2022 Georgia Individual Exchange benefit plans

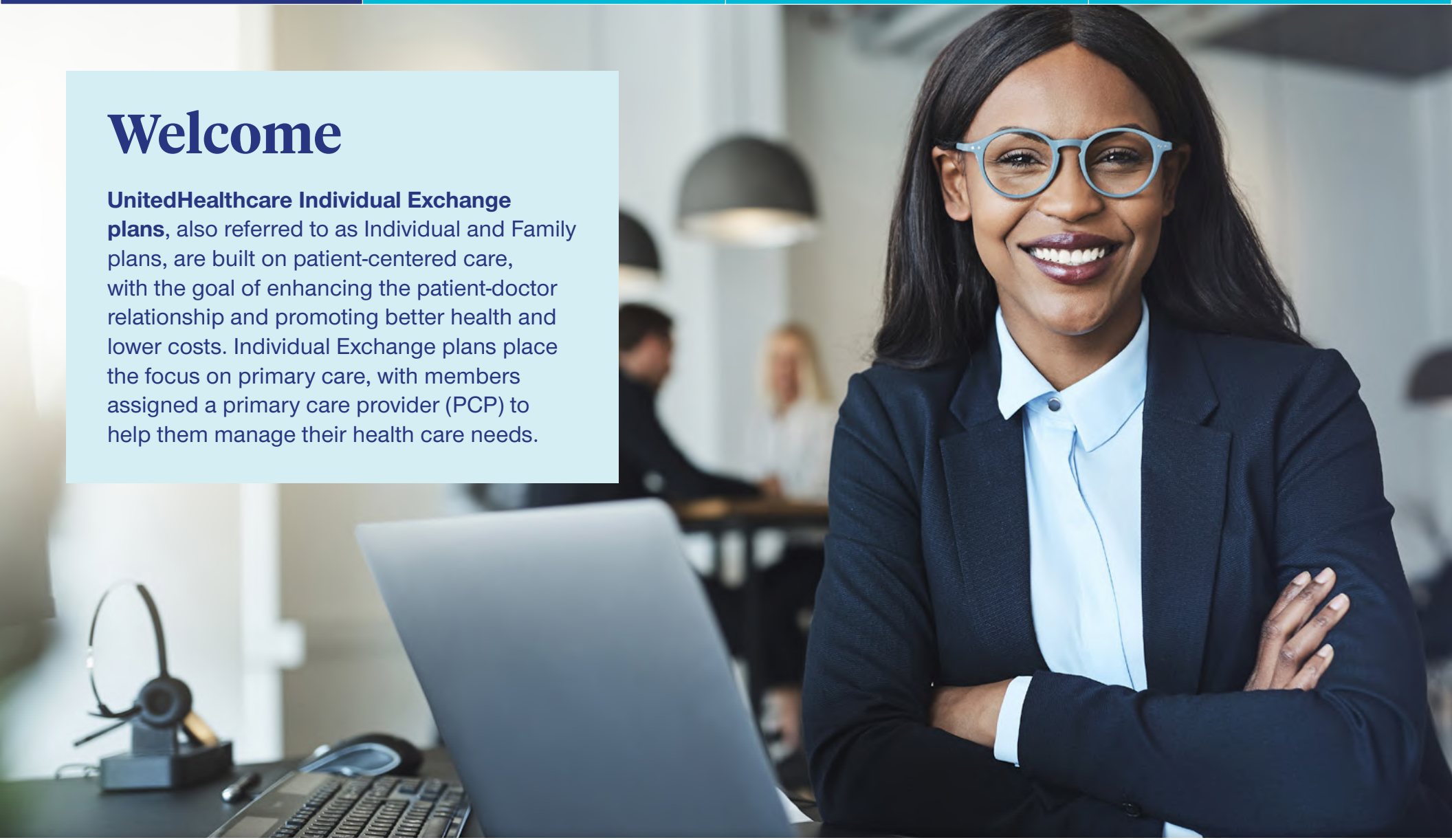
Welcome kit

Click to start

United Healthcare

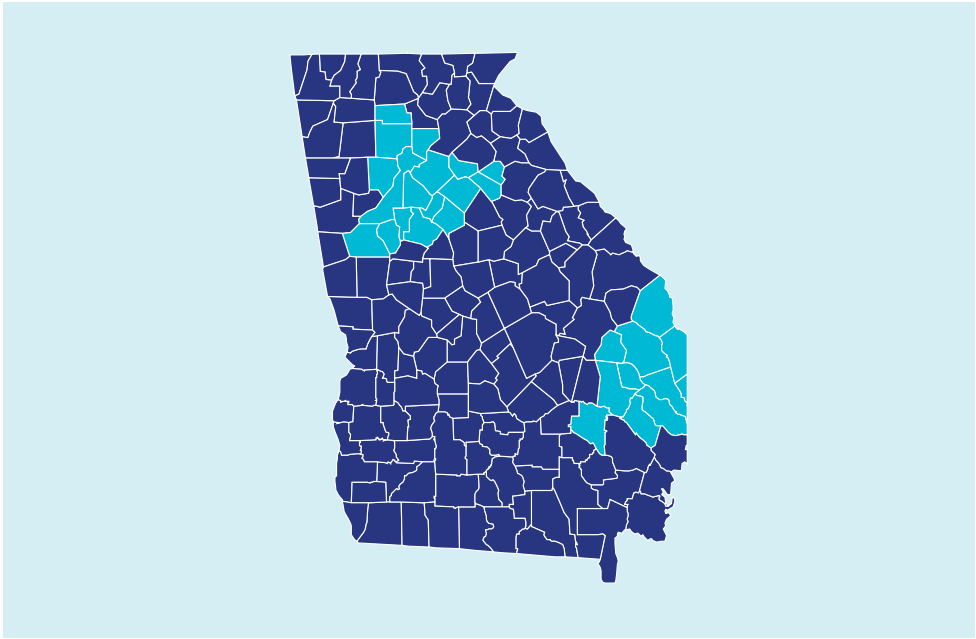
Welcome

UnitedHealthcare Individual Exchange plans, also referred to as Individual and Family plans, are built on patient-centered care, with the goal of enhancing the patient-doctor relationship and promoting better health and lower costs. Individual Exchange plans place the focus on primary care, with members assigned a primary care provider (PCP) to help them manage their health care needs.



Georgia coverage area

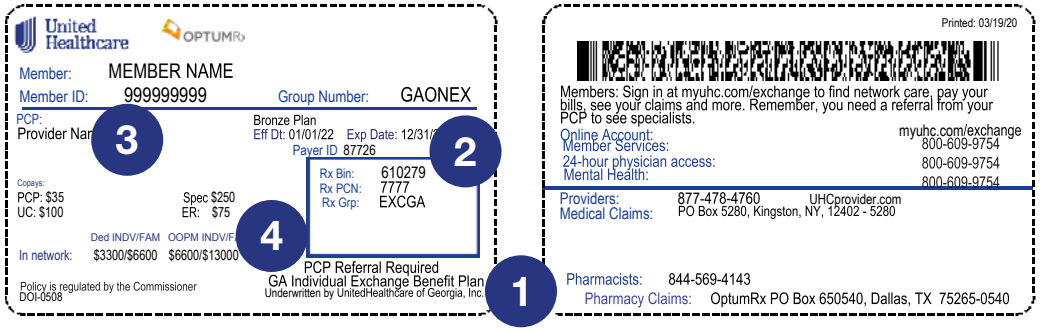
The Individual Exchange plan will be available in the following Georgia counties: Appling, Bryan, Barrow, Bulloch, Candler, Chatham, Cherokee, Clarke, Clayton, Cobb, Coweta, DeKalb, Effingham, Evans, Fayette, Forsyth, Fulton, Gwinnett, Henry, Liberty, Long, Newton, Oconee, Pickens, Rockdale, Screven, Tattnall and Walton.



Key features

- Specifically designed for Exchanges
- Customized, more-focused network of care providers
- Members are assigned a PCP to manage their health care needs. Members can change their PCP by calling the Member Services number on their ID card. PCPs can find the patients assigned to their practice at **UHCprovider.com/documentlibrary.**
- Standard prior authorization and notification requirements apply

Sample member ID card*



1. Name of state Exchange
2. Payer ID number
3. PCP information or “PCP Required.” Find the member’s assigned PCP by using the Eligibility and Benefits tool at **UHCprovider.com/eligibility.**
4. Referrals required indicator

*Sample member ID card for illustration only; actual information may vary.

Benefits

- Members are required to pay the first month's premium before coverage goes into effect
- No coverage is provided for out-of-network providers, except for emergency services and related authorized admissions. To locate an in-network provider or lab, visit **UHCprovider.com/findprovider** and search the directories for Individual and Family State Exchanges.

