UnitedHealthcare Charter

Frequently asked questions

Overview

UnitedHealthcare Charter is a commercial benefit plan built on patient-centered care, with the goal of enhancing the patient-doctor relationship and promoting better health and lower costs. Charter places the focus on primary care, with members choosing a primary care provider (PCP) to help manage their health care needs. The three plan options within the Charter suite offer varying levels of coverage.

Plan models	Network care provider with required referral	Network care provider without required referral	Out-of-network care provider
Charter	Network benefits	No coverage*	No coverage*
Charter Balanced	Network benefits	Lower level of benefits	No coverage*
Charter Plus	Network benefits	Lower level of benefits	Non-network benefits

** Except for emergency services and related admissions.*

Key points

- UnitedHealthare Charter features a customized, narrow network of care providers.
- Members are required to select a PCP to help manage their health care needs.
- The member's PCP must submit electronic referrals before the member sees a network specialist physician.
- Standard prior authorization and notification requirements apply.

Frequently asked questions

Charter plan

How is Charter different from other health benefit plans?

UnitedHealthcare Charter focuses on primary care as the key to helping people live healthier lives. Members must select a PCP who will manage and coordinate their care, as well as make electronic referrals to other network specialist physicians.

United Healthcare

Provider network

How do I know if I'm in network for Charter benefit plans?

If you participate in other UnitedHealthcare commercial benefit plans, you're considered a network care provider for UnitedHealthcare Charter, unless Charter is specifically excluded in your Participation Agreement. If Charter isn't an excluded plan, you'll be listed in our Charter provider directory. Please confirm your participation status when verifying patient eligibility and benefits on Link or the online provider directory.

Do UnitedHealthcare Charter benefit plans use the same network as UnitedHealthcare Choice/Choice Plus?

No. UnitedHealthcare Charter features a customized, narrow network to better meet our members' needs.

PCPs

What is the role of the PCP in Charter benefit plans?

PCPs oversee their patients' care and actively manage referrals to network specialists. The PCP helps guide their patients along the best care path.

How do members choose a PCP?

Members must select a PCP upon enrollment. Each family member may select a different PCP, depending on their needs. Subscribers and all dependents must select a PCP in the market in which the subscriber lives or works, including dependents who live out of state. Once a PCP is selected, both the care provider and member can view the member's selection online. The PCP is also listed on the member's ID card.

Can members change their PCP?

Yes. A member may request to change their designated PCP by calling the Customer Care number on their ID card or by submitting a PCP change request at **myuhc.com**. Members can make changes once per month. These changes are effective the first of the month.

If a PCP practices at more than one location, does it matter which location the member visits?

Since some PCPs have multiple tax ID numbers (TINs) that may not participate for the member's benefit plan, members are required to see their PCP or a covering physician at the address location that shares the same TIN as the member's assigned PCP. You can view the TIN when using Link to check eligibility.

Where can I find a list of members assigned to my practice?

You can generate a PCP roster report using the Document Vault tool on Link. To learn more about Document Vault and to access the tool, go to UHCprovider.com/documentvault.

Specialist referral requirement

Who is responsible for submitting referrals?

The member's assigned PCP, or a PCP within the same TIN, are the only care providers who may submit referrals. If the PCP doesn't follow the electronic referral requirements, the member will have no coverage for UnitedHealthcare Charter or significantly higher copayments and coinsurance for UnitedHealthcare Charter Balanced and UnitedHealthcare Charter Plus.

Which services do not require a referral?

Covered health services must be provided by or referred by the patient's primary physician. If care from another network physician is needed, the primary physician will provide the patient with a referral. The referral must be submitted before the services are rendered. The exception is that the patient does **not** need a referral from their primary physician for:

- Any services from network physicians who share any tax ID number (TIN) as the member's PCP or is the PCP's covering network physicians
- Any services from network OB/GYN specialists, nurse practitioners, nurse midwives and physician assistants
- Routine refractive eye exam from a network provider
- Network optometrists
- Mental health/substance use disorder services with network behavioral health clinicians
- Services rendered in any emergency room, network urgent care center, network convenience care clinic or designated network online "virtual clinic visits"
- Services billed as observation
- Admitting physician services for emergency/unscheduled admissions
- Any services from facility-based inpatient/outpatient network consulting physicians, network assisting surgeons, network co-surgeons or network team surgeons
- Any services from a network pathologist, network radiologist or network anesthesia physician
- Outpatient network lab, network X-ray or network diagnostic services (Note: Services billed by a network specialist require referral.)
- Network rehabilitative services (PT, OT, ST, aural therapy, cognitive therapy) with exception of manipulative treatment and vision therapy (physician services) (Note: Services billed by a network specialist require referral.)
- Any other network services as required by state mandates

Can members seek care outside the state in which they live?

