UnitedHealthcare Community & State

Hoosier Care Connect

Prior Authorization 101

Presented by Lynette Gatewood, Provider Engagement Manager - SNF

United Healthcare®

Agenda

- Admission Notification vs. Prior Authorization
- Introduction to Prior Authorization
  - How to obtain a Prior Authorization
    - MEDICAL
    - BEHAVIORAL HEALTH
    - VISION
    - DENTAL
  - How to submit Advance/Admission Notification
  - How to dispute a prior authorization denial
  - How to appeal a denial decision
  - When to escalate to the Provider Advocate Team

Our Service Lines

- UnitedHealthcare

- Optum Behavioral Health

- March Vision

- UnitedHealthcare Dental

Introduction to Prior Authorization

- Medical
- Behavioral Health
- Vision
- Dental

The process to request prior authorization differs slightly depending on the service line.

MEDICAL

Prior Authorization Requirements for Indiana Hoosier Care Connect

Prior authorization: Requesting medical necessity review and approval before rendering a service is required by UnitedHealthcare policy for some services. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is required to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

*Prior authorization is ***not required*** for emergency or urgent care.

Admission Notification

Admission Notification: *General Acute Care and Nursing facilities are required to notify UHC when a member has been admitted into their facility (also referred to as 'head in the bed').*

- *Weekday admissions, you must notify us within 24 hours.*
- *Weekday and holiday admissions, you must notify us by 5pm local time on the next business day.*

To notify UnitedHealthcare of an Admission

a) *Via Phone*
b) *Via fax paper form,*
c) *Online – easiest and most efficient method!*

Admission Types:

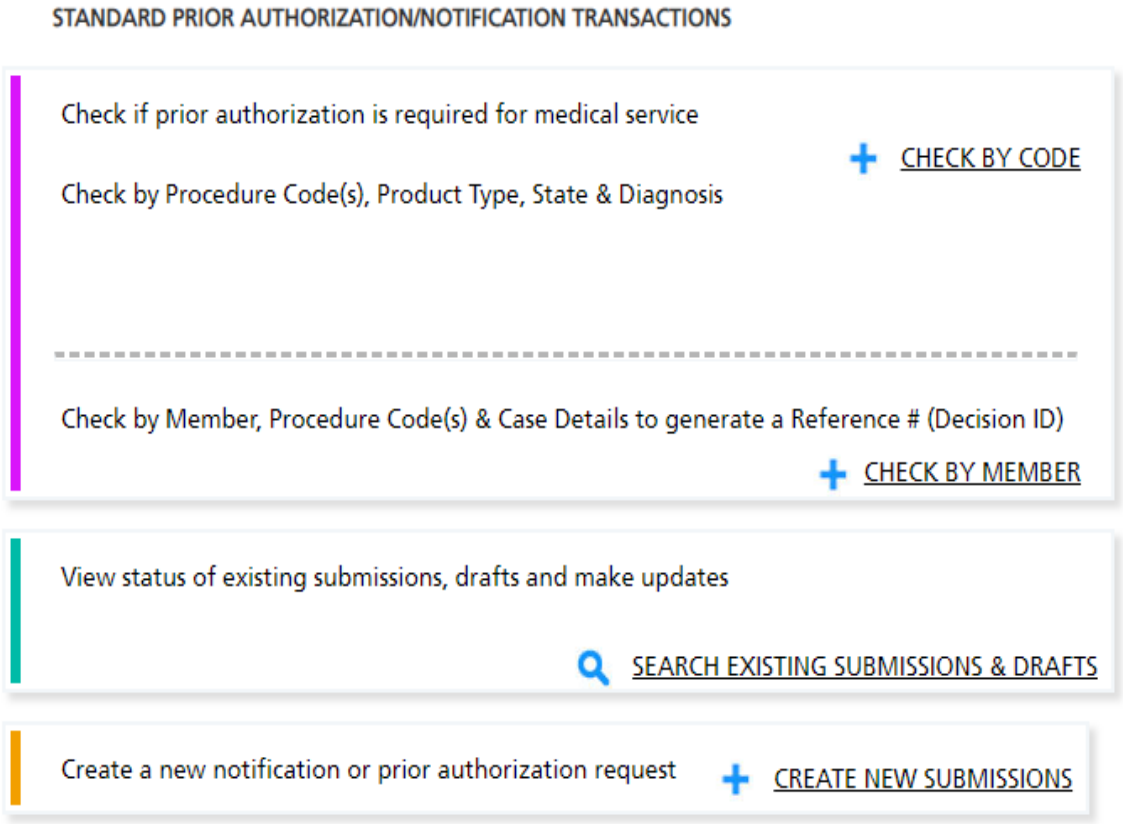
Planned/elective admissions for acute care
Unplanned admission for acute care
Skilled Nursing Facility admissions
Admissions following outpatient surgery
Admissions following Observations

Medical

How do I determine if a Medical/Skilled Nursing service requires Prior Authorization?

