

UnitedHealthcare Dual Complete® A Medicare Advantage Dual Special Needs Plan (DSNP) Frequently Asked Questions

Key Points

- UnitedHealthcare Community Plan manages UnitedHealthcare Dual Complete® Medicare Advantage plan, a Dual Special Needs Plan (DSNP).
- This type of Medicare Advantage plan offers all the standard Medicare benefits as well as benefits and services not typically available through Original Medicare or Medicaid, such as dental and vision benefits.
- Care providers must participate in the UnitedHealthcare Medicare Advantage network to be in-network for UnitedHealthcare DSNP programs.

Overview

UnitedHealthcare Dual Complete® Medicare Advantage plans offer a variety of plans with in- and out-of-network benefits. To qualify for the plan, members must be eligible for both Medicare and Medicaid. This may include seniors ages 65 and older and people with disabilities who are younger than 65.

Frequently Asked Questions and Answers

Overview

Q1. What is a DSNP?

- A1. A DSNP is a special type of Medicare Advantage Prescription Drug Plan (MAPD). DSNPs:
- Adhere to required MAPD benefits
 - Limit enrollment to individuals who are eligible for both Medicare and Medicaid
 - Provide Part D (pharmacy) benefits
 - Offer targeted clinical programs, benefits and services

Q2. Why is UnitedHealthcare Community Plan managing a Medicare Advantage plan?

- A2. UnitedHealthcare Community Plan is often associated with offering Medicaid plans, but we also offer other plan types. UnitedHealthcare Community Plan also offers some Medicare Advantage plans for dual eligible individuals.

Q3. Can a member change their plan at any time during a month?

- A3. DSNP members may enroll, unenroll or switch plans during certain times of the year. Enrollment changes become effective the first day of the following month.



Eligibility and Benefits

Q4. What are the advantages to members who participate in this plan?

A4. UnitedHealthcare DSNP Medicare Advantage plans offer benefits and services not typically available through Medicare or Medicaid. While members can continue to access their traditional Medicare benefits through their UnitedHealthcare Dual Complete plan, their Medicaid benefits may cover some costs and benefits not covered by traditional Medicare.

Q5. What are the standard benefits for UnitedHealthcare DSNP Medicare Advantage plans?

A5. Standard benefits include preventive services at no additional cost to members and assistance with coordinating Medicaid benefits. As a DSNP plan, we offer standard Medicare Fee-For-Service (FFS) benefits such as acute visits and acute home services, physician services, drug coverage, durable medical equipment and a skilled nursing facility.

Some standard Behavioral Health benefits include:

- Acute inpatient hospital stays for mental health and substance use disorder (SUD), following Medicare hospital days rules
- Inpatient free-standing psychiatric facility for 190 lifetime days
- Outpatient mental health/SUD partial hospitalization
- Mental Health/SUD intensive outpatient
- Electroconvulsive therapy
- Transmagnetic stimulation
- Psychological testing
- Home health
- Standard/Routine outpatient

Q6. Which members are eligible to participate in the UnitedHealthcare DSNP plans?

A6. Members must be eligible for both Medicare and Medicaid. These dual-eligible populations include low-income seniors ages 65 and older and people with disabilities who are younger than 65.

Q7. Are referrals required for the UnitedHealthcare DSNP Medicare Advantage plans?

A7. Referrals are not required if the member seeks in-network care. UnitedHealthcare DSNP plans can offer a variety of in- and out-of-network benefits. For full benefit details, please see the full Evidence of Coverage (EOC) document at UHCommunityPlan.com > For Health Care Professionals > (Select a state) > Select the necessary UnitedHealthcare Dual Complete program > Click on the Name OR View Plan Details > Additional Resources > Evidence of Coverage.

The EOC includes details about what the plan covers, how much members need to pay and more. This document is sent to all enrolled members each year.

Q8. What happens if a member loses their Medicaid eligibility?

