



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

184K

Dual Eligibles

168K

Full Dual Eligibles (91%)

4K

QMB Eligibles (2%)

13K

Partial Dual Eligibles (7%)

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

Summary of D-SNP Enrollment Eligibility

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

1. There are no changes to enrolling in D-SNP plans during AEP and MA-OEP. 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)

1. If your client has a UHC Medicaid plan and is Full Dual eligible (FBDE, QMB+), your client may be eligible for the monthly Integrated Care SEP and may enroll in any of the plans listed below. Use the MMV tool linked in the QR code above to validate your client's eligibility before you submit the application.
 - a. Full Dual eligible consumers with other Medicaid carriers will not be eligible to switch to a UHC D-SNP plan during SEP and are subject to Medicaid open enrollment period rules to switch to the UHC Medicaid plan (see below).
2. Non-Full Duals (example: LIS and QMB only) are subject to the same SEP rules as MA.
3. 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).

Summary of UnitedHealthcare Medicaid Information

To enroll in a UHC D-SNP plan using the Integrated Care SEP, clients must first enroll in the UHC Medicaid plan.

Medicaid Enrollment Process: Agents may not assist clients in signing up for a Medicaid Managed Care plan. Simply direct the client to the Medicaid enrollment number below.

- Wisconsin Medicaid: 1-800-291-2002
- Hours: Monday - Friday 7 a.m. to 6 p.m. local time

Medicaid Plan Name: UnitedHealthcare Community Plan

Medicaid Enrollment Period: Year Round

Unique Medicaid Considerations:

- Medicaid Managed Care open enrollment occurs 90 days (after enrollment), annually at their individual open enrollment period (anniversary of signing up) at redetermination or with just cause.
- UHC Dual Complete WI-D3 can only be offered in the following counties: *Brown, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha*
- The state of Wisconsin does not identify SLMB+ as having full Medicaid benefits. Therefore, these members may be subject to cost sharing and would be better suited on the UHC Dual Complete WI-V001plan.

2026 Footprint

Full footprint of plans eligible to sell using the Integrated Care SEP (to UHC Medicaid Members Only)



Counties with Integrated Care SEP available

Plan Information (Click plan name for details, additional plans on the following page)

Plan Name	Plan Eligibility and Overview	Is Integrated Care SEP Available?
UHC Dual Complete WI-D3 (HMO-POS D-SNP) H3794-006-000 **Limited Footprint**	Eligible Membership: All Dual* (<u>FBDE</u> , <u>QMB+</u> , <u>QMB</u> , SLMB+, SLMB, QI) Plan Focus: Designed for those who have full Medicaid benefits. \$230 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP
UHC Dual Complete WI-D002 (HMO-POS D-SNP) H3794-002-000	Eligible Membership: All Dual* (<u>FBDE</u> , <u>QMB+</u> , <u>QMB</u> , SLMB+, SLMB, QI) Plan Focus: Designed for those who have full Medicaid benefits, or are a Qualified Medicare Beneficiary (QMB) with all their Medicare-covered services provided at \$0. \$157 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP
UHC Dual Complete WI-D003 (HMO-POS D-SNP) H5253-024-000	Eligible Membership: All Dual* (<u>FBDE</u> , <u>QMB+</u> , <u>QMB</u> , SLMB+, SLMB, QI) Plan Focus: Designed for those who have full Medicaid benefits, or are a Qualified Medicare Beneficiary (QMB) with all their Medicare-covered services provided at \$0. \$100 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP

See additional plans on the following page

All Dual means any level of Dual Eligible member may sign up for the plan:
Full Dual = FBDE, QMB+ | QMB = QMB | Partial Dual = SLMB+, SLMB, QI

Underlined are the dual eligibles most suited for each plan.



Plan Information (Continued)

Plan Name	Plan Eligibility and Overview	SEP Sales Opportunity
<u>UHC Dual Complete WI-D001</u> (PPO D-SNP) H0294-027-000	Eligible Membership: All Dual* (<u>FBDE</u> , <u>QMB+</u> , <u>QMB</u> , <u>SLMB+</u> , <u>SLMB</u> , <u>QI</u>) Plan Focus: Designed for those who have full Medicaid benefits, or are a Qualified Medicare Beneficiary (QMB) with all their Medicare-covered services provided at \$0. \$76 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP
<u>UHC Dual Complete WI-V001</u> (HMO-POS D-SNP) H3794-004-000	Eligible Membership: All Dual* (<u>FBDE</u> , <u>QMB+</u> , <u>QMB</u> , <u>SLMB+</u> , <u>SLMB</u> , <u>QI</u>) 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. \$60 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP

The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

All Dual means any level of Dual Eligible member may sign up for the plan:
Full Dual = FBDE, QMB+ | QMB = QMB | Partial Dual = SLMB+, SLMB, QI

Underlined are the dual eligibles most suited for each plan.