

# CARE PROVIDER FREQUENTLY ASKED QUESTIONS

## UnitedHealthcare Dual Complete® (PPO SNP) | H0271-014

A Medicare Advantage Plan offered by UnitedHealthcare Community Plan of Connecticut

On Jan. 1, 2019, UnitedHealthcare launched a Medicare Advantage plan in your area known as UnitedHealthcare Dual Complete® (PPO SNP), a Dual Special Needs Plan (DSNP), for individuals eligible for both Medicare and Medicaid.

UnitedHealthcare Community Plan of Connecticut manages the Medicare Advantage benefits for this benefit plan. Medicaid services, benefits and care provider reimbursement are administered by another managed care organization or state Medicaid agency.

### Eligibility and Benefits

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

**A.** Eligible participants must reside in Connecticut and must have Medicare Parts A and B. Dual eligible members include low-income seniors, ages 65 and older, and people younger than age 65 who have disabilities. Members must qualify for Medicare and Medicaid separately.

**Q. How can I check member eligibility?**

**A.** Always verify eligibility before providing services to a UnitedHealthcare Dual Complete® (PPO SNP) member. You can check member eligibility and benefits in several ways:

- You can check member eligibility and review detailed benefits information using the eligibilityLink tool on Link. To sign in to Link, go to **UHCprovider.com** and click on the Link button in the top right corner.
- Calling Provider Services at **877-842-3210** or the number on the member's ID card.

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

UnitedHealthcare Community Plan  
Health Plan (80840): 999-999999-99  
Member ID: 999999999 Group Number: XXDSNP  
Member: SUBSCRIBER BROWN  
PCP Name: DR. PROVIDER BROWN  
PCP Phone: (999)999-9999  
Payer ID: 99999  
MedicareRx  
Rx Bin: 999999  
Rx Grp: XXXXXXXX  
Rx PCN: 9999  
H9999 PBP# 999  
UnitedHealthcare Dual Complete® (Plan Type)

Front

Customer Service Hours: 8 a.m. to 8 p.m. local time, 7 days a week  
**For Members**  
Website: www.UHCCommunityPlan.com  
Customer Service: SEE YOUR CARD TTY 711  
Mental Health: SEE YOUR CARD TTY 711  
**For Providers** UHCprovider.com 999-999-9999  
Medical Claim Address: PO Box 12345, Anywhere, USA  
**Pharmacy Claims** PO Box 12345, Anywhere, USA  
**For Pharmacists** 999-999-9999

Back

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

**A.** No, we don't require referrals if the member seeks care from an in-network care.

**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

Plan type: PPO plan

No referrals required.

The service areas are Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham counties

UnitedHealthcare Dual Complete® (PPO SNP) is a **Medicare Advantage** plan that is managed by UnitedHealthcare Community Plan of Connecticut.

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 (PPO SNP) plan?**

**A.** UnitedHealthcare Dual Complete® (PPO 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. Additional benefits and services may include:



**Dental Coverage:** \$1,000 annually toward dental services



**Transportation Coverage:** Up to 24 one-way rides per year to or from approved locations



**Foot Care:** Up to four visits each year at \$0 co-pay



**Fitness Program:** Renew Active includes standard membership and access to participating fitness locations plus more



**Vision Coverage:** Annual exam and \$200 credit every year for eyewear

## Care Provider Reimbursement

**Q. How does the UnitedHealthcare Dual Complete® (PPO SNP) plan reimburse me?**

**A.** We'll reimburse you according to your UnitedHealthcare Medicare Advantage network agreement. After a claim has been processed and you receive the Provider Remittance Advice (PRA) from both the primary payer, UnitedHealthcare Dual Complete® (PPO SNP), and Medicaid, payment is considered paid in full. All members in this plan shouldn't receive bills or charges from participating care providers.

**Q. Is cost sharing included in UnitedHealthcare Dual Complete® (PPO SNP) plans?**

**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. How do I submit the claim to coordinate benefits for these DSNP members?**

**A.** UnitedHealthcare Dual Complete® members have Medicare coverage through UnitedHealthcare Community Plan and a separate payer for their Medicaid coverage. UnitedHealthcare Community Plan will process the Medicare claim and you'll get your Provider Remittance Advice (PRA). Then, you'll submit the remaining charges to the member's Medicaid payer, just as if it was any other secondary payer. The state may require you to have a Medicaid ID number before you can be reimbursed for services to Medicaid members in Connecticut.

**Q. As a care provider, do I need to enroll with the state's Medicaid program to receive Medicaid reimbursement?**

**A.** Yes. CMS requires states to deny claims from care providers who are not enrolled in the state's Medicaid program. These claims can include services, prescriptions and orders for lab work and tests.

**Q. Will I be reimbursed if I don't participate in UnitedHealthcare Dual Complete® (PPO SNP) plan?**

**A.** Yes. Out-of-network care providers can provide services to DSNP members. However, the reimbursement amounts for non-participating care providers will be different from the reimbursement amounts for participating care providers.

Please remember to check the member's eligibility and benefits before providing services. If you aren't sure about your current Medicare Advantage participation status, please contact your Network Account Manager.

## Care Provider Resources

**Q. Where can I find more information about the UnitedHealthcare Dual Complete® (PPO SNP) plan?**

**A.** To learn more about this new plan, visit [UHCprovider.com/CTcommunityplan](https://UHCprovider.com/CTcommunityplan) > UnitedHealthcare Dual Complete® Special Needs Plans.

**Q. Who can I contact for more information?**

**A.** If you have questions, please call Provider Services at **877-842-3210**, or contact your Network Account Manager or Provider Advocate at [connecticut\\_pr\\_team@uhc.com](mailto:connecticut_pr_team@uhc.com).