

Children's Hospital of Philadelphia (CHOP): Frequently Asked Questions

Q1: Did Children's Hospital of Philadelphia (CHOP) contract with UnitedHealthcare end for UnitedHealthcare Community Plan of New Jersey?

Yes. Beginning Dec. 1, 2020, CHOP's facilities, physicians and specialists will no longer be in network for UnitedHealthcare Community Plan of New Jersey members.

Q2. Is my child still able to see the primary care physician they're assigned to at CHOP?

Yes. All children enrolled in our New Jersey Community Plan and currently assigned to a CHOP primary care physician (PCP) will be able to continue seeing their current PCP on and after Dec. 1, 2020. We have sent letters to the families of these members ensuring they're aware that there is no change to their current PCP.

Q3: Where else can patients go for care?

We know that many New Jersey families have entrusted CHOP with their child's care and that their relationship with CHOP and its physicians is not only important but also personal to them. We also understand and appreciate how disruptive it can be for our members and their families when a hospital or physician no longer participates in our network. Our top priority is ensuring the children we serve have access to the care they need.

We are fortunate to have a broad network of hospitals and physicians throughout the state that are readily able to provide high-quality pediatric care that meets the needs of our members.

In New Jersey, our members can choose from 9,300 specialists and will continue to have access to more than 50 hospitals, including but not limited to the following:

- Bristol Myers Squibb Children's Hospital at RWJ University Hospital
- · Children's Hospital of New Jersey at Newark Beth Israel Medical Center
- Goryeb Children's Hospital at Atlantic Health System
- K. Hovnanian Children's Hospital at Jersey Shore University Medical Center
- PSE&G Children's Specialized Hospital
- The Unterberg Children's Hospital at Monmouth Medical Center
- Cooper University Hospital
- Kennedy University Hospital
- Our Lady of Lourdes Medical Center
- Virtua Voorhees Hospital

Our members can also choose from other providers in our network. We're happy to help them find one that's right for their family. Please call our Member Services Department at **1-800-941-4647** or (TTY: **711**). Our members can also visit **myuhc.com/communityplan** to search for a provider.

1. Log on to myuhc.com/communityplan with your username and password.

- 2. Select "Find a Doctor."
- 3. Follow the directions to search by various options.

Q4: What will happen if members are currently accessing care at a CHOP hospital or with a CHOP physician when they go out of network?

We are working directly with CHOP to ensure every child's care is properly coordinated so that the patients we collectively serve have a plan for either continued care at CHOP or a safe, seamless transition to a new provider as appropriate.

We will be calling the families of children with complex medical needs who have received care at CHOP to ensure they fully understand their choices, what this means for their child's care moving forward, and how we can help avoid any disruptions to their child's care.

Depending on the member's medical need, they may qualify for continuity of care with CHOP on and after Dec. 1, 2020. Continuity of care allows a member to continue receiving in-network coverage for services with their current provider for a specified period of time.

Some examples that may qualify for continuity of care include:

- If someone in your family is pregnant, they may continue to receive care from this provider for up to six weeks after delivery;
- If you've had surgery and need follow-up with this provider, you may continue
- to receive care for up to six months;
- For oncological (cancer) treatment with this provider, you may continue to receive
- care for up to one year;
- For psychiatric treatment with this provider, you may continue to receive care for up to one year;
- In certain situations, you may be eligible for continuity of care for up to 4 months past your specialist's termination date if you are actively receiving treatment for an acute or chronic condition. Your provider will need to call for a prior authorization of services at 1-866-604-3267.

Q5: What if I have a surgery or procedure currently scheduled at a CHOP facility on or after Dec. 1, 2020?

UnitedHealthcare members are encouraged to call our Member Services team at **1-800-941-4647** or (TTY: **711**) if they have questions about Continuity of Care and to learn more about qualifying conditions. The service may be covered under Continuity of Care if it's related to ongoing treatment for an existing illness or condition.

Q6: What if I have an emergency and need to go to the hospital?

UnitedHealthcare members should always go to the nearest hospital in the event of an emergency and their services will be covered at the in-network benefit level, regardless of whether the hospital participates in UnitedHealthcare's network.

Q7: What if I have other insurance and UnitedHealthcare Community Plan of New Jersey is not my primary coverage?

MEDICAID IS GENERALLY THE PAYER OF LAST RESORT. This means that Medicare and/or your other health insurance will pay for covered services first, and UnitedHealthcare generally pays for covered services last.

When UnitedHealthcare is not the primary payer, claims for your services will be coordinated, processed and paid (where a payable exists) if the services were approved by the primary payer and an Explanation of Benefits (EOB) from the primary payer with an allowed amount accompanies the claim submission by the provider. If such an EOB is sent from the primary payer, UnitedHealthcare **authorization is not required**. However, if the primary payer denies the request for services or did not send an EOB with the claim submission, then your provider needs to submit the request for service to UnitedHealthcare for a review. The request for services at any non-participating provider (including CHOP) needs to come from a UHC participating provider. This is only needed in cases where the primary payer is not covering the service.

For additional information about this topic, the following link provides a guide to understanding health coverage in New Jersey if you have Medicaid and Medicare and/or Other Health Insurance – https://www.nj.gov/humanservices/dmahs/home/Medicaid_ TPL_Coverage_Guide.pdf