

United Healthcare allows their clinical and prior authorization intake agents to enter requests for in-network provider exceptions. This is a clinical review process where the payer's clinical intake department reviews an out of network provider for possible in-network provider status on an individual case basis. This process is reviewed extremely closely by the clinical team, as well as UHC Medical Directors assigned to our provider specialty. It is very important that NSM processing teams only submit a request for an in-network exception when a valid service area gap is verified. For example, it has been validated and proven through an already approved in-network exception that there is not a single in-network CRT provider in and around the Pittsfield Massachusetts area. It has also been validated that UHC's selected national CRT provider cannot and will not travel to service this area. Again, United Healthcare will review and approve these types of requests on an individual case by case basis. If in fact approved, an approval letter on a formal "GAP" prior authorization approval form will be sent to NSM by the payer. This approval letter will outline the services that have been approved in network on a faxed "GAP001" prior authorization form.

It is very important that we do not bypass the internal verification process of verifying that UHC does in fact have another in-network CRT provider in their area. The patient/patients advocate can contact the member service toll-free number on the back of their Identification card to inquire with United Healthcare. If verified that there is not another in-network provider available within the patient's services area, then the patient can then initiate the request for an in-network exception.

Criteria for requesting an in-network prior authorization exception with United Healthcare:

Step 1: Verify that the patient's residential address is in fact outside of our nine multi-state agreement with UHC. If inside an already contracted state, there is no need for an in-network exception to be requested.

Step 2: If NSM is out of network, it is critical that we verify that there is no other in-network provider close to the patient's home and/or facility they are working with. If there is not another facility within 30 minutes or 60 miles from the patient's residence, we can proceed with having the patient/patient advocate request an in-network exception.

Step 3: Once it has been verified that there is no other in-network provider near the patient's home, the patient will need to be fully engaged throughout the process and understand that they will need to initiate the request for prior authorization in-network exception with UHC. They will then need to call the toll-free number on the back of their UHC member identification card and follow the prompts for the prior authorization/medical management team.

Step 4: We will need to partner with the patient and/or patients advocate to guide them through this process. This means providing the appropriate HCPC codes, the appropriate language to use with UHC's clinical team and ensure that they have a detailed understanding of what equipment is being requested within the in-network exception. It is critical that the prior authorization includes all necessary HCPC codes and details. As we know, patients and their family members are not used to dealing with insurance carriers, nor do they usually have

experience with coding. This is the step in the process that can ensure the patient a successful review and approval. The patient should be sure to request "an in-network exception" and use that language with the clinical intake agent that they speak with. They will need to advise the intake agent that NSM is out of network and that NSM is the only CRT provider within an appropriate proximity to their home.

In summary, the entire process is not a short process and could take up to 30-45 days for UHC review and possible approval. It is very important that NSM sets very clear timeframe expectations with the patient and with their advocate to be sure that they understand this request for exception will require UHC Medical Director review and possible approval. It is very important that we error on the side of caution and alert the client to the fact that this may not be approved. This process takes time and in the end, will not always have a positive result of NSM being approved as in-network for their individual case. The process has proven to work on past attempts if the above steps are followed closely.

Please follow the above process for requesting UHC prior authorization in-network exceptions when a service area gap is verified. Please feel free to contact Brendan Swift (East Coast Payer Relations) via email at Brendan.Swift@NSM-Seating.com or via telephone at 813-230-3223 with any questions that you may have as you work through the process with a client.