Use the Prior Authorization and Notification Tool to:

- Determine if notification or prior authorization is required.
- Complete the notification or prior authorization process.
- Upload medical notes or attachments.
- Check status of request and advance notification/lists.

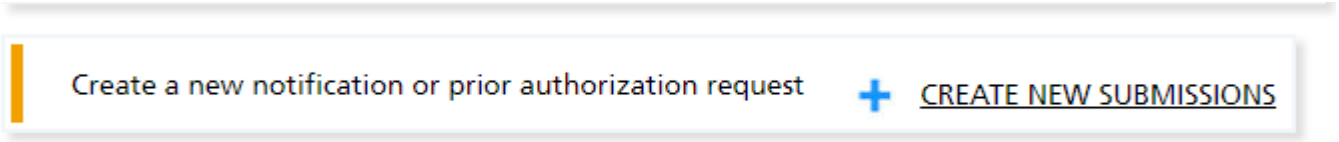


Medical

How do I request medical prior authorization?

How to submit prior authorization once you have confirmed it is required:

a) Through the UnitedHealthcare Provider Portal Prior Authorization and Notification tool
b) By fax paper form
c) By phone: **877-610-9785**



Medical

How to dispute a Prior Authorization & File Appeal?

How to dispute the prior authorization decision - If your request is denied you may request a Peer-to-Peer Review by calling **800-955-7615.**

How to appeal the dispute decision – Provider may file an appeal if they disagree with the Peer-to-Peer decision. If a Peer-to-Peer was not requested the provider has the right to file an appeal. All steps in the process are included in letter from the authorization team.

Escalate to Advocate if it is taking longer than the state mandated turn around time to receive a decision as outlined below.

- We will provide a decision for standard/non-emergency requests within 7 calendar days of when we receive clinical information.
- Urgent requests will have a decision rendered within 72 hours of receipt of clinical information
- If we need additional information, response times may vary.

Medical

How do I determine if Radiology/Cardiology service requires Medical Prior Authorization?

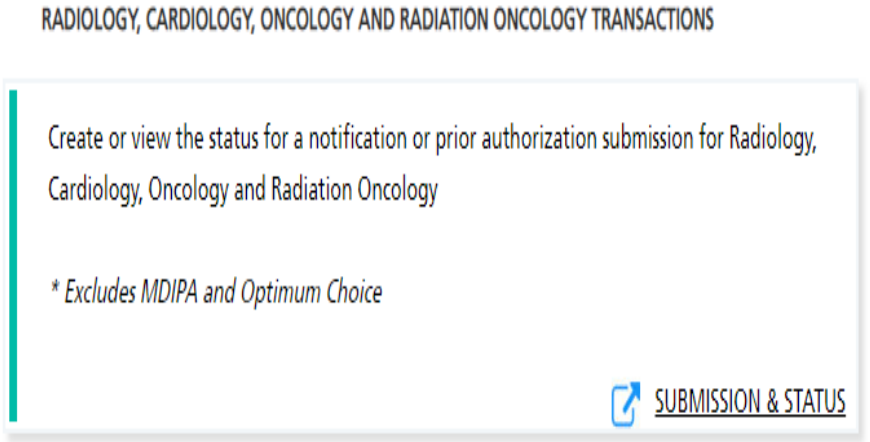
Quickest way to determine if prior authorization is required.

- Search the online list (Ctrl F on your keyboard to search the list)

https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/in/priorauth/IN-Hoosier-Connect-Effective-6-1-2021.pdf

How to obtain Radiology/Cardiology Prior Authorization?

- For Radiology/Cardiology you will follow the same process that you do for all other medical services. You can access a list of radiology/cardiology services that require a Prior Authorization.
- EviCore no longer manages the authorization process for Radiology/Cardiology.



Medical

How long does Unitedhealthcare have to make a decision?

