



UNITED HEALTHCARE – COMPASS PLANS

United Healthcare (UHC) Compass is an innovative commercial plan built on the fundamentals of patient-centered health. It is offered as an Individual Healthcare Exchange plan in certain states.

Members choose a primary care physician (PCP) to help them navigate to high-quality, cost-effective care.

Compass has a limited network service area in certain states (all counties/parishes are currently included in the Louisiana Compass service area) where coverage is available. No coverage is provided outside the network service area, except for emergency and urgent services.

To review more on the Louisiana Healthcare Exchange, see the websites: www.marketplace.cms.gov, www.healthcare.gov, and/or <http://lahealthexchange.com/> and review the previously published newsblasts: 43071813 Health Insurance Exchange How-To for Practices and 080113 Healthcare Reform - The Marketplace

Provider Participation

If a provider participates in other UHC commercial benefit plans, the provider is considered a network provider for the UHC Compass benefit plan if it is offered in his/her market, unless the plan is specifically excluded in his/her participation agreement. Providers will also be listed in the UHC provider directory for each benefit plan.

Not all providers will be included in every network. UHC is creating more focused networks to meet member requests for additional options at affordable prices.

Because UHC networks are built at the local market level, plans offer tailored networks of care providers that may vary by product.

Identifying Patients

Because of the referral requirements for the UHC Compass plan, MEDTRON strongly encourages providers to use Online eligibility (ONELIG) via MEDPM/MEDEHR and/or the UHC website to identify patients' plan coverage.

Providers should also review the patient's insurance card for plan specific information, specifically look for the word 'Compass' and for a PCP.

Insurance cards will display: 'United Healthcare Compass'

Sample UnitedHealthcare Compass ID Card

Online eligibility (ONELIG) via **MEDPM/MEDEHR** through a United Healthcare insurance code will display 'Ins Type: C1 – Commercial United Healthcare Compass' and display patients' PCP.

MEDPM:

ELIGIBILITY INFORMATION		Date: 02/25/16 Time: 16:09:35
Our Request# > 000432815	Web MD Transaction Reference No > 271988196	
Patient No --> 198819	Requested Elig Date -----> 12/17/2015	
Patient Name > AARON, JESSICA	OL ELIG PCP	
Insured Name > AARON, JESSICA	Prv#/TID/NPI Sent 271988196	
Insurance ---> COM COMPASS/UNITED HEALTHCARE		
Policy No ---> 974610681		
PCP -----> HEINEN, JOHN		
Phone -----> 337/457-8681		
<p>Subscriber Info: INSURED/SUBSCRIBER is a PERSON Name: AARON, JESSICA ID Type: MEMBER ID # ID: 968110681 Reference ID Type: SOCIAL SECURITY # Reference ID: 468121102 Reference ID Type: GROUP # Reference ID: 902682 Address 1: 621 HIGHWAY 190 City: EUNICE State: LA Zip: 705352950 Date/Time Type: PLAN BEGIN Date/Time Period: 06/01/2015-12/31/2015 Elig/Benefit Info: ACTIVE COVERAGE Service Type: HEALTH BENEFIT PLAN COVERAGE Ins Type: C1-COMMERCIAL UNITEDHEALTHCARE COMPASS</p>		
More...		
<p>Information Retrieved on 12/29/2015 at 15:56 by LESLIE F3=Exit F6=Print F10=Move to top F11=Go to bottom F12=Prior screen</p>		
DE002E-10		

MEDEHR:

INSURANCE ELIGIBILITY INFORMATION	
OUR REQUEST NUMBER	437559
WEB MD TRANSACTION REFERENCE NUMBER	721190731
REQUESTED ELIGIBILITY DATE	12/18/2015
PATIENT ACCOUNT NUMBER	198819
PATIENT NAME	AARON, JESSICA
INSURED NAME	AARON, JESSICA
INSURANCE	COM COMPASS/UNITED HEALTHCARE
PROVIDER NUMBER /TID / NPI SENT	1649351529
POLICY NUMBER	947019019
PRIMARY CARE PHYSICIAN	HEINEN, JOHN
PRIMARY CARE PHYSICIAN PHONE NUMBER	(985) 652 - 3344
<p>SUBSCRIBER INFO: INSURED/SUBSCRIBER IS A PERSON NAME: AARON, JESSICA ID TYPE: MEMBER ID # ID: 947019019 REFERENCE ID TYPE: SOCIAL SECURITY # REFERENCE ID: 468121102 REFERENCE ID TYPE: GROUP # REFERENCE ID: 902682 ADDRESS 1: 621 HIGHWAY 190 CITY: EDGARD STATE: LA ZIP: 700492420 DATE/TIME TYPE: PREMIUM PAID TO DATE END DATE/TIME PERIOD: 12/31/2015 DATE/TIME TYPE: PLAN BEGIN DATE/TIME PERIOD: 01/01/2015 ELIG/BENEFIT INFO: ACTIVE COVERAGE SERVICE TYPE: HEALTH BENEFIT PLAN COVERAGE INS TYPE: C1-COMMERCIAL UNITEDHEALTHCARE COMPASS</p>	

