

# Frequently Asked Questions

Care Provider Information | New Jersey  
UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

Effective Jan 1, 2021



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

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

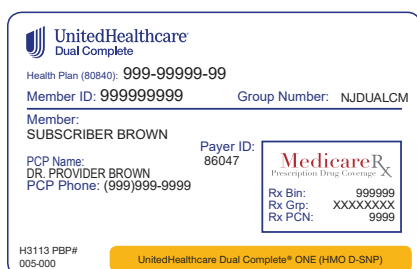
## Eligibility and Benefits

### 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](https://UHCprovider.com/eligibility)
  - Calling Provider Services at **888-362-3368** or the number on the member's ID card.



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

As of Jan. 1, 2021, the service area will include Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren counties.

**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:



**Prescription Drug Coverage**

\$0 copay for drug coverage on prescription medications with home delivery option



**Personal Emergency Response System**

24/7 personal emergency response device to get you help quickly



**OTC Items - Debit**

Up to \$1,800 per year on a debit card to buy over-the-counter products



**Fitness**

Renew Active™ is a fitness program for body and mind, at a gym or at home



**Food Allowance**

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



**Meal Benefit**

Up to 42 meals for 21 days, delivered 2 times per year after a hospital stay

Other additional benefits include virtual mental health visits 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/NJ](http://UHCCommunityPlan.com/NJ) 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 contracted rates. UnitedHealthcare is responsible for the management and payment of Medicare, Medicaid and supplemental services. 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. As a care provider, do I need to be enrolled in Medicaid to receive the remaining reimbursement?**

A. For reimbursement, providers are required to contract for Dual Special Needs Plan to provide services to and receive reimbursement for UnitedHealthcare Dual Complete One members. This contract for our Dual Special Needs Plan includes both the Medicare and Medicaid portions of the benefits. If you decide not to contract for UnitedHealthcare Dual Complete One, you'll give up your ability to seek reimbursement for a dually-eligible member.

**Care Provider Resources**

- To learn more about this new plan, visit [UHCprovider.com/NJCommunityPlan](http://UHCprovider.com/NJCommunityPlan)
- If you have questions, please call Provider Services at **888-362-3368** and select "Health Care Provider."
- Further details around medical and reimbursement policies at [UHCprovider.com/policies](http://UHCprovider.com/policies) > 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 D-SNP > Choose State Specific Community Plan Provider Manual > New Jersey.