

Dual Special Needs Plans (DSNP) Frequently Asked Questions (FAQ)

What are the advantages/opportunities of selling DSNP to eligible consumers?

Dual-eligible consumers have unique Special Election Periods based on their dual status, which may provide for year-round sales opportunities and residual income year over year for the agent.

I have completed my UnitedHealthcare® pre-requisite certification. Do I need a specific DSNP certification in order to sell a Dual Special Needs Plan?

Yes, you must pass (with a minimum score of 85% within six attempts) the **Chronic Condition and Dual Special Needs Plans** certification assessment, which can be accessed in Learning Lab. It is located near the bottom of the page within the Certification Learning Path.

What are the most common SEPs for dual eligible consumers?

1. **SEP-DUAL/LIS (MAINTAINING SEP)** Dual eligible or Low Income Subsidy (LIS) eligible consumers who are maintaining their status have a quarterly (not monthly) opportunity to change plans within the first nine months of the calendar year.
2. **SEP-DUAL/LIS (CHANGE IN STATUS)** Dual eligible or LIS eligible consumers who had a change in either their Medicaid Assistance (Medicare Savings Program) or LIS/Extra Help level or lost the assistance, will have the opportunity to change plans within 3 months of their notification of change or from when the change went into effect, whichever is later.

Who is the best candidate for a DSNP?

Consumers who have both Medicare and Medicaid and who are categorized as Full Dual Eligible under the Medicare Savings Program. These individuals receive Medical benefits through Medicaid and additionally receive assistance in paying Medicare premiums, deductibles and coinsurances. The Full Dual Eligible categories include:

- **FBDE:** Full Benefit Dual Eligible – these individuals only have Medicaid benefits and will be responsible for the cost sharing for Part A & B services (deductibles, copays, and coinsurance)
- **QMB+:** Qualified Medicare Beneficiary Plus Full Medicaid benefits
- **SLMB+:** Specified Low-Income Medicare Beneficiary Plus Full Medicaid benefits

What should we do if a consumer doesn't qualify for a DSNP?

Check with your sales leader for the best plan option for the consumer who doesn't qualify for a DSNP.

ELIGIBILITY

What are the eligibility requirements to enroll in a DSNP?

To be eligible for a DSNP the consumer must be:

- Entitled to Medicare Part A
- Enrolled in Medicare Part B
- United States citizen or lawfully present in the United States
- Receive state Medicaid benefits also known as Medicare Savings Program (qualifying Medicaid category) *
- Reside in the plan's Service Area *

*Note: please review your Sales Materials (e.g., Enrollment Guide, Summary of Benefits) for specifics on qualifying Medicaid categories and service area for the DSNP.

What are the different dual eligibility levels/categories?

Medicare consumers may get help from their state to pay for their Medicare premiums. These programs are also known as Medicare Savings Programs. In some cases, the Medicare Savings Programs may also pay for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and copayments if they meet certain conditions set by the state. Below are the lists of Medicare Savings Programs that may be available in a state.

NOTE: Medicaid eligibility levels and qualifying requirements varies by state.

Eligibility Level	Part A Premium	Part B Premium	Part D Premium*	Medicare Deductibles, Copays, Coinsurance	Have Health Benefits through Medicaid
FBDE	No	Varies by state	No	Varies by state	Yes
QMB Plus	Yes	Yes	No**	Yes	Yes
SLMB Plus	No	Yes	No**	Varies by state	Yes
QMB Only	Yes	Yes	No**	Yes	No
QI	No	Yes	No**	No	No
QDWI	Yes	No	No	No	No
SLMB Only	No	Yes	No**	No	No

QMB = Qualified Medicare Beneficiary **SLMB** = Specified Low-income Medicare Beneficiary
QI = Qualifying Individual **QDWI** = Qualified Disabled Working Individual **FBDE** = Full Benefit Dual Eligible

*Low Income Subsidy may be available to help with Part D premium cost.

