Travel and Lodging Benefit administered by UnitedHealthcare Frequently Asked Questions

External

6/24/22

United Healthcare

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TRAVEL AND LODGING (T&L)

Is UnitedHealthcare seeing requests from employers to add a travel and lodging benefit to their group health plan? New 6/24/22

UnitedHealthcare has received requests from self-funded customers to cover enrollee expenses for travel and lodging when an enrollee is required to travel out of state to obtain a covered service not available to them in their resident state because of law or regulation.

What can UnitedHealthcare administer at the request of a self-funded customer? New 6/24/22

At no additional cost, UnitedHealthcare may administer our standard travel and lodging benefit for self-funded customers that choose to deploy this benefit in connection with their plan. Standard options provide for a maximum benefit of between $500 -$2000 per year with a minimum travel distance of at least 50 miles or greater from the plan participant's home address. Reimbursements will be made in alignment with IRS guidelines so that this benefit will not generate a tax liability for the member.

UnitedHealthcare may evaluate other options for your plan. Such options may have other implications for your plan, such as implementation costs, W-2 reporting and tax implications for the employer group and individual, as well as longer implementation time frames.

Self-funded customers should contact their UnitedHealthcare account management team if interested in adding this benefit to their plan.

What is the process to add T&L benefits to an existing self-funded customer? New 6/24/22

The account management and implementation teams should follow the standard benefit change process to implement the new T&L benefit requested by the self-funded customer. This benefit is separate from the Optum Complex Medical Conditions T&L program.

The UnitedHealthcare administered T&L implementation process is currently being enhanced and will be available shortly.

Is it feasible to make a mid-year change covering travel expenses for non-emergency care? New 6/24/22

At this time, UnitedHealthcare can support a mid-year change to include coverage for our standard option T&L benefits for our self-funded clients that request that this benefit be added. Clients should work with their account management team for specific customer requirements.

Mid-year plan change is allowed when implementing a T&L benefit effective on or after 7/1/22. Effective dates for self-funded customers should follow the standard effective date rules, e.g., effective date the first of the month. Discuss options with your UnitedHealthcare account team.

How quickly can a mid-year benefit change be implemented? New 6/24/22

Generally, the lead time is 60 to 90 days. Non-standard options will need to go through exception process and will generally have longer implementation timelines.

All claims follow standard processing rules.

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How soon, can a T&L benefit be added? New 6/24/22

For self-funded groups, the standard is to use the first of the month following when the self-funded group informs us of their decision to add T&L benefits.

For fully insured plans, it would be when the rider is available for purchase by the customer.

Does UnitedHealthcare require a radius limit for T&L? New 6/24/22

UnitedHealthcare standard is 50 miles or greater from the plan participant's residence home address. Other options are available for self-funded groups by requesting an exception through the account team. Reference the AOP.

We will verify travel distance via member attestation process.

How will your customer service or consumer advocates assist members with T&L benefits? New 6/24/22

UnitedHealthcare's consumer service center representatives are provided with customer-specific alerts.

The call centers may look up a member's benefits to see if they are eligible for T&L. They may also explain the benefit features and limits and how to submit for reimbursement based on the benefit.

The call center can also email a link to the member where they may submit the receipts for reimbursement digitally. For members who cannot submit receipts digitally or who prefer paper there is a paper claim form available.

Members looking to use the T&L benefit must follow the coverage outlined in their benefit plans. As they can now, members may locate network providers using the provider look-up tool on myuhc.com.

Will customer service representatives or consumer advocates support travel arrangements or is the member responsible? New 6/24/22

UnitedHealthcare service center representatives and consumer advocates cannot assist with arranging travel services. Call centers will follow standard protocol regarding members calling who wish to have access to network directory information. Members will be referred to the UnitedHealthcare online directory for information. The member is responsible for making their own arrangements. As they can now, members may locate network providers the provider look-up tool on myuhc.com.

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T&L FULLY INSURED STATUS

Are T&L benefits available for fully insured plans? New 6/24/22

UnitedHealthcare is required to obtain approval from state departments of insurance before offering additional benefits via rider or otherwise modifying our fully insured plans. While UnitedHealthcare is in discussions with states related to the potential of adding travel and lodging benefits to its fully insured plans, this benefit is not presently available. UnitedHealthcare will continue to update brokers and customers.

