Frequently Asked Questions

New Requirement for Primary Care Provider (PCP) Referral to Specialists for UnitedHealthcare Community Plan Members in Maryland

Q1. Why are we implementing a PCP to Specialty Referral process?
   A. The goal of this referral process is to increase the PCP’s engagement with their patients and help foster collaborative partnerships between PCPs and specialists. Through this improved engagement and collaboration, we hope to achieve improved healthcare effectiveness and data information set (HEDIS) scores and increase overall quality of care for our members.

Q2. When will this change occur?
   A. The PCP referral process will take effect October 15, 2015. As of this date, most claims submitted by a specialist will require a referral. If a referral is not found, the claim will be denied. Providers are encouraged to submit referrals any time after August 1, 2015.

Q3. Who will be impacted by this change?
   A. All In-Network providers and UnitedHealthcare Community Plan of Maryland members.

Q4. How will providers know about the change?
   A. Communications will be sent 90 days in advance to in network providers. In addition to the letter, a protocol, provider FAQ and copy of the member ID card will be sent and posted to the provider website at uhccommunityplan.com. The provider network team will also provide outbound engagement and trainings with providers to walk through the referral process and to address any questions.

Q5. How will members know about the change?
   A. Communications will be sent approximately 90 days in advance to all UnitedHealthcare Community Plan of Maryland members.

Q6. Since UnitedHealthcare is introducing a new primary care provider referral process to see specialists, does the member have to have an assigned primary care physician (PCP)?
   A. Yes, UnitedHealthcare Community Plan of Maryland assigns a PCP to each member; however they have the option to choose a different PCP. The member’s PCP is identified on the member’s identification (ID) card.

Q7. Who is responsible for generating referrals?
   A. The member’s PCP generates referrals to network specialists and coordinates their care prior to the member seeking care with any network specialist.
Q8. How does the PCP complete a specialist referral?
A. Referrals must be submitted through one of following methods:

1. Entered electronically on UnitedHealthcareOnline.com
2. Mailed to:
   PO Box 31365
   Salt Lake City, UT 84131-1362
Retroactive referrals are not accepted.

Q9. Are there services that do not require a referral from the member’s PCP?
A. Yes. Referrals are not required for services from:
   • Any participating network obstetrician/gynecologist.
   • Routine refractive eye exam from a participating network provider.
   • Behavioral Health
   • Services rendered in any emergency room or network urgent care center or convenience care clinic.
   • Physician services for emergency/unscheduled admissions.
   • Any services from inpatient consulting physicians.
   • Podiatry
   • Radiology services
   • Laboratory services
   • Dialysis
   • Home Health services for example durable medical equipment
   • Any other services for which applicable laws and regulations do not allow us to impose a referral requirement.

Q10. How many visits are included for each referral?
A. Referrals are valid for four visits except for services with exceptions. If the PCP does not indicate number of visits, the referral is valid for one visit only for a maximum of six months from the date it is signed or electronically filed.

Q11. Are there exceptions to the referral process?
A. There are exceptions to the general referral rules. Some referrals are for more than four visits. These exceptions are:
   • **Allergy Consultation and Shots:** Referrals to a specialist for an initial allergy consultation cover the initial office visit, skin testing, any allergy antigen, and one follow-up visit within 30 days. A second referral marked “Allergy Shots” may be issued which is valid for six months from the date of the referral for any number of visits.
   • **Laboratory Services:** No referral is required. However, per the laboratory policy, please refer UnitedHealthcare Community Plan members only to the outpatient laboratory service providers that appear on the most current list of participating laboratories at UHCCommunityPlan.com > For Health Care Professionals (click on MD) > Find a Physician > Enter Zip Code> Select Your Plan > LabCorp Laboratories. Please review this list carefully and use it for all member laboratory referrals.
   • **Routine Eye Exam:** Referrals are not required for a routine eye exam when performed by a participating optometrist or ophthalmologist.
   • **Physical Therapy, Occupational Therapy and Speech Therapy:** The initial referral for physical or occupational therapy is valid for up to eight visits per condition within six months from the referral date. If the referral does not indicate the number of visits, the
referral will only be valid for one visit. Additional visits after the first eight require a new referral to be issued by the PCP.

- **Post-Operative Care:** Referrals are not required for services related to a surgical procedure during the postoperative period included in the Global Fee if performed by the same physician practice. The PCP must write a new referral if the Customer needs to be seen by the same physician for a new issue or for a new physician for services related to the surgical procedure.

