

Frequently asked questions

For health care professionals | Texas
UHC Dual Complete TX-Q3 (HMO-POS D-SNP)

Effective Jan. 1, 2026



UnitedHealthcare offers a Medicare Advantage plan in your area known as UHC Dual Complete TX-Q3 (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?

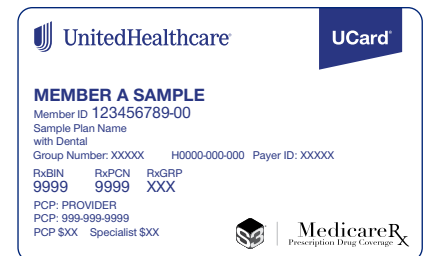
A. D-SNP eligible members can include individuals with income and special needs qualifications, ages 65 and older, and people with special needs who are younger than 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults 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 **1-866-944-4983**
- Asking for health plan ID cards at each visit, including both primary and secondary 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 (gatekeeper) plans, referrals are required if the enrollee seeks in-network care from a specialist.

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

PCPs will issue referrals through the LeadingReach platform. Specialists will need to register to create a LeadingReach account. For additional information, go to the Market Plan Reference Guide under the referral section. For application assistance, contact LeadingReach at 866-656-4410. Additional information about the upcoming referral requirement posted at eprg.wellmed.net. 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.

Key points

UHC Dual Complete TX-Q3 (HMO-POS D-SNP) is a **Medicare Advantage** plan.

See service area county list located on last page.



Q. Why am I being asked to verify a D-SNP member's chronic condition?

- A.** You may be asked to verify a patient's chronic condition to ensure they qualify for SSBCI food and utility benefits to individuals with at least 1 of the 23 specified chronic conditions.
- Verification is essential to comply with CMS requirements and to confirm the member's eligibility for these benefits
 - UnitedHealthcare requires documentation that includes an eligible diagnosis code or a provider attestation of the member's diagnosis
 - This verification can be provided by the member's treating provider or their office staff, either verbally or in writing
 - Accurate and timely verification helps maintain compliance with CMS guidelines and ensures that eligible members receive the benefits they need

Q. What are the advantages of the 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 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 using an Integrated Care Special Election Period. This will allow full-benefit dually eligible individuals to elect an integrated dual eligible special needs plan (D-SNP) in any month to align coverage with a Medicaid managed care organization 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-Q3 (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 enrollee's ID card. We will reimburse your Medicare services according to your existing Medicare Advantage contracted rates. Since these enrollees 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 Dual Eligible: Health care professionals may not attempt to collect additional reimbursement from DSNP enrollees whose Medicaid benefits cover all Medicare cost-sharing components. Fully dual-eligible enrollees are not responsible for Medicare cost-sharing under CMS regulations.

Partial Dual Eligible: 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, 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 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 dual-eligible enrollee.

Care provider resources

- To learn more, visit UHCprovider.com/txcommunityplan
- If you have questions, please call Provider Services at **1-800-550-7691**
- 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, 2026, the service area includes Harris county.

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Sample 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 UHCCommunityPlan.com. Not for distribution to retirees or beneficiaries.

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