

UnitedHealthcare Gold Card Program

Overview

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 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. 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 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 us 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 that impact the UnitedHealthcare Gold Card program and specific codes. Self-Management Education provided by a Certified Asthma Educator, or Case Management Services provided through a Health Home, should be referred to and connected to the appropriate level of service.

A full list of services eligible for Gold Card are available at uhcprovider.com. 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.



Program eligibility and requirements

We evaluate all practices defined by a single TIN to determine whether they meet all the following criteria to qualify for the Gold Card Program:

- In-network participation for at least 1 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 each year for 2 consecutive years across all Gold Card eligible codes
- A prior authorization approval rate of 92.0% or higher each year for 2 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 don't need to apply for Gold Card status. We'll make each practice's Gold Card status determination available to them in addition to reporting of the practice's performance as compared to program eligibility criteria. Provider's Gold Card status applies to all in-network products.

We may require medical records as part of the monitoring and continuing evaluation of practices that have qualified for Gold Card status. If we don't receive the requested information in the timeline outlined within a request, it may impact your existing Gold Card status and/or future Gold Card status. We'll continue to review program eligibility criteria and may update the criteria periodically. We'll communicate any changes to program eligibility criteria in advance.



Gold Card qualification

We'll conduct annual evaluations for Gold Card qualification. Gold Card status determinations will be effective on 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. We'll communicate any changes to the timing of Gold Card qualifications 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 the required information as outlined on 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 members whose services are managed by a UnitedHealthcare delegated provider.

CPT® is a registered trademark of the American Medical Association.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare Community Plan, Inc., UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of Mississippi, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New Mexico, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of North Carolina, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of South Carolina, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., UnitedHealthcare of Wisconsin, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Rocky Mountain Health Maintenance Organization Incorporated, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.