UnitedHealthcare Navigate - What you need to know
Frequently Asked Questions

UnitedHealthcare Navigate is a new portfolio of products that emphasizes the role of the primary care physician. The Navigate product portfolio offers members three product options and will be available in 2011.

Key Points:
- **Primary Care Physician Requirement** – the Navigate product requires each UnitedHealthcare member to choose a primary care physician.
- **Primary Care Physician Referrals to Network Specialists** – the member’s primary care physician generates referrals to network specialists.
- **Navigate Member Health Care ID card** – the Navigate product name and member’s primary care physician are indicated on the member’s health care ID card. Reference to specialist referrals being required is on the back of the health care ID card, see sample ID card below. When confirming eligibility using UnitedHealthcareOnline.com, Navigate members will display with a special message indicating that referrals from the patient’s primary care physician are required for specialist care.

Note: Sample ID cards (above) are for illustration only; information on ID cards varies depending on the payer, benefit plan design and/or other requirements.

Q1. What are the Navigate product options?
A. The three Navigate product options are:

**UnitedHealthcare Navigate: a single tier benefit, network only product**
- Members must have a referral from their primary care physician to receive network benefits for services from any network physician that is not practicing under the same tax identification number (TIN) as their primary care physician.
- If members seek care from a network physician outside of their primary care physician’s TIN or from a facility without a referral then there is no benefit for that physician’s services and the related facility services and the member is responsible for the billed amount. Referrals are not required for emergent services.
UnitedHealthcare Navigate Balanced: a two tier benefit, network only product

- Members must have a referral from their primary care physician in order to receive the highest level of network benefits for services from any network physician not practicing under the same TIN as their primary care physician.
- If members seek care from a network physician outside of their primary care physician’s TIN or from a network facility without a referral they receive a lower level of benefits for that physician’s services and related facility services (subject to the exceptions listed below).

UnitedHealthcare Navigate Plus: a three tier benefit, network and non-network product

- Members must have a referral from their primary care physician in order to receive the highest level of network benefit for services from any network physician that is not practicing under the same TIN as their primary care physician.
- If members seek care from a network physician outside of their primary care physician’s TIN or from a network facility without a referral they receive a lower level of benefits for that physician’s services and related facility services (subject to the exceptions listed below).
- Non-network benefits are also available for services from non-network physicians, facilities and health care professionals at a lower level of benefits than either level of benefits for network providers.

Referrals are NOT required for the following services (under any of the Navigate product options described above):

- Services from a network Obstetrician/Gynecologist.
- A routine refractive eye exam from a network physician;
- Mental health/substance use disorders services with network behavioral health clinicians;
- Services rendered in any emergency room or network urgent care center or urgent care provided at a convenience clinic;
- Physician services for emergency/unscheduled admissions;
- Any services from inpatient consulting physicians; and
- Any other services for which applicable law does not allow us to impose a referral requirement.

Q2: Do the Navigate products access the same network UnitedHealthcare Choice/Choice Plus products?

A: The Navigate products are offered through a broad national network. In some states, the Navigate products are offered through a limited network of primary care physicians, specialists and facilities than the broader UnitedHealthcare Choice/Choice Plus network. It is therefore important to confirm the participation status of a specialist before writing a specialist referral for a Navigate member.

Q3. Does the member have to select a primary care physician?

A. Yes, the Navigate products require that each member choose a primary care physician who can assist them with their health care needs, as well as issuing and managing
referrals to network specialists. The member’s primary care physician is identified on the member’s health care ID card.

Q4. Are Pennsylvania Navigate members allowed to choose a primary care physician outside of Pennsylvania?
A. Yes, to provide appropriate access to care. Pennsylvania Navigate members who may work in Pennsylvania may select a primary care physician in contiguous counties in MD, DE and NJ.

Q5: How often and when can members change their primary care physician?
A: Members may elect to change their primary care physician on a monthly basis. Changes submitted to UnitedHealthcare on or before the 15th of the month will be effective on the first day of the following month. Changes submitted on or after the 16th of the month will be effective on the first day of the second following month.

Q6: Who is responsible for generating referrals to Specialists and Facilities?
A: The member’s primary care physician coordinates the member’s care and generates referrals to network specialists prior to the member seeking care with any other network physician not practicing under the same TIN as the primary care physician.

Q7: How does the primary care physician complete a specialist referral?
A: Referrals must be submitted on our secure physician website at UnitedHealthcareOnline.com > Notifications > Referral Submission prior to the specialist service being received. Referrals cannot be accepted via phone, fax or paper. Retro-active referrals are not accepted. Referrals are not required for services from a network Obstetrician/Gynecologist, for routine refractive eye exams from a network physician, for mental health/substance use disorder services with network behavioral health clinicians or any other services for which applicable law does not allow us to impose a referral requirement.

Q8: What if a Navigate member requires care not available from a Navigate-participating specialist or facility?
A: As with other UnitedHealthcare products, a Navigate member’s physician can submit to UnitedHealthcare a Prior Authorization request for in-network coverage for services provided by non-network providers. UnitedHealthcare will make the determination as to whether or not an in-network provider is available to treat the patient’s condition and, whether in-network benefits will be granted for such services from a non-network provider. A physician can request such coverage by calling the phone number on the back of the member’s ID card. A request submitted by physician that is approved in advance by UnitedHealthcare will replace the need for a referral from the patient’s primary care physician.

