

Doctors Plan in Washington State

Frequently asked questions

Overview

UnitedHealthcare Doctors Plan is an integrated, consumer-focused commercial benefit plan built on patient-centered care. Doctors Plan was designed to enhance the patient-doctor relationship, promote better health and lower health care costs.

Doctors Plan focuses on primary care, with members choosing a primary care provider (PCP) to help manage their health care needs. Members have access to a focused network of high-value provider groups through a benefit plan that is simple, convenient and personalized to each member.

On most plans, members have \$0 cost-share for certain services, including PCP visits, outpatient behavioral visits and virtual care visits.

Provider network

Which health care professionals and hospitals are in the Doctors Plan network?

You can see the health care professionals included the Doctors Plan network by viewing our provider directory at UHCprovider.com/findprovider.

How do I know if I'm in-network for Doctors Plan?

If you participate in other UnitedHealthcare commercial plans, you're a network health care professional for Doctors Plan, unless Doctors Plan is specifically excluded in your Participation Agreement. If Doctors Plan isn't an excluded plan, you'll be listed in our online Doctors Plan provider directory.

Please confirm your participation status when verifying patient eligibility and benefits by using the Eligibility and Benefits tool on the UnitedHealthcare Provider Portal, or by checking the provider directory at UHCprovider.com/findprovider.



Key points

- Consumers who live or work in Pierce, Snohomish, Thurston, Clark and King counties will be able to choose Doctors Plan
- Plan benefits require members to choose a network primary care provider (PCP). If they don't choose a PCP, we will assign them one.
- Members are encouraged to see their PCP to coordinate their care. PCPs play a vital role in coordinating care.
- Members do not need a referral to see network specialists

To check eligibility and benefits on the portal:

- Go to UHCprovider.com and click Sign In at the top-right corner
- Enter your One Healthcare ID
 - New users without a One Healthcare ID: Visit UHCprovider.com/access to get started
- Select “Eligibility” and enter your search criteria

Learn more and access training at UHCprovider.com/eligibility.

PCPs

Do members have to choose a PCP?

Yes. Members are required to select a network PCP when they enroll. If they don't, we'll assign them to a PCP prior to the effective date of their employer group's coverage.

What is the role of the PCP in Doctors Plan?

The member's PCP acts as the member's health coach and will direct them to the most appropriate care at the most appropriate place with a participating health care professional. PCPs oversee members' care and guide them along the best care path.

How do members choose a PCP?

Members select a PCP upon enrollment. Each family member may select a different PCP, depending on their needs. Subscribers and all dependents must select a PCP in the market in which the subscriber lives or works, including dependents who live out of state. Once a PCP is selected, both the PCP and the member can view the member's selection online. The PCP is also listed on the member's ID card.

Can members change their PCP?

A member may request to change their designated PCP by calling the Customer Care number on their ID card or by submitting a PCP change request at myuhc.com[®]. Members can make changes once per month. These changes are effective the first of the month.

If a PCP practices at more than one location, does it matter which location the member visits?

Since some PCPs have multiple tax ID numbers (TINs) that may not participate for the member's benefit plan, members are required to see their PCP or a covering physician at the address location that shares the same TIN as the member's assigned PCP. You can view the TIN when using the Eligibility and Benefits tool on the UnitedHealthcare Provider Portal.

Where can I find a list of members assigned to my practice?

You can generate a PCP roster report using Document Vault on the UnitedHealthcare Provider Portal. Learn more at UHCprovider.com/documentlibrary.

Referrals and prior authorization

Does Doctors Plan require referrals for members to receive care from network specialists?

No, referrals are not required for Doctors Plan members to see network specialists. However, we encourage members to work with their PCP to coordinate their care. Members can view their care provider network at myuhc.com.

Does Doctors Plan require advance notification or prior authorization?

Advance notification/prior authorization are required for some services. Prior authorization is granted only for services determined to be medically necessary, according to the member's benefit plan and applicable policies and guidelines. Advance notification/prior authorization policies and procedures are outlined in the Notification Requirements section of the UnitedHealthcare administrative guide at UHCprovider.com/guides. To view prior authorization requirements, go to UHCprovider.com/priorauth.

Is admission notification required?

Yes, admission notification is required for every inpatient admission. The admission notification requirement applies even if a prior authorization is on file. Admission notification is the hospital's responsibility, as outlined in the UnitedHealthcare administrative guide.

What if a member requires care that's not available from a network specialist or facility?

When services aren't available from a network specialist or facility, the member's network physician can request services by an out-of-network provider at the in-network benefit level. The member's care provider may request the exception by calling the phone number on the member's ID card. We'll review the request and determine whether a provider in the member's network is available to treat the condition and whether the request should be approved to cover eligible services at the in-network level. We'll send written confirmation of the final decision to the requesting physician and the member.

Will providers who participate in Doctors Plan have a larger administrative burden as members start choosing this plan for their health coverage?

No. To ease administrative tasks, we offer online resources and self-service tools that can help save you and your staff time. You can use our self-service tools on the portal to submit prior authorization requests, check claim status, get real-time prescription coverage details and more. Learn more at UHCprovider.com/portal.

Member billing

Can members be billed for non-covered services?

Yes. According to the terms of your Participation Agreement, you may bill members for non-covered services under certain circumstances. For example, while joint replacements are generally covered benefits, a medical necessity review may determine that a particular joint replacement for a member isn't covered.

If the services you provide aren't covered under the member's benefit plan for reason of not being medically necessary, you may bill the member only if they've 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 UnitedHealthcare has determined the service is not covered, and the member chooses to receive the service and be financially responsible for payment.

How will I know if a member participates in Doctors Plan?

Members covered under Doctors Plan will have the UnitedHealthcare Doctors Plan product name shown in the lower-right portion of their ID card. You can also verify eligibility and benefits using the Eligibility and Benefits tool on the portal.

Prescription drug list

What is the pharmacy offering for Doctors Plan?

Doctors Plan in Washington State has the option to use either the Advantage Prescription Drug List (PDL) or the Essential PDL.

The preferred offering is the Essential PDL, which balances affordability with access to medications. Key features include:

- 4 copay tiers
- Generic drugs in any tier
- Specialty drugs in tiers 3 and 4
- Changes on Jan. 1, May 1 and Sept. 1 each year

An alternative offering is the Advantage PDL. Key features include:

- Copay tiers (3 or 4)
- Generic drugs in any tier
- Specialty drugs in any tier
- Changes on Jan. 1, May 1 and Sept. 1 each year

Additionally, the **Automated Grace Fill** program allows for 2 refills of a non-specialty, non-formulary medication or medications requiring a prior authorization or step therapy for new members during the first 120 days after their enrollment.

Training and resources

Is training available so I can learn more about Doctors Plan?

Yes. We host training webinars, as well as individual meetings for care providers and their staff.

What other resources are available?

You can access patient- and practice-specific information 24/7 within the UnitedHealthcare Provider Portal. You can complete tasks online, get updates on claims, reconsiderations and appeals, submit prior authorization requests, access PreCheck MyScript and check eligibility – all at no cost without calling.

Learn more at UHCprovider.com/portal. To access training for the portal, visit UHCprovider.com/training and select the Digital Solutions category.



Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.