



UnitedHealthcare Gold Card Program

The UnitedHealthcare Gold Card Program recognizes qualified practices that have consistently demonstrated adherence to evidence-based guidelines. Qualified practices are not required to submit requests for prior authorization for certain medical, behavioral and mental health services that would otherwise require authorization, as described in the UnitedHealthcare Care Provider Administrative Guides and Manuals.

Practices that earn Gold Card status are required to complete a simple advance notification for Gold Card services, which will confirm member eligibility and coverage for the service(s) requested. Advance notification benefits patients and other providers rendering care as provided below.

- ✓ **Provider care coordination:** Enables other providers and facilities supporting care for plan members to quickly and easily validate the service is covered. This lets them know that further authorization is not required and helps ensure scheduling of services. It also helps verify that the Gold Card eligibility for a CPT® code applies to other providers caring for each plan member.
- ✓ **Patient cost protections:** Validates member eligibility, benefit coverage and network status using our online tools. This can help plan members maximize their health plan benefits.
- ✓ **Health plan care coordination:** Shares real-time information with UnitedHealthcare to help us identify applicable care management programs and other resources to help advance each plan member's health journey.
- ✓ **Identify exclusions:** Individual states may issue regulatory requirements impacting the UnitedHealthcare Gold Card program and specific codes.

The Gold Card Program will begin on October 1, 2024. A full list of services eligible for Gold Card will be published on September 1, 2024. The list of Gold Card eligible codes may be updated from time to time, and any changes to the Gold Card eligible code list will be communicated in advance.

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans

Program eligibility & requirements

UnitedHealthcare evaluates all practices defined by a single tax ID number (TIN), to determine whether they meet all the following criteria to qualify for the Gold Card Program:

- In-network participation for at least one line of business representing UnitedHealthcare commercial, UnitedHealthcare® Medicare Advantage, UnitedHealthcare Individual Exchange* and UnitedHealthcare Community plans;
- A minimum annual volume of at least 10 eligible prior authorizations across participating lines of business for 2 consecutive calendar years across all Gold Card eligible codes; and
- A prior authorization approval rate of 92% or higher for two consecutive years. This rate applies to prior authorization status for Gold Card eligible codes, across all participating lines of business, after all appeals were exhausted.

Practices do not need to apply for Gold Card status. UnitedHealthcare will make each practice's Gold Card status determination available to them as well as reporting of the practice's performance as compared to Program eligibility criteria. Provider's Gold Card status applies to all in-network products.

UnitedHealthcare may require medical records as part of the monitoring and continuing evaluation of practices that have qualified for Gold Card status. Failure to provide requested information in the timeline outlined within a request may impact your existing Gold Card status and/or future Gold Card status.

UnitedHealthcare will continue to review Program eligibility criteria and may update the criteria periodically. Changes to Program eligibility criteria will be communicated in advance.

Gold Card qualification

UnitedHealthcare will conduct annual evaluations for Gold Card qualification. Gold Card status determinations will be effective the first day of October every year. Practices may lose Gold Card status because of patient safety issues, failure to cooperate with quality and patient safety activities, not timely responding to requests for information, or if they no longer meet Program requirements. Any changes to the timing of Gold Card qualifications will be communicated in advance.

Right to review of Gold Card status

Practices defined by a single TIN, may request a review of their Gold Card status within 30 calendar days of when a status notification is made available on the UnitedHealthcare Provider Portal. UnitedHealthcare Gold Card status may change as a result of a review request, and any change of status, as well as the effective date, will be communicated to the practice. Practices must submit review requests with all required information as outlined on [UHCprovider.com](https://www.uhcprovider.com).

State requirements

The Gold Card Program will be effective in all states and will be modified, when necessary, to meet state requirements. UnitedHealthcare will apply any state criteria, as required, for the applicable product.

This protocol does not apply to providers whose services are managed by a UnitedHealthcare delegate.

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