Type of Request	Decision TAT	Practitioner Notification of Approval	Written Practitioner/Member Notification of Denial
Non-urgent Pre-service	Within seven working days of receipt of medical record information required but not longer than 14 calendar days of receipt	Within 24 hours of the decision	Within 2 business days of the decision
Urgent/Expedited Pre-service	Within 72 hours of request receipt	Within 72 hours of the request	Within 72 hours of the request
Concurrent Review	Within 1 business day	Notified within 24 hours of determination	Notified within 24 hours of determination and member notification within two business days
Retrospective Review	Within 30 calendar days of receiving all pertinent clinical information	Within 30 days of determination	Within 30 days of determination

BEHAVIORAL HEALTH

Behavioral Health

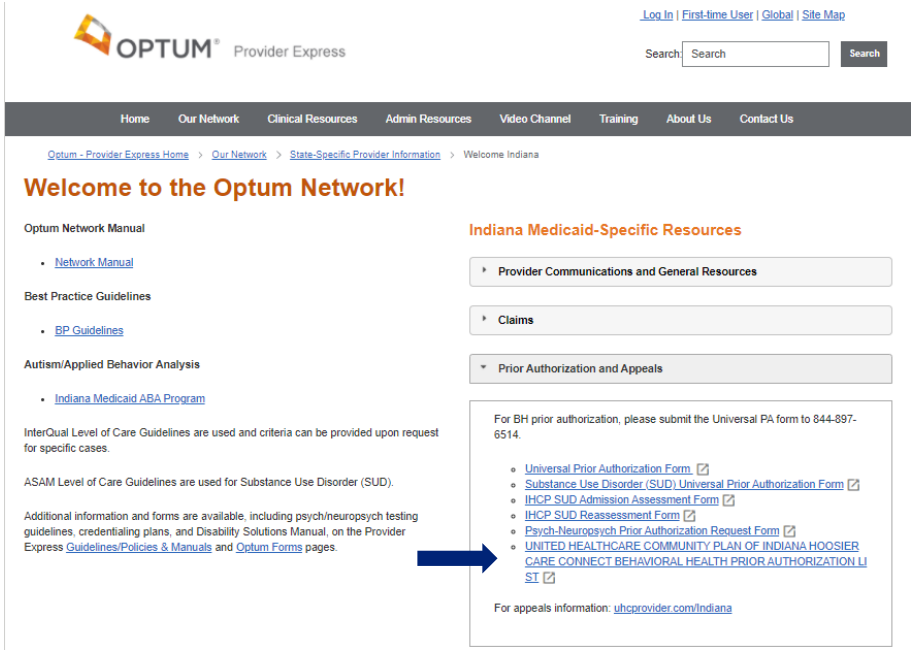
How do I determine if a Behavioral Health service requires Prior Authorization

Most outpatient Behavioral Health services do NOT require an authorization.

- Call the number on the back of the member's card to determine if authorization is required.