Q9: How can the administrative staff at physician offices or facilities search for physicians, facilities or other health care professionals that are participating in the Navigate products?
A: At UnitedHealthcareOnline.com:

- Select Physician Directory > General Physician Directory > Search for a Physician
- Search for a Physician by Name, Location and/or Specialty
- Select the member’s Plan,
  - UnitedHealthcare Navigate HMO/Navigate Balanced HMO/Navigate Plus HMO
  - UnitedHealthcare Navigate/Navigate Balanced
  - UnitedHealthcare Navigate Plus

**Note:** If a Navigate member logs into myuhc.com with their member log in, just the Navigate network available to that member will be viewed when they search for a provider.

**Q10: How many visits are included for each referral?**

A: Each referral may include up to six visits and any unused visits expire after six months from the date the referral was entered. Any time after the six visits have been used (or if any unused visits expire after six months), an additional referral to that network specialist with up to six visits may be submitted by the member’s primary care physician. For members with chronic conditions, the online referral screen will allow standing referrals for 99 visits to be entered if the member’s diagnosis code is included in the policy on Navigate Referrals for Chronic Conditions that can be found on UnitedHealthcareOnline.com. Any of the unused 99 visits expire after six months, and a new referral can be issued. Conditions eligible for standing referrals of up to 99 visits are:

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>042x</td>
<td>AIDS/HIV</td>
</tr>
<tr>
<td>28x, 773.0, 773.1 &amp; 776.5</td>
<td>Anemia</td>
</tr>
<tr>
<td>140x-208x &amp; 230-234.9</td>
<td>Cancer</td>
</tr>
<tr>
<td>277.00; 277.0; 277.01</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>332.0; 332.1</td>
<td>Parkinson’s Disease</td>
</tr>
<tr>
<td>335.20</td>
<td>Amyotrophic Lateral Sclerosis</td>
</tr>
<tr>
<td>340</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>345.0-345.9</td>
<td>Epileptic Seizure</td>
</tr>
<tr>
<td>358.0</td>
<td>Myasthenia Gravis</td>
</tr>
<tr>
<td>365-365.9x</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>446.6</td>
<td>Thrombotic Microangiopathy</td>
</tr>
<tr>
<td>477x</td>
<td>Allergies</td>
</tr>
<tr>
<td>584.x</td>
<td>Renal Failure (acute)</td>
</tr>
<tr>
<td>780.39</td>
<td>Seizure</td>
</tr>
<tr>
<td>8xx.xx-829.xx, 733.8x</td>
<td>Fracture Care</td>
</tr>
</tbody>
</table>

**Note:** It is not necessary to have the procedure performed indicated on the referral. Fracture care is adequate.

**Q11: Can member referrals be viewed on UnitedHealthcareOnline.com?**

A: A member’s inventory of referrals can be securely viewed on UnitedHealthcareOnline.com on the Referral Status Detail screen, including information on the referred to network specialist, number of visits and the number of visits remaining. Only the member’s primary care physician (or a physician in primary care practice under the same TIN) can write a referral to a network specialist. Referrals can only be submitted for network physicians. Referrals cannot be submitted to non-network
physicians or health care professionals. As with other products, if there are questions about whether care is available in the network, the physician should contact UnitedHealthcare at the number on the back of the member’s health care ID card.

Q12: Are specialists or facilities required to confirm referrals?
A: The Navigate products have a physician referral requirement and specialists are expected to confirm the existence of a referral when Navigate members are scheduling appointments. Facilities are also encouraged to confirm the existence of a referral for planned services given that Navigate members have no (or significantly reduced) benefits for care provided without a referral.

Q13: 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?
A: In either case, the member’s primary care physician must be contacted for their consideration of an additional referral.

Q14: Do the Navigate products require Prior Authorization?
A: Yes, the Navigate products require Prior Authorization for certain planned services, so that it can be determined if those services are covered under the member’s benefit contract. Prior Authorization will be granted only for services determined to be medically necessary in accordance with the member’s benefit contract and applicable policies and guidelines. The list of services requiring Prior Authorization is the same as the services on the advance notification list in the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Additionally, the process for requesting Prior Authorization is the same as the current process for providing advance notification for other UnitedHealthcare commercial products such as Choice Plus. Note: this does not change the prior authorization process for the Oxford products or the Gated HMO products: MDIPA and Optimum Choice, Inc.

Q15: Will a medical necessity coverage review be performed?
A: Upon receipt of a Prior Authorization request, a medical necessity coverage review will be performed for certain planned services, including but not limited to spinal surgeries and joint replacements. If additional clinical information is required to facilitate the medical necessity coverage review, appropriate clinical documentation will be requested of the rendering physician. The outcome of the medical necessity review will be communicated via letter to the rendering physician, the member and facility (if any). In addition, if the service is deemed not covered as a result of a medical necessity review, a courtesy phone call will be placed to the rendering physician to inform the physician of the decision. The approval status of a planned service can be viewed online any time at UnitedHealthcareOnline.com.

Q16: Can members be billed for non-covered services?
A: In accordance with your agreement, members can be billed for non-covered services. However, the Navigate product is unlike most existing UnitedHealthcare products, in that services may be determined to be non-covered as a result of the medical necessity review. For example, while joint replacements are generally covered benefits, a particular joint replacement for a particular Navigate member may be determined to be non-covered as a result of the medical necessity review. In these cases, members can be
held financially responsible for non-covered services only if they have 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.

Q17: Is Admission Notification required for Navigate members?
A: Yes, Admission Notification is required for every inpatient admission of Navigate members just as it is for UnitedHealthcare members in other managed-care products. The Admission Notification requirement applies even if a referral or Prior Authorization is on file.

Q18: Is Navigate a replacement product for the Oxford products or the Gated HMO products: MDIPA and Optimum Choice, Inc?
A: No. Navigate is a new addition to our portfolio of products and does not replace any existing products.

Q19: What if I have questions regarding the Navigate product?
A: Please call 866-747-3898.