Frequently asked questions

For health care professionals | Florida
UHC MedicareMax Dual Complete FL-Y6 (HMO-POS D-SNP)
Effective Jan. 1, 2026

UnitedHealthcare offers a Medicare Advantage plan in your area known as UHC MedicareMax Dual Complete FL-Y6 (HMO-POS D-SNP), a Dual Special Needs Plan (D-SNP), for individuals who are eligible for both Medicaid and Medicare.

PreferredCareNetwork of Florida 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?

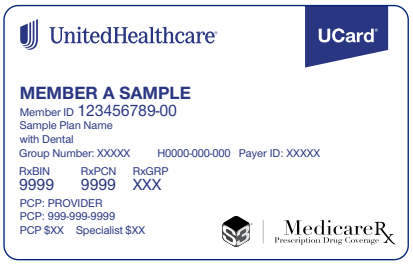
A. D-SNP eligible members can include individuals with income and special needs qualifications, ages 65 and older, and people with special needs who are younger than 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults 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 **1-800-348-5548** 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.



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

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. Learn how to verify referral requirements, submit requests and see the status of referrals in the Provider Portal with the **Referrals Interactive User Guide**. Get answers to your questions about referral requirements in the **2026 UnitedHealthcare Medicare Advantage Referral Requirements Guide**. As part of the plan benefit design, enrollees can decide who they wish to visit for their care. 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 MedicareMax Dual Complete FL-Y6 (HMO-POS D-SNP) is a **Medicare Advantage** plan.

See service area county list located on last page.

United Healthcare Dual Complete

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 UHC MedicareMax Dual Complete FL-Y6 (HMO-POS 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/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 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 MedicareMax Dual Complete FL-Y6 (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. 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 Florida Medicaid benefits. Those Medicaid covered services will be reimbursed according to your existing Florida 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/FL**
- If you have questions, please call Provider Services at **1-800-348-5548** 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, 2026, the service area includes Broward and Miami-Dade counties.

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