Plan models and requirements

Plan models	Referral required	Prior authorizations required	Out-of-network coverage
UHC Gold Advantage+ Extra	Yes	Yes	No*
UHC Gold Advantage+	Yes	Yes	No*
UHC Gold Value+	Yes	Yes	No*
UHC Gold Value+ Saver	Yes	Yes	No*
UHC Silver Advantage+	Yes	Yes	No*
UHC Silver Advantage+ Extra	Yes	Yes	No*
UHC Silver Value+	Yes	Yes	No*
UHC Silver Value+ Saver	Yes	Yes	No*
UHC Silver Virtual First	Yes	Yes	No*
UHC Bronze Essential+	Yes	Yes	No*
UHC Bronze Value+	Yes	Yes	No*
UHC Bronze Virtual First	Yes	Yes	No*

* Except for emergency services and related authorized admissions.

Quick reference guide

This reference guide provides you with quick access to a variety of resources to help make it easier for you to care for Individual Exchange plan members in 2022.

Provider Portal at UHCprovider.com

Use our self-service tools on the Provider Portal to perform secure transactions such as checking member eligibility and benefits, submitting referral requests, managing claims and requesting prior authorization. Learn more and sign in at **UHCprovider.com/portal.**

Eligibility and benefits

Use the Eligibility and Benefits tool at **UHCprovider.com/eligibility** or call **888-478-4760.** Individual Exchange plan members are required to pay the first month's premium before coverage goes into effect.

Insurers are required to provide a 3-month grace period before terminating coverage for non-payment of premium. Please check eligibility each time the member presents for service.

Prior authorization and notification

Unless otherwise allowed by law, prior authorization requests must be submitted electronically. Requests that also require a referral will not be accepted unless a completed referral is on file.

To view the prior authorization list, visit **UHCprovider.com/exchanges.** To request prior authorization, use the Prior Authorization and Notification tool at **UHCprovider.com/paan.**

Prescription drugs

To view a complete list of drugs that require prior authorization, visit **UHCprovider.com/exchanges.**

- To request prior authorization for outpatient self-administered medications, call **800-711-4555**
- To request prior authorization for provider-administered medications, use the Prior Authorization and Notification tool at **UHCprovider.com/paan**

Quick reference guide *(cont.)*

Claims submission

Electronic claims:

- **EDI (Electronic Data Interchange):** Use the EDI 837 Health Care Claim transaction. The Payer ID is 87726. Learn more about EDI at **UHCprovider.com/edi.**
- **Claims tool:** Sign in at **UHCprovider.com/claims**

Paper claims:
UnitedHealthcare
P.O. Box 5280
Kingston, NY 12402

Member and provider reconsiderations and appeals

Please mail to:
UnitedHealthcare
Attention: Provider [Member] Dispute
P.O. Box 6111
Cypress, CA 90630

Standard requests: Fax 888-404-0940
Expedited requests: Fax 888-808-9123

Provider services

Phone: Call **888-478-4760**

- Confirm member eligibility and benefits
- Provide care coordination notifications
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit an appeal request

Representatives are available weekdays, 7 a.m.–7 p.m. CT (except major holidays).

Other resources

For more information about Individual Exchange plans, visit **UHCprovider.com/exchanges** or contact your physician advocate. To find a contact, visit **UHCprovider.com/contactus > Network Contact.**

Frequently asked questions

Provider network

Do Individual Exchange plans use the same network as UnitedHealthcare Choice/Choice Plus?

No. Individual Exchange plans utilize a customized, more focused network to better meet our members' needs. To find network care providers, including hospitals and independent labs, please refer to the provider directory at **UHCprovider.com/findprovider.**

How do I know if I'm in-network for Individual Exchange plans?

Care providers participating in UnitedHealthcare commercial benefit plans may already participate in benefit plans offered on the Exchange, unless the network is listed as an excluded benefit plan in your Participation Agreement.

To clarify your participation status, we've updated Appendix 2 of your Participation Agreement to add an "Individual Exchange Benefit Plan" description. This description will be added either to the list of plans you **do** participate in, or the list of plans you **don't** participate in. If you have questions about your Participation Agreement, please contact your network management representative. To locate your representative, visit **UHCprovider.com/contactus > Network Contact.**

Participating care providers agree to give UnitedHealthcare members equal access to the treatment they need. This includes delivery of service(s) or treatment for any member of an Individual Exchange plan that the provider participates in.

Member coverage

When does benefit coverage begin?

Members are required to pay the first month's premium before coverage goes into effect. To identify whether a member is in the grace period, you can check their eligibility at **UHCprovider.com/eligibility.** If a member has not paid their premium during the second or third month, claims will pend until payment is received. The member may not be billed during this time. If the premium is paid, the claims will be released for payment. If the premium is not paid by the end of the third month, the claims will be denied. The grace period starts over each time the member defaults on their premium.

