Frequently Asked Questions

For health care professionals | Florida
UHC Dual Complete FL-D006 (HMO-POS D-SNP)

Effective Jan. 1, 2024

UnitedHealthcare offers a Medicare Advantage plan in your area known as UHC Dual Complete FL-D006 (HMO-POS D-SNP), a Dual Special Needs Plan (D-SNP), for individuals who are eligible for both Medicaid and Medicare.

UnitedHealthcare of Florida 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?

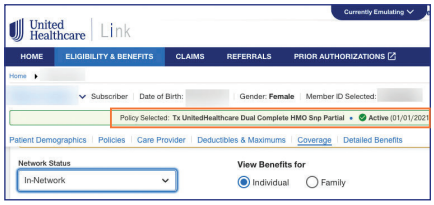
A. D-SNP eligible members can include low-income individuals, ages 65 and older, and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

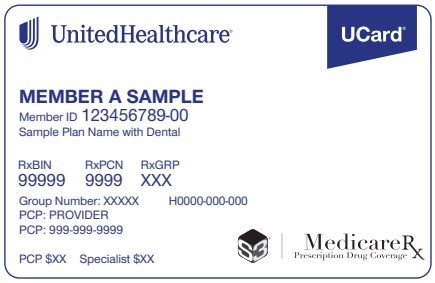
Q. How can I check member eligibility?

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 **1-866-842-4968** 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 (gatekeeper) plans, referrals are 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 FL-D006 (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 FL-D006 (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
$270 credit for food, OTC and utilities

Dental benefits
$3,500 for covered comprehensive dental

Renew Active® and Fitbit®
Free gym membership and free Fitbit®

Routine transportation
72 rides for doctor or pharmacy visits

Routine vision benefits
Eye exam and $550 eyewear allowance

Routine hearing benefits
$3,600 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/FL** 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 FL-D006 (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.

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.

Health care professional resources

- To learn more about this new plan, visit **UHCprovider.com/FL**
- If you have questions, please call Provider Services at **1-866-842-4968** 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 Alachua, Baker, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hardee, Highlands, Lafayette, Levy, Nassau, Putnam, Suwannee and Union counties.

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