To house and track the referral requirements unique to the UHC Compass plan, if per ONELIG or UHC website or copy of patients insurance card, patient has UHC Compass plan, MEDTRON suggests:

Use Ins Code: COM

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Mode: DISPLAY          INSURANCE COMPANY MASTER          Date: 02/26/16
                                                             Time: 09:00:25

Status Code -----> _
Company Code -----> COM
Insurance Type ----> Q (F4)

Carrier Aff -----> UHC UNITED HLTHCARE-ALL ELSE
Company Name -----> COMPASS/UNITED HEALTHCARE
Group Name -----> _____

Address Line 1 ---> P 0 BOX 740800
Address Line 2 ---> _____
City/State/Zip ---> ATLANTA GA (F4) 303740800 Country -> US (F4)
Telephone -----> 877-842-3210 Extension: _____
Fax -----> _____ Prt on Clm: _ (Y/N)
Web Address -----> _____
E-mail Address ---> _____

Alt DME Carrier --> N (Y/N)

Prov #: NO Pol Edt: YES Last Changed: 1/12/2016 @ 9:22:23 by TRACY
F3=Exit F8=Policy # Edits F11=Provider Numbers F12=Prior Screen
1 of 5 DE200-01
    
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At Patient Insurance Maintenance screen:

Update fields:

'Referral Req' → Y

'Pri Care Phy' → key PCP name and phone #

NOTE: If provider is PCP, 'Referral Req' → N.
 NOTE: If multi-specialty practice and PCP is a member of the group, i.e., same TID, 'Referral Req' → M.

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Mode: DISPLAY          PATIENT INSURANCE MAINTENANCE      Date: 02/26/16
                                                             Time: 09:02:46

Patient: 1020662 - AARON, JESSICA B

Status Code -----> _
Insurance Code ----> COM Company Name -----> COMPASS/UNITED HEALTHCARE

Pri/Sec -----> P Rel to Insured ----> M (S,C,M,O)
Plan Type -----> _____ Insured (P,R,O) --> Q AARON, ANTHONY

Group/Plan -----> 902682 Effective ----> 11/01/2015
Policy Number ----> 970826313 Expires -----> _____

Coverage Verification OL ELIG PCP 02/18/2016 Co-Pay Amounts
Contact-----> _____ Primary Care ---> _____
Phone -----> _____ Ext-> _____ After Hours ----> _____
MSP Type -----> _____ SPC -----> _____
Referral Req ----> Y X-Spcl -----> _____
Pri Care Phy ----> PATEL,HARSHAD_5044663702 L-Spcl -----> _____
DftCoI -----> _____

OUTSTANDING CLAIMS ON FILE Last Changed 10/29/2015 by MOLLYB
F3=Exit F5=Rqst Elig F6=Dsp Elig F12=Prior Screen F24=More Keys
DE002-01
    
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At Patient Demographics, Add/Change Patient Information screen:

Update fields:

'Master Comment Line (MCL)' → COMPASS PLAN PER ONLINE ELIG: REQUIRES REFERRAL FROM PCP

DASHBOARD	PATIENT INFO	TASKS	REPORTS	RECOVERY ROOM	CONTROL PANEL	MESSAGES	TO DO LIST	REFILL REQUEST	NEW RX QUEUE	DIAGNOSTICS	IMAGE RESULTS		
PATIENT : 1020662, JESSICA AARON, 05/16/1975, 438-12-1102													
ELIGIBILITY MESSAGE Y										DISPLAY ELIGIBILITY		INS COMPANY	POLICY # EDIT
POLICY													
INSURANCE CODE		COM	COMPASS/UNITED HEALTHCARE									OUTSTANDING CLAIMS ON FILE	
INSURANCE COMPANY NAME OVERRIDE													
PRIMARY / SECONDARY		P											
RELATIONSHIP TO INSURED		S											
INSURED		P AARON, JESSICA											
GROUP / PLAN TYPE		902682	/										
POLICY NUMBER		947019019											
EFFECTIVE DATE		01/01/2015											
EXPIRATION DATE													
COVERAGE VERIFICATION													
CONTACT													
PHONE / EXTENSION		/											
MEDICARE SECONDARY PAYER TYPE													
REFERRAL REQUIRED		Y											
PRIMARY CARE PHYSICIAN		PATEL,HARSHAD 5044663702											

Referrals

The member’s Primary Care Physician (PCP) coordinates the member’s care and generates **online electronic referrals** to network specialists. **PCPs cannot request referrals via phone, fax or paper!** Referrals must be submitted by the PCP to UHC **prior** to the member seeking care with any network physician that is not practicing under the same TIN as the PCP. **If the PCP does not follow referral requirements, the member may face financial penalties.**
(See email from UHC at end of this blast)

Each referral may include up to six visits. Any unused visits expire after six months from the date the referral was entered. After the six visits are used or expire, the PCP may submit another referral to the network specialist for up to six visits. The referral is effective immediately and will be viewable online within 48 hours.

