



Quick Reference Guide
New Requirement for Primary Care Provider Referrals to Specialists for
UnitedHealthcare Community Plan Members in Rhode Island

As previously announced, UnitedHealthcare is transitioning to a specialist referral requirement for its Community Plan members. Most recently slated for May 15, 2018, this policy will now go in to effect on **Sept. 17, 2018**.

Members who need specialty care must be referred to in-network specialists by their primary care provider (PCP) or claims may not be paid. Any PCP within the same tax ID (TIN) can issue a referral on behalf of a member assigned to a PCP within that TIN. Please review the following information to learn more about this change.

Referral Submission

The member's PCP should coordinate the member's care and generate electronic referrals to network specialists. Electronic referrals **must** be submitted before the specialist service is received by the member. Care providers can begin pre-loading referrals using Link beginning Aug. 20, 2018.

To submit a referral:

1. Sign in to referralLink with your Optum ID. You can access Link by going to UHCprovider.com and clicking on Link in the upper right hand corner of the page.
2. Enter your contact information.
3. Enter the requested member's information.
4. Search for and select a participating specialist.
5. Choose the number of visits for the referral.
6. **Submit** the online referral.
7. **Provide the member with a copy of the referral.**
8. The referral is valid for one year.

Important Referral Information

Key Points:

- Retroactive referrals are only accepted for **five days** after the date of service.
- This policy will go in to effect on **Sept. 17, 2018**. Denials for lack of referral won't be enforced for dates of service prior to Oct. 17, 2018; this applies to both new and existing patients.
- You can view a member's referral history, including the name of the network specialist, number of visits authorized and the number of visit remaining, at referralLink with your Optum ID.

- Only the member's PCP or a physician practicing under the same TIN can submit a referral to a network specialist. Referrals can only be entered for participating network physicians.
- Referrals cannot be entered for non-participating care providers.
- A specialist cannot issue referrals. If the specialty requires a referral to another specialty or another care provider within the same specialty, the member's PCP must submit the new referral.
- Non-participating specialist visits will require prior authorization.
 - Prior authorization will be granted only for services determined to be medically necessary per the member's benefit coverage, as reflected in our Medical & Drug Policies and Coverage Determination Guidelines at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines.
 - Note that non-participating specialist visits may only be approved if there are some additional criteria which cannot otherwise be met by a network provider, such as a network gap.
- Some services that are referred to in-network specialists may require prior authorization in addition to a referral.

If you have questions about available network specialty care providers, please contact UnitedHealthcare Community Plan at the number on the back of the member's ID card.

Services Not Requiring Referrals

The following services don't require a referral:

- Obstetrics/gynecology
- Behavioral health services
- Physician services for emergency/unscheduled admissions
- Physical therapy
- Occupational therapy
- Speech therapy
- Family planning
- Sexually transmitted disease services
- Early intervention services
- Emergency services at an emergency room or hospital
- Urgent care visits (in-network)
- Kidney dialysis services from a certified in-network dialysis facility
- Routine eye exams, eye care, eyeglasses and contacts from in-network ophthalmologists or optometrists
- Radiology services
- Allergists
- Nutritionists

Other Instances When Referrals Aren't Required:

- **Laboratory Services:** No referral is required. However, please refer UnitedHealthcare Community Plan members only to outpatient laboratory service providers. The list of participating laboratories is available at UHCCommunityPlan.com > For Health Care Professionals > Rhode Island > Claims and Member Information > Search for a Provider > Enter ZIP Code > Select Your Plan > LabCorp Laboratories.
- **Post-Operative Care:** Referrals are not required for services related to a surgical procedure during the postoperative period included in the global fee paid 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 a new physician for services related to the surgical procedure.

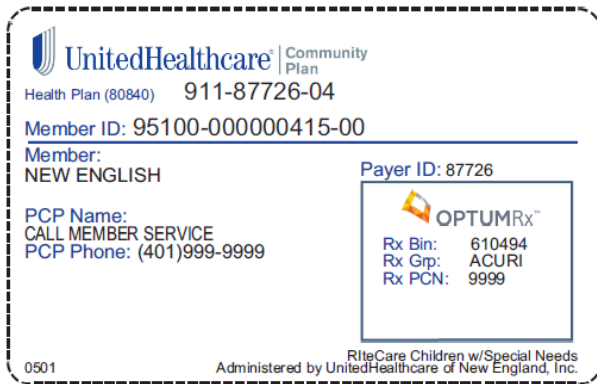
Prior Authorization

UnitedHealthcare Community Plan in Rhode Island will continue to require prior authorization for certain planned services. Prior authorization is granted only for services determined to be medically necessary per the member's benefit coverage, as reflected in our **Medical & Drug Policies and Coverage Determination Guidelines** at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines.

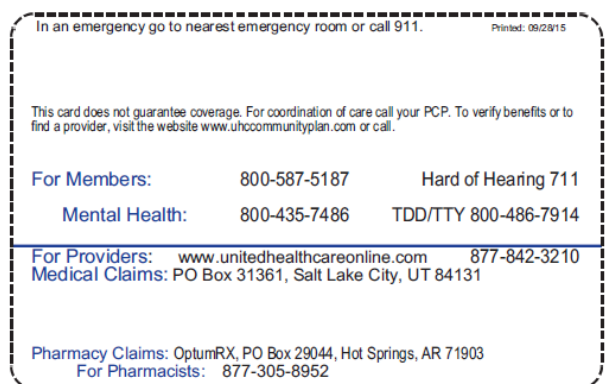
The list of services requiring prior authorization is the same as the services on the advance notification list in the UnitedHealthcare Provider Administrative Guide and can be found at UHCCommunityPlan.com > For Health Care Professionals > Rhode Island > Provider Information > Prior Authorization.

Example Member ID Cards

Front



Back



Sample ID cards are for illustration only.

Contact Us: If you have questions, please call Rhode Island Provider Services at 877-842-3210 or contact your Provider Advocate.