



UnitedHealthcare Insurance Company
Atlanta GA 30374-0376

[Member Full Name]
[Member Address 1]
[Member Address 2]
[Member Address 3]
[Member City State Zip]

Questions?

We're here to help.

Call the member phone number
on your health plan ID card.

[Date]

Re: Behavioral Health Emergency Order

Dear [Member First Name],

We want to let you know about an important change to your PPO health benefits.

Starting Sept. 19, 2023, your policy will provide benefits related to the declaration of a public health emergency due to drug abuse, under the Constitution and laws of New Mexico, based on the Superintendent's Emergency Order, Docket No. 2023-0083.

Out-of-network prior authorization emergency order requirements

We will immediately suspend any prior authorization requirement relating to admission or transfer of a covered person requiring detox, acute or long-term inpatient care for the treatment of a substance use disorder. However,

- We require notification of admission or transfer to be provided within 3 calendar days of a covered persons admission to a detox, acute or long-term inpatient care for treatment of a substance use disorder.
- We engage in care management functions, including utilization review, upon receiving such notice.
- We will not deny payment for any care delivered to a covered person admitted to a detox, acute or long-term inpatient facility for treatment of a substance use disorder prior to receiving notice of the transfer or during the first 3 calendar days of admission, whichever first occurs.

We will not require prior authorization for any out-of-network care that would not require prior authorization for network care.

This order will also apply to telehealth out-of-network behavioral health benefits, as mandated by state law.

Nothing in this order will require us to cover benefits not otherwise covered under the plan.

Excluding emergency care, nothing in this order will prevent an out-of-network provider from balance billing a covered person for any amount not covered by our reimbursement payment and covered person cost-sharing amount.

Your out-of-network cost-sharing will not change.

How to file a claim

When you receive covered health care services from an out-of-network provider, you are responsible for requesting payment from us.

To submit a claim online, go to uhc.com/member-resources/forms, select Medical reimbursement and claim forms, then select Direct medical reimbursement form-**digital form**. You can also sign in to your account at myuhc.com to view and submit your claims.

To print a claim form, go to uhc.com/member-resources/forms, select Medical reimbursement and claim forms, then select Direct member reimbursement form (**pdf**).

When you request payment of benefits from us, you must provide us with all of the following information:

- The subscriber's name and address
- The covered person's name and age
- The member ID number stated on your ID card
- The name and address of the provider of the service(s)
- The name and address of any ordering physician
- A diagnosis from the physician
- An itemized bill from your provider that includes the Current Procedural Terminology (CPT) codes or a description of each charge
- The date of the service(s)
- A statement indicating either that you are, or you are not, enrolled for coverage under any other health plan or program. If you are enrolled for other coverage, you must include the name of the other carrier(s).

The above information should be filed with us at the address on your health plan ID card or at the following address:

Claims Processing
P.O. Box 30755
Salt Lake City, UT 84130-0755

These benefit modifications will remain in effect until the Governor's Executive Order expires.

Questions? We're here to help.

If you have any questions, please call us toll-free at 1-866-781-6396 or at the member phone number on your health plan ID card.

Sincerely,

The UnitedHealthcare Team

[1557 Disclaimer]