If the DSNP member has UnitedHealthcare for both Medicare Advantage and Medicaid coverage, will I have to submit the claim twice? Will UnitedHealthcare coordinate the payment crossover?

- A. If UnitedHealthcare manages both the member's Medicaid and Medicare coverage, for most services the care provider isn't required to file the claim twice. However, providers will need to submit claims to the secondary payer when UnitedHealthcare Community Plan is not the responsible payer for Medicaid services. In addition, some state-specific billing guidance requires that the care provider use the CMS 1500 form., dialysis for example. The provider will be required in those situations to file their claims on the appropriate claim form. Billing instructions can be found in the KMAP Provider Manuals.

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 new plan, visit UHCprovider.com/KScommunityplan
- If you have questions, please call Provider Services at **866-262-9947** 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