

2022 UnitedHealthcare® Chronic Complete Assure plans

Frequently asked questions

Overview

UnitedHealthcare Chronic Complete Assure is a Medicare Advantage Chronic Condition Special Needs Plan. While this plan is designed for dual-eligible members, members can qualify for the plan without being enrolled in Medicaid. Each member's cost-share responsibility can vary depending on their level of Medicaid coverage.

Frequently asked questions

Plan overview

How is this plan different from other UnitedHealthcare Medicare Advantage plans?

This plan offers the same service and support for care providers as other UnitedHealthcare® Medicare Advantage plans. However, the plan is designed for eligible Medicare beneficiaries who also have full Medicaid benefits or other third-party assistance with out-of-pocket expenses.

Do members need to be enrolled in Medicaid to be eligible for the plan?

No. Members can enroll in this Medicare Advantage plan even if they are not enrolled in Medicaid or lose their Medicaid eligibility. However, those members will be responsible for paying all the Medicare cost-sharing amounts, such as copays, coinsurance and deductibles.

Are there other eligibility requirements for a member to enroll in this plan?

To enroll in a Chronic Condition Special Needs Plan, members must be enrolled in Original Medicare Parts A and B and have diabetes, heart failure and/or a cardiovascular disorder.



Key points

- o Designed for members who are eligible for both Medicare and Medicaid.
- o Members must have diabetes, heart failure and/or a cardiovascular disorder to enroll in this plan.
- o Care providers must be enrolled with Medicaid for cost-share billing purposes.

How can I verify member eligibility for this plan?

You can check patient eligibility on the UnitedHealthcare Provider Portal. To sign in, go to UHCprovider.com and click on the Sign In button in the top-right corner.

How does the member ID card differ from other UnitedHealthcare Medicare Advantage plans?

The member ID card will not show member copay amounts. Because the plan is offered to all Medicare members, including those with Medicaid benefits, copay amounts will vary.

Are referrals required for UnitedHealthcare Chronic Complete Assure plans?

No, referrals aren't required if the member seeks in-network care.

Is prior authorization and advance notification required for this plan?

Yes. You can submit prior authorization requests online using the UnitedHealthcare Provider Portal. To sign in, go to UHCprovider.com and click on the Sign In button in the top-right corner.

Admission notification protocols apply as well. For more information, see the UnitedHealthcare care provider administrator guide at UHCprovider.com > Menu > Administrative Guides and Manuals > Administrator Guide for Commercial, Medicare Advantage and DSNP > Click on "[View Online Guide](#)."

Care provider reimbursement

How will I be reimbursed if the member also has Medicaid?

Please submit claims for all covered Medicare benefits and services to UnitedHealthcare, which is the primary payer. After those claims are processed, you can submit claims to the member's Medicaid payer to cover the remaining cost share for eligible benefits and services.

The member should carry health insurance cards for both their UnitedHealthcare Medicare Advantage plan and their Medicaid benefits. Please check the member's Medicaid ID card at each visit for information on the Medicaid payer.

Do I need to be enrolled in the state Medicaid program to bill the member's Medicaid payer for eligible services?

Yes. For Medicare secondary cost-share billing purposes, you must enroll or register with the state Medicaid plan. This could include registering for a provider Medicaid ID number. Without that Medicaid ID number, you will not be reimbursed for any remaining deductible, copay or coinsurance amounts from the Medicaid payer.

Can I collect the copays, coinsurance and deductibles directly from the member instead of billing the Medicaid payer?

No. Care providers who participate in UnitedHealthcare Medicare Advantage plans may not bill, charge or collect a deposit from or seek payment or reimbursement from any Medicare patient whose Medicaid plan covers cost-sharing charges such as copays, coinsurance and deductibles. Once you receive the provider remittance advice (PRA) from UnitedHealthcare, you can bill the Medicaid payer for the remaining balance.



Resources

Where can I find out more about the plan?

For more information, visit UHCprovider.com > Menu > **Health Plans by State** > (select your state) > Medicare > (select plan).

Who can I contact with questions about the health plan?

If you have questions, please contact Provider Services at **877-842-3210**. You can also find information at UHCprovider.com/plans.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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