

CARE PROVIDER FREQUENTLY ASKED QUESTIONS

UnitedHealthcare Dual Complete® (HMO-POS SNP)

H5322-029

A Medicare Advantage Plan offered by UnitedHealthcare Community Plan of Kansas

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

Eligibility and Benefits

Q. Who is eligible to participate in UnitedHealthcare Dual Complete?

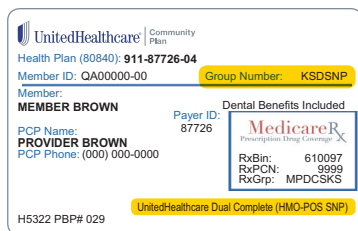
A. DSNP-eligible members can include low-income seniors ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

Q. How can I check member eligibility?

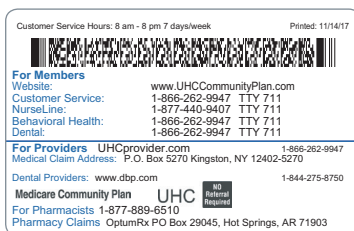
A. Always verify eligibility before providing services to a UnitedHealthcare Dual Complete plan member. You can check member eligibility and benefits by:

- Using the eligibilityLink tool at UHCprovider.com/eligibilityLink.
- Calling Provider Services at **866-262-9947** or the number on the member's ID card.

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



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Q. Are referrals required for UnitedHealthcare Dual Complete?

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 disenrolled from the DSNP plan.

Key Points

UnitedHealthcare Dual Complete is a Medicare Advantage plan that is managed by UnitedHealthcare Community Plan of Kansas.

For additional information on the UnitedHealthcare Dual Complete plan, please call Provider Services at 866-262-9947 or contact your Network Account Manager or Provider Advocate.

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 plan?

A. UnitedHealthcare Dual Complete 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 plan?

A. We will reimburse you according to your UnitedHealthcare Medicare Advantage 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, and Medicaid, payment is considered paid in full.

Q. Is there cost sharing on UnitedHealthcare Dual Complete?

A. No. Once you receive our EOB, you can bill the Medicaid payer (the state agency or managed Medicaid plan) for the remaining balance. You should always verify benefits for both health insurance programs 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 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 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 reimburses you for the eligible Medicare services, you should submit reimbursement to the member's secondary payer. Your Medicaid ID number is 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 or Children's Health Insurance Program (CHIP). 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 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.