What is UnitedHealthcare doing to increase access to these T&L services? New 6/24/22

UnitedHealthcare intends to file benefit riders to add travel and lodging benefits to many of our Certificates of Coverage (COCs) to facilitate access to covered health services. Riders are subject to approval by each state's department of insurance.

Currently, travel and lodging benefits are not included in the standard fully insured COCs. The travel and lodging benefit, if approved by regulators, will cover all covered services under the policy which, because of law or regulation, are not available in the member's resident state.

If a state does not approve the UnitedHealthcare Travel and Lodging rider, what recourse does the company have? New 6/24/22

UnitedHealthcare can only make available those benefits that are approved by state regulatory authorities for fully insured product offerings.

How long will it take to get these riders approved? New 6/24/22

UnitedHealthcare cannot speculate on how long or whether T&L riders will be approved in various states.

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T&L SELF-FUNDED STATUS

How will the T&L apply to self-funded plans? New 6/24/22

Self-funded plans administered by UnitedHealthcare, UMR and Surest® (BIND) will include travel and lodging benefits upon customer's request subject to certain limitations.

- Non-standard T&L options must go through the Exception Management process to ensure we can support the specific request and that the change is accurately included in plan documents and in our systems.
- Self-funded clients must consult with their own legal counsel with regard to this benefit and any others offered under their plan.

Will there be a cost to self-funded groups to administer T&L benefits? New 6/24/22

There is no charge for administration of standard T&L benefits. Non-standard requests may not be approved or may require additional fees. Discuss with your UnitedHealthcare account team.

What type of reporting will be available for self-funded groups? Will services for T&L identify the reason for the T&L? New 6/24/22

Travel and lodging reporting is under development.

HIPAA data considerations apply.

Would UnitedHealthcare support performance guarantees on T&L benefits or support an external audit? New 6/24/22

Performance guarantees or external audits are not supported at this time.

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T&L BENEFITS

Note: The standard benefit applies to fully insured (based on state approval) and ASO groups that follow UnitedHealthcare standard, unless specifically noted.

What services are included in the standard benefit? New 6/24/22

The standard medical T&L benefit applies to covered health care services that are not available in the member's state of residence due to law or regulation.

Non-covered benefits are not eligible for a T&L benefit. For example, travel to another state to obtain a service not otherwise covered under the benefit plan.

The T&L benefit that is administered by UnitedHealthcare is not related to the Optum Complex Medical Conditions T&L program.

Will UnitedHealthcare administer T&L benefits for self-funded groups that want to expand T&L offerings? New 6/24/22

Yes. Self-funded groups may request to include additional services in the T&L program. Interested customers should speak with their UnitedHealthcare account team. Customers should review any benefit changes with their counsel to ensure Mental Health Parity requirements are met.

Would T&L benefits be allowed for gap exceptions? New 6/24/22

Standard GAP exception approval applies.

Would there be any travel radius/limit? (e.g., does the member have to go to the next closest state by mileage?) New 6/24/22

The standard is 50 miles or greater from the plan participant's residence home address

How does the T&L benefit measure the minimum mileage requirement? New 6/24/22

Milage is based on distance from the plan participant's residence home address on file.

When the member submits the receipts for reimbursement, they attest to the milage requirement.

Are meals included in the T&L benefit? New 6/24/22

No.

What is the standard travel benefit maximum? New 6/24/22

The standard benefit has an annual maximum. This annual maximum is $500 to $2,000 for the medical T&L benefit. The maximum allowed includes the cost of lodging for caregiver(s) traveling with the patient.

The lodging maximum per day is $50 for the participant or $100 if traveling with a caregiver or for a child with up to 2 family members.

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This T&L benefit administered by UnitedHealthcare is a separate benefit, and is in addition to the $10,000 lifetime limit for Optum Care Management Center of Excellence (COE) T&L benefit (complex care such as transplants, bariatric surgery, etc.)

The T&L benefit administered by UnitedHealthcare and the Optum Complex Medical Conditions / COE benefit are separate and distinct benefits and do not cross accumulate towards the travel and lodging lifetime maximum.