The Patient Protection and Affordable Care Act (ACA) requires health insurers to provide a 3-month grace period before terminating coverage for members who have not paid their premiums. The grace period applies to those who received an advanced premium tax credit and have paid at least 1 full month's premium within the benefit year.

Frequently asked questions *(cont.)*

PCPs

What is the role of the PCP for Individual Exchange plans?

PCPs oversee their patients' care and actively manage referrals to network specialists. The PCP helps guide their patients along the best care path so they can get the care they need. All Individual Exchange plan members are assigned a PCP.

Where can I find a list of members assigned to my practice?

You can generate a PCP roster report using the Document Library tool on the Provider Portal. Sign in at **UHCprovider.com/documentlibrary.**

How do members choose a PCP?

Members are assigned a PCP upon enrollment. Each family member may have a different PCP, depending on their needs. Subscribers and all dependents must have an assigned PCP in the market in which the subscriber lives or works. Once a PCP is assigned, both the care provider and member can view the PCP online. The PCP name will be listed on the member's ID card. You can view the member's assigned PCP using the Eligibility and Benefits tool at **UHCprovider.com/eligibility.**

Can members change their PCP?

Yes. Members may request to change their designated PCP by calling the Customer Care number on their ID card or by submitting a PCP change request at **myuhc.com®.** Members can make changes once per month. These changes are effective the first of the month.

Frequently asked questions *(cont.)*

Specialist referral requirements

Who is responsible for submitting referrals?

Any network PCP may submit a referral request for an Individual Exchange member. Referrals must be submitted for specialists who are **in network.** Referrals must also be submitted electronically, unless otherwise allowed by law.

If these requirements aren't followed, the member will not have coverage.

Which services do not require a referral?

The following services do not require a referral:

- PCPs within the same tax ID number (TIN) as the member's assigned PCP. (**Note:** Specialists within the same TIN as the member's assigned PCP require referrals.)
- Network OB-GYNs, including perinatologists
- Network urgent care centers
- Routine refractive eye exams from a network care provider
- Mental health disorders/substance use from network behavioral health clinicians
- Pathologists, radiologists or anesthesiologists
- Emergency room or emergency ambulance
- Physician for emergency/unscheduled admissions
- Network, facility-based inpatient/outpatient consulting physicians, assisting surgeons, co-surgeons or team surgeons
- Non-physician services, including but not limited to, durable medical equipment, home health, prosthetic devices, hearing aids, outpatient lab, X-ray or diagnostics, physical therapy, speech therapy, occupational therapy, chiropractic care, pulmonary rehabilitation services, cardiac rehabilitation services, post cochlear implant aural therapy, cognitive rehab — with the exception of vision therapy (e.g., physician services). Services performed by a specialist will require a referral.

Frequently asked questions *(cont.)*

Can members seek care outside of the network?

Individual Exchange members **do not have benefit coverage for services provided outside the network of participating providers,** except for emergency services and related authorized admissions, unless specifically approved by UnitedHealthcare.

How many visits are included with each referral to a specialist?

Referrals can be backdated up to 5 days prior to the date of entry. Each referral is valid for up to 6 months, or 6 visits, whichever is met first. Unused visits expire 6 months from the referral start date. After the 6 visits are used or expire, the PCP may submit another referral to the network specialist for up to 6 visits.

Can I view referrals online?

Yes. You may securely view a member's referrals using the Referrals tool at **UHCprovider.com/referralstool.** Information includes the network specialist the member is referred to, number of authorized visits and number of visits remaining.

Do specialists and facilities have to confirm that a referral is on file from the member's PCP before seeing the member?

Yes. Specialists must confirm a referral is on file before seeing the member since Individual Exchange plans have no coverage if a referral is not obtained.

Facilities should also confirm the referral is on file for the member to see the admitting specialist for planned admissions. If the member doesn't have a referral, the facility and specialist claims will be denied.

Is a new referral needed if a member needs to see another specialist, return for additional visits after the referral has expired or all visits have been used?

Yes. In each case, the member's PCP must be contacted to consider an additional referral.

Frequently asked questions *(cont.)*

Referral submission requirements

How do PCPs submit specialist referrals?

Unless otherwise allowed by state law, network PCPs must submit an electronic referral before an Individual Exchange member can see a network specialist. Electronic referrals can be submitted using the Referrals tool at **UHCprovider.com/referralstool** or through an EDI278R transaction. Electronic referrals are effective immediately and will be viewable online within 48 hours.

Referrals will not be accepted by phone, fax or paper, unless allowed by state law. Referrals may be entered on the Referrals tool with a referral start date up to 5 calendar days prior to the date of entry. For more information about electronic referrals, see our **self-paced user guide.**

Does my office staff need security access to submit and view referrals?

