

Commercial Carrier Process to Request a Referral to a Specialist or NonPhysician Specialist

(Accurate as of August 1, 2022. Please check the MIA website for up-to-date information.)

Optimum Choice, Inc.

Consumer Contact Information

Website

myuhc.com

Phone Number

866-414-1959

Requesting a Referral

Steps to request a non-panel (non-participating) provider specialist

If you need covered health care services that are not available from a network provider—or access to a network provider would require unreasonable delay or travel—you, your doctor or a representative acting on your behalf can ask for a referral to an out-of-network provider. If your request is approved, such services from the out-of-network provider will be covered at the network benefit level. To request a referral to an out-of-network provider, call the toll-free member phone number on your health plan ID card; for mental health and substance use disorder services, call the Mental Health phone number on your ID card. If you wish to have someone else represent you for this request, please tell us and we will send you the form needed to designate a representative.

Review full referral request procedures

<https://www.uhc.com/legal/required-state-notices/maryland/referrals-to-providers>

Carrier's timeline to grant or deny request

Referral requests for non-emergency medical care, mental health, or substance use disorder care determinations will be made within 2 work days after receipt of the information necessary to make a determination. Referral requests for emergency inpatient admission or residential crisis mental health or substance use disorder care determinations will be made within 2 hours after receipt of the information necessary to make a determination.

Grievance process to appeal denial of a request

How to file a grievance

If urgent call customer service at the phone number on the back of their ID card or write to PO Box 30573 Salt Lake City, UT 84130-0573

<p>Number of days for final grievance decisions</p>	<p>Prospective Denial:</p> <p>If you have not yet received services from the provider to whom your request for a referral was denied, UnitedHealthcare will review the grievance and give you, your health care provider, and any representative acting on your behalf a decision no later than 30 work days after the date on which the grievance was submitted. With written permission from you, your health care provider, or a representative acting on your behalf, the time frame for UnitedHealthcare to respond can be extended up to 30 additional work days. Written notification of UnitedHealthcare's grievance decision will be sent to you, your health care provider, and any representative acting on your behalf within 5 work days after the grievance decision has been made.</p> <p>For emergency cases, where the medical condition is such that the time needed to complete a standard grievance review could seriously jeopardize the patient's life, health or ability to regain maximum function, we will give you, your health care provider, and any representative acting on your behalf a verbal decision within 24 hours of receipt of the grievance request. A written notice of the decision will be provided to you, your health care provider, and any representative acting on your behalf within 1 day after the verbal grievance decision has been communicated. If we do not provide a grievance decision within 24 hours, you, your health care provider, or a representative acting on your behalf may file an adverse decision complaint directly with the Insurance Commissioner.</p> <p>Retrospective Denial:</p> <p>If you have already received services from the provider to whom your request for referral was denied, UnitedHealthcare will review the grievance and give you, your health care provider, and any representative acting on your behalf a decision no later than 45 work days from the date on which the grievance was submitted. Written notification of the grievance decision will be sent to you, your health care provider, and any representative acting on your behalf within 5 work days after the grievance decision has been made.</p>
<p>Number of days/hours for emergency grievance decisions</p>	<p>24 Hours</p>
<p>Review full grievance process</p>	<p>https://www.uhc.com/legal/required-state-notices/maryland/referrals-to-providers</p>