UnitedHealthcare offers a Medicare Advantage plan in your area known as UHC Dual Complete IN-S001 (PPO D-SNP), a Dual Special Needs Plan (D-SNP), for individuals who are eligible for both Medicaid and Medicare.

UHC Community Plan of Indiana manages the Medicare Advantage benefits and reimburses you according to your existing contracted rates. This plan may also include benefits normally managed by Medicaid. This will have an impact on reimbursement for defined enrollees and/or services. 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 individuals with income and special needs qualifications, ages 65 and older, and people with special needs who are younger than 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with special needs may also qualify.
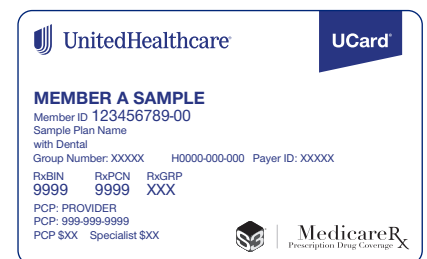
Q. How can I check eligibility?
A. Always verify eligibility before providing services to a plan enrollee. You can check eligibility and benefits by:

- 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.**

- Calling Provider Services at **1-877-842-3210** or the number on the ID card

- Asking for **all active** health plan ID cards at each visit including both primary and secondary **insurance** cards e.g., Medicaid

We've included an example of the UnitedHealthcare UCard to help you identify these enrollees. Please always refer to their active ID card for current details.

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, enrollees can decide who they wish to visit for their care. Please check eligibility and benefits before providing services.

UnitedHealthcare **UCard**

MEMBER A SAMPLE
Member ID 123456789-00
Sample Plan Name
with Dental
Group Number: XXXXX   H0000-000-000   Payer ID: XXXXX
RxBIN   RxPCN   RxGRP
9999   9999   XXX
PCP: PROVIDER
PCP: 999-999-9999
PCP $XX   Specialist $XX   MedicareR Prescription Drug Coverage X

Sample ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

Key points

UHC Dual Complete IN-S001 (PPO D-SNP)
is a **Medicare Advantage** plan.

See service area county list located on last page.

United Healthcare
Dual Complete

Q. What are the advantages of the UHC Dual Complete IN-S001 (PPO D-SNP) plan?

A. Enrollees 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.

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

A. Prospective members can explore their options by visiting UHCCommunityPlan.com/IN or speaking to a licensed sales agent or during the Annual Enrollment Period, Oct. 15–Dec. 7. In addition, special election periods are available for dually eligible individuals.

1) The dual/LIS SEP1 will allow full-benefit dually eligible individuals (QMB+, SLMB+, FBDE), partial-benefit dually eligible individuals (QMB, SLMB, QI, QDWI), and Extra Help-only eligible individuals to make a once-per-month election into Original Medicare and a standalone prescription drug plan (PDP). It will also allow a once-per-month election to switch between standalone PDPs. This replaces the quarterly dual/LIS SEP.

2) The integrated care SEP will allow full-benefit dually eligible individuals (QMB+, SLMB+, FBDE) a once-per-month election into a fully integrated dual-eligible special needs plan (FIDE SNP), highly integrated dual-eligible special needs plan (HIDE SNP) or an applicable integrated plan (AIP). It must be used to align enrollment with an integrated Dual Special Needs Plan (D-SNP) and Medicaid managed care organization (MCO).

Care provider reimbursement

Q. How will I be reimbursed for the UHC Dual Complete IN-S001 (PPO 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. If required, we will process necessary Medicare cost-share portions, payable by Medicaid, up to Medicaid allowable reimbursement rates. In addition, depending on the benefit, we may also be responsible for the management and payment of select Indiana Medicaid benefits. Those Medicaid covered services will be reimbursed according to your existing Indiana Medicaid contracted rates. This means UnitedHealthcare is crossing over and processing the eligible Medicaid-covered services according to the enrollee's benefits. You will not be required to submit a secondary claim to the Medicaid payer in this situation. At times, you may receive 2 provider remittance advices (PRAs) for services covered by both Medicare and Medicaid.

Health care professionals may not attempt to collect additional reimbursement from D-SNP enrollees whose Medicaid benefits cover all Medicare cost-sharing components. These enrollees 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 enrollee'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 enrollee.

Health care professional resources

- To learn more, visit **UHCprovider.com/IN**
- If you have questions, please call Provider Services at **1-877-842-3210** 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

United Healthcare
Dual Complete

Service area

Effective Jan. 1, 2025, the service area includes Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White and Whitley counties.

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