

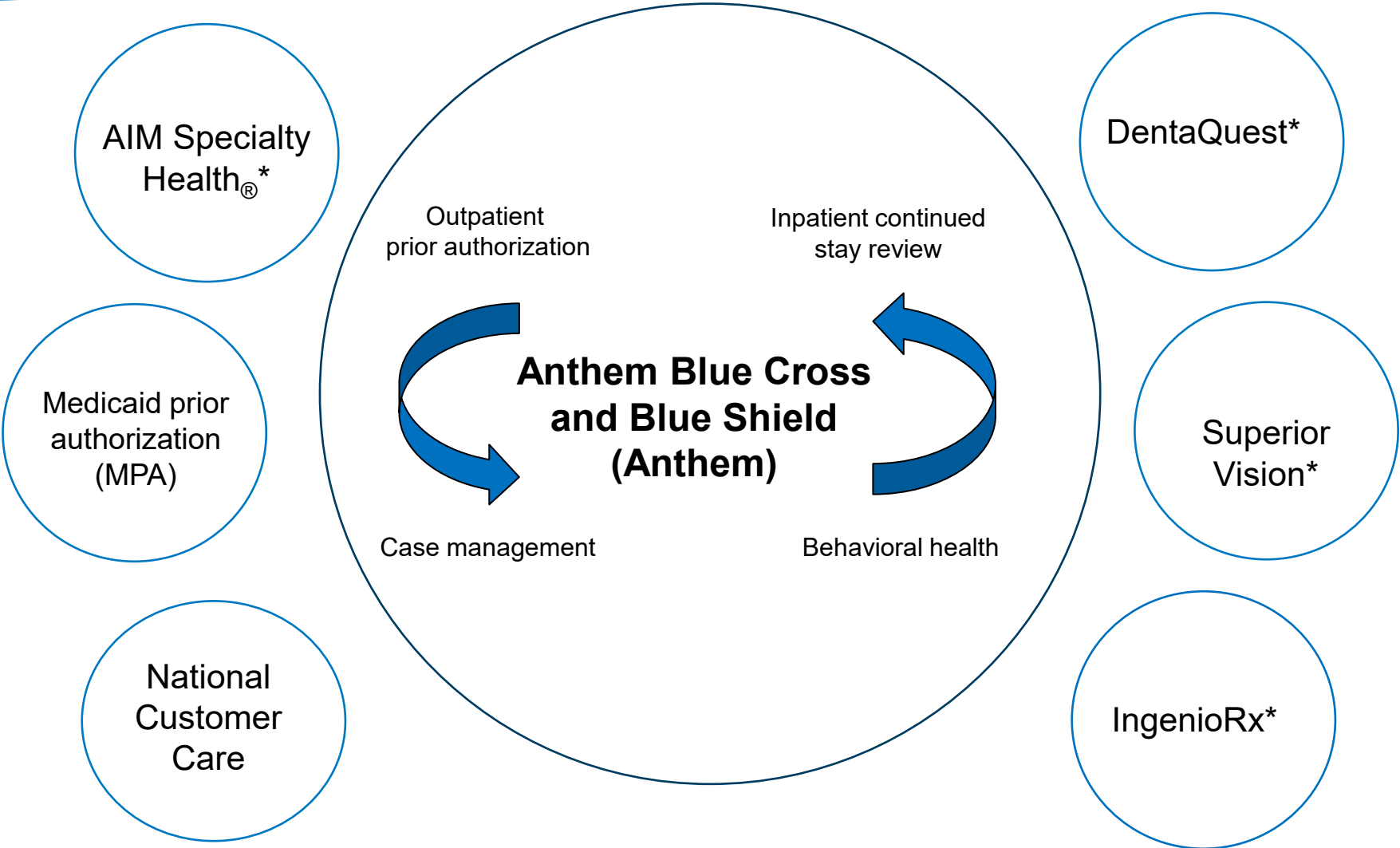


Review and appeals process (Prior authorization) 101

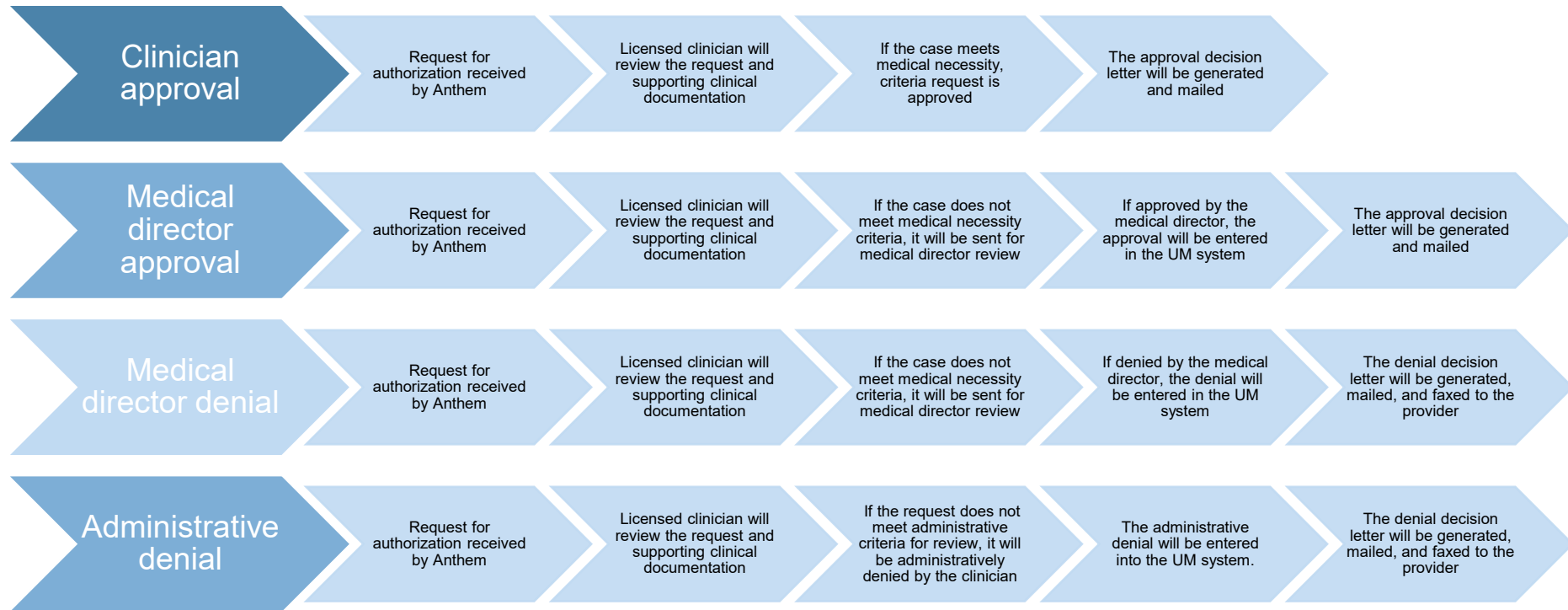
2022 Indiana Health Coverage Programs (IHCP) works seminar



Integrated whole health model



Utilization management (UM) review pathways



UM review pathways (cont.)

Clinician approval

Request for authorization received by Anthem

Licensed clinician will review the request and supporting clinical documentation

If the case meets medical necessity criteria, the request is approved

The approval decision letter will be generated and mailed

UM review pathways (cont.)

Medical
director
approval



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graph LR; A((Medical director approval)) --- B[Request for authorization received by Anthem]; A --- C[Licensed clinician will review the request and supporting clinical documentation]; A --- D[If the case does not meet medical necessity criteria, it will be sent for medical director review]; A --- E[If approved by the medical director, the approval will be entered into the UM system]; A --- F[The approval decision letter will be generated and mailed];
```

Request for authorization received by Anthem

Licensed clinician will review the request and supporting clinical documentation

If the case does not meet medical necessity criteria, it will be sent for medical director review

If approved by the medical director, the approval will be entered into the UM system

The approval decision letter will be generated and mailed

UM review pathways (cont.)



Medical director denial

Request for authorization received by Anthem

Licensed clinician will review the request and supporting clinical documentation

If the case does not meet medical necessity criteria, it will be sent for medical director review

If denied by the medical director, the denial will be entered into the UM system

The denial decision letter will be generated, mailed, and faxed to the provider

UM review pathways (cont.)

Administrative denial

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graph LR; A((Administrative denial)) --- B[Request for authorization received by Anthem]; A --- C[Licensed clinician will review the request and supporting clinical documentation]; A --- D[If the request does not meet administrative criteria for review, it will be administratively denied by the clinician]; A --- E[The administrative denial will be entered into the UM system]; A --- F[The denial decision letter will be generated, mailed, and faxed to the provider];
```

Request for authorization received by Anthem

Licensed clinician will review the request and supporting clinical documentation

If the request does not meet administrative criteria for review, it will be administratively denied by the clinician

The administrative denial will be entered into the UM system

The denial decision letter will be generated, mailed, and faxed to the provider

Timeliness of UM decisions: Physical health

Turnaround time (TAT):