- Or -

- Provider Express - Indiana Medicaid

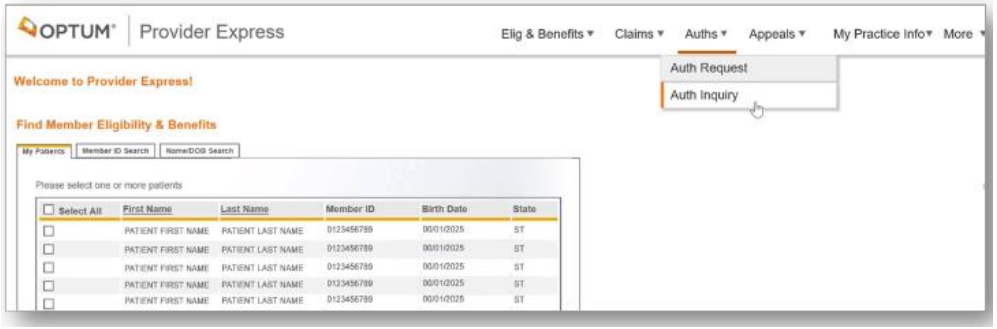


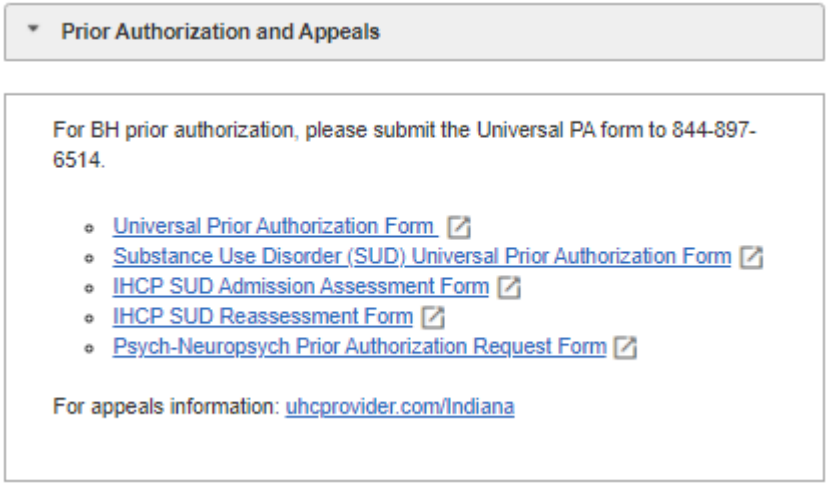
Behavioral Health

How do I request Behavioral Health Prior Authorization

- Initiate phone authorization process by calling the number on the back of the member's ID card.
- Securely login to Provider Express and select "Auth Request" from the "Auths" dropdown box.
  - To check on status, select "Auth Inquiry"
- Utilize paper Universal Prior Authorization Form from Provider Express - Indiana Medicaid and clicking "Prior Authorizations and Appeals."

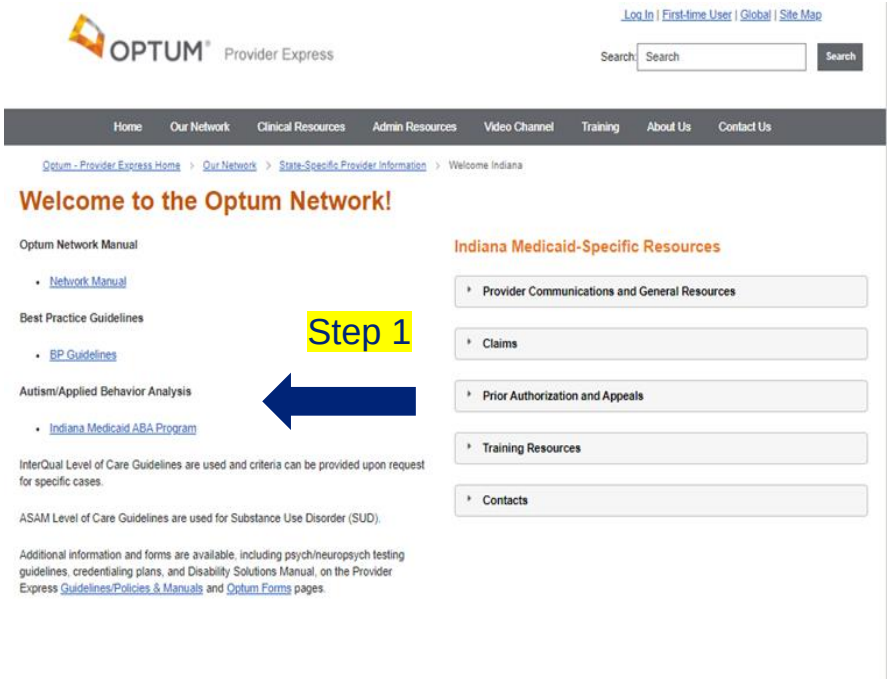
Fax to 844-897-6514





Behavioral Health

How do I request Prior Authorization for ABA Therapy services?



1. [Provider Express - Indiana Medicaid]

How to appeal an Authorization decision

Include complete record for appeal of Auth decision. Be sure to include member information.