Self-funded groups have flexibility to customize either the annual and/or lifetime amounts. The customer should discuss the limits they wish to implement with their account management team who can implement the plan change.

Is there a lifetime maximum? New 6/24/22

No. At this time there is no lifetime maximum on the standard Medical T&L benefit.

There is a lifetime maximum that is part of a separate Optum Complex Medical Conditions T&L benefit for transplant and other critical care services.

A lifetime maximum is permitted for the T&L benefit administered by UnitedHealthcare.

However, the T&L benefit and Optum Complex Medical Conditions /COE T&L are separate distinct benefit plans. The maximum for the UHC T&L benefits will not accumulate towards the Optum travel and lodging $10,000 lifetime maximum.

Would the travel benefit cover family members who could accompany the member receiving the service? New 6/24/22

The T&L benefit allows for 1 caregiver or 2 family members if the person receiving the service is a child.

- The T&L benefit is up to $50/day for the individual, based on IRS guidelines.
- The T&L benefits is up to $100/day if a caregiver or two family members (for child) accompany the person receiving care based on IRS guidelines

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T&L TAXATION AND REIMBURSEMENT

Is the T&L benefit taxable or non-taxable? New 6/24/22

The tax status of the T&L benefit depends on the program terms selected by the customer. Clients are directed to their legal counsel for interpretation of any state or federal laws and tax implications.

What is the members responsibility? New 6/24/22

- Members are required to submit the UnitedHealthcare standard T&L claim firm with valid receipts to obtain reimbursement.
- Receipts must be submitted within one year of when the expense was incurred.

What does UnitedHealthcare consider when processing the claim reimbursement? New 6/24/22

- The member confirms the requisite distance from the plan participant's home address to the facility is at least 50 miles via the claim form attestation.
- Confirm if the services were rendered +/- 7 days of when the travel and lodging was used.
- Review submitted receipts.

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T&L COVERAGE CONSIDERATIONS

If a member travels to receive a covered service that is eligible for reimbursement under the Travel and Lodging benefit but ultimately decides not to proceed with the procedure, would their T&L expenses still be reimbursed? New 6/24/22

A paid claim for the covered service is required to be reimbursed for the associated travel and lodging benefit.

Does UnitedHealthcare validate that the service is provided in another state? New 6/24/22

Digital and paper claim submission are used for validation.

Does the deductible need to be met before the T&L benefit applies? New 6/24/22

Yes, for standard T&L the member is required to meet their deductible first before there is any UnitedHealthcare T&L benefit. However, the customer may request that deductible and cost share do not apply for all plans other than HDHP.

Will the T&L benefit apply for complications connected with a covered service that was eligible for T&L reimbursement? New 6/24/22

Yes. The plan will pay for complication services based on provider billing.

While it's unlikely that a member would be required to travel for the complication, if they did, the T&L benefit would apply if a claim were submitted for the subsequent visit.

Are there different codes for payment for the travel portion of the benefit vs. the lodging portion? New 6/24/22

Yes.

Will the member need to submit T&L separately as a manual claim submission or via a T&L claim form that is automated? New 6/24/22

Both will be allowed but the member will be responsible for either submission of the automated form or sending in the form for payment.

The T&L will be matched to the same date or close date of service for the covered service under the T&L benefit.

Will the members address be required on the claim for submission? New 6/24/22

Yes

Is there a list of exclusions related to the T&L benefit? New 6/24/22

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UnitedHealthcare does not support the following for T&L even when a customization is requested:

- When plan does not have a T&L benefit
- When the service is out-of-network (OON), and the plan does not have OON benefits
- Separate limits for in-network (INN) and out-of-network (OON)
- Expanded dollar limits beyond what IRS treats as nontaxable to the member
- Request to validate member is required to and/or use “nearest provider”
- Request for paying based on bundle or episode of care at this time
- Request to add dollar maximum based on condition/service or occurrence/episode of care
- Request to pay T&L under the T&L benefit administered by UnitedHealthcare for member getting care that should be covered under Optum Complex Medical Conditions
- International travel
- Request that cannot be operationalized or operationalizing would require extensive/expensive systems or support

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