- **Standard pre-service (non-urgent):** 7 calendar days from the received date
- **Urgent pre-service:** 3 calendar days from the received date
- **Emergent admissions and concurrent review:** 1 business day from receipt of all clinical information necessary to make a decision:
 - Up to 3 calendar days, when clinical is requested
- **Retrospective review:** 30 calendar days from the received date:
 - This applies to PA requests for admission that are received on or after the date the member has been discharged from *inpatient* care

Submitting a PA request and clinical to Anthem: Physical health

1) Providers may request prior authorization (PA) and submit clinical through Availity* at <https://www.availity.com>

2) Fax *IHCP PA Form* and physical health inpatient clinical information to:

- Intake team: **866-406-2803**
- Health plan inpatient direct: **844-765-5156**
- Health plan outpatient direct: **844-765-5157**

3) Providers may call Anthem to request PA for health services using the following phone numbers:

- Hoosier Healthwise: **866-408-6132**
- Healthy Indiana Plan (HIP): **844-533-1995**
- Hoosier Care Connect: **844-284-1798**
- **If initiating a request by phone, supporting clinical must be faxed to the health plan**
- **Verbal clinical is not accepted**



Outpatient (OP) UM

OP UM

The OP UM team will review:

- Home health
- Home infusion
- Wound care
- Durable medical equipment (rental/purchase)
- Out-of-network
- Some pain management (pain blocks)
- Various OP procedures
- Any request that a vendor (shared service) is unable to review or complete

OP UM (cont.)

Review process:

- For CPT® codes that require PA:
 - Use the precertification lookup tool at <https://providers.anthem.com/in> > Claims > Precertification Lookup Tool to determine if PA is required:
 - Market: Indiana
 - Line of business:
 - **HIP/Hoosier Healthwise:** Medicaid/CHIP/Family Care
 - **Hoosier Care Connect:** Medicaid
 - Enter drug name, CPT/HCPCS code, or code description
 - Search

OP UM (cont.)

Demo of Precertification Lookup Tool:

<https://providers.anthem.com/indiana-provider/claims/prior-authorization-requirements/precertification-lookup>



Inpatient UM

Inpatient UM

The inpatient UM team will review:

- Acute care:
 - Initial and concurrent review of emergent inpatient admissions including all ages and physical health conditions:
 - Anthem has a specialized team of NICU nurses and case managers that work with our NICU members and their guardians
 - Concurrent review of planned admissions
 - Non-emergent, planned transfers between acute facilities

Inpatient UM (cont.)

- Post-acute care:
 - Pre-service and concurrent review for post-acute levels of care:
 - Includes skilled nursing facilities, long-term acute care hospitals, and acute inpatient rehab
 - Anthem has an experienced team of review nurses who specialize in reviewing post-acute cases
 - Anthem prioritizes the initial admission request to post-acute care as urgent requests and completes these reviews within 3 calendar days of receipt



**Behavioral health (BH)
UM**

The BH UM team will review:

- Acute inpatient psych and detox requests
- Transcranial magnetic stimulation (TMS) requests
- Intensive Outpatient Program (IOP) requests
- Partial Hospitalization Program (PHP) requests
- Substance use disorder (SUD) residential treatment center (RTC) requests
- Applied behavioral analysis (ABA) requests
- Psychological/neuropsychological testing requests
- Opioid Treatment Program (OTP) requests if out-of-network
- Electroconvulsive therapy (ECT) requests if out-of-network
- Traditional outpatient therapy requests (individual therapy, family therapy, group therapy) if out-of-network

Submitting a PA request and clinical to Anthem: BH

- Please use the Interactive Care Reviewer (ICR) to make requests for authorization for BH cases
- The ICR has the capability for BH to accept clinical for initial reviews, concurrent reviews, and discharges
- The ICR will allow you to submit a request after the member has started programming/after the admit date
- To use the ICR, go to <https://www.availity.com>
- If unable to submit via ICR, you may fax requests:
 - **844-452-8074** for acute inpatient and residential requests
 - **844-456-2698** for IOP, PHP, TMS, ECT, OTP, ABA, psych testing, and outpatient therapy

UM decision timelines: BH

- TAT applies to all levels of care and determines how quickly the UM team needs to make a decision
- **TAT for initial requests for service are as follows:**
 - Acute inpatient, residential SUD, TMS — 1 business day, up to 3 calendar days
 - PHP — 3 calendar days
 - IOP — 7 calendar days
 - Outpatient therapy, ABA, psych testing, ECT, OTP — 7 calendar days
- **TAT for continued stay requests (after the initial approval) are as follows:**
 - All levels of care — 1 business day, up to 3 calendar days

