

Specialty referral requirements

UnitedHealthcare Community Plan of New York
Frequently asked questions

Overview

Starting March 8, 2021, UnitedHealthcare Community Plan of New York is implementing a referral process for members who need specialty care. This will require primary care providers (PCPs) to generate a referral for members to see in-network specialists. Between now and the effective date of March 8, 2021, claims for specialists will continue to be paid as usual. PCPs should start using this referral process for specialist visits beginning on March 8, 2021. This referral process will be implemented for all in-network providers and UnitedHealthcare Community Plan of New York members for the following:

- UnitedHealthcare Community Plan for Families (Medicaid)
- UnitedHealthcare Community Plan Wellness4Me (HARP)
- UnitedHealthcare Community Plan Child Health Plus (CHP)

This specialist referral requirement is consistent with the longstanding primary care model detailed in the provider manual and member handbook. It enables PCPs to provide value-based care in the health system. Processes are being made available to help enable care coordination with the PCP.

Members with planned care needs during the ramp-up period should not have their services interrupted. We encourage you to quickly integrate this process into practice for specialist visits.

We will not issue specialist claim denials between March 8, 2021, and April 1, 2021, to allow time for you and your staff to generate referrals on behalf of members using the new process. After April 1, 2021, a referral must be in place prior to the specialist visit for the specialist claim to be paid.



Key points

- Starting March 8, 2021, UnitedHealthcare Community Plan of New York is implementing a referral process for members who need specialty care
- We will not issue specialist claim denials between March 8, 2021, and April 1, 2021, to allow time for providers to generate referrals on behalf of members using the new process
- Between now and the effective date of March 8, 2021, claims for specialists will continue to be paid as usual

Frequently asked questions

Why are we implementing a PCP to specialty referral process?

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. Facilitating this enhanced engagement and collaboration is also a response to feedback from PCPs asking for support related to network care coordination. Care coordination can increase the overall quality of care for our members through appropriate resource stewardship, and we anticipate improved Healthcare Effectiveness and Data Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores over the long term.

Additionally, care coordination is a key tenet, and often a requirement, for value-based care programs like the National Committee for Quality Assurance's (NCQA) Patient-Centered Medical Home (PCMH) program.

When will this change occur?

Members with planned care needs during the ramp-up period should not have their services interrupted. We encourage PCPs to quickly integrate this process into practice for specialist visits.

PCPs should begin generating referrals through this process on March 8, 2021. We will not issue specialist claim denials between March 8, 2021, and April 1, 2021, to allow time for PCPs to generate referrals on behalf of members using the new process.

After April 1, 2021, a referral must be in place prior to the specialist visit for the specialist claim to be paid.

Who will be impacted by this change?

All in-network providers and UnitedHealthcare Community Plan of New York members for:

- UnitedHealthcare Community Plan for Families (Medicaid)
- UnitedHealthcare Community Plan Wellness 4 Me (HARP)
- UnitedHealthcare Community Plan Child Health Plus (CHP)

Note: This requirement does not apply to the following UnitedHealthcare Community Plan members: Essential Plan, Dual Special Needs Plan (DSNP).

How will providers know about the change?

Communications were posted 90 days in advance to network providers. In addition, a provider communications notice and provider FAQ are available at UHCprovider.com/news.

How will members know about the change?

Communications were sent 30 days in advance to all UnitedHealthcare Community Plan of New York members affected by this change.

Since UnitedHealthcare is introducing a new PCP referral process to see specialists, does the member have to have an assigned PCP?

Yes. UnitedHealthcare Community Plan of New York assigns a PCP to each member. However, members have the option to choose a different PCP by contacting UnitedHealthcare. The member's PCP is identified on the member's ID card.

Members may change their PCP by:

- **Phone:** Call Member Services using the number on the back of the ID card •
- **Online:** Log on to myuhc.com[®]
- **Mobile app:** Download the "Health4me" app and log in to the account

Regardless of the method you use to request notification/prior authorization, please provide the appropriate HCPCS codes and associated units.

Who is responsible for generating referrals?

The member's assigned PCP is responsible for generating referrals to network specialists and coordinating care prior to the member seeking care with any network specialist.

The PCP practice listed under the same tax ID number (TIN) as the assigned PCP may also generate the referral when it is deemed necessary for that member's care and approved by the member's assigned PCP. PCPs who are not assigned to the member will not be able to generate a valid referral.

How does the PCP complete a specialist referral?

Referrals must be submitted through one of the following methods before the specialist visit. Retroactive referrals are not accepted. Online referrals are highly recommended for quicker confirmations.

- **Online:** Referrals are entered electronically on the UnitedHealthcare provider portal UHCprovider.com. A user guide is available at UHCprovider.com/referrals. Electronic submissions may also be accepted through the Authorization and Referral Request (278) transaction.
- **Fax:** Send fax referrals to 888-624-2748. Use the Specialist Referral form at UHCprovider.com/NYcommunityplan > Provider Forms and References.
- **Mail:** Send a completed Specialist Referral form, available at UHCprovider.com/NYcommunityplan > Provider Forms and References to:
P.O. Box 31365
Salt Lake City, UT 84131-1362

Are there services or conditions that do not require a referral from the member's PCP?

