

Michigan gold card exemptions

Frequently asked questions

Overview

The 2024 requirements have been updated and this document reflects the program as of Jan 1, 2025. The prior authorization exemptions follow the Michigan Insurance Code, Michigan Section 500.2212e.

What this means

For exemptions, we analyze approval rates for providers who submitted at least 10 prior authorization requests per year, over the two-year evaluation period, for certain service codes where **decisions were final between July 1, 2022, and June 30, 2024**. If you have a 92% or greater final approval rate for each of the two years evaluated, you are exempt from requesting prior authorizations for that service. Your exemption applies to the subset list of codes that are identified.

If your approval rate for the subset of services is below 92%, you must keep submitting prior authorization requests for that service. Some services are not included in this program and will still require a Prior Authorization and should follow normal business process.

Please continue to submit advance notification for Kidney, Transplant, Bariatric and Ventricular device services to Optum at 888-936-7246.

Frequently asked questions

What plans are eligible for exemption?

This law applies to Michigan providers subject to UnitedHealthcare's prior authorization requirements who serve fully insured, commercial plan members in the individual, small and large group markets.

How do I qualify for these exemptions?

You will qualify for the Gold Card program if you are an in-network provider, submitted at least 10 prior authorizations per year, over the two-year period between July 1, 2022 and June 30, 2024, for the codes included in the Gold Card program, and had an approval rate of 92% or higher. Qualifying providers will have Gold Card status for all services that are included in the UnitedHealthcare Gold Card program for Michigan.

When and how will I know if I qualify for an exemption?

For qualification, we will send you a notice in Dec. 2024. To check which services are exempt from prior authorization, log into the Provider Portal and UHC Insights. If you have questions use the available resources on [UnitedHealthcare National Gold Card program | UHCprovider.com](#).



Why didn't I qualify?

You don't qualify for an exemption if you requested fewer than 10 prior authorizations per year for the identified services during the review period or you didn't have a high enough approval rate for the requested service.

Can I request a review of the non-exempt status? If so, how?

You have until Jan. 31, 2025, to request a review of the non-exempt status. Start the process through the Chat function in the UnitedHealthcare Provider Portal. You will be given a reference number to track progress. Review times may vary based on complexity of the request.

What do I need to do when I qualify for an exemption?

You will not need to submit prior authorizations for the exempted services.

What are UnitedHealthcare's responsibilities when I qualify?

We pay claims for exempted services without a prior authorization.

Does this apply to all services and plans?

No, only prior authorization for gold carded services for fully insured plans are exempt.

How do I submit claims when I have an exemption?

Submit claims normally, but don't include a prior authorization number on the claims for the exempted services.

How do I submit claims if an exempted provider requests my services, but I don't have an exemption?

If a health care provider with an exemption requests your services and you don't have an exemption for that service, the requesting provider must include their name and TIN on the claim:

- In fields 17 and 17B of CMS Form 1500,
- In fields 76-79 or another appropriate field in Form UB-04, or
- In the corresponding fields for electronic claims using the ASC X12N 837 format.

If this information is not included, we require a prior authorization.

How do I tell if my patient is fully insured?

You have 2 ways to determine if a member is fully insured:

- 1 The Member ID card has the letters "DOI" in the lower left corner if the member is in a fully insured plan.



- 2 Search for your patient in the Eligibility and Benefits section of UHCprovider.com. Funding type, “Fully insured” displays, letting you know your patient’s eligibility.

The screenshot shows the 'Policies' page for Oxford Health Insurance, Inc. The policy is 'Medical (Liberty Network) Active, 05/01/2022 - Present'. The member information includes:

Member ID	Plan Name	Payer	Payer Status
	Liberty Network	Oxford Health Insurance, Inc. (06111)	Primary
Group	Plan Type	Claims Address	Prior Authorizations
	Commercial	P.O. Box 29130 Hot Springs, AR 71903	Yes, Required Go to Prior Authorizations
Funding Type	Product	Care Opportunities	Referral
Fully Insured-Small Group	—	—	No, Not Required
Coordination of Benefits Status	Prior Authorizations by Code		Services Requiring Prior Authorization
Cannot determine update status			Services Requiring Prior Authorization

Buttons at the bottom: View ID Card, Find a Provider, Find a Claim.

If I am exempt, can I still submit an authorization request anyway?

No. Submitting a prior authorization request for an exempted service triggers a rejection message that reminds you about the exemption.

If I am exempt, do I need prior authorization for services for which I am not gold carded?

Yes, for those services for which you are not exempt, and require prior authorization, you will need to submit a prior authorization request

How do I know if the service is covered under the member’s benefit plan?

Regardless of the exemption, to obtain reimbursement for this service, a member must meet their plan’s eligibility requirements and the service must be a covered benefit under the plan. We strongly encourage you to check the member’s eligibility and covered benefit status for the exempted service(s). You may check benefits and eligibility at UnitedHealthcare’s Provider Portal at [EDI 270/271: Eligibility and Benefit Inquiry and Response | UHCprovider.com](https://EDI270/271:EligibilityandBenefitInquiryandResponse|UHCprovider.com).

How long are these exemptions in place?

Exemptions are open ended if you comply with the medical policy.

How and when will I know if my exemption is rescinded?

Beginning December 2024, we will send you a notice if you no longer qualify for an exemption for a service.

When can I qualify for an exemption?

Each year, provider TINs that are not currently qualified will be evaluated for gold card exemption qualification. We will review the past 12 months of services that were performed. If you met these criteria, we will send you a notification in December.

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 of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Arkansas, Inc., UnitedHealthcare Benefits of Arkansas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, 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.

