Frequently Asked Questions

Care Provider Information | Michigan
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 Michigan 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 Medicaid agency may be responsible for other members.

Key Points

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

As of Jan. 1, 2021, the service area will include Wayne county.

Eligibility and Benefits

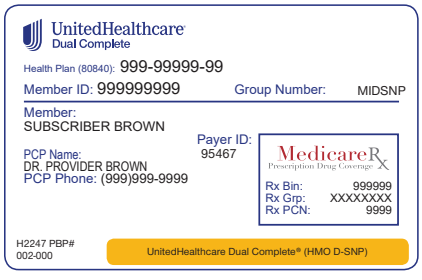
Q. Who is eligible to participate in the plan?

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 **844-368-6885** 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.

United Healthcare® Dual Complete

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 dental services such as fillings, crowns and root canals

Prescription Drug Coverage
$0 drug copays on all tiers of covered medications with option for home delivery

OTC Items - Debit
Up to $1,020 per year on a debit card to buy over-the-counter products

Food Allowance
Up to $300 per year on a debit card to buy healthy foods at many retailers

Vision
$0 copay for 1 routine eye exam and $200 allowance for eyewear

Transportation
$0 copay for 12 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 and 24-hour 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 **UHCCommunityPlan.com/MI** 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 MI 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/MICommunityPlan**
- If you have questions, please call Provider Services at **844-368-6885** 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.

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