

If you have Medicare and full-benefit Medicaid

If you are eligible for both Medicare and full-benefit Medicaid and have questions about your benefits, here are some resources that might help.

For United Healthcare Community Plan Members

If you have both Medicare and United Healthcare Community Plan, you have two sources of insurance coverage. Medicare is considered your primary insurance and United Healthcare Community Plan is your secondary insurance. This means your doctor will bill Medicare first for services covered by both programs and United Healthcare Community Plan will be billed second for any cost-sharing. You do not have to pay for any approved services covered by Medicare or Medicaid and performed by participating physicians. Your United Healthcare Community Plan benefits will not change your primary insurance benefits. Your Care Coordinator will work with your primary insurance to help set up your health care.

When you call Member Services at the numbers below you will be connected with a specially trained advocate who will help you get the most from your health plan. Your advocate is equipped to answer questions, resolve issues, help set up doctor appointments, and connect you with available services.

You can find more information in your member handbook. An updated, electronic version of the handbook and provider directory can be found at www.myuhc.com/CommunityPlan.

DSHP/Medicaid Members

Call Member Services at 1 (877) 877-8159, TTY: 711, Monday through Friday, 8 a.m. to 7 p.m. Delaware member advocates can also be reached at 1 (877) 901-5523, TTY: 711, Monday through Friday 8 a.m. to 5 p.m.

DSHP Plus/Long Term Care members

Call Member Services at 1 (877) 542-9248, TTY: 711, Monday through Friday, 8 a.m. to 7 p.m. Delaware member advocates can also be reached at 1 (877) 901-5523, TTY: 711, Monday through Friday 8 a.m. to 5 p.m.

For Highmark Health Options Plan members

If you have both Medicare and Highmark Health Options, you have two sources of insurance coverage. Medicare is considered your primary insurance and Highmark Health Options is your secondary insurance. This means your doctor will bill Medicare first for services covered by both programs and Highmark Health Options will be billed second for any cost-sharing. You do not have to pay for any approved services covered by Medicare or Medicaid and performed by participating physicians.

Highmark Health Options' Care Coordination Program supports members who are at risk or are managing chronic illness to improve their overall health and well-being. The Care Coordination Department takes a proactive, member-centric approach to care management, placing a strong emphasis on comprehensive identification of members' medical and psychosocial needs.

The Care Coordination Department is comprised of Care Coordinators, Resource Coordinators and Member Advocates. Care Coordinators are licensed staff (registered nurses and social workers) who assist members who have more complex health needs. Resource Coordinators (unlicensed staff) help members schedule appointments with PCPs, arrange transportation, or connect members to programs and services in their community. Member Advocates investigate and resolve access and cultural-sensitivity issues identified by members, advocacy groups, external organizations, or state staff. They also work directly with schools, community and state agencies that provide services to members.

You can contact Care Coordinators, Resource Coordinators and Member Advocates by calling 1 (844) 325-6255 from 8 a.m. to 5 p.m. Monday through Friday. After normal business hours call Health Options' 24-hour Nurse Line at 1 (855) 445-4241. For more information consult your member handbook or go to www.HighmarkHealthOptions.com.

Other resources

[Medicaid.gov](http://www.Medicaid.gov)

Medicaid provides health coverage to more than 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare. Medicaid also provides coverage to 3.7 million people with disabilities who are enrolled in Medicare. Learn what Medicaid covers for Medicare enrollees.

[Medicare.gov](http://www.Medicare.gov)

If you have Medicare and full Medicaid coverage, most of your health care costs are likely covered. Learn about your Medicare options here.

[Medicare-Medicaid Coordination Office](#)

The goal of the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office is to make sure Medicare-Medicaid enrollees have full access to seamless, high quality health care and to make the system as cost-effective as possible.

The CMS [Medicare Learning Network](#) is primarily for providers but contains helpful information for individuals who have Medicare and full-benefit Medicaid.

The [Delaware Medicare Assistance Bureau](#) (DMAB) is located in the Delaware Department of Insurance. Formerly known as Elder Info, DMAB provides counseling and assistance on questions and problems related to Medicare, Medicaid, Medigap (Medicare supplemental insurance), Medicare Part D, long-term care insurance and other types of health insurance. There is no charge for the service. Call 1 (800) 336-9500 or (302) 674-7364.