

# Dual Special Needs Plans, Behavioral Benefit

Offered by UnitedHealthcare  
Dual Complete<sup>®</sup>

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# What are Dual Special Needs Plans (DSNPs)?



# Understanding Special Needs Plans (SNPs)

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- SNP is a Medicare Advantage (MA) coordinated care plan that provides targeted care and services to individuals with unique needs.
- There are three types of SNP plans:
  1. Chronic SNP: For Members with severe or disabling chronic conditions, as specified by the Centers for Medicare and Medicaid Services (CMS)
  2. Institutional SNP: For Members who require a nursing home level of care
  3. Dual SNP: For members eligible for Medicare and Medicaid



# Understanding Special Needs Plans (SNPs)

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- SNPs must follow CMS regulations and cover all Medicare Part A (hospital stay) and Part B (doctor's office) benefits and must include Medicare Part D (pharmacy) coverage
- SNPs must offer clinical programs and special expertise to serve the target population
- UnitedHealthcare Dual Complete<sup>®</sup> Medicare Advantage plans will reimburse eligible Behavioral Health claims according to your Optum all-payor agreement



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# Understanding Special Needs Plans (SNPs)

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## DSNPs must:

- **Limit enrollment** to Medicaid recipients (dually eligible) Medicare-Medicaid Enrollees
- Provide **Part D** benefits
- Offer **targeted clinical programs**, benefits and services
- Report additional SNP metrics
- **Contract with State Medicaid agency**

## DSNPs may:

- **Market year-round** to eligible individuals
- Allow some enrollees to qualify for a Special Election Period (SEP)



# Understanding Special Needs Plans (SNPs)

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## Member Eligibility

### Who is eligible?

- Must have Medicare Parts A&B
- Reside in the plan Service Area
- Must not have End Stage Renal Disease (ESRD) – generally:
  - Must have specific level of Medicaid eligibility to participate
  - Level of eligibility defined by the local Medicaid agency

UnitedHealthcare conducts a pre-enrollment Medicaid eligibility check to ensure appropriate verification per plan type, before the start date of the program.



# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features and Benefits





# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

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## Behavioral Health Benefits

United Healthcare Dual Complete<sup>®</sup> Medicare Advantage program provides a full suite of Behavioral Health Benefits. **These services must be provided by a Medicare eligible provider:**

- Acute inpatient hospital for Mental Health and Substance Use Disorder (SUD) (Follow Medicare Hospital days rules)
- Inpatient free-standing psychiatric facility (190 **lifetime** days)
- MH/SUD Partial Hospitalization (PHP)
- MH/SUD Intensive Outpatient (IOP)
- Electroconvulsive Therapy (ECT)
- Transmagnetic Stimulation (TMS)
- Psychological Testing
- Home Health
- Standard/Routine Outpatient (CPT codes)

We use Medicare Coverage Summaries, if available, for MNC determination.



# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

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## Summary:

- Network providers deliver Medicare Services to DSNP Members who are qualified Medicare beneficiaries
- UnitedHealthcare Dual Complete Medicare Advantage is the member's primary insurance
- Medicaid is secondary

# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

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## Verifying Eligibility and Benefits

- Link > eligibilityLINK application
  - If you aren't registered yet, go to UHCprovider.com and select "New User" to begin registration
- Call Provider Services on the back of the Member's ID card

Always check benefits before providing services to a UnitedHealthcare Community Plan Member

**Before providing services, please verify Member eligibility.**



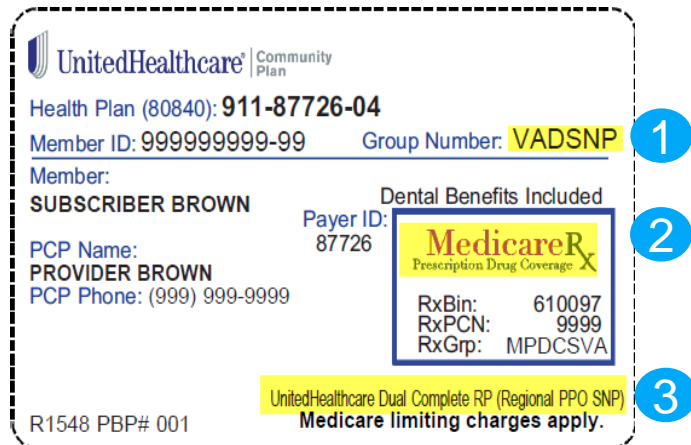
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# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

