

Claims clarification: UnitedHealthcare Dual Complete claims and Medicare reimbursement

UnitedHealthcare Dual Complete® is a Medicare Advantage Dual Special Needs Plan (D-SNP) for individuals who are eligible for both Medicaid and Medicare. UnitedHealthcare Community Plan offers UnitedHealthcare Dual Complete plans to eligible members living in certain Texas counties.

Claims and reimbursement

As a Medicare Advantage plan, UnitedHealthcare Dual Complete is responsible for the management and payment of the Medicare-covered services. For Medicare-covered claims, you will be reimbursed according to your Medicare Advantage contract rates. You'll submit claims to UnitedHealthcare Community Plan or to WellMed Medical Management, an affiliate of UnitedHealthcare, depending on the member's plan. When WellMed is managing the administrative services, you'll see the Payer ID **WELM2** on the UnitedHealthcare ID card.

Plan name	Centers for Medicare & Medicaid Services (CMS) contract	Submit 1 claim for all Medicare-covered services to:	Do I need to file a separate claim for Medicare cost share?	Will I get a separate PRA for Medicare cost share reimbursement?
UnitedHealthcare Dual Complete® (HMO D-SNP)	H5322-025	UnitedHealthcare Community Plan	No	Yes
UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)	R6801-011	UnitedHealthcare Community Plan	No	Yes
UnitedHealthcare Dual Complete® Choice Premier (PPO D-SNP)	H2228-041	WellMed	No	Yes
UnitedHealthcare Dual Complete® (HMO D-SNP)	H4514-013	WellMed	No	Yes
UnitedHealthcare Dual Complete® Focus (HMO D-SNP)	H4527-003	WellMed	No	No
UnitedHealthcare Dual Complete® (HMO D-SNP)	H4527-006 H4590-020 H4590-022	WellMed	No	No
UnitedHealthcare Dual Complete® Plan 1 (HMO D-SNP)	H4527-004 H4527-015	WellMed	No	No
UnitedHealthcare Dual Complete® Plan 2 (HMO D-SNP)	H4590-033 H5322-026	WellMed	No	No

Medicaid claims and reimbursement

You may have to submit a claim to the member's secondary payer, depending on the type of claim and the member's benefit plan. Texas Medicaid & Healthcare Partnership (TMHP) or the member's Medicaid managed care organization (MCO) may be responsible for administering the member's Medicaid coverage and reimbursing you for any remaining costs associated with Medicare-covered services or Medicaid-covered services.

Full and partial dual-eligible members

When you verify member eligibility in the Eligibility and Benefits tool at UHCprovider.com/eligibility, members will be identified as partial dual-eligible or fully dual-eligible.

Fully dual-eligible members: Do not attempt to collect additional reimbursement from fully dual-eligible D-SNP members. These members' Medicaid benefits cover all Medicare cost sharing, up to the Medicaid allowable amount, and they aren't responsible for Medicare cost sharing under CMS regulations.

Partial dual-eligible members: You may seek the remaining reimbursement, up to the Medicaid allowable amount, as documented in the provider remittance advice (PRA) for the Medicare payment of eligible services. Please validate Medicaid benefits and cost-share responsibilities for partial dual-eligible members with Texas Medicaid.

Claims information

UnitedHealthcare Community Plan

- UHCprovider.com/TXcommunityplan > **Claims and Payments**
WellMed
- UHCprovider.com/TX > Medicare > Additional Resources

Texas resources

For the Texas Medicaid Provider Procedures Manual, go to tmhp.com > **Medicaid Provider Manual**.

For help submitting claims to TMHP, go to tmhp.com > Providers > Medicaid Provider Manual > **Volume 1: Claims Filing**. You can also call the TMHP Contact Center General Inquiries Line at **800-925-9126**.

We're here to help

If you have questions, please contact your Provider Advocate or call Provider Services at **866-944-4983**, 8 a.m.–6 p.m. CT, Monday–Friday. Thank you.