

UnitedHealthcare Navigate Plus® for State of Rhode Island Employees

Frequently Asked Questions

Overview

As of Jan. 1, 2019, the majority of the State of Rhode Island employees and their dependents are now enrolled in UnitedHealthcare Navigate Plus plans. The State of Rhode Island selected the following plan names tied to their new UnitedHealthcare Navigate Plus plans:

- **Anchor**
- **Anchor Plus**
- **Anchor Choice with Health Savings Account (HSA)**

With these plans, members choose a primary care physician (PCP) who oversees their health care needs and manages referrals to network specialists for office visits.

Member ID Cards

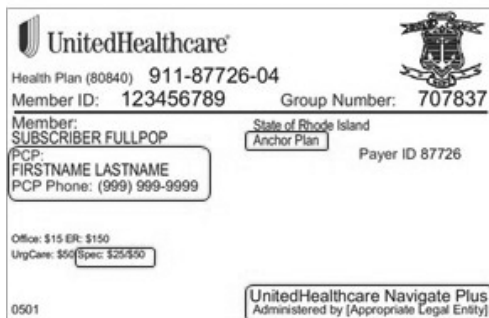
State of Rhode Island employees and dependents received new ID cards in March 2019.

The following information has changed on the ID cards:

- Removal of the words “Referrals Required”
- Addition of the specialist non-referral copay or coinsurance information

State of Rhode Island employees and dependents may continue to use their old ID card, as it is still valid – the Member ID and Group Number (#707837) haven’t changed.

Here’s an example of the new ID cards for each of the plans:



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

Key Points

Members choose a PCP to oversee their health care needs.

Getting a referral from their PCP enables members to pay a lower copay or coinsurance after deductible, depending on their plan.

Members can still be seen by specialists without a referral; however, they’ll pay a higher copay or coinsurance after deductible, depending on their plan.

Frequently Asked Questions

How do these plans work?

Here's what you should know about these plans:

- The member's PCP should coordinate their care and generate electronic referrals to network specialists for office visits.
- If the member's PCP submits an electronic referral before the specialist office visit, members with the Anchor/Anchor Plus plans will have a lower copay and members with the Anchor Choice with HSA plan will have a lower coinsurance after deductible.
- If a member doesn't get a referral from their PCP before an office visit with a specialist, they'll still be covered; however, the member will pay a higher copay under the Anchor/Anchor Plus plans and a higher coinsurance after deductible under the Anchor Choice with HSA plan.

What do members pay for an office visit with a specialist?

The member responsibility for the plans is as follows:

- Anchor/Anchor Plus: \$25 copayment with PCP referral
\$50 copay without a referral
- Anchor Choice plan with HSA: 10 percent after deductible with PCP referral
30 percent after deductible without a referral

How do members change their PCP?

To change their PCP, members should call the Customer Service number on the back of their ID card, or enter the change in myuhc.com. The member can call from your office; however, you can't make the change on the member's behalf. Typically, the change will become effective on the first of the following month, unless the member asks Customer Service to make the change retroactive to the first of the current month.

Does medical necessity and place-of-service tiering apply to these plans?

Medical necessity authorization requirements and place-of-service tiering for major diagnostics are included in these plans. A freestanding facility isn't affiliated with a hospital/physician group. For major diagnostic services, such as CT scan, PET scan or MRI, when using a freestanding facility, the plan will pay at 100 percent, once the member satisfies the deductible. If services are rendered at a facility affiliated with a hospital/physician group, these plans will pay at 90 percent and the member is responsible for the 10 percent coinsurance once the member meets the deductible.

Who can submit referrals for a member?

Only the member's PCP or a physician practicing under the same TIN can submit a referral to a network specialist. Referrals can only be entered for participating network physicians. A specialist cannot issue referrals. If the specialty requires a referral to another specialty or another care provider within the same specialty, the member's PCP must submit the new referral.

How do I submit a referral?

If you need to submit a referral, please follow these directions:

1. Sign in to referralLink with your Optum ID. You can access Link by going to UHCprovider.com and clicking on Link in the upper right hand corner of the page. Then choose the referralLink tile on the dashboard.

2. Enter your contact information.
3. Enter the requested member's information.
4. Search for and select a participating specialist.
5. Submit the online referral.
6. Provide the member with a copy of the referral.
7. The referral is valid for six visits or six months, whichever comes first.

What else can I see on referralLink?

You can view a member's referral history, including the name of the network specialist, number of visits authorized and the number of visits remaining, at referralLink with your Optum ID.

Does UnitedHealthcare accept retroactive referrals?

Yes, retroactive referrals are accepted for five calendar days after the date of service.

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

When services aren't available from a network care provider, the member's PCP can request services by a non-network care provider at the in-network benefit level. The member's care provider may request a prior authorization by calling the number on the back of the member's ID card. UnitedHealthcare will review the request and determine whether a care provider in the member's network is available to treat the 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 a prior authorization, confirm there isn't a network care provider available by searching the Navigate Plus provider directory.

Are there any services that don't need a referral for the member to pay a lower copay or coinsurance after deductible?

Yes, members don't need referrals to realize a lower copay or coinsurance after deductible for the following services and/or care providers:

- OB-GYNs
- Behavioral health services
- Physician services for emergency/unscheduled admissions
- Physical therapy
- Occupational therapy
- Speech therapy
- Early intervention services
- Emergency services at an emergency room or hospital
- Urgent care visits
- Kidney dialysis services from a certified in-network dialysis facility
- Radiology services
- Inpatient hospital confinements (authorizations may apply)
- Services by an optometrist
- Chiropractic services (members have the same financial responsibility with or without a referral)
- Nurse practitioners and physician assistants – if the nurse practitioner/physician assistant works for a specialist who isn't in the same TIN as the PCP, a referral is required to the specialist for the member to receive the lower copay under Anchor/Anchor Plus or lower coinsurance under Anchor Choice with HSA.

Are there plans under the State of Rhode Island Group #707837 that don't have UnitedHealthcare Navigate Plus?

Yes, there are several. Here are the other plans in the State of Rhode Island Group #717837:

- State of Rhode Island active employees who haven't yet moved to UnitedHealthcare Navigate Plus
 - These plans remain in place since 2018 and have Choice Plus noted on their ID cards.
- State of Rhode Island pre-65 retiree plans, which the State of Rhode Island named Anchor, Anchor Plus and Value Plans
 - Medical necessity authorization is included in these plans.
 - Choice Plus is noted on the ID cards.
- UnitedHealthcare Plan 65 is a Medicare-primary plan offered to a specific category of State of Rhode Island Medicare-eligible retirees.
 - Options PPO is noted on the ID card.
- The Rhode Island Public Transit Authority (RIPTA) plans remain in effect since 2018.
 - The RIPTA logo and Choice Plus are noted on the ID cards

Who do I contact if I have questions about these plans?

If you have questions, please call Rhode Island Provider Services at **877-842-3210**, or contact your Provider Advocate.

Benefit information provided in this document is subject to change. The member's coverage documents will control all benefit determinations. Policies are subject to change. To view current medical and drug policies please refer to the Medical & Drug Policies and Coverage Determination Guidelines at UHCprovider.com.

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