

UnitedHealthcare Georgia Gold Card Program Overview

Beginning July 1, 2026, some providers of certain behavioral health services in Georgia are exempt from prior authorization requirements and do **not** need to submit prior authorization requests for the exempt TIN and select procedure and revenue codes.

These UnitedHealthcare Georgia Gold Card waivers comply with all state requirements, are **Taxpayer Identification Number (TIN)-specific** and apply to the following:

- Eligible fully insured commercial and Individual Exchange* plan members
- Accounts that are in plan and in-network for identified services

We send qualifying providers a list of their Gold Card service exemptions via email.

Program Eligibility and Requirements

The Gold Card prior authorization waiver has been granted according to Georgia statutes, codes and HB 197 §33-46-20.1 regulations. Practices qualify based on the following criteria:

- Network participation in a fully insured Commercial plan. Georgia Card waivers do not apply to members covered by a Medicare Advantage or Medicaid plan.
- Provider has submitted a minimum of at least 10 eligible prior authorizations with a 92% authorization approval rate or more, during the 2-year evaluation period that ran from Jan. 1, 2024 – Dec. 31, 2025.

Eligibility review timing

Optum Behavioral Health will review Gold Card eligibility and qualifications every 12 months. Any changes to the timing of Gold Card qualification reviews will be communicated in advance.

State Requirements

The Georgia Gold Card state mandates and requirements supersede the [UnitedHealthcare National Gold Card Program](#). That means:

- State criteria is applied first
- The United Healthcare National Gold Card program will then apply for qualifying providers and codes where it does not conflict with state requirements

How to identify fully insured plan

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



Sample member ID card for illustration only. Actual information varies depending on payer, plan and other requirements.

- **Gold Card qualified:** Optum automatically notifies qualifying providers of prior authorization exemptions. A notice will be sent electronically after the corresponding evaluation period. It will indicate the services that are exempt from prior authorization.
- **Exemption rescinded:** In the event a Gold Card exemption(s) is rescinded, we will notify you through email and explain the reason the exemption was rescinded.

What providers need to do

Confirming eligibility

We send qualifying providers a list of their Gold Card service exemptions via email. Your eligibility effective date is shown on this notification.

If you have questions regarding your eligibility, please email Optum Behavioral Health at bh_gold_card@optum.com.

Optional advance notification

Providers and facilities that earn Georgia Gold Card status may complete a simple, optional advance notification to easily validate if the service is covered. Additional benefits include:

- Checking member, eligibility and network status
- Processing requests quickly
- Providing a notification number to reference when submitting claims to help ensure timely payment

How advance notification works

Advance notification begins with the same process you currently use to submit prior authorizations.

- **Online:** For most intensive outpatient services/partial hospitalization programs and psychological testing, you'll submit notification online through the Provider Express secure portal. Here's how:
 - Go to Providerexpress.com and [log into the secure portal](#) (upper right corner) with your One Healthcare ID and password
 - Select **Auths** from the menu at the top of the page. Choose **Auth Request** from the drop-down menu.
- **By Phone:** Occasionally, you may discover the Provider Express secure portal can't accept some health plans or services. If that happens, please call the number on the back of the member ID card to provide notification for those services.
- If the case is Gold-Card eligible, after you answer some non-clinical questions, we'll provide a notification number. If the case is **not** Gold-Card eligible, you'll proceed with the prior authorization process.

If you received a prior authorization exemption(s)

Providers who qualify for a Georgia Gold Card waiver will **not** need to submit prior authorization requests for the exempt TIN and select procedure and revenue codes.

Exemption effective date

The prior authorization waiver begins on the date shown on your exemption notification and applies only to new dates of service on or after this date. Services that began before the date shown on your notification must continue to follow the existing authorization requirements.

Submitting claims when you have an exemption(s)

When you receive Gold Card exemptions, you may complete the optional advance notification process or skip the prior authorization and submit your claims through the normal claims process. Be sure to include your TIN when submitting claims. Not including the TIN will result in claims being denied due to lack of prior authorization.



If you did not receive a prior authorization exemption(s)

If you did not qualify for a waiver, you must continue to submit prior authorization requests for all services that require approval before services are rendered. You can review prior authorization requirements by plan on the Optum Behavioral Health [Prior Authorization web page](#).

How to appeal your Gold Card status

If you did not receive a prior authorization exemption, you may submit an appeal for each service once per calendar year. The request should include reasons why you believe you should receive a prior authorization exemption. Please email your request to bh_gold_card@optum.com.

Your Gold Card status may change as a result of an appeal. Any change of status, as well as the effective date, will be communicated through email.

Questions? We're here to help.

Email Optum Behavioral Health at bh_gold_card@optum.com

* UnitedHealthcare Individual Exchange plans are also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.