Frequently Asked Questions

For health care professionals | Michigan
UHC Dual Complete MI-V001 (HMO-POS D-SNP)

Effective Jan. 1, 2024

UnitedHealthcare offers a Medicare Advantage plan in your area known as UHC Dual Complete MI-V001 (HMO-POS D-SNP), a Dual Special Needs Plan (D-SNP), for individuals who are eligible for both Medicaid and Medicare.

UHC Community Plan of Michigan manages the Medicare Advantage benefits and reimburses you according to your existing contracted rates. Please make sure to always validate eligibility and benefits before providing service.

Eligibility and benefits

Q. Who is eligible to participate in the plan?

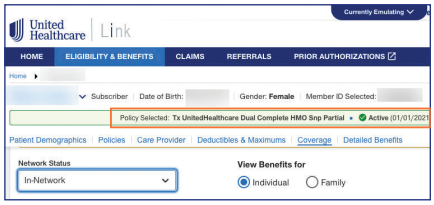
A. D-SNP eligible members can include low-income individuals, ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

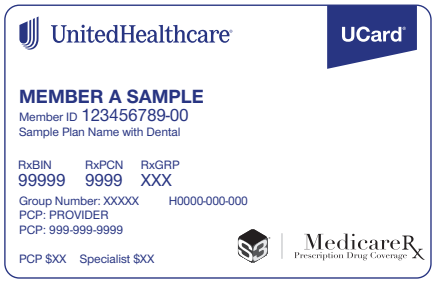
Q. How can I check member eligibility?

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

- Using the Eligibility and Benefits tools on the UnitedHealthcare Provider Portal. To sign in, go to **UHCprovider.com** and click on the "Sign In" button in the top right corner. Then, click on Eligibility. If you haven't registered for the portal yet, go to **UHCprovider.com/newuser**. You can identify Partial members through the Eligibility and Benefits tools on the Provider Portal. Members classified as Partial will display as shown.
- Calling Provider Services at **1-844-368-6885** or the number on the member's ID card
- Asking for **all active** Health Insurance Cards at each visit including both primary and secondary **insurance** cards (Medicaid)

We've included an example of the member ID card to help you identify these members. Please always refer to the member's active ID card for current details.





All member information in the sample is fictional for sample purposes.

Q. Are referrals required for the plan?

A. For HMO, HMO/POS, LPPO, RPPO (open access) plans, referrals are not required if the member seeks in-network care from a specialist. As part of the plan benefit design, members can decide who they wish to visit for their care. Please check eligibility and benefits before providing services.

Key points

UHC Dual Complete MI-V001 (HMO-POS D-SNP) is a **Medicare Advantage** plan.

See service area county list located on last page.

United Healthcare Dual Complete

Q. What are the member advantages of the UHC Dual Complete MI-V001 (HMO-POS D-SNP) plan?

A. Members can continue to access core Medicare benefits along with Part D (pharmacy) benefits and targeted clinical programs and services. Additionally, the plan offers supplemental benefits and services that are not typically available through Original Medicare or Medicaid at no extra cost. These may include:

Food, OTC and Utilities
$68 credit for food, OTC and utilities

Dental benefits
$1,500 for most comprehensive dental

Renew Active® Fitness Program
Free gym membership

Routine transportation
24 rides for doctor or pharmacy visits

Routine vision benefits
Eye exam and $200 eyewear allowance

Routine hearing benefits
$1,100 allowance for hearing aids

Q. How can a member enroll in a Dual Special Needs Plan?

A. Prospective members can explore their options by visiting **UHCCommunityPlan.com/MI** or speaking to a licensed sales agent. In addition to individuals enrolling during the Annual Enrollment Period, Oct. 15–Dec. 7, plan members may enroll, disenroll or switch plans once per calendar quarter during the first 9 months of the year by following the Centers for Medicare & Medicaid Services (CMS) regulatory requirements.

Care provider reimbursement

Q. How will I be reimbursed for the UHC Dual Complete MI-V001 (HMO-POS D-SNP) plan?

A. We will reimburse you according to your existing Medicare Advantage contracted rates, for eligible and covered services, up to the defined benefit value. As the primary payer, we're responsible for the management and payment of the Medicare-covered and supplemental services. For this plan, we are also responsible for processing the Medicare cost share, payable by Medicaid and up to Medicaid allowable reimbursement rates, for qualified, enrolled members. In this situation, you should expect to receive 2 provider remittance advices (PRAs). Those receiving only partial Medicaid benefits, may have some cost-sharing responsibility. Remember to check patient eligibility and benefits on the UnitedHealthcare Provider Portal.

Health care professionals may not attempt to collect additional reimbursement from D-SNP members whose Medicaid benefits cover all Medicare cost-sharing components. These members are not responsible for Medicare cost sharing under CMS regulations. Medicare cost sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage benefit plans.

Q. As a health care professional, do I need to be enrolled in Medicaid to receive the remaining reimbursement?

A. At a minimum, you are required to enroll or register with the state Medicaid plan for Medicare secondary cost share billing purposes. Depending on the service and covered benefit level, many D-SNP health care professionals will be required to submit a secondary claim to Medicaid. If there is a deductible, copayment or coinsurance, that amount is the responsibility of the Medicaid payer to cover. This will depend on the member's Medicaid eligibility levels. This may require registering for a care provider Medicaid ID number for reimbursement. If you decide not to enroll or re-enroll with the state Medicaid program, you'll give up your ability to seek the secondary payer reimbursement for a dually eligible member.

Q. If the D-SNP member has UnitedHealthcare for both Medicare Advantage and Medicaid coverage, will I have to submit the claim twice? Will UnitedHealthcare coordinate the payment crossover?

A. If UnitedHealthcare manages both the member's Medicaid and Medicare coverage, for most services you are not required to file the claim twice. However, health care professionals will need to submit claims to the secondary payer when UnitedHealthcare Community Plan is not the responsible payer for Medicaid services.

Health care professional resources

- To learn more about this new plan, visit **UHCprovider.com/MI**
- If you have questions, please call Provider Services at **1-844-368-6885** and select “Health Care Provider”
- Find further details around medical and reimbursement policies at **UHCprovider.com/policies** > Medicare Advantage Policies
- Find out more about doing business with us at **UHCprovider.com/guides** > Administrative Guide for Commercial, Medicare Advantage and D-SNP

Service area

Effective Jan. 1, 2024, the service area includes Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Crawford, Dickinson, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Iron, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Newaygo, Oakland, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne and Wexford counties.

PCA-1-22-04111-M&R-FAQ_12082022
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