- Name
- DOB
- RID
- PA Request
- Denial letter
- Any additional supporting documentation

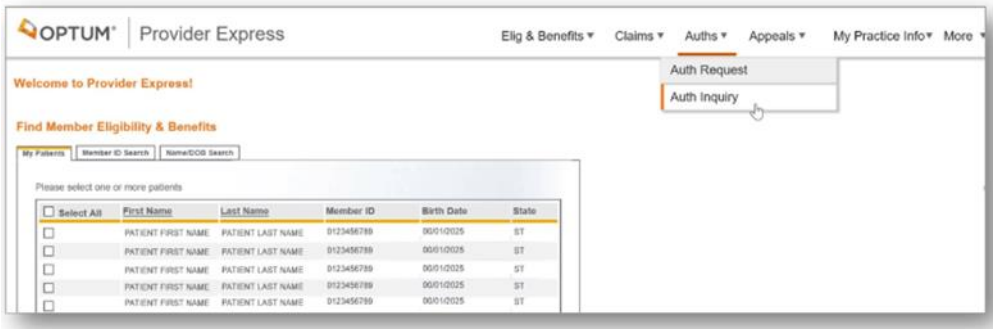
National Appeals Team
Attn: Appeals
Department/Retrospective Review
P.O. Box 30512
Salt Lake City, UT 84130-0512
Fax: (855) 312-1470
Phone Number: (866) 556-8166

Behavioral Health

When should you escalate to your Provider Advocate?

If you are not hearing back after submitting an Authorization request

1. Check the Provider Express portal
2. Call the number on the back of the member's ID card
3. If 1 and 2 do not provide a response, and you have already called to inquire the status of an authorization, please allow 2 days before reaching out to a Provider Relations Advocate.



DENTAL

Dental

Summary of Dental Services requiring Prior Authorization

United Healthcare | Dental Benefit Providers

Summary of Dental Services that require prior authorization:

The categories of dental services that require prior authorization are:

- preventative (teeth cleanings, protective services, space maintenance)
- endodontics (root canals, root treatments)
- periodontics (gum tissue treatment)
- prosthodontics (dentures)
- oral surgery (extractions, correction of oral issues)
- orthodontics (braces), and moderate/deep sedation anesthesia.

Dental

Authorization For Treatment

- To make sure that desirable quality of care standards are achieved and to maintain the overall clinical effectiveness of the program, there are times when prior authorization is required prior to the delivery of clinical services. These services may include specific restorative, endodontic, periodontic, prosthodontic and oral surgery procedures. For a complete listing of procedures requiring authorization, refer to the benefit grid within the Provider Manual.
- Prior authorization means the practitioner must submit those procedures for approval with clinical documentation supporting necessity before initiating treatment.
- For questions concerning prior authorization, dental claim procedures, or to request clinical criteria, please call the Provider Services Line at **1-844-402-9118**.
- You can submit your authorization request electronically, by paper through mail, or online at **uhcdentalproviders.com.**
- All documentation submitted should be accompanied with ADA Claim Form and by checking the box titled: “Request for Predetermination/Preauthorization” section of the ADA Dental Claim Form.

Authorization Submission Mailing Address:

Prior Authorization

P.O. Box 1313

Milwaukee, WI 53201

Dental

Authorization Timelines

The following Authorization timelines will apply to requests for authorization:

We will make a determination and provide written notification on *expedited authorizations* within 72 hours of receipt of the request.

We will make a determination and provide written notification on *standard authorizations* within 7 calendar days of receipt of the request.

Authorization approvals will expire 180 days from the date of determination

VISION

Vision

How do I determine if March Vision Care services require Prior Authorization

- March Vision Care does not require prior authorization for most routine vision services
- For routine exams, frames and lenses, you just need to check member eligibility and obtain a confirmation on the eyesynergy.com provider portal
- For medically necessary contact lenses and fittings, providers need to submit a pricing request form

Vision

How do I request a March Vision Care services Confirmation number?

- To obtain a confirmation, log in to eyeSynergy.com. There you can search for members, verify their eligibility and view their benefits, and generate a confirmation.

Confirmation Numbers

A confirmation number is an 11-digit identification number received when your office verifies member benefits and eligibility. Verification is obtained by speaking with a Call Center Representative, or by accessing the IVR or providers.eyesynergy.com. Confirmation numbers affirm member eligibility for requested benefits and services. However, confirmation numbers are not required for all services. You are strongly encouraged to verify benefits and eligibility prior to rendering services.

Benefits that generally require confirmation numbers include, but are not limited to:

- Replacement frames and lenses.
- Medically necessary contact lenses for Medicaid members.
- Two pairs of glasses in lieu of bifocals.
- Prescription sunglasses.

Vision

How do I request a March Vision Care services Prior Authorization

- For Medically Necessary contact lenses, providers need to submit a pricing request form **prior** to submitting the claim for reimbursement. Email the completed form with the patient's current eye exam/doctor's notes to providers@marchvisioncare.com.

