

CARE PROVIDER FREQUENTLY ASKED QUESTIONS

UnitedHealthcare Dual Complete® (HMO SNP)

A Medicare Advantage Plan offered by UnitedHealthcare Community Plan of Texas

UnitedHealthcare Dual Complete® (HMO SNP) is a Dual Special Needs Plan (DSNP), for individuals who are eligible for both Medicaid and Medicare. UnitedHealthcare Community Plan of Texas will manage the Medicare Advantage benefits.

Eligibility and Benefits

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

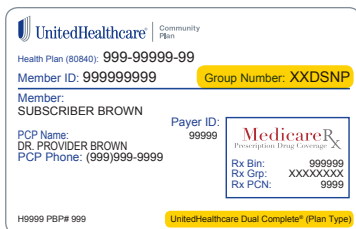
A. DSNP-eligible members can include low-income seniors ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

Q. How can I check member eligibility?

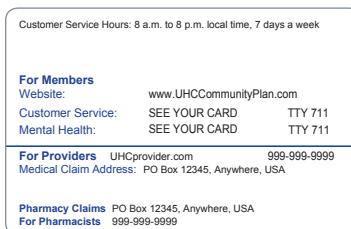
A. Always verify eligibility before providing services to a UnitedHealthcare Dual Complete (HMO SNP) plan member. You can check member eligibility and benefits by:

- Using the eligibilityLink tool at UHCprovider.com/eligibilityLink
- Calling Provider Services at **866-944-4983** or the number on the member's ID card.

To help you identify these members, we've included sample member ID cards.



Front



Back

Q. Are referrals required for UnitedHealthcare Dual Complete (HMO SNP)?

A. No, we don't require referrals if the member seeks care from an in-network care provider. Out of network services require prior authorization.

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.

Key Points

UnitedHealthcare Dual Complete (HMO SNP) is a **Medicare Advantage** plan that is managed by UnitedHealthcare Community Plan of Texas.

For additional information on the UnitedHealthcare Dual Complete plan, please call Provider Services at 866-944-4983.

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.

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

A. UnitedHealthcare Dual Complete (HMO 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 cover some out-of-pocket costs and benefits not covered by traditional Medicare, such as dental and vision.

This plan also covers some preventive services at no cost to our members and can help coordinate Medicaid benefits. Supplemental benefits vary by plan.

Care Provider Reimbursement

Q. How will I be reimbursed for the UnitedHealthcare Dual Complete (HMO SNP) plan?

A. We will reimburse you according to your UnitedHealthcare network agreement.

There is no balance billing for DSNP members whose Medicaid benefits cover all Medicare-associated premiums, copayments, coinsurance and deductibles. After a claim has been settled and you receive the Explanation of Benefits (EOB) from both the primary payer, UnitedHealthcare Dual Complete (HMO SNP), and Medicaid, payment is considered paid in full.

Q. Is there cost sharing on UnitedHealthcare Dual Complete (HMO SNP)?

A. The DSNP benefit design requires the Medicaid payer to reimburse care providers for the Medicare cost sharing charges. This means that when the member's Medicaid benefits covers and reimburses you for the remaining costs associated with all Medicare covered services – associated premiums, copayments, coinsurance and deductibles – you won't collect from, charge, bill or seek a deposit for these DSNP members.

You should always verify the member's Medicare and Medicaid program eligibility and benefits before you provide services.

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 Medicare and Medicaid services you will still have to submit the claim twice. You can verify who the secondary payer is by referencing the Texas Medicaid Provider Procedures Manual at tmhp.com > providers > Medicaid Provider Manual.

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 (HMO 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 (HMO 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.

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

A. Yes. The Centers for Medicare & Medicaid Services (CMS) requires states to deny claims from care providers who are not enrolled in the state's Medicaid. These claims can include services, prescriptions and orders for lab work and tests.

Q. Will I be reimbursed if I don't participate in the UnitedHealthcare Dual Complete (HMO 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.