

Frequently asked questions

For health care professionals | Hawaii
UHC Dual Complete HI-Y1 (PPO D-SNP)

Effective Jan. 1, 2026



UnitedHealthcare offers a Medicare Advantage plan in your area known as UHC Dual Complete HI-Y1 (PPO D-SNP), a Dual Special Needs Plan (D-SNP), for individuals who are eligible for both QUEST (Medicaid) and Medicare.

UHC Community Plan of Hawaii manages the Medicare Advantage benefits and reimburses you according to your existing contracted rates. This plan also includes benefits normally managed by QUEST (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. Who is eligible to participate in the plan?

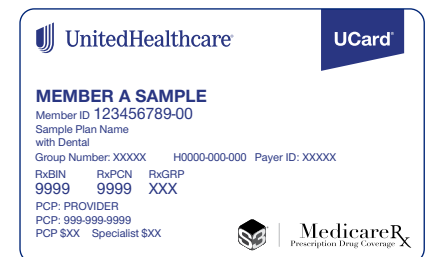
A. D-SNP eligible members can include individuals with income and special needs qualifications, ages 65 and older, and people with special needs who are younger than 65. Individuals must qualify for Medicaid and Medicare separately. While most qualify for Medicare once they reach 65, some younger adults with special needs may also qualify.

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 **1-866-622-8054** 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 e.g., QUEST (Medicaid)

We’ve included an example of the UnitedHealthcare UCard to help you identify these enrollees. Please always refer to their active ID card for current details.



Sample ID cards for illustration only;
actual information varies depending on
payer, plan and other requirements.

Key points

UHC Dual Complete HI-Y1 (PPO D-SNP)
is a **Medicare Advantage** plan.

See service area county list located on last page.



Q. Are referrals required for the plan?

- A.** For LPPO and RPPO (For LPPO and RPPO (open access) plans, referrals are not required if the enrollee seeks in-network care from a specialist.) plans, referrals are not required if the enrollee seeks in-network care from a specialist. Learn how to verify referral requirements, submit requests and see the status of referrals in the Provider Portal with the [Referrals Interactive User Guide](#). Get answers to your questions about referral requirements in the [2026 UnitedHealthcare Medicare Advantage Referral Requirements Guide](#). As part of the plan benefit design, enrollees can decide who they wish to visit for their care. As part of the plan benefit design, enrollees can decide who they wish to visit for their care. Please check eligibility and benefits before providing services.

Q. Why am I being asked to verify a D-SNP member's chronic condition?

- A.** You may be asked to verify a patient's chronic condition to ensure they qualify for SSBCI food and utility benefits to individuals with at least 1 of the 23 specified chronic conditions.
- Verification is essential to comply with CMS requirements and to confirm the member's eligibility for these benefits
 - UnitedHealthcare requires documentation that includes an eligible diagnosis code or a provider attestation of the member's diagnosis
 - This verification can be provided by the member's treating provider or their office staff, either verbally or in writing
 - Accurate and timely verification helps maintain compliance with CMS guidelines and ensures that eligible members receive the benefits they need

Q. What are the advantages of the UHC Dual Complete HI-Y1 (PPO D-SNP) plan?

- 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 QUEST (Medicaid).

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

- A.** Prospective members can explore their options by visiting UHCCommunityPlan.com/HI or speaking to a licensed sales agent. In addition to individuals enrolling during the Annual Enrollment Period, Oct. 15 -Dec. 7, plan members may enroll, disenroll or switch plans using an Integrated Care Special Election Period. This will allow full-benefit dually eligible individuals to elect an integrated dual eligible special needs plan (D-SNP) in any month to align coverage with a Medicaid managed care organization by following the Centers for Medicare & Medicaid Services (CMS) regulatory requirements.

Care provider reimbursement

Q. How will I be reimbursed for the UHC Dual Complete HI-Y1 (PPO D-SNP) plan?

- A.** 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 QUEST (Medicaid), up to the Medicaid allowable reimbursement rates. In addition, we are also responsible for the management and payment of Hawaii Medicaid benefits. Those Medicaid-only covered services will be reimbursed according to your existing Hawaii 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 QUEST (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.

Q. As a health care professional, do I need to be enrolled in QUEST (Medicaid) to receive the remaining reimbursement?

A. Yes. You are required to enroll or register with the state QUEST (Medicaid) plan to support state requirements when providing services to eligible individuals enrolled in a fully integrated dual-eligible plan that covers all Medicare and state QUEST (Medicaid) benefits. If you decide not to enroll or re-enroll with the state QUEST (Medicaid) program, you will no longer be eligible to participate in this program.

Health care professional resources

- To learn more, visit UHCprovider.com/HI
- If you have questions, please call Provider Services at **1-866-622-8054** 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

Service area

Effective Jan. 1, 2026, the service area includes Hawaii, Honolulu, Kalawao, Kauai and Maui counties.

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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 UHCCCommunityPlan.com/HI. Not for distribution to retirees or beneficiaries.

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