## Member ID Card – RR (Regional PPO) Card



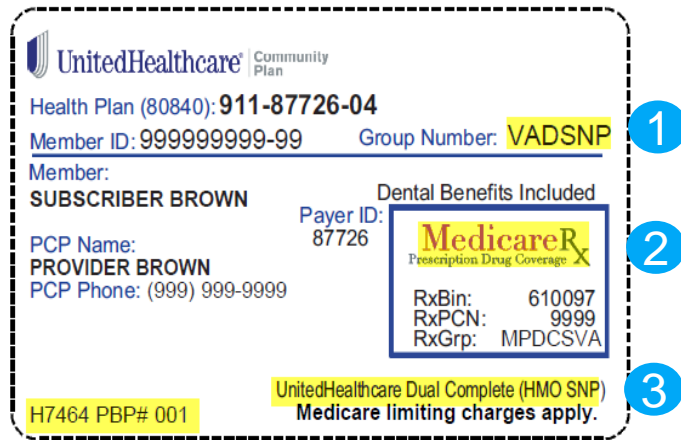
1. **Group Number:** Two digit state abbreviation and **DSNP**
2. **Pharmacy:** Medicare Rx
3. **Medicare reference** - Product name and Medicare limits apply.

4. **Provider Reference:** online resources available at **UnitedHealthcareonline.com**
5. **Medicare reference:** Medicare Community Plan

*\*Sample ID Cards are for illustration only. Actual cards may vary.*

# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

## Member ID Card – HMO SNP Card



1. **Group Number:** Two digit state abbreviation and **DSNP**
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4. **Provider Reference:** online resources available at **UnitedHealthcareonline.com**
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# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

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## Member Cost Sharing

All Member cost sharing in UnitedHealthcare Dual Complete<sup>®</sup> depends on the Members' level of dual eligibility:

- Some Members may have out-of-pocket costs for premiums, copayments and coinsurance
- All Members will have either full or partial Medicaid coverage



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# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

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## Cost Sharing Policy

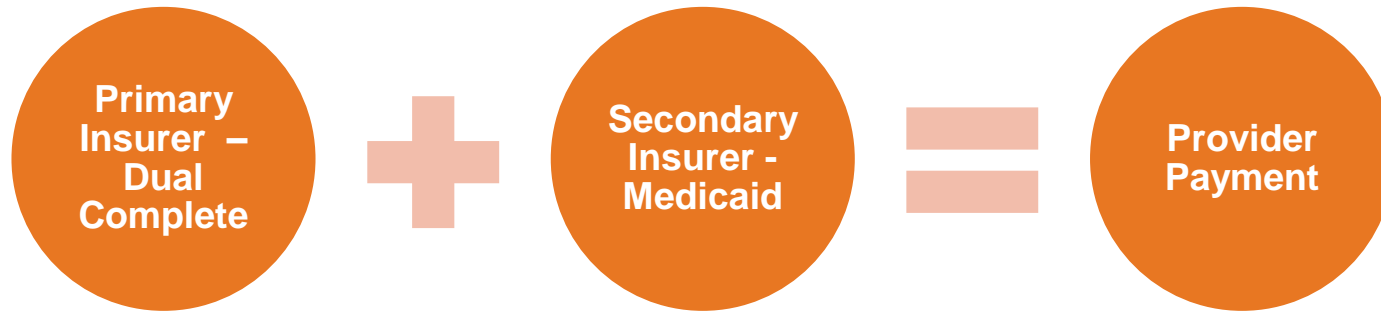
A care provider may not bill, charge, collect a deposit from, seek payment or reimbursement from, or have any recourse against:

- Any UnitedHealthcare Dual Complete<sup>®</sup> Medicare Advantage plan Member who is eligible for both Medicare and Medicaid
- The Member's representative, or the UnitedHealthcare Dual Complete<sup>®</sup> Medicare Advantage organization for Medicare Part A and B cost sharing, such as copays, deductibles and coinsurance, when the state Medicaid agency is responsible for paying these amounts



# UnitedHealthcare Dual Complete<sup>®</sup> Plan Features & Benefits

## Reimbursement Flow



- **HMO-SNP:** 80% coverage, payable based off of the contracted Medicare Advantage payment appendix
- **RPPO-SNP (INN):\*** 80% coverage, payable based off of the contracted Medicare Advantage payment appendix
- **RPPO-SNP (OON):** 60% of the current Medicare reimbursement rate

