2022 Texas Individual Exchange benefit plans

Welcome kit

Click to start
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.
Texas coverage area

The Individual Exchange plan will be available in the following Texas counties: Atascosa, Bexar, Brazoria, Collin, Dallas, Denton, El Paso, Ellis, Fort Bend, Galveston, Harris, Montgomery, Parker, Tarrant, Travis and Williamson.

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

<table>
<thead>
<tr>
<th>Plan models</th>
<th>Referral required</th>
<th>Prior authorizations required</th>
<th>Out-of-network coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC Gold Value+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Gold Advantage+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Gold Advantage+ Extra</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Silver Value+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Silver Virtual First+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Silver Advantage+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Silver Advantage+ Extra</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Bronze Value+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Bronze Essential+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>UHC Bronze Virtual First+</td>
<td>Yes</td>
<td>Yes</td>
<td>No*</td>
</tr>
</tbody>
</table>

* 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.

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.
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 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.
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.
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.
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.
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](http://UHCprovider.com/exchanges) or call [888-478-4760](tel:888-478-4760). If you have questions about your Participation Agreement, please contact your network management representative. Thank you.