

# Specialty Guidance Program

Frequently asked questions

## Overview

The UnitedHealthcare Specialty Guidance Program (SGP) tool is an evidence-based prior authorization tool for specialty (non-cancer) injectable drugs. We created this tool to facilitate prior authorization reviews, help reduce medical expenses and simplify the provider experience. This tool falls under the Specialty Medical Guidance program run by UnitedHealthcare's affiliate, Optum.

## Frequently asked questions

### When should I use the SGP tool?

You should submit prior authorization requests through the SGP tool for UnitedHealthcare commercial plan members for the following plans and affiliates:

- UnitedHealthcare Legacy Fully Insured and Administrative Services Only
- UnitedHealthcare of the Mid-Atlantic, Inc.
- UnitedHealthcare of the River Valley
- Neighborhood Health Partnership
- All Savers
- UnitedHealthOne

### What plans are excluded from the SGP tool?

The following plans are excluded from the SGP tool:

- UnitedHealthcare Medicare Solutions
- UnitedHealthcare Community Plan
- UMR
- Oxford
- Harvard Pilgrim Health Care
- UnitedHealthcare West

Excluded plans may be included at a future date.

Plans that are excluded for SGP may still be subject to prior authorization requirements. For more details on how to submit a prior authorization, please contact Provider Services.

### How do I confirm a member's eligibility?

To verify a member's eligibility, call the number on the back of the member's medical ID card.

### Which drugs require a prior authorization review through the SGP tool?

You can find a list of covered and included medications [here](#) (click on "Current Prior Authorization Requirements"). Some medications require sourcing through a designated specialty pharmacy. You can find a list of specialty pharmacy providers [here](#). This protocol applies to the specialty medications listed on [UHCprovider.com](#) under Resource Library > Drug Lists and Pharmacy > [Specialty Pharmacy Program](#).

### Key points

- The Specialty Guidance Program was effective on Oct. 1, 2019.
- This affects UnitedHealthcare commercial plan members.
- You can find a list of included medications [here](#) (click on "Current Prior Authorization Requirements").

# Submitting prior authorizations

## How do I submit a prior authorization for a specialty drug that falls under the Specialty Guidance Program?

You'll need to use MBMNow, Optum's secure website, to submit prior authorizations for specialty drugs covered under the UnitedHealthcare commercial medical benefit.

1. Go to **UHCprovider.com**.
2. Once on the site:
  - o Existing Link Users: Click on the "Sign in to Link" button.
  - o New Users: Click on the "New User" button.
3. Select the Prior Authorization and Notification tile on the Link dashboard
4. Then, select Specialty Pharmacy Transactions to be redirected to the SGP website.

MBMNow will request information about the requesting provider, servicing provider and the member's clinical details to determine which treatments are medically necessary. Members meeting clinical medical policy criteria, along with other criteria, can be rapidly approved. All other requests will require a review by our clinical team.

## Do I need to submit prior authorizations online, or can I fax them?

You can submit faxed requests, but they can't be processed rapidly. Faxed requests will also require a return phone call from Optum to have you attest to the information in the fax before the case can be submitted.

## Can I submit prior authorizations with a future start date?

Yes. You can create prior authorizations to start 90 calendar days in advance. By default, the start date is the same day you log into the website.

## Can out-of-network providers submit a prior authorization through MBMNow?

Yes. If a member has out-of-network benefits, out-of-network providers can submit prior authorizations by calling 888-397-8129.

## If the dosage changes, will I require a new prior authorization request?

If the dosage exceeds the originally requested amount, you'll need to create a new authorization. However, if the dosage is less than the approved total, you don't need to create a new authorization. We recommend you choose the "Request Max" option for your convenience.

## Can I view and replicate historical/previously approved prior authorizations in MBMNow?

Yes. You can check the status of existing and historical authorizations by clicking the "View Prior Authorization Details" button.

You can clone an already created prior authorization to create new prior authorizations with similar details by clicking "Prior Authorization Clone Functionality."

## How do I find out the status of my prior authorizations?

We'll send you a notification letter once we've made a case determination. You can also view the status of drafted and submitted prior authorizations on the MBMNow platform.

# MBMNow troubleshooting

## What if I can't find my patient within the SGP search tool?

When searching for a member, we suggest you only use the required fields (last name, DOB, member ID). Don't include group ID – this will drastically reduce the search criteria.

## The system informed me that if a new request is approved, it will terminate the previous request. What does that mean?

This warning message displayed in the SGP system indicates that there's already an active prior authorization request for that member and drug combination. There can be only one active authorization for each member per drug. If you decide to continue with the authorization request and it is approved, it will terminate the existing case and replace it with your newly created prior authorization request.

## Why can't I add administrative codes?

These are not reviewable by the Specialty Guidance Program. Please contact Provider Services at **877-842-3210**.

## Why didn't I receive a redirect to MBMNow from the prior authorization and notification screen?

Check the pop-up blocker settings on your internet browser and "enable" it for this site.

# Determinations and appeals

## What is the expected turnaround time for prior authorization decisions?

If a case is not auto-approved at submission, we'll review remaining prior authorization that require clinical review per regulatory guidelines, which allow 15 calendar days for non-expedited requests, unless applicable regulatory requirements have more stringent requirements. On average, we can review the majority of cases within two to four business days after we've received all required clinical information.

## How will UnitedHealthcare manage appeals?

UnitedHealthcare will manage appeals through the [Claim Reconsideration, Appeals Process and Resolving Disputes process](#). Additionally, the denial letter received will provide directions and appeal rights.

# Resources

## Who do I contact if I have questions?

If you have general questions or technical issues, email [specialtyguidanceprogram@optum.com](mailto:specialtyguidanceprogram@optum.com) or call **888-397-8129**.



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.