

Support for care providers affected by wildfires

Our priority is making sure people have immediate and easy access to the care they need and that we're supporting you and your practice. UnitedHealthcare is taking the following actions to help those who may be affected by wildfires and other severe weather.

These measures are effective for those enrolled in UnitedHealthcare Medicare Advantage, Medi-Cal and Individual and Group Market fully insured health plans, unless otherwise noted. Dates subject to change.

California, statewide, effective for dates of service from Aug. 14 through Oct. 29, 2020

- **Accessing care out of network:** Members who may have been displaced from their homes or whose network care provider or medical facility is inaccessible can call the number on their ID card for assistance. If a network care provider isn't available, members will be permitted to access out-of-network care and it will be covered at their in-network coinsurance/copay level.
- **Timely filing for claims:** We're waiving timely filing requirements for claims with dates of service during the noted effective period.
- **Prior authorization, notification and referrals:** UnitedHealthcare is waiving prior authorization, notification and referral requirements for new medical treatments.
- **Durable medical equipment and supplies:** Members with coverage for durable medical equipment may replace items that may have been lost or damaged because of the wildfires (includes eye glasses, dentures and hearing aids). Standard copays and deductibles apply.
- **Early prescription refills:** Members who are affected can also fill existing prescriptions early (one time, up to a 90-day refill) through direct pharmacy or mail order. Members should call the pharmacy number on their ID card, or speak directly to a pharmacist about their situation, in order to get an early refill.
- **UnitedHealthcare Medicare Advantage members:** For members in evacuation areas or otherwise directly affected in a material way by the emergency, we will make the following provisions to meet the Centers for Medicare & Medicaid Services (CMS) requirements:
 - Allow Part A and Part B and supplemental Part C plan benefits to be furnished at specified non-contracted facilities (note that Part A and Part B benefits must, per 42 CFR §422.204(b)(3), be furnished at Medicare certified facilities)
 - Waive in full requirements for gatekeeper referrals, where applicable
 - Temporarily reduce plan-approved out-of-network cost-sharing to in-network cost-sharing amounts
 - Waive the 30-day notification requirement to enrollees as long as all of the changes (such as reduction of cost-sharing and waiving authorization) benefit the enrollee.

California, statewide, effective for dates of service from Aug. 14 through Jan. 20, 2021

- **Those enrolled in Medicare, Medicaid or Children's Health Insurance Program (CHIP):** For those directly affected in a material way by the emergency, we will make the following provisions to meet CMS Section 1135 waiver requirements:
 - **Waivers and Flexibilities for Individual Health Care Providers, Hospitals and other Healthcare Facilities:** CMS will be temporarily waiving or modifying certain Medicare, Medicaid, and CHIP requirements, including the following:
 - Waive certain conditions of participation, certification requirements, program participation or similar requirements for providers, including pre-approval requirements.
 - Waive requirements that physicians or other health care professionals hold licenses in the affected state if they have an equivalent license from another state.

Affected areas, dates and measures may change. Additional benefits or limitations may apply in some states and under some plans during this time. We will adjudicate benefits in accordance with the member's health plan.

- Relax limitations on obtaining physician referrals.
- For Medicare Advantage Organizations only, permit enrollees to go out of network, and receive covered benefits at the in-network cost-sharing level.
- **Ensuring Access to Care in Medicare Advantage and Part D:** Independent of the Section 1135 waiver, during a public health emergency, Medicare Advantage Organizations and Part D Plan sponsors must take steps to maintain access to covered benefits for beneficiaries in affected areas. These steps include following the CMS Chapter 4, Section 150 guidance in allowing Part A/B and supplemental Part C plan benefits to be furnished at specified non-contracted facilities and waiving, in full, requirements for gatekeeper referrals where applicable.

If you have questions, please call the Provider Services number on the member's ID card. Thank you.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), or its affiliates.