UnitedHealthcare Core

Frequently Asked Questions

Overview

UnitedHealthcare Core is an open-access commercial member benefit plan that features a customized, narrower network of care providers. The two plan options within the Core suite offer varying levels of coverage and plan designs to help meet the needs of our members.

Plan models	Benefits	Care provider referrals	Out-of-network
Core Essential	Network care providers only	Not applicable	No coverage*
Core	Network and non-network care providers	Not applicable	Lower benefits

** Except for emergency services and related admissions*

Key Points

Members have access to a national network of care providers.

Members can choose any network physician or health care professional without a referral, and without designating a primary care provider (PCP).

Includes variable out-of-network and out-of-area benefits.

Standard prior authorization and notification requirements apply.

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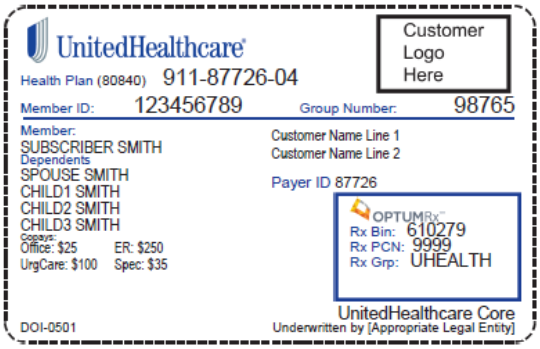
Sample Member ID Card



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

Frequently Asked Questions

Provider Network

How do I know if I'm a network care provider for Core benefit plans?

If you participate in other UnitedHealthcare commercial benefit plans, you're considered a network care provider for UnitedHealthcare Core and Core Essential benefit plans, unless Core and Core Essential are specifically excluded in your Participation Agreement. If Core and Core Essential aren't excluded plans, you'll be listed in our Core provider directory. Please confirm your participation status when verifying patient eligibility and benefits using the eligibilityLink tool on Link or the online provider directory. Learn more at UHCprovider.com/eligibilityLink.

Do UnitedHealthcare Core and Core Essential benefit plans use the same network as UnitedHealthcare Choice/Choice Plus?

No. UnitedHealthcare Core and Core Essential feature customized, more narrow networks to better meet consumer needs around access to quality and efficient care for local communities. To find network care providers, including hospitals and independent labs, please refer to the provider directory for Core plans at UHCprovider.com > Menu > Find a Care Provider.

What is the difference between UnitedHealthcare Core and Core Essential?

Core Essential includes network-only benefits. There are no benefits for services from non-network care providers, except for emergency services.

Core includes the richest benefits for services from Core network care providers and a leaner level of non-network benefits for services from care providers who are not in the Core network.

Do UnitedHealthcare Core and Core Essential require a referral?

No. UnitedHealthcare Core and Core Essential don't require referrals. The member who has a Core or Core Essential benefit plan can choose any Core network care provider without a referral, and without designating a PCP.

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Can Core and Core Essential members seek care outside the state in which they live?

Yes. Core and Core Essential members have access to the national network of Core care providers. To find a network care provider, please reference the online provider directory for the most current information.

What if a member requires care that isn't available from a Core network specialist or facility?

When services aren't available from a Core network care provider, we'll review the request and determine whether a care provider in the member's network is available to treat their condition and whether the request should be approved to cover eligible services at the in-network level. We'll send written confirmation of the final decision to the requesting physician and the member.

Before submitting a request for an exception, please confirm there isn't a network care provider available by searching the Core provider directory and, for members that have the Additional Network Benefit, the W500 Additional Network Benefits Directory.

What is the W500 Additional Network Benefit?

Some benefit plans include additional network benefits for certain services provided through an alternate care provider network. These services include:

- Emergency services and related admissions
- Urgent care services
- Preapproved services by UnitedHealthcare when services aren't available from a network physician

The W500 Additional Network benefit plan is made up of care providers in a limited service area who are otherwise excluded from participation in that plan. Care providers who've been excluded from participation may be contracted for W500 to provide coverage for certain services at an in-network benefit level.

Advance Notification/Prior Authorization

Do these health 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 procedures as outlined in the Notification Requirements section of the UnitedHealthcare Administrative Guide, located at UHCprovider.com/guides > Administrative Guide for Commercial, Medicare Advantage and DSNP.

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 current UnitedHealthcare Administrative Guide.

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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. 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.

What if I have questions about these health plans?

Please contact Provider Services at **877-842-3210** or go to **UHCprovider.com** > Menu > Health Plans by State > Commercial > UnitedHealthcare Core.

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