

Frequently Asked Questions

UHC PathWays Dual Special Needs Plans

Effective Jan. 1, 2026

UnitedHealthcare offers two Fully Integrated Medicare Advantage Dual Special Needs Plans (D-SNP) plans for individuals who are eligible for both the Indiana PathWays for Aging Medicaid program and Medicare in your area:

- **UHC PathWays Dual Care IN-S3 (PPO D-SNP)**
- **UHC PathWays Dual Care IN-S1 (PPO D-SNP)**

UnitedHealthcare Community Plan of Indiana manages the Indiana PathWays for Aging Medicaid and the Medicare Advantage benefits and reimburses you according to your existing contracted rates. These plans include benefits normally managed by Medicaid. This will have an impact on reimbursement for defined enrollees and/or services. Please make sure to always validate eligibility and benefits before providing service.

Eligibility and benefits

Q. What is the UHC PathWays Dual Care Program?

A. PathWays Dual Care is a specialized type of D-SNP, known as a Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) designed to support members who are eligible for both Medicare and Medicaid.

Q. Who is eligible to participate in the UHC PathWays Dual Care plans?

A. PathWays Dual Care members are enrolled in Medicare and full coverage Medicaid and are 60 years of age or older not receiving services from the Traumatic Brain Injury (TBI) waiver, Community Integration and Habilitation (CIH) waiver, or Family Supports Waiver (FSW) or residing in an Intermediate Care Facility (ICF) for Individuals with Developmental Disabilities (IDD)

Q. What actions do LTSS care providers need to take for this plan?

A. No action is needed for LTSS care providers at this time.

Q. How can I check eligibility?

A. Always verify eligibility before providing services to a plan enrollee. You can check 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 dual-eligible enrollees through the Eligibility and Benefits tools on the Provider Portal. Enrollees classified as partial will display as shown.
- Calling Provider Services at **1-855-248-1474** or the number on the ID card
- Asking for **all active** health plan ID cards at each visit including both primary and secondary **insurance** cards identify these enrollees. Please always refer to their active ID card for current details. Note: UHC PathWays Dual Care members will have one UCard for both DSNP (Medicare) and Indiana PathWays for Aging (Medicaid)



Q. What are the advantages of the UHC PathWays Dual Care plans?

- A.** Enrollees 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. Members receive more coordinated, comprehensive, simplified care and increased access to services by having Medicare and Medicaid benefits and services combined under one health plan and one member ID card.

Q. How can an individual enroll in a Dual Special Needs Plan?

- A.** Prospective members can explore their options by visiting UHCCommunityPlan.com/IN or speaking to a licensed sales agent or during the Annual Enrollment Period, Oct. 15–Dec. 7. In addition, special election periods are available for fully integrated dually eligible individuals.

Care provider reimbursement

Q. How will I be reimbursed for the UHC PathWays Dual Care plans?

- A.** As part of the FIDE process, UHC will crossover applicable claims that are submitted to UHC Medicare to pay the allowed amount. When crossed over, the claim will be recreated to pay the Medicaid allowed amounts or applicable cost share responsibility on the crossed over Medicaid claim. In these cases, no action is needed by providers as the full integration allows this process to be seamless to providers.

We will reimburse you according to your existing Medicare Advantage contracted rates, for eligible and covered services, up to the defined benefit value and process all necessary Medicare cost-share portions, payable by Medicaid, up to the Medicaid allowable reimbursement rates. In addition, we are also responsible for the management and payment of Indiana PathWays for Aging Medicaid benefits. Those Medicaid-only covered services will be reimbursed according to your existing Indiana Medicaid contracted rates. 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 enrollees whose Medicaid benefits cover all Medicare cost-sharing components. These enrollees 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.

Health care professional resources

- To learn more, visit UHCprovider.com/IN
- If you have questions, please call Provider Services at **1-855-248-1474** and select “Health Care Provider”
- For 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

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Sample 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/VA. Not for distribution to retirees or beneficiaries.