

# Frequently Asked Questions



## Care Provider Information | Ohio

### UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)

Effective Jan 1, 2021

UnitedHealthcare offers a Medicare Advantage plan in your area known as UnitedHealthcare Dual Complete® LP1 (HMO D-SNP), a Dual Special Needs Plan (DSNP), for individuals who are eligible for both Medicaid and Medicare.

UnitedHealthcare Community Plan of Ohio 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® LP1 (HMO D-SNP)?

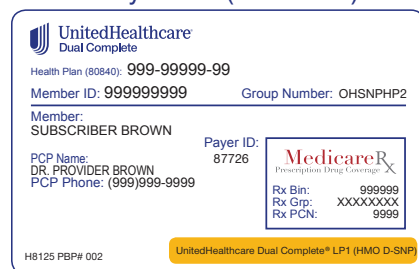
A. DSNP-eligible members can include low-income seniors ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

### Q. How can I check member eligibility?

A. Always verify eligibility before providing services to a UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) plan member. You can check member eligibility and benefits by:

- Eligibility and benefits on [UHCprovider.com/eligibility](http://UHCprovider.com/eligibility)
- Calling Provider Services at **866-944-3488** 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 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. Are referrals required for UnitedHealthcare Dual Complete® LP1 (HMO 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® LP1 (HMO D-SNP) is a **Medicare Advantage** plan.

This plan will be expanding its service area effective Jan. 1, 2021. The service area will now include Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clermont, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Guernsey, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, **Scioto**, Seneca, Shelby, Tuscarawas, Union, Van Wert, Vinton, Washington, Wayne, Williams, Wood and Wyandot counties

\*Expansion county in bold



**Q. What are the member advantages of the UnitedHealthcare Dual Complete® LP1 (HMO 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® LP1 (HMO 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 \$2,500 for covered types of preventive and comprehensive dental services



**Food Allowance**

Up to \$360 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 \$350 allowance toward eyewear



**OTC Items - Debit**

Up to \$1,100 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 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/OH](http://uhcommunityplan.com/OH) 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® LP1 (HMO 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 Ohio. Care providers may not attempt to collect additional reimbursement from DSNP members whose Medicaid benefits cover all Medicare costsharing 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. After a claim has been settled and you receive the Explanation of benefits (EOB) from both the primary payer, UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) and Medicaid, payment is considered paid in full.

**Q. Is there cost sharing on UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)?**

A. For those that qualify for full Ohio Medicaid benefits or QMB there is no cost sharing. Those receiving only partial Medicaid benefits, SLMB and QI categories, members will have some cost sharing responsibility.

**Q. If the DSNP member has UnitedHealthcare Community Plan for both Medicaid and Medicare, will I have to submit the claim twice or will you coordinate the payment crossover?**

A. If UnitedHealthcare Community Plan is managing both the member's Medicaid and Medicare services, you won't have to submit the claim twice. Our internal process will settle the secondary Medicaid claim once the Medicare claim is processed. You only need to submit claims to the secondary payer when UnitedHealthcare Community plan is not the responsible payer for Medicaid services.

**Q. Will this DSNP plan reimburse me for the additional 20% that is not covered by Medicare?**

A. No. As a Medicare Advantage plan, UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) is responsible for the management and payment of the Medicare-covered services. This plan replaces the traditional services provided by Medicare. To be reimbursed for any remaining balance after UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) reimburses you for the eligible Medicare services, you should submit reimbursement to the member's secondary payer. Your Medicaid ID number may be required to be reimbursed for services to Medicaid members in Ohio.

**Q. Will I be reimbursed if I don't participate in the UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) plan?**

**A.** No. Only care providers participating in the UnitedHealthcare Medicare Advantage network are considered participating for this DSNP plan and will be reimbursed. If you aren't sure about your current participation status for our Medicare plans, please contact your Network Account Manager.

**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/OHcommunityplan](https://UHCprovider.com/OHcommunityplan)
- If you have questions, please call Provider Services at **866-944-3488** and select "Health Care Provider."
- Further details around medical and reimbursement policies at [UHCprovider.com/policies](https://UHCprovider.com/policies) > Medicare Advantage Policies
- Find out more about doing business with us at [UHCprovider.com/guides](https://UHCprovider.com/guides) > Administrative Guide for Commercial, Medicare Advantage and DSNP