Yes. Referrals are not required for the following services or conditions:

- Women's health care
- Family planning
- HIV and STI screenings
- Hematology/oncology
- Pregnant members
- Members with an HIV/AIDS diagnosis
- Eye care when performed by a participating optometrist or ophthalmologist (subject to benefit limits in member handbook)
- Dental care
- Behavioral health (mental health and substance use)
- Smoking cessation
- Maternal depression screening
- Services rendered in any emergency room or network urgent care center
- Physician services for emergency/unscheduled admissions
- Provider's part of inpatient hospital care or surgical teams
- Laboratory services. However, per the laboratory policy, please refer the UnitedHealthcare Community Plan members only to the outpatient laboratory service providers that appear on the most current list of participating laboratories at [UHCcommunityplan.com](https://www.uhccommunityplan.com). Please review this list carefully and use it for all member laboratory referrals.
- Physical therapy, occupational therapy and speech therapy. Please refer to UnitedHealthcare Community Plan therapy policy at [UHCcommunityplan.com](https://www.uhccommunityplan.com). Therapies continue to be subject to any existing policies and prior authorization requirements.
- Post-operative care: 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 member needs to be seen by the same physician for a new issue or for a new physician for services related to the surgical procedure.
- Routine radiology services. Advanced radiology services, like computed tomography (CT) scan, magnetic resonance imaging (MRI), etc., require prior authorization.
- Any other services for which applicable laws and regulations do not allow us to impose a referral requirement
- Any services from inpatient consulting physicians (i.e., radiologist, pathologist, anesthesia, etc.)
- A specialist who has arranged to act as the member's PCP does not need a referral for themselves. Specialists should review the provider manual to learn how to become approved to serve as the member's PCP. Once approved, a specialist acting as PCP will be required to issue referrals to other specialists as required.

How many visits are included for each referral?

Each referral is valid for 1–6 visits over a maximum of 6 months. If the PCP does not indicate number of visits, the referral is valid for 1 visit only for a maximum of 6 months from the date it is signed or electronically filed.

What if a member needs to see a specialist often? Do they need a referral for every visit?

A standing referral can be submitted by the PCP for certain medical diagnoses. The standing referral allows members to visit a specialist for up to 6 months for up to 99 visits. The standing referral process is valid for diagnoses, such as:

- Myasthenia gravis
- Allergies
- Parkinson’s disease
- Amyotrophic lateral sclerosis
- Cancer
- Epileptic seizures
- Cystic fibrosis
- Anemia
- Fracture care
- Renal failure
- Seizures
- Multiple sclerosis
- Thrombotic thrombocytopenic purpura
- Cerebral palsy

What if a member requires care not available from a participating specialist or facility?

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, in accordance with member benefits and state regulations, 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.

How can the administrative staff at physician offices or facilities search for participating physicians, facilities or other health care professionals in the UnitedHealthcare Community Plan network?

The most up-to-date list of contracted facilities can be found at connect.werally.com. Choose the product coverage (Medicaid, Child Health Plus or Wellness4Me) and continue to the Find a Provider page. Make sure the member’s location is accurate. If not, click Change Location. Click Search to see a list of contracted specialists.

Can member's referrals be viewed online?

You can submit new referral requests and check the status of referral submissions online. Go to UHCprovider.com/referrals for more information.

Are practices required to submit referrals online?

The online and electronic referral submission process is strongly recommended. Providers must register to access referrals at UHCprovider.com. Mailed and faxed referrals are accommodated. Please refer to "How does the PCP complete a specialist referral?" for how to submit mailed or fax referrals.

Are specialists or facilities required to confirm referrals?

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 existing protocols found in the provider manual and applicable policies.

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?

In either case, the member's PCP must be contacted for consideration of an additional referral.

Will some services continue to require prior authorization?

Yes. The prior authorization process has not changed. This referral requirement will not impact the prior authorization process. Some services will continue to require prior authorization.

Is admission notification required for UnitedHealthcare Community Plan members?

Yes. Our admission notification requirement has not changed.

What happens to members currently in treatment with a specialty physician?

All members in active treatment can continue to receive treatment from their specialty physician. Any visits after the March 8, 2021, effective date will require a referral to be generated by the PCP.

If a provider or their staff have questions or need assistance with submitting referrals, or have questions about this new PCP referral requirement, who can they contact?

Please call your network representative directly or call Provider Services for UnitedHealthcare Community Plan at **888-362-3368**.

What if the specialty provider is unable to reach the member's PCP prior to service?

The PCP must generate a referral for the member to receive specialty care. If the PCP is non-responsive, the specialist may have the member contact UnitedHealthcare to change the assigned PCP.

Members may change their PCP by:

- **Phone:** Call Member Services using the number on the back of the ID card
- **Online:** Log on to myuhc.com
- **Mobile app:** Download the "Health4me" app and log in to the account

The specialist may also contact the UnitedHealthcare Provider Services at **888-362-3368** to inform the health plan for follow-up action with the PCP at the discretion of the health plan. Specialists may also receive approval to serve as the member's PCP. Specialists should review the provider manual to learn how to become approved to serve as the member's PCP.

Once approved, a specialist acting as PCP will be required to issue referrals to other specialists, as required.

If UnitedHealthcare is the secondary insurance carrier, is a referral required?

A referral is **not** required when UnitedHealthcare is the secondary insurance carrier.

How does the PCP make the correct selection if a specialist on the referral list has multiple addresses or only a single primary address?

The referral will be based on the specialist's TIN, regardless of the displayed location.