A8. 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 such as copayments, coinsurance, deductibles and premiums. If the member does not regain their Medicaid eligibility at the end of the six-month period, they will be unenrolled from the DSNP plan.

Care Provider Reimbursement

Q9. What is the care provider reimbursement for this plan?

A9. Reimbursement is consistent with the UnitedHealthcare Medicare Advantage payment appendix in your UnitedHealthcare participation agreement. You cannot attempt to bill, charge, collect a deposit from or seek payment or reimbursement from DSNP members whose Medicaid benefits cover Medicare-associated premiums, copayments, coinsurance and deductibles. Once a claim has been adjudicated and you've received the Provider Remittance Advice (PRA) from both UnitedHealthcare DSNP as the primary and Medicaid as the secondary payer, payment is considered in full. Please contact your Network Account Manager with contract-specific questions.

Q10. Is there cost sharing in the UnitedHealthcare DSNP Medicare Advantage plan?

A10. Some eligible members in certain plans may have a cost-share responsibility, depending on their level of Medicaid coverage. If members do not have a cost-share responsibility, you may not attempt in any way to bill, charge, collect a deposit from or seek payment or reimbursement from them. Once you receive the EOB from UnitedHealthcare DSNP, you can bill the Medicaid payer for the remaining balance. Please always verify benefits for both health insurance plans before performing services.

Q11. Will UnitedHealthcare Community Plan reimburse care providers for the coinsurance amount that isn't covered by the UnitedHealthcare DSNP plan?

A11. All UnitedHealthcare DSNP Medicare Advantage plans are responsible for the payment of Medicare covered services at the benefit level defined in the plan's EOC.

After receiving the EOB and reimbursement from UnitedHealthcare DSNP for eligible Medicare services, at the defined benefit level, you should bill the member's secondary payer for the remaining balance.

Q12. Do care providers need to be enrolled in the state Medicaid program in order to bill the state Medicaid agency or a managed Medicaid payer for eligible services?

A12. At a minimum, you are required to enroll/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 provider Medicaid identification (ID) number to be reimbursed for the remaining deductible, copayment or coinsurance amount.

Q13. Will I be reimbursed if I'm not participating in the UnitedHealthcare DSNP Medicare Advantage plan?

A13. For plans with network-only benefits, you must be participating in the UnitedHealthcare Medicare Advantage network to be considered participating in the UnitedHealthcare DSNP plan. This does not apply to plans with out-of-network benefits. If you're unsure of your current participation status for our Medicare Advantage plans, please contact your Network Account manager.

If a member wishes to receive services from a non-network care provider when only network benefits exist, prior authorization is required. For plans with out-of-network benefits, you must be willing to accept those benefits as a non-participating care provider.

Q14. If the member is enrolled in UnitedHealthcare DSNP Medicare Advantage and UnitedHealthcare Community Plan for Medicaid or Long Term Services and Supports, will I have to submit the claim twice or will UnitedHealthcare Community Plan coordinate a crossover?

A14. You don't have to submit the claim twice, if the member's Medicaid plan is managed by UnitedHealthcare Community Plan. We will process the secondary Medicaid claim after we process the Medicare claim. However, because we try to adjudicate claims as quickly as possible, the processing of both insurance claims may not appear on the same provider remittance.

If UnitedHealthcare Community Plan is not the responsible payer for Medicaid services, you need to submit a claim to the secondary payer, once we have processed the Medicare claim.

Doing Business with Us

Q15. Where can I find more information about the UnitedHealthcare Dual Complete DSNP plans?

A15. For more information, visit UHCprovider.com > Menu > Health Plans by State > (your state) > Medicare > UnitedHealthcare Dual Complete® Plans. We also encourage you to use Link to perform secure transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To sign into Link, go to UHCprovider.com and click on the Link button in the top right corner.

Q16. Who can I contact for more information?

A16. If you have questions, you can call the Provider Services number on the back of the member's ID card. You can also contact your Network Account Manager or Provider Advocate.