

UnitedHealthcare Navigate for the Massachusetts Insurance Exchange

Quick reference guide

The **UnitedHealthcare® Navigate** benefit plans offer UnitedHealthcare commercial members a customized, more-focused network of health care professionals.



Key features

- Members are required to select a primary care provider (PCP) to manage their health care needs
- The member's PCP must submit electronic referrals for members to see a network specialist



Benefits

Plan name	In-network care with referral	In-network care without referral	Out-of-network care
Navigate	Network benefits	No coverage*	No coverage*

*Except for emergency services and related admissions



Members must choose a PCP. The PCP is listed on the ID card, in the EDI 271 response transaction and when you verify eligibility at [UHCprovider.com/eligibility](https://uhcprovider.com/eligibility).

- Members are required to see their designated PCP or a covering physician at an address location that is tied to the same provider group and tax ID number (TIN)
- Members may change their designated PCP once a month. Changes are effective the first day of the following month.

Providers can generate a PCP roster report through the Document Library tool at [UHCprovider.com/documentlibrary](https://uhcprovider.com/documentlibrary).



Referrals

- Referrals must be submitted by the member's PCP or a PCP within the same TIN
- Referrals can be backdated up to 5 calendar days prior to the date of entry

Some services don't require a referral. These are listed at [UHCprovider.com/referrals](https://uhcprovider.com/referrals) > **Charter and Navigate Referral Requirements Quick Reference Guide**.



You can **find network specialists** and PCPs at [UHCprovider.com/findprovider](https://uhcprovider.com/findprovider). Members may be referred by their PCP to a network physician located in another state.



Sample member ID card

1. Massachusetts Health Connector logo on the upper-right corner and the UnitedHealthcare logo on the upper left
2. Member's PCP name and phone number
3. "Referrals Required" indicator



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



According to your Participation Agreement, you may bill members for non-covered services in certain circumstances. If the services aren't covered due to lack of medical necessity, you may bill the member only if they're informed of the non-coverage and accepted financial responsibility in writing before the date of service.



Prior authorization and admission notification requirements still apply. Requirements are listed in the UnitedHealthcare Administrative Guide at UHCprovider.com/guides and at UHCprovider.com/priorauth.

Call the Provider Services number on the member's ID card if you feel a member doesn't have access to particular care in the Navigate network. If approved, we'll apply the network benefits to eligible out-of-network services.



Questions?

If you participate in UnitedHealthcare commercial benefit plans, you'll participate in UnitedHealthcare Navigate plans (unless specifically excluded in your Participation Agreement). To review your participation status, sign in at UHCprovider.com/mypracticeprofile and go to the Provider Demographic Details.

If you have questions about your Participation Agreement, please contact your network management representative. To find your network representative, go to UHCprovider.com/contactus > Network Contact. For general questions, please call Provider Services at **877-842-3210**. Thank you.

