



2022 Louisiana Individual
Exchange benefit plans

Welcome kit

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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.



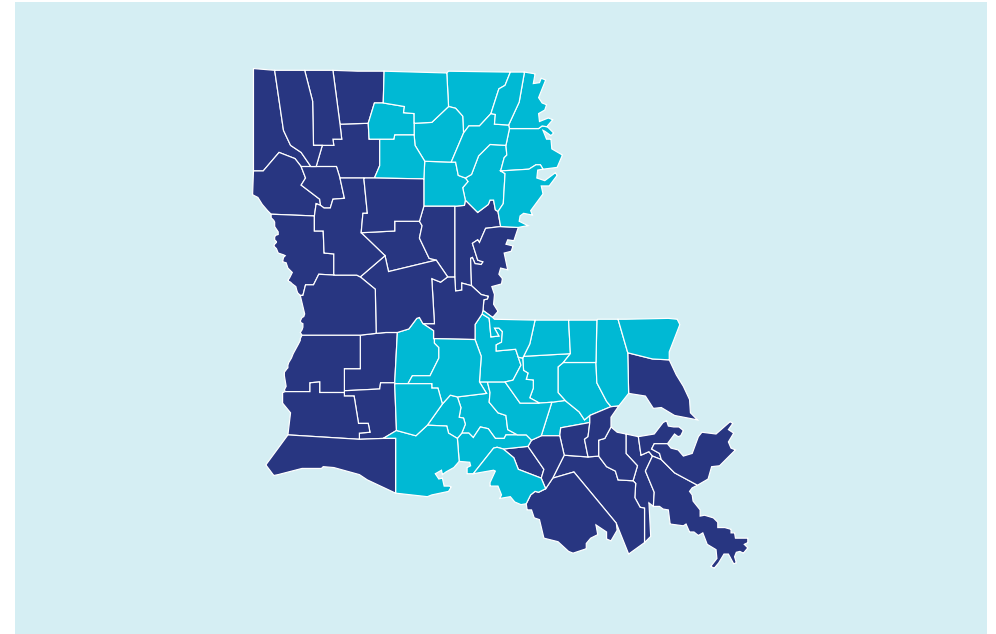


Louisiana coverage area

The Individual Exchange plan will be available in the following Louisiana counties: Acadia, Ascension, Caldwell, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Iberia, Iberville, Jackson, Lafayette, Lincoln, Livingston, Madison, Morehouse, Ouachita, Pointe Coupee, Richland, Saint Helena, Saint Landry, Saint Martin, Saint Mary, Tangipahoa, Tensas, Union, Vermilion, Washington, West Baton Rouge, West Carroll and West Feliciana.

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*

United Healthcare OPTUMRx

Member: MEMBER NAME
Member ID: 999999999 Group Number: LAONEX
PCP Required: 3 Bronze Plan
Payer ID: 87726
Rx Bin: 610279
Rx PCN: 7777
Rx Grp: EXCLA
Ded INDV/FAM: \$3300 OOP INDV/FAM: \$6600
In network: \$3300/\$6600 \$6600/\$13000
Fully Insured DOI: 0508
LA Individual Exchange Benefit Plan
Underwritten by UnitedHealthcare Insurance Company

Printed: 03/19/20

Members: Sign in at myuhc.com/exchange to find network care, pay your bills, see your claims, ask a question and more.
Online Account: myuhc.com/exchange
Member Services: 866-268-6438
24-hour physician access: 866-268-6438
Mental Health: 866-268-6438

Providers: 877-478-4760 UHCprovider.com
Medical Claims: PO Box 5280, Kingston, NY, 12402 - 5280

Pharmacists: 844-569-4143
Pharmacy Claims: OptumRx PO Box 650540, Dallas, TX 75265-0540

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.

*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.
- **Referrals:** Effective Jan. 1, 2022, referrals are not required for members in Louisiana





Plan models and requirements

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

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 help guide them along the best care path. 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 not 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.

Out-of-network coverage

Can members seek care outside of the network?

Individual Exchange plan 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.





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](https://UHCprovider.com/exchanges).

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 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
 - 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**.
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- 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.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), or its affiliates.

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