Form Link: marchvisioncare.com/docs/Medically-Necessary-Form-Editable.pdf

Provider Reference Appendix

Provider Service Line Website Links

- United Health Community Plan (Medical): www.uhcprovider.com/INcommunityplan
- UHC Dental: www.uhcdentalproviders.com
- March Vision: www.marchvisioncare.com
- Optum Behavioral Health: Provider Express - IN Medicaid

Meet Your Advocate Teams

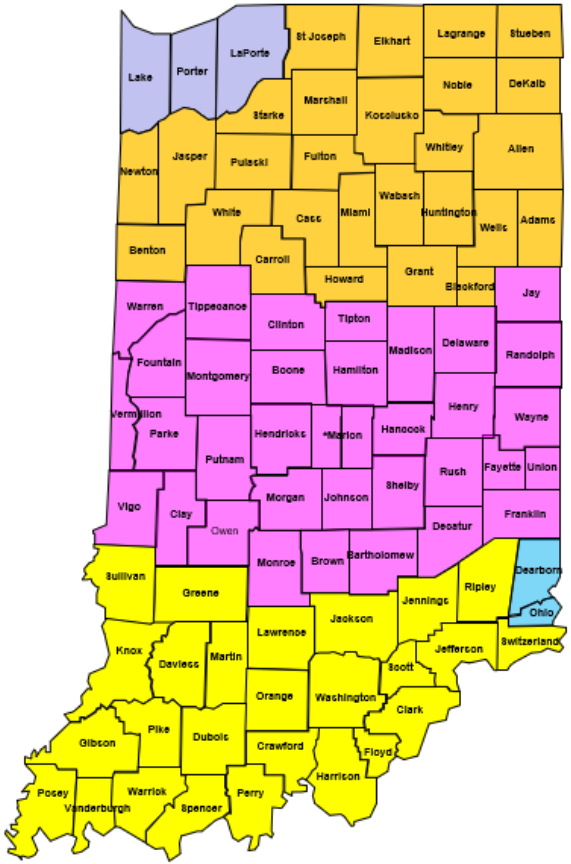
Your Medical Network Provider Advocate Team

Cindy Fabian
Manager,
Provider Advocacy
312-803-5623
cynthia_fabian@uhc.com

Lori Reeder
Sr Provider Advocate
763-321-3822
lreeder@uhc.com

Zakiya Cooper
Provider Advocate
612-383-4914
zakiya_cooper@uhc.com

Kim Berry
Sr Provider Advocate
612-395-8106
kim_berry@uhc.com

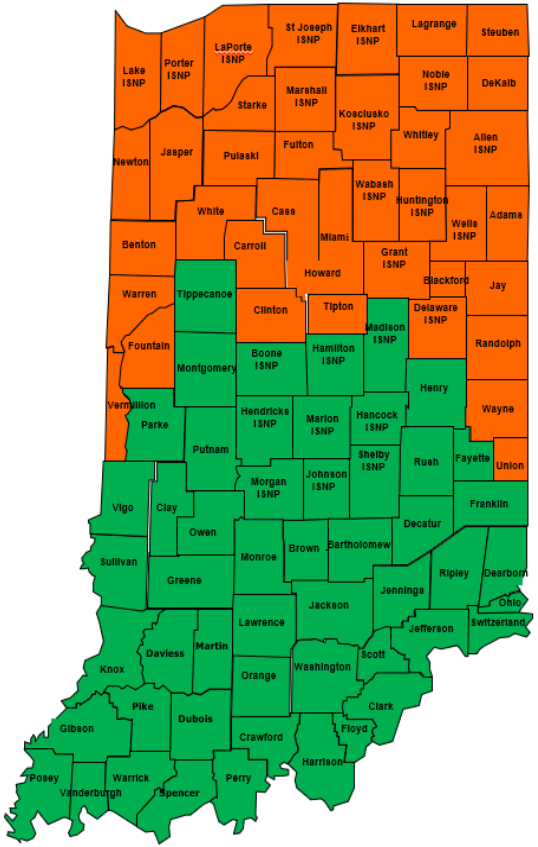


Jodie Hattery
VP, Provider Market Ops
952-406-6449
jodie_hattery@uhc.com

Your Skilled Nursing Provider Engagement Team

Stephen Price
Provider Engagement Rep
612-474-7315
Stephen.a.price@optum.com

Tiffany Cashion
Sr Provider Engagement Rep
317-352-6578
Tiffany.Cashion@optum.com

