UnitedHealthcare Individual Exchange plans

Quick reference guide for out-of-network providers

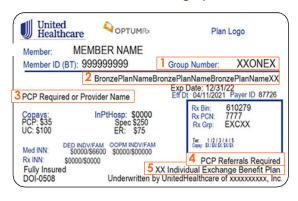
Out-of-network health care professionals aren't contracted with UnitedHealthcare for Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.

We don't cover services from out-of-network (OON) health care professionals, except for emergency services and related authorized admissions.

Sample member ID cards

- Of the Exchange
 OFEX" plans offered on the Exchange, "OFEX" plans offered off the Exchange
- 2 Plan name includes the metal level of bronze, silver, gold or platinum
- 3 PCP Required indicator all Exchange plans require a PCP
- A Referrals Required indicator (if applicable)
- 6 Member network name

For most Individual Exchange plans





Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements. Eligible members will receive a separate dental ID card.



UnitedHealthcare Provider Portal

The UnitedHealthcare Provider Portal self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans —without the extra step of calling. Use the portal to perform secure online transactions, such as checking member eligibility and benefits, managing claims and requesting prior authorization.

Access the portal at <u>UHCprovider.com</u> > Sign In. If you aren't registered yet, select "New User." For more information, visit <u>UHCprovider.com/access.</u>

Provider services and additional contacts

For chat options and contact information, visit **UHCprovider.com/contactus**.

Claims submission

Electronic claims:

- · UnitedHealthcare Provider Portal:
 - To access the portal, go to **UHCprovider.com** > Sign In
- In Electronic Data Interchange (EDI):
 - Use Payer ID 87726. Learn more at UHCprovider.com/edi.

Paper claims: Mail claims to the address on the member's ID card.

Transition of care

Transition of care (TOC) allows newly enrolled members the option to request an extension of care from a currently treating OON provider as required by Individual Exchange plans. To request TOC, please contact Provider Services at **888-478-4760**.

- · We must receive TOC requests within 30 days from the member's enrollment effective date
- TOC requests can be submitted by the member or provider by either phone or fax
- We require the transition to a contracted provider to take place within 90 days if we approve the TOC request

Reimbursement

- We process claims for OON reimbursement according to state and federal guidelines
- We'll reimburse excluded providers for emergent and prior-approved outpatient procedures according to state and federal regulatory requirements
- We don't provide fee schedule rates prior to service
- · Members may not be balance billed
- If a member seeks non-emergent services from an OON provider without prior authorization, they may be responsible for full cost of services rendered by the out-of-network provider(s)



Gap exceptions

Occasionally, a member may require a non-emergent service that isn't offered by a participating network provider. In these instances, the member's primary care provider may request that we approve a benefit exception. If we approve the exception, it allows the member to receive coverage for the non-emergent service(s) provided by an OON provider.

Process for amember requesting gap exception:

- The member may call the Member Services or Care Support number on their ID card and a member advocate will attempt to re-direct them to in-network care
- If no in-network providers are available, the member advocate would offer a gap exception and help the member through the process

Continuity of care following termination of participation

If your agreement ends for any reason, we may require that you help our members find another participating health care provider. You may need to provide services at our contracted rates during the continuation period, per your agreement and any applicable laws. We'll tell your affected patient(s) at least 30 calendar days prior to the effective date of your participation termination, or as required under applicable laws.

You may request continuity of care by calling Provider Services at 888-478-4760.

Disputes

- Send state disputes to: ceu_arbitrations@uhc.com
- Send federal disputes send to: uhg_idr_disputes@uhc.com

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VX; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Okidahoma, Inc.; UnitedHealthcare of Towas, Inc.; UnitedHealthcare of Oregon, Inc. in WX; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

