

New Enhanced Functionality – Prior Authorization and Notification Took on Link

Frequently Asked Questions

This is a new document. Underlining was omitted to make it easier to read.

Overview

When you request prior authorization, we understand that it's important to get a decision back from us as quickly as possible. To help expedite the prior authorization process, and make submission easier, we're implementing new, enhanced functionality within our Prior Authorization and Notification tool on Link, beginning in October 2019. This new functionality will enable improved response times for UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plans.

Beginning in October, when you submit a prior authorization request for certain services in the Link Prior Authorization and Notification tool, we'll prompt you to provide clinical information. Gathering pertinent clinical information during your initial submission can allow us to make quicker decisions.

Frequently Asked Questions

Which procedures will this enhanced functionality apply to?

We'll roll out the enhanced functionality for many service categories that currently require prior authorization, beginning in October 2019. Please consult the interactive guide menu topic titled Affected Service Categories.

Do these prior authorization submission changes apply to all UnitedHealthcare plans?

Yes. We'll make changes to current prior authorization categories across all of our health plans: UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan.

Key Points

Beginning in October 2019, we're implementing new technology designed to allow us to provide improved response times when you use the Prior Authorization and Notification tool on Link.

When you submit a prior authorization request online, you may be prompted to provide relevant clinical information.

Starting in October 2019, we'll roll this new functionality out to some prior authorization categories and will add others throughout the next several months.

Why is UnitedHealthcare making changes to the online prior authorization submission tool?

We're implementing this new technology as part of our effort to improve the efficiency and effectiveness of the prior authorization process.

Why should I complete a prior authorization request online?

Completing your prior authorization request online simplifies the process and may improve your turnaround times for responses.

Where can I go to find the clinical information I need for completing a prior authorization request?

You should check the most current medical policy for the service you are looking to perform. You can find this information at UHCprovider.com > Policies and Protocols.

Do you recommend any best practices when using this enhanced functionality?

As a best practice, we recommend the following:

- Review the medical policy for the most up-to-date information: UHCprovider.com > Policies and Protocols.
- Prepare all clinical information required for the case in advance. You may not be able to save your work once you begin answering questions.
- Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- Record all reference numbers.

Why do I get asked a set of questions at times for certain members, but not all the time, even though the procedures are similar?

We'll be rolling out this technology for different services throughout the next several months. As services are added, you'll be asked a series of questions. Even though the procedures may be similar, different services will require different information.

Why am I being asked clinical questions?

By gathering pertinent clinical information during your initial submission, we can better evaluate your request. This can improve the efficiency of the prior authorization process, which may allow us to make quicker decisions.

The submission I sent says it's pending. What does that mean?

Pending means we cannot give an answer at that time. The time it will take to complete the process depends on the clinical criteria, medical policy and guidelines for that procedure.

How quickly can I get a decision when I submit using the Prior Authorization and Notification tool on Link?

Many factors go into our decisions, including benefit coverage, clinical criteria, medical policies, standard guidelines and applicable regulatory guidelines. The decision times will vary depending on the specific submission details.

Certain requests will go through the new process, which has been designed to reduce the time it takes to make a decision.

Will I get a reference number for my decision?

Yes. We'll give you a reference number. Please make sure to write the reference number down and keep it in your files.

Why am I not able to continue with my submission?

If you don't see a new window to continue with your submission, double check for a new window by checking all open internet windows.

If you were directed back to the Prior Authorization and Notification home screen, you may need to adjust your pop-blocker settings. This will allow the pop-up window you'll need to continue. Once you've changed your settings in your internet browser, you'll need to close the browser and reopen the Prior Authorization and Notification tool to begin the submission.

How do I add the servicing provider when creating an outpatient case?

When entering procedure code details, the servicing provider will be prepopulated. If the service will be provided by a different care provider, click "Change Provider." You can either select the correct servicing provider from your favorites, or perform a search. Once the appropriate care provider is selected, click "Add Provider to the Case."

Be sure to review all of the case details for accuracy before moving forward with your submission.

Will I be able to attach documents?

Some items may require you to add attachments. You can only attach documents when requested to do so. Click "Attach" to select a file from your computer. Repeat this process for all requested documents.

- You can only attach one file for each question.
- The following file types are supported: bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff and txt.
- File names must be unique and contain only the following: A-Z, a-z, 0-9, space, underscore and dash/hyphen.
- File size can't exceed 25 MB per attachment for a maximum of 10 files per submission.
- Once submitted using the new enhanced path, you won't be able to add more documents to the existing case.

Can I make changes to my request after submission?

Once you've submitted your request using the new enhanced path, you won't be able to return to make changes or updates to questions or attachments.

How can I learn more about how to use this functionality?

If you haven't used our Prior Authorization and Notification tool before, you can learn more at UHCprovider.com/paan.

Who do I contact if I have questions?

If you need help, or have technical issues, please call the UnitedHealthcare Connectivity Help Desk at 866-842-3278, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

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