Frequently Asked Questions

For health care professionals | Florida
MedicareMax Plus (HMO D-SNP)

Effective Jan. 1, 2023

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

UnitedHealthcare 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 members 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?

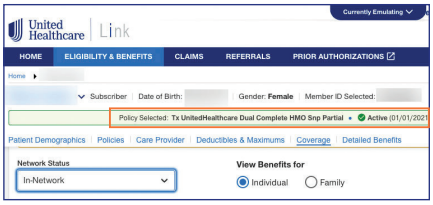
A. D-SNP eligible members can include low-income individuals ages 65 and older and people with disabilities who are younger than age 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with disabilities also qualify.

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 **1-877-842-3210** or the number on the member’s ID card
- Asking for all active health insurance cards at each visit including both primary and secondary insurance 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. For HMO (gatekeeper) plans, referrals are required if the member seeks in-network care from a specialist. As part of the plan benefit design, members can decide who they wish to visit for their care. Please check eligibility and benefits before providing services.

Key points

MedicareMax Plus (HMO D-SNP) is a **Medicare Advantage** plan.

See service area county list located on last page.

United Healthcare Dual Complete
Preferred Care Partners A UnitedHealthcare Company
PREFERRED CARE NETWORK A UnitedHealthcare Company

Q. What are the member advantages of the MedicareMax Plus (HMO D-SNP) 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, Utilities
$180 credit for food, OTC, and utilities

Routine transportation
Unlimited doctor or pharmacy rides

Prescription drug coverage
$0 copay on all covered prescriptions

Meal Delivery
$0 copay for meals after a hospital stay

Dental benefits
Comprehensive dental services

Routine vision benefits
$300 allowance toward eyewear

Each member now has a designated Care Navigator to help guide them through the various questions they may have concerning their health and benefits.

Q. How can a member 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 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 MedicareMax Plus (HMO 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 member'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 members whose Medicaid benefits cover all Medicare cost-sharing components. These members 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 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 dually eligible member.

Health care professional resources

- To learn more about this new plan, visit **UHCprovider.com/FL**
- 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

Service area

This plan will be expanding its service area effective Jan. 1, 2023. The service area will now include Broward, Miami-Dade

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

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