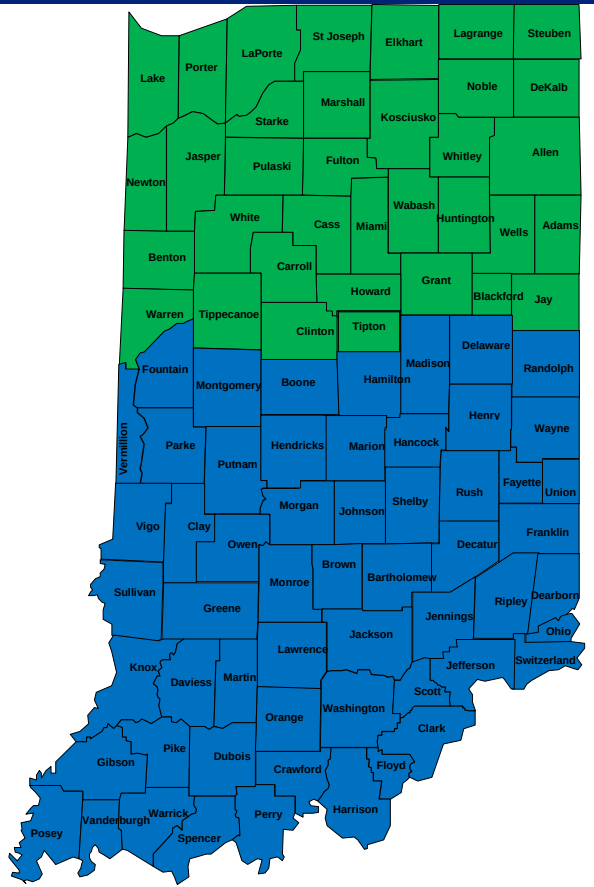


Lynette Gatewood
Manager,
Provider Engagement
952-246-4983
Lynette.Gatewood@optum.com

Your Optum Behavioral Health Advocate Team

Belen Stewart
Provider Advocate
Behavioral Health
612-632-5962
Belen.Stewart@optum.com

David Hoover
Senior Provider Advocate
Behavioral Health
763-330-7588
David_Hoover@optum.com



Your Optum Behavioral Health ABA Advocate

Nacole Thompson
Provider Advocate
ABA Therapy- all counties
952-406-6449
Nacole.Thompson@optum.com

Your March Vision Advocate

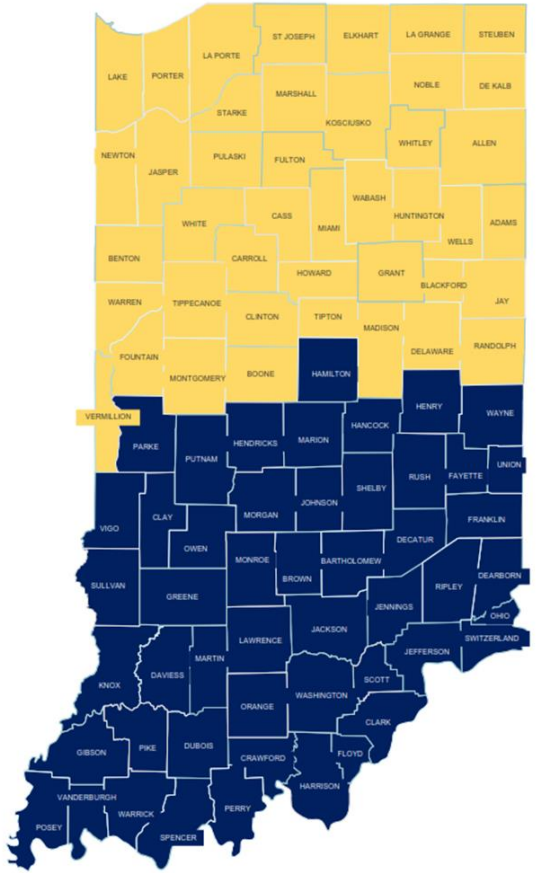
Cassandra Pattison
Sr. Provider Relations Advocate
210-474-5592
Cassandra_Pattison@uhc.com

(Cassandra covers all Indiana counties)

Your Dental Advocate Team

Catrice Campbell
Provider Advocate
763-283-4522
catrice_campