

UnitedHealthcare Community Plan of Texas: Coordination of benefits

Quick reference guide

Members seeking health care coverage may be insured by more than 1 health plan. They can get broader coverage from the 2 plans with potentially fewer out-of-pocket expenses. This quick reference guide explains how to coordinate the benefits and cost-sharing for UnitedHealthcare Community Plan members with dual coverage.

Primary and secondary carriers

Primary carriers may be through health plans from commercial insurance, an employer, the military, self-funded insurance, Medicare or another type of health plan. Medicaid is the secondary carrier, in the case of UnitedHealthcare Community Plan members. In Texas, these programs include Children's Health Insurance Program (CHIP), Medicare-Medicaid Plans (MMP), STAR, STAR Kids and STAR+PLUS.

Managing prior authorizations

If the primary and secondary health plan benefits cover the same procedure or service and the primary carrier approves a prior authorization request, the approval covers both the primary and secondary plans' requirements. You do not need to submit a second prior authorization request to UnitedHealthcare Community Plan.

Primary payer vs. payer of last resort

Members with dual insurance coverage should present their primary insurance card and Medicaid ID card at each health care visit. This helps ensure you bill for the service correctly and get paid by either or both their primary and secondary plans.

When billing for services, submit a claim first to the member's primary insurance carrier. The primary insurance is responsible for most of the payment. If the amount isn't fully covered, you can submit a claim for the remaining amount to the secondary payer (payer of last resort) for payment. For UnitedHealthcare Community Plan members, this is usually Medicaid.

Member’s out-of-pocket responsibility

In some instances, Medicaid isn’t responsible for the remaining balance. The member may be responsible for paying the remaining balance in cases such as the following:

- The rendering health care provider isn’t registered with Texas Medicaid
- The Texas Medicaid program doesn’t cover the services rendered

You can help avoid non-payment of services by verifying your enrollment with **Texas Medicaid**. Also, always verify the members’ eligibility and benefits by signing in at **UHCprovider.com**. Learn more in our **Eligibility and Benefits** interactive guide.

Coordination of benefits

The chart below shows examples of how billing is coordinated between the primary payer and the payer of last resort:

Service rendered	Coverage	Pays first	Pays second
Visit with a health care professional	Commercial insurance/Medicaid	Commercial insurance	Medicaid
	Medicare/Medicaid	Medicare	Medicaid
Durable medical equipment	Commercial insurance/Medicaid	Commercial insurance	Medicaid
	Medicare/Medicaid	Medicare	Medicaid
Hospital services	Commercial insurance/Medicaid	Commercial insurance	Medicaid
	Medicare/Medicaid	Medicare	Medicaid
Prescription drugs	Commercial insurance/Medicaid	Commercial insurance	Medicaid
	Medicare/Medicaid	Medicare	Medicaid, for some drugs
Private duty nursing	Commercial insurance/Medicaid	Commercial insurance	Medicaid
	Medicare/Medicaid	Medicare, for some home health services	Medicaid
Attendant services	Medicaid • Personal Care Services • Community First Choice	Medicaid	N/A
Long-term care for children	Medicaid • Medically Dependent Children’s Services	Medicaid	N/A

Questions?
We’re here to help.

For chat options and contact information, visit our **contact resources**. You can also contact your provider advocate or call 888-787-4107, 8 a.m.–5 p.m. CT, Monday–Friday.