Per calls to UHC Compass, and email to Amy Spivey with UHC (030816):
 Referral numbers will start with the letter 'R' followed by 9 digits and are not required on the claim.
 If billing for a specialist, the PCP name is not required to be on the claim as long as the PCP the member is assigned to matches the PCP referral on file with UHC.

For members with certain chronic conditions, the online referral screen allows standing referrals to be entered for 99 visits if the member’s diagnosis is included in the Referrals for Chronic Conditions policy on www.UnitedHealthcareOnline.com. **Per MEDTRON calls to a UHC Compass representative, Compass plan allows a one-time exemption per patient to the online referral requirement in which the provider can still be paid without the referral. If claim denied, provider must call to request this one-time exemption.**

Referral Submission Requirements:

- Referrals must be submitted by the member’s PCP or a PCP with the same tax ID number.
- Users must have security access to submit referrals and check referral status.
- Referrals can be backdated up to five days prior to the date of entry and have a start date of date of submission or a future date

To learn how to request/submit/view referrals, go to www.unitedhealthcareonline.com > Help > Quick Reference > Referral Submission & **Status**.

Eligible services that do not require a referral include:

- Services from physicians with the same tax ID as the member’s PCP
- Network obstetricians/gynecologists, including perinatologists
- Network urgent care centers or convenience clinics
- Routine refractive eye exams from network providers
- Mental health disorder and substance abuse services from network behavioral health clinicians
- Services from pathologists, radiologists or anesthesiologists
- Services in any emergency room or emergency ambulance
- Physician services for emergency/unscheduled admissions
- Any services from facility-based inpatient/outpatient network consulting physicians, network assisting surgeons, network co-surgeons, or network team surgeons
- Any **non-physician** services, i.e., not billed by a physician specialist, including:
 - Outpatient labs, x-rays or diagnostics
 - Physical therapy, network rehabilitation services, with the exception of physician services such as manipulative treatment and vision therapy
 - Durable medical equipment, home health, prosthetic devices and hearing aids

Specialists must confirm a referral is on file prior to seeing the member, see above **Status**. The information also determines member benefits, since some plans either have no benefit or higher member cost share if a referral is not obtained. Facilities should also confirm the referral is on file for the admitting specialist for planned admissions.

If the member **does not** have a referral to see the specialist for planned admissions, then the facility and specialist claims will be denied for no referral. **However, the member is responsible and can be billed!**

Plan Models	Network Provider With Referral	Network Provider Without Referral	Non-network Provider*
Compass	Network benefits	No coverage*	No coverage
Compass Balanced	Network benefits	Lower-level benefit	No coverage
Compass Plus	Network benefits	Lower-level benefit	Non-network benefit

* Except for emergency services and related admissions.

Prior Authorizations (PA#)

Advance notification and prior authorization is required for certain planned services so UHC can determine if the services are covered under the member's benefits. Prior authorization is granted only for services determined to be medically necessary according to the member's benefit plan and applicable policies and guidelines.

The Notification Requirements section of the UHC Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide ("Administrative Guide") covers protocols about services requiring advance notification and prior authorization and the process for providing advance notification.

Admission notification is required for every inpatient admission. **The admission notification requirement applies even if a referral or prior authorization is on file.** Admission notification is the hospital's responsibility, as outlined in the current Administrative Guide

It is the physician's responsibility to follow the advance notification or prior authorization procedures as outlined in the Administrative Guide.

Billing Patients

In accordance with the terms of the participation agreement, **providers may bill members for non-covered services** under certain circumstances.

For example, while joint replacements are generally covered benefits, a medical necessity review (*assume when authorization requested*) may determine a particular joint replacement for a member is not covered. If the services you provide are not covered under the member's benefit plan for reason of not being medically necessary, you may bill the member 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. The written agreement must indicate the member understands UHC has determined the service is non-covered and the member chooses to receive the service and be financially responsible for payment.

MEDTRON emailed Amy Spivey, UHC representative to clarify if providers can bill patients if the referral is not obtained:

From: Spivey, Amy C [mailto:amy_c_spivey@uhc.com]

Sent: Wednesday, October 28, 2015 11:26 AM

Subject: RE: UHC Compass plan / 102715

For a United Healthcare Compass or Navigate member, the Member is responsible for obtaining a referral from the PCP prior to seeking services with the specialist. **If the member see's the specialist without a referral the Member is responsible, and you (the provider) may bill the patient.** Normally when this happens it only happens 1 time then they fully understand that they have to have a referral in place before seeing a specialist (i.e., the one-time exemption).

Resources

UHC Compass:

<https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=c8cd9c8e9633e310VgnVCM2000002a4ab10a>

Contact Software Support for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609