Michigan | D-SNP Enrollment At A Glance

Scan the QR code or follow the Jarvis path below to access the UHC D-SNP landing page and learn more about UHC D-SNPs

Jarvis > Knowledge Center > Medicare Product Resources > Dual Special Needs Plans



Overview

This guide will help you understand which consumers may be eligible to enroll in a UnitedHealthcare D-SNP plan and determine which plans can be offered during the Integrated Care Special Enrollment Period (SEP).

Dual Eligibles

349K

Dual Eligibles

284K

Full Dual Eligibles (82%)

13K

QMB Eligibles (4%)

51K

Partial Dual Eligibles (15%)

UHC D-SNP Service Area Only; estimates based on June 2024 CMS.gov data

2026 Footprint

Limited footprint for one plan eligible to sell using the Integrated Care SEP



- Counties with Integrated Care SEP available
- Counties with no Integrated Care SEP Counties with no UHC D-SNP Plan

Summary of D-SNP Enrollment Eligibility

Any dual-eligible consumer can enroll in a UHC D-SNP plan during AEP and MA-OEP

There are no changes to enrolling in D-SNP plans during AEP and MA-OEP. To enroll a consumer into the UHC Dual Complete MI-Y1 plan during AEP or MA-OEP, the consumer must be 21+ enrolled in Medicaid, be Full Dual eligible (FBDE, QMB+, SLMB+), and reside withing the plan service area. (see below) Use the Jarvis Medicare and Medicaid Verification (MMV) tool linked on the D-SNP landing page to verify plan eligibility (see QR code above or navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup).

Only certain dual-eligible consumers can enroll in a UHC plan using the Integrated Care SEP (see below)

- If your client is 21+ enrolled in Medicaid, is Full Dual eligible (FBDE, QMB+, SLMB+), and resides within the plan service area (see below) then your client may be eligible for the monthly Integrated Care SEP and may enroll in the UHC Dual Complete MI-Y1 plan. Use the MMV tool linked in the QR code above to validate your client's eligibility before you submit the application.
- Non-Full Duals (example: QMB, SLMB, and QI) are subject to the same SEP rules as MA.
- Special circumstance SEPs still apply to all D-SNP consumers; client must be Medicaid eligible. Refer to the D-SNP Landing Page for more information (QR code or Jarvis file path above).

Unique Market Considerations

- UHC Dual Complete MI-Y1 is only available in the following counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren, Wayne, and Macomb.
- Consumers eligible for the UHC Dual Complete MI-Y1 plan who are on the MI Choice or PACE waiver programs must complete a state required MI Acknowledgement Form prior to the application being approved by UHC. UnitedHealthcare will communicate with the consumer if the form is required.

Plan Information (Click plan name for details)			
Plan Name	Plan Eligibility and Overview	SEP Sales Opportunity	
UHC Dual Complete MI-Y1 (HMO D-SNP) H2247-005-000 **Limited Footprint**	Eligible Membership: Full Dual Only (<u>FBDE</u> , <u>QMB+</u> , <u>SLMB+</u>) Plan Focus: For those who have full Medicaid benefits and are 21 and older. After joining this plan, you'll be enrolled in MI Coordinated Health (MICH) for a combined Medicare and Medicaid experience. \$223 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes, any Full Dual (FBDE, QMB+, SLMB+) consumer aged 21+ enrolled in Medicaid may enroll in this plan using Integrated Care SEP	
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While Integrated Care SEP Opportunities do not apply to the below plans, all special circumstance SEPs still apply. Refer to the Jarvis MMV tool for more information.

UHC Dual	Complete MI-S3	(HMO
D-SNP)		

H2247-004-000

*Limited Footprint**

UHC Dual Complete MI-S002 (HMO-POS D-SNP) H2247-001-000

UHC Dual Complete MI-S001 (PPO D-SNP)

H2001-039-000 **Limited Footprint**

Limited Footprint

UHC Dual Complete MI-V001 (HMO-POS D-SNP) H2247-003-000 **Limited Footprint**

Eligible Membership: Full Dual Only (FBDE, QMB+, SLMB+)

Plan Focus: Must have full Medicaid benefits. \$206 credit every month for OTC, plus healthy food and utilities for qualifying members.

Eligible Membership: Full Dual or QMB Only (FBDE, QMB+, SLMB+, QMB)

Plan Focus: Must have full Medicaid benefits, or be a Qualified Medicare Beneficiary (QMB) with all your Medicare-covered services provided at \$0. \$175 credit every month for OTC, plus healthy food and utilities for qualifying members.

Eligible Membership: Full Dual or QMB Only (FBDE, QMB+, SLMB+, QMB)

Plan Focus: Must have full Medicaid benefits, or be a Qualified Medicare Beneficiary (QMB) with all your Medicare-covered services provided at \$0. \$104 credit every month for OTC, plus healthy food and utilities for qualifying members.

Eligible Membership: All Dual* (FBDE, QMB+, SLMB+, QMB, SLMB, QI)

Plan Focus: Designed for those who don't have full Medicaid benefits but get help paying their Medicare Part B premium and pay some of their own Medicare-covered costs. \$50 credit every month for OTC, plus healthy food and utilities for qualifying members

Limited - Outside of AEP and MA-OEP, consumers are limited to special circumstance SEPs to enroll in this plan

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<u>Underlined</u> are the dual eligibles most suited for each plan.