**QMBs, SLMBs, FBDE, and QIs are GENERALLY deemed eligible for LIS to cover Part D premium costs and will not have Part D premium expenses.

How do I know if a person has full dual eligibility (e.g., QMB Plus)?

In order to determine what level of benefit the consumer has (Medicare Savings Program) you can review the consumer’s state “Award Letter,” contact the state Medicaid office, or look at the consumer’s Medicaid card.

What is the purpose of the Medicare/Medicaid Eligibility Lookup Tool in Jarvis?

This tool allows you to determine Medicare and Medicaid eligibility for consumers and members. Medicaid searches also provide a list of plans available for enrollment. If you encounter any issues or have questions, the Producer Help Desk remains available as a resource. Review the **Jarvis Medicare Medicaid Eligibility Lookup Tool job aid** for instructions on how to use the tool. You can locate this job aid in [Jarvis>Knowledge Center> Learning Lab>Content Library>Jarvis](#).

How does a consumer know if there has been a change in their level of assistance?

A consumer will receive a “Notification Letter” from CMS or their state when their LIS or Medicare Savings Program level changes. The letter indicates the effective date of the change.

What happens if a DSNP member loses their Medicaid eligibility for the plan?

If a DSNP member loses Medicaid eligibility for the plan, the member can remain enrolled in the DSNP for a period of continued eligibility, which is often called the “grace period.” The grace period can vary in length from 1 to 6 months but is generally 6 months for most DSNPs. There is an exception for the UnitedHealthcare Senior Care Options Plan.

Additionally, a Special Election Period (SEP) (DUAL LIS (change in status) is available for DSNP member who lose Medicaid eligibility. This SEP begins the month the member is notified by the plan of the loss of Medicaid eligibility and ends when they enroll into a different Medicare Advantage Part D plan or 3 months after they have been disenrolled from the DSNP, whichever is earlier.

Note: DSNP members in a grace period due to the loss of Medicaid eligibility (e.g., Medicare Savings Programs) are responsible for paying their Medicare Part A and B cost sharing.

How can a Medicaid eligible consumer recertify for Medicaid?

Medicaid recipients can recertify as early as 90-days from termination – which is generally preferred, but in most states the opportunity is allowed 60 and 30 days from termination as well. Keep in mind that some states might be auto-renewing everyone during the COVID emergency.

If the Medicaid recipient DOES NOT recertify in time, depending on the state, there may be a lapse of time, up to 90-days from the date of termination, to comply. This does not necessarily mean they will be reinstated if they comply. They must still meet all conditions of eligibility.

BEST PRACTICES

What is the best way to market to potential DSNP consumers?

Work with your local UnitedHealthcare Sales Leader to identify the DSNP population in your market to target your efforts. Your sales leader can help you utilize the UnitedHealthcare Toolkit for DSNP marketing. The UnitedHealthcare Toolkit offers a variety of lead generation materials.

Why is the Health Assessment (HA) important for a DSNP member?

The health assessment is a tool that helps identify members at high risk for inpatient hospitalizations and those who may benefit from clinical programs. Based on the health assessment responses, information could be shared with the member’s doctor and other members of their care team.

Note: Make sure the member understands that answering these questions will have no effect on their plan membership.

What are some other ways that we can help DSNP members?

You can refer your DSNP members to the **Social and Government Referral Program (SGRP) & Veteran Outreach** – formally known as My Advocate. This program helps members apply for a wide variety of assistance programs that can help to improve the financial and/or social challenges identified for the members, which includes:

1. Helping members enroll and recertify for Medicare Savings Programs (MSP) if they qualify.
2. Assisting members enroll in the Low-Income Subsidy (LIS) if they qualify.
3. Assisting members recertify/reapply for Medicaid if applicable.
4. Helping connect members with a variety of community-based programs that are no-cost to the member and can help address additional social and financial needs of the member.