Yes. Members may be referred to a network physician located in another state when standard referral and prior authorization protocols are followed.

How many visits are included with each referral to a specialist?

Each referral may include up to six visits. Unused visits expire six months from the referral start date. After the six visits are used or expire, the PCP may submit another referral to the network specialist for up to six visits.

For members with certain chronic conditions, the online referral screen allows standing referrals to be entered for 99 visits if the member's diagnosis code is included in the Referrals for Chronic Conditions policy.

Chronic conditions eligible for standing referrals of up to 99 visits:

- Allergy rhinitis
- AIDS/HIV
- Amyotrophic lateral sclerosis
- Anemia
- Cancer
- Cystic fibrosis
- Epileptic seizure
- Fracture care*
- Glaucoma
- Myasthenia gravis
- Multiple sclerosis
- Parkinson's disease
- Renal failure (acute)
- Seizure
- Thrombotic microangiopathy

* It's not necessary to specify the fracture care procedure performed on the referral.

Can referrals be viewed online?

Yes. You may securely view a member's referrals using Link. Information includes the network specialist the member is referred to, number of visits authorized and number of visits remaining.

Do specialists and facilities have to confirm that a referral is on file from the member's PCP before seeing the member?

Yes. Specialists must confirm a referral is on file before seeing the member since Charter plans either have no benefit or a higher member cost share if a referral isn't obtained.

Facilities should also confirm the referral is on file for the member to see the admitting specialist for planned admissions. If the member doesn't have a referral, the facility and specialist claims will be denied for no referral if the member has UnitedHealthcare Charter, or the member will incur a much higher cost share if they have UnitedHealthcare Charter Balanced or UnitedHealthcare Charter Plus.

Is a new referral needed if a member needs to see another specialist, return for additional visits after the referral has expired or has used all visits?

Yes. In each case, the member's PCP must be contacted to consider an additional referral.

Referral submission requirements

How do PCPs submit specialist referrals?

The member's PCP must submit an electronic referral on UHCprovider.com by using Link or through EDI278R transactions before a member can see the network specialist. The referral is effective immediately and will be viewable online within 48 hours.

Referrals can't be accepted by phone, fax or paper, unless required by state law. Referrals may be entered on Link with a referral start date up to five calendar days prior to the date of entry. For more information on how to submit referrals, go to UHCprovider.com/referrals.

Does my office staff need security access to submit and view referrals?

Yes. If you've assigned the pre-defined role type, "All Transactions on UHCprovider.com and Link" for your staff, they'll have access to submit and view referrals for members. If your practice has customized roles, be sure the appropriate staff members in your practice have the "Referral Submission Role" for Link. For more information on access and roles, go to UHCprovider.com/Link > Get Started With Link.

Advance notification/prior authorization

Do these health plans require advance notification or prior authorization?

Advance notification/prior authorization are required for some services. Prior authorization is granted only for services determined to be medically necessary according to the member's benefit plan and applicable policies and guidelines. Advance notification/prior authorization policies and procedures are outlined in the Notification Requirements section of the UnitedHealthcare Administrative Guide, located at UHCprovider.com/guides. Information about prior authorization is also available at UHCprovider.com/priorauth.

Is admission notification required?

Yes. Admission notification is required for every inpatient admission. The admission notification requirement applies even if a referral or prior authorization is on file. Admission notification is the hospital's responsibility, as outlined in the UnitedHealthcare Administrative Guide.

What if a member requires care that's not available from a network specialist or facility?

When services aren't available from a network care provider, the member's network physician can request services by a non-network care provider at the in-network benefit level. The member's care provider may request the exception by calling the phone number on 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. UnitedHealthcare will send written confirmation of the final decision to the requesting physician and the member.

Member billing

Can members be billed for non-covered services?

Yes. According to the terms of your Participation Agreement, you may bill members for non-covered services under certain circumstances. For example, while joint replacements are generally covered benefits, a medical necessity review may determine that a particular joint replacement for a member isn't covered.

If the services you provide aren't covered under the member's benefit plan for reason of not being medically necessary, you may bill the member only if they've been informed of the decision of non-coverage prior to the date of the service and have specifically agreed **in writing** to accept financial responsibility. The written agreement must indicate the member understands UnitedHealthcare has determined the service is non-covered and the member chooses to receive the service and be financially responsible for payment.

Resources

Who should I contact if I have more questions about these health plans?

If you have questions, please contact Provider Services at **877-842-3210** or go to UHCprovider.com/plans > State > Commercial > UnitedHealthcare Charter.

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