- **HMO-SNP:** 20% co-insurance. Payment from primary insurer may be greater than Medicaid allowable
- **RPPO-SNP (INN):\*** Remaining co-insurance amount. Payment from primary insurer may be greater than Medicaid allowable
- **RPPO-SNP (OON):** 40% co-insurance. Payment from primary insurer may be greater than Medicaid allowable

- **Final Reimbursement**
- **Providers may not balance bill or attempt to collect additional reimbursement from DSNP Members**

***NOTE: Example of possible reimbursement – will depend on exact services provided.***



# Clinical Program Requirements



# Clinical Program Requirements

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## Prior Authorization

Prior Authorization is required according to CMS (see Medicare Coverage Summaries) and Optum Level of Care (LOC) guidelines for Medicare Members:

- Locate Optum LOC guidelines by going to **providerexpress.com** > Clinical Resources tab > Guidelines/Policies & Manuals > Level of Care Guidelines and/or selecting Medicare Coverage Summaries
- Locate the Optum Network Manual by going to **providerexpress.com** > Clinical Resources tab > Guidelines/Policies & Manuals > Optum Network Manual

# Clinical Program Requirements

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## Prior Authorization and Provider Services Contact Information



Online: [uhcprovider.com/Link](https://uhcprovider.com/Link)



Phone: weekdays 8 a.m. - 6 p.m., available 24 hours for emergencies

- Check the phone numbers listed on the back of the member ID card for correct phone numbers

# Clinical Program Requirements

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Link is your gateway to UnitedHealthcare's online tools.



Use Link applications to help simplify daily administrative tasks:

- Check member eligibility
- Submit a claims reconsideration
- Review coordination of benefits information
- View care opportunities for Members

To register for Link, sign in to [uhcprovider.com](https://uhcprovider.com) using your Optum ID or click “New User” if you do not have an Optum ID.

For more information, click “Link” in “Learn more about Link”.

# Clinical Program Requirements

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## Reminder: Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires all care providers who treat patients in a Special Needs Plan (SNP) to complete annual Model of Care (MOC) training.

- We offer the SNP MOC training annually as a pre-recorded session that takes about 10 minutes to complete
- For new plans going live **Jan. 1, 2019**, providers will be required to complete the training by **Oct. 1, 2019**. NOTE: *New 2019 training will be released during Q1 2018*

**UHCprovider.com** > Menu > Resource Library > Training

- Scroll down to the 2018 Special Needs Model of Care Training.  
**Registration is required**

To learn more, contact **1-888-878-5499** or  
**[snp\\_moc\\_providertraining@uhc.com](mailto:snp_moc_providertraining@uhc.com)**.

# Claims Submission



# Claims Submission

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## Electronic Claims Submission

**For electronic submission, Payer ID may be located on Member ID card, is the most common primary Payer ID. Check with eSolutions and health plan for a different payer ID.**

- Link application - claimsLink
- Clearinghouse of your choice: If you receive 835 Electronic Remittance Advice (ERAs) through a vendor, please ask them to enroll you for the 835 through OptumInsight
- Connectivity Director
- To find out more, please contact your vendor or call Electronic Data Interchange (EDI) at **1-800-842-1109**



# Claims Submission

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## Paper Claim Submission:



You may mail in paper claims to the claims address listed on the back of the member's ID card.

## Standard Timely Filing:



90 days from the date of service, or the timeframe in your participation agreement.



# Claims Submission

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## Signing up for Electronic Payments & Statements (EPS)

With EPS, you receive electronic funds transfers (EFT) for claim payments and Explanation of Benefits (EOBs) are delivered online.

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your bank account



To receive direct deposit and electronic statements through EPS, please enroll at:  
**[myservices.optumhealthpaymentservices.com](https://myservices.optumhealthpaymentservices.com)**.

- Here's what you'll need:
  - Bank account information for direct deposit
  - Either a voided check or a bank letter to verify bank account information
  - A copy of your practice W-9 form

# Claims Submission

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## Electronic Payments & Statements (EPS)

If you're already signed up for EPS, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan of Virginia.



For more information, please call **1-877-620-6164**

OR



Go to **UHCprovider.com** > Claims, Billing and Payment > Electronic Payments and Statements

Thank you.