Yes. If you've assigned the pre-defined role type, "All Transactions on UHCprovider.com" for your staff, they'll have access to submit and view referrals for members. If your practice has customized roles, be sure the appropriate staff members in your practice have the "Referral Submission Role." For more information about access and roles, see the **Access and New User Registration Guide** at **UHCprovider.com/training.**

Frequently asked questions *(cont.)*

Advance notification/prior authorization

Do Individual Exchange plans require advance notification or prior authorization?

Advance notification and prior authorization are required for certain planned services so we can determine if the services are covered under the member's benefits. Prior authorization is granted only for services determined to be medically necessary according to the member's benefit plan and applicable policies and guidelines.

It's the physician's responsibility to follow the advance notification or prior authorization requirements as outlined at **UHCprovider.com/exchanges > Exchange Plans Advanced Notification/Prior Authorization Requirements.** Additional information for Individual Exchange plans can be found in the Health Insurance Marketplace (Exchanges) supplement to the provider administrative guide, available at **UHCprovider.com/guides.**

Is admission notification required?

Yes. Admission notification is required for every inpatient admission. The admission notification requirement applies even if a referral or prior authorization is on file. Admission notification is the hospital's responsibility, as outlined in the UnitedHealthcare administrative guide.

Member billing

Can members be billed for non-covered services?

Yes. According to the terms of your Participation Agreement, you may bill members for non-covered services under certain circumstances, unless otherwise required by state law.

For example, while joint replacements are generally covered benefits, a medical necessity review may determine a particular joint replacement for a member isn't covered. If the services you provide aren't covered under the member's benefit plan for reason of not being medically necessary, you may bill the member only if they've been informed of the decision of non-coverage prior to the date of the service and have specifically agreed **in writing** to accept financial responsibility. The written agreement must indicate the member understands UnitedHealthcare has determined the service is non-covered, and the member chooses to receive the service and be financially responsible for payment.

Resources

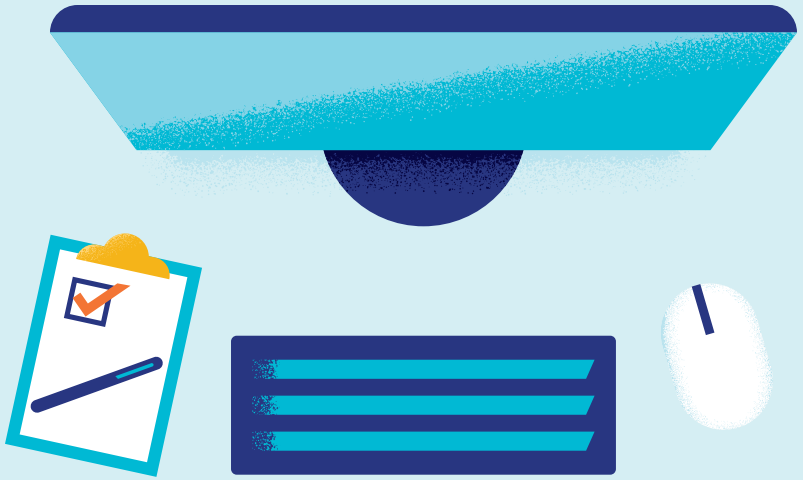
What if I have additional questions about these plans?

If you have questions, please call Provider Services at **888-478-4760** or visit **UHCprovider.com/exchanges**. Information is also available in the UnitedHealthcare administrative guide, available at **UHCprovider.com/guides.**

Office preparation checklist

To help ensure you and your staff are ready to care for Individual Exchange plan members, please be sure to check off the following items:

- ☑ Visit **UHCprovider.com/exchanges** to learn more about Individual Exchange plans
- ☑ Educate your clinical and administrative staff about your participation and requirements for prior authorization
- ☑ Modify your business processes to recognize referral-required plans, if applicable
- ☑ If you're a PCP, confirm your list of assigned patients, using the Document Library tool at **UHCprovider.com/documentlibrary**
- ☑ Contact your network representative if you have questions about your participation. To find a network contact, visit **UHCprovider.com/contactus > Network Contact.**



- ☑ Review the care provider directory at **UHCprovider.com/findprovider** to help ensure any care providers you typically refer your patients to are in-network for Individual Exchange plans
- ☑ Take our self-paced training course at **UHCprovider.com/training** – Training can help you and your staff learn more about Individual Exchange plans and help prepare you to care for members

Contact us

For general questions, visit **UHCprovider.com/exchanges** or call **888-478-4760.** If you have questions about your Participation Agreement, please contact your **network management representative.** Thank you.

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