

New Requirement for Primary Care Provider (PCP) Referral to Specialists for UnitedHealthcare Community Plan Members in New York

Frequently Asked Questions

Overview

Starting March 1, 2021, UnitedHealthcare Community Plan of New York is implementing a referral process for members who need specialty care. We are asking that you begin to use this referral process for specialist visits occurring on or after March 1, 2021. This will require the PCP to generate a referral for members to see in-network specialists.

Between now and the March 1, 2021, effective date, claims for specialists will continue to be paid as usual. All specialist visits occurring after March 1, 2021, will require a PCP referral. The referral must be in place prior to the specialist visit for the specialist claims to be paid. You may begin to write referrals immediately if you anticipate the date of service will be March 1, 2021, or later.

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. Through this improved engagement and collaboration, we hope to achieve improved healthcare effectiveness and data information set (HEDIS®) scores and increase overall quality of care for our members.

When will this change occur?

The PCP referral process will take effect March 1, 2021. As of this date, most claims submitted by a specialist will require a referral. If a referral is not found, the claim will be denied. Providers are encouraged to submit referrals between now and the March 1, 2021, effective date.

Who will be impacted by this change?

All in-network providers and UnitedHealthcare Community Plan of New York members for the following product lines:

- UnitedHealthcare Community Plan for Families (Medicaid)
- UnitedHealthcare Community Plan Wellness 4 Me (HARP)
- UnitedHealthcare Community Plan ChildHealthPlus (CHP)

How will providers know about the change?

Communications are being sent 90 days in advance to in network providers. In addition to the letter, a protocol, provider FAQ and copy of the member ID card will be sent and posted to the provider website at uhcommunityplan.com. The

Key Points

- Starting March 1, 2021, UnitedHealthcare Community Plan of New York is implementing a referral process for members who need specialty care
- Between now and the March 1, 2021, effective date, claims for specialists will continue to be paid as usual
- All specialist visits occurring after March 1, 2021, will require a PCP referral

provider network team will also provide outbound engagement and trainings with providers to walk through the referral process and to address any questions.

How will members know about the change?

Communications will be sent 30 days in advance to all UnitedHealthcare Community Plan of New York members.

Since UnitedHealthcare is introducing a new primary care provider referral process to see specialists, does the member have to have an assigned primary care physician (PCP)?

Yes, UnitedHealthcare Community Plan of New York assigns a PCP to each member; however, they have the option to choose a different PCP. The member's PCP is identified on the member's identification (ID) card.

Who is responsible for generating referrals?

The member's PCP generates referrals to network specialists and coordinates their care **prior to** the member seeking care with any network specialist.

How does the PCP complete a specialist referral?

Referrals **must** be submitted through one of the following methods:

Entered electronically on [referralLink](#)
Mailed to:
P.O. Box 31365
Salt Lake City, UT 84131-1362

Retroactive referrals are not accepted.

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

Yes. Referrals are not required for the following services:

- Women's Health Care
- Family Planning
- HIV and STI Screening
- Eye Care (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
- Any services from inpatient consulting physicians
- Radiologist, Pathologist, Anesthesia, etc. Providers part of inpatient hospital care or surgical teams do not need referrals.
- A specialist who has arranged to act as the member's Primary Care Physician does not need a referral for him or herself. 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.
- Any other services for which applicable laws and regulations do not allow us to impose a referral requirement

How many visits are included for each referral?

Referrals are valid for four visits, except for services with exceptions. If the PCP does not indicate number of visits, the referral is valid for one visit only for a maximum of six months from the date it is signed or electronically filed.

Are there exceptions to the referral process?

There are exceptions to the general referral rules. Some referrals are for more than four visits. These exceptions are:

1. **Allergy Consultation and Shots:** Referrals to a specialist for an initial allergy consultation cover the initial office visit, skin testing, any allergy antigen and one follow-up visit within 30 days. A second referral marked "Allergy Shots" may be issued, which is valid for six months from the date of the referral for any number of visits.
2. **Laboratory Services:** No referral is required. However, per the laboratory policy, please refer UnitedHealthcare Community Plan members only to the outpatient laboratory service providers that appear on the most current list of participating laboratories at UHCommunityPlan.com. Please review this list carefully and use it for all member laboratory referrals.
3. **Routine Eye Exam:** Referrals are not required for a routine eye exam when performed by a participating optometrist or ophthalmologist.
4. **Physical Therapy, Occupational Therapy and Speech Therapy:** The initial referral for physical or occupational therapy is valid for six months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after six months require a new referral to be issued by the PCP.
5. **Post-Operative Care:** Referrals are not required for 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.
6. **Radiology Services:** A referral is not needed for routine radiology services. Advanced radiology services like CT scan, MRI, etc. require prior authorization. The most up-to-date list of contracted facilities can be found by visiting UHCommunityPlan.com / Find a Physician. Select New York and then enter your zip code. Next, choose HealthChoice and continue to the "Find a Provider" page. Click the "Search for a Provider" link to see a list of contracted facilities.

What if I need to see my specialist often; do I need to get a referral for every visit?

A standing referral can be submitted by your PCP for certain medical diagnoses. The standing referral allows you to go to your specialist for up to six months for an extended number of visits. The standing referral process is valid for diagnoses to include:

- AIDS/HIV
- Myasthenia Gravis
- Allergies
- Parkinson's disease
- Amyotrophic Lateral Sclerosis
- Cancer
- Epileptic seizures
- Cystic Fibrosis
- Glaucoma
- Seizures
- Multiple Sclerosis
- Thrombotic Thrombocytopenic Purpura
- Cerebral Palsy

What if a UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan network?

You can search for a participating provider on UHCCommunityPlan.com or call member or provider services for assistance.

Can member referrals be viewed on UnitedHealthcareOnline.com?

At this time, the viewing system is in development. You may inquire by phone or email to member or provider services. Notice and instructions will be sent once the electronic system is available.

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 present protocols found in the provider administrative guide.

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. Some services will continue to require prior authorization. That process has not changed.

Are practices required to have access to UnitedHealthcareOnline.com?

Yes. Referrals can be submitted electronically. Participating physicians must register for UnitedHealthcareOnline.com access. If you do not already have access, visit UnitedHealthcareOnline.com; select "Practice/Facility Profile" on the home page to register.

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 but must obtain a referral prior to any visits on or after March 1, 2021, the effective date.

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.