

Support for health care professionals affected by severe weather

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. We're taking the following actions to help those who may be affected by severe weather.

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

Texas, statewide, effective for dates of service from Feb. 12 through Feb. 26, 2021

- **Acute inpatient admissions:** We're suspending prior authorizations, level of care and length of stay concurrent reviews for admission to in-network inpatient facilities.
- **Post-acute prior authorization:** We're suspending post-acute prior authorization requirements for admission to in-network skilled nursing facilities (SNFs), acute inpatient rehabilitation facilities (AIRs) and long-term acute care hospitals (LTACHs).
- **Transfer prior authorization:** We're suspending prior authorization requirements when a member transfers to a new in-network health care professional.
- **No medical record requests:** We will not request medical records during this time period, unless they're needed to process a claim for payment or make an appeal determination.
- As a reminder, for orders involving **COVID-19-related oxygen requests**, oxygen can be delivered without prior authorization and does not need to meet current clinical criteria.
- **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, 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 (effective Feb. 12 through April 20, 2021):
 - 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.

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

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. State-specific rules, regulations, dates and other guidance are subject to change, so be sure to check with the appropriate state regulatory agency for the latest information.