- **Radiology Services:** A referral is not needed for routine radiology services. However, per the updated policy in specific counties, claims for certain outpatient radiology services performed in a Maryland Health Services Cost Review Commission (HSCRC) rate-regulated facility are no longer reimbursed. Physicians should refer members who need procedures for current procedural terminology (CPT) code 70000-79999 to free standing facilities when clinically appropriate and where access to these facilities is readily available for our members. Outpatient radiology services, if required in conjunction with emergency room visits and/or outpatient observation confinement, are excluded. The most up-to-date list of contracted facilities can be found by visiting UHCCommunityPlan.com / Find a Physician. Select Maryland, then enter your zip code. Next choose HealthChoice and continue to the “Find a Provider” page and click the “Search for a Provider” link to see a list of contracted facilities.

**Q12. What if I need to see my specialist often; do I need to get a referral for every visit?**

**A.** A standing referral can be submitted by your PCP for certain medical diagnoses. The standing referral allows you to go to your specialist for up to six months for an extended number of visits. The standing referral process is valid for:

- AIDS/HIV
- Myasthenia Gravis
- Allergies
- Parkinson’s disease
- Amyotrophic Lateral Sclerosis
- Cancer
- Epileptic seizures
- Cystic Fibrosis
- Glaucoma
- Seizures
- Multiple Sclerosis
- Thrombotic Thrombocytopenia Purpura
- Cerebral Palsy

**Q13. What if a UnitedHealthcare Community Plan member requires care not available from a participating specialist or facility?**

**A.** If a member requires the services of a non-participating provider, the member’s PCP can submit a prior authorization request for in-network coverage for services provided by non-network providers.

UnitedHealthcare Community Plan will determine whether an in-network provider is available to treat the patient’s condition. If one is not, we will assess whether in-network benefits will be granted for such services from a non-network provider.
Q14. How can the administrative staff at physician offices or facilities search for participating physicians, facilities or other health care professionals in UnitedHealthcare Community Plan network?
   A. Go to UHCCommunityPlan.com > For Health Care Professionals (click on MD) > Claims and Member Information > Search for a Provider > Enter Zip Code > Select Your Plan.

Q15. Can member referrals be viewed on UnitedHealthcareOnline.com?
   A. A member’s referral history can be securely viewed on UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Referral Status, on the Referral Status Detail screen, including information on the referred-to network specialist as well as the number of visits authorized and the number remaining. Only the member’s PCP (or a PCP practicing under the same TIN) can refer to a network specialist. Referrals can only be submitted for network physicians. Referrals cannot be submitted for non-network physicians or health care professionals. For answers to questions about whether care is available in the network, physicians should contact UnitedHealthcare Community Plan at the number on the back of the member’s healthcare ID card.

Q16. Are specialists or facilities required to confirm referrals?
   A. Specialists are expected to confirm if a referral exists when UnitedHealthcare Community Plan members are scheduling appointments. Facilities are exempt from the new referral requirement and should continue to follow present protocols found in the provider administrative guide.

Q17. What if a network specialist to whom the member has been referred identifies the need for the member to see another specialist, or for the member to return for additional visits?
   A. In either case, the member’s PCP must be contacted for consideration of an additional referral.

Q18. Will some services continue to require prior authorization?
   A. Yes. Some services will continue to require prior authorization. That process has not changed.

Q19. Are practices required to have access to UnitedHealthcareOnline.com?
   A. Yes. Referrals can be submitted electronically. Participating physicians must register for UnitedHealthcareOnline.com access. If you do not already have access, visit UnitedHealthcareOnline.com; select “Practice/Facility Profile” on the home page to register.

Q20. Is admission notification required for UnitedHealthcare Community Plan members?
   A. Yes. Our admission notification requirement has not changed.

Q21. What happens to members currently in treatment with a specialty physician?
   A. All members in active treatment can continue to receive treatment from their specialty physician, but must obtain a referral prior to any visits on or after <October 15, 2015> the effective date.

Q22. If a provider or their staff have questions or need assistance with submitting referrals online who can they contact?
   A. UnitedHealthcare has a support team for providers that may be contacted at 877-842-3210.
Q23. If I have questions about this new PCP referral requirement, who can I call?
A. For more information, please call UnitedHealthcare provider services at 877-842-3210.