

Frequently asked questions

For health care professionals | Texas
UHC Dual Complete TX-V003 (HMO-POS D-SNP)

Effective Jan. 1, 2024



UnitedHealthcare offers a Medicare Advantage plan in your area known as **UHC Dual Complete TX-V003 (HMO-POS D-SNP)**. It is a **Dual Special Needs Plan (D-SNP)** for individuals who are eligible for both Medicaid and Medicare.

UnitedHealthcare Community Plan of Texas manages the Medicare Advantage benefits and reimburses you according to your existing contracted rates.

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.

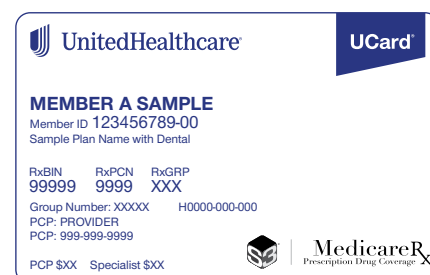
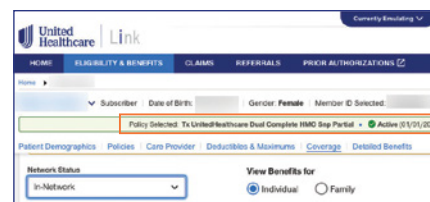
Q. How can I check member eligibility?

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 **1-800-550-7691**
- Asking for health insurance cards at each visit, including both primary and secondary 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. Referrals are normally not required if the member seeks in-network care. Plan benefits allow members to decide who they wish to visit for their care. Please check eligibility and benefits prior to providing services.

Key points

UHC Dual Complete TX-V003 is a **Medicare Advantage** plan.

See service area county list located on last page.

Q. What are the member advantages of the 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

\$51 credit for food, OTC and utilities



Dental benefits

\$2,000 for most comprehensive dental



Routine vision benefits

Eye exam and \$300 eyewear allowance



Routine transportation

36 rides for doctor or pharmacy visits

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

A. Prospective members can explore their options by visiting uhcommunityplan.com/TX 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 TX-V003 (HMO-POS D-SNP) plan?

A. Administrative services and payment of Medicare-covered and supplemental are managed by the affiliate for claims submission found on the member’s ID card. We will reimburse your Medicare services according to your existing Medicare Advantage contracted rates. Since these members are dually eligible for Medicare and Medicaid, they’ll have Medicaid as their secondary payer in Texas. Medicare cost-sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage benefit plans.

Full: Health care professionals may not attempt to collect additional reimbursement from DSNP members whose Medicaid benefits cover all Medicare cost-sharing components. Fully dual-eligible members are not responsible for Medicare cost-sharing under CMS regulations.

Partials: This plan may include partial dual-eligible members. For partial dual-eligible members, care providers may seek the remaining reimbursement, up to the Medicaid allowable amount, as documented in the provider remittance advice (PRA) for the Medicare payment of eligible services. Reminder: Always validate Medicaid benefits and cost-share responsibilities for partial dual members with Texas Medicaid.

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 (80%), many D-SNP care providers will be required to submit a secondary claim to Medicaid if there is deductible, copayment or coinsurance amount that 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 dual-eligible member.

Care provider resources

- To learn more about this new plan, visit UHCprovider.com/txcommunityplan
- If you have questions, please call Provider Services at **1-800-550-7691** and select “Health Care Provider”
- Further details around medical and reimbursement policies at UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies
- Find out more about doing business with us at UHCprovider.com/guides > Administrative Guide for Commercial, Medicare Advantage and D-SNP
- To see a list of plans administered by WellMed, visit UHCprovider.com/tx > Medicare > Texas UnitedHealthcare Dual Complete® Special Needs Plans > Additional State-Specific Claims Resources



Service area

Effective Jan. 1, 2024, the service area includes Aransas, Bee, Jim Wells, Kleberg, Nueces and San Patricio counties.

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements. Benefits and features vary by plan/area. Limitations and exclusions apply. For more information on benefits, go to UHCommunityPlan.com. Not for distribution to retirees or beneficiaries.

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