Notification of UM decisions: BH

- Notification of approval or denial will be sent via fax or portal, depending on which was used to make the request:
 - This notification is sent immediately, but if using fax, please allow time for fax transmission. Portal decisions are received in real time
- Letters will be mailed out to the address on file for the facility, physician, and member:
 - These may take up to 3 days to arrive

Post-denial options

Reconsideration

- Request within 7 business days of denial date
- Submit additional clinical information to the health plan and indicate *Reconsideration* on the fax coversheet
- A decision will be rendered within 7 business days of the reconsideration request

Peer-to-peer

- Request within 7 business days of a denial date (initial or reconsideration)
- Call **866-902-4628**, option **1** to set up the peer-to-peer
- A decision will be rendered following the peer-to-peer discussion

Appeal

- Request within 60 calendar days of the denial date
- Fax clinical to **855-535-7445**
- A decision will be rendered within 30 days unless the request is expedited, in which the request will be responded to within 48 hours

Questions about UM

If you have questions about UM decisions or the UM process:

- Call Provider Services at the numbers below:
 - Hoosier Healthwise: **866-408-6132**
 - Healthy Indiana Plan: **844-533-1995**
 - Hoosier Care Connect: **844-284-1798**
- If you have additional questions, contact your Provider Experience representative

Provider Experience zone map

Physical health Provider Experience managers

- **Zone 1/Beacon Health Systems**
 Jessi Earls
 Jessica.Wilkerson-Earls@anthem.com
 317-452-2568
- **Zone 2/Ascension St. Vincent**
 Angelique Jones
 Angelique.Jones@anthem.com
 317-619-9241
- **Zone 3**
 Jamaal Wade
 Jamaal.WadeSr@anthem.com
 317-409-7209
- **Zone 4/Deaconess**
 Jonathan Hedrick
 Jonathan.Hedrick@anthem.com
 317-601-9474
- **Zone 5/Parkview**
 David Tudor
 David.Tudor@anthem.com
 317-447-7008
- **Zone 6/IU Health; St. Joseph Regional Medical Health Center; Home Health and Hospice**
 Matt Swingendorf
 Matthew.Swingendorf@anthem.com
 317-306-0077
- **Zone 7/Baptist Health**
 Sophia Brown
 Sophia.Brown@anthem.com
 317-775-9528
- **Zone 8/Eskenazi**
 Marvin Davis
 Marvin.Davis@anthem.com
 317-501-7251
- Zone 9/Out-of-state providers, Franciscan, Community Health Network**
 Nicole Bouye
 Nicole.Bouye@anthem.com
 317-517-8862



Dir, Provider Experience
 Jacquie Marsalis
 Jacqueline.Marsalis@anthem.com

Provider Experience BH subject matter experts

Statewide behavioral health (BH) subject matter experts (SME)

Acute hospitals

Tish Jones, Provider Experience Manager
Latisha.Willoughby@anthem.com
317-617-9481

Community mental health centers/federally qualified health centers/rural health clinics

Matthew McGarry, Provider Experience Manager
Matthew.McGarry@anthem.com
463-202-3579

Substance use disorder (SUD)/Opioid treatment program (OTP)

Alisa Phillips, Provider Experience Manager, Sr.
Alisa.Phillips@anthem.com
317-517-1008

SME – SUD/OTP

Michele Weaver, Provider Experience Manager
Michele.Weaver@anthem.com
317-601-3031

Solo BH and applied behavior analysis providers

Zones 1, 2, 5, 6

Ashley Holmes
Ashley.Holmes@anthem.com
317-315-0623

Zones 3, 4, 7, 8

Whit'ney McTush
Whitney.McTush@anthem.com
317-519-1089



UM contacts for Anthem

- **Physical health UM:**
 - Inpatient/continued stay review:
 - Tara Wallace, RN Manager
 - tara.wallace@anthem.com
 - Kasey Reisman, RN Manager
 - kasey.reisman@anthem.com
 - Outpatient:
 - Terrie Sproat, RN Manager
 - terrie.sproat@anthem.com
- **BH UM:**
 - Inpatient/continued stay review/OP:
 - Amy McConnell, LCSW Manager
 - amy.mcconnell2@anthem.com
 - Holly Gregory, LCSW Manager
 - holly.gregory@anthem.com

Questions?





Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. DentaQuest is an independent company providing dental benefit management services on behalf of Anthem Blue Cross and Blue Shield. Superior Vision, offered by Versant Health, is an independent company providing routine and medical optometry services on behalf of Anthem Blue Cross and Blue Shield. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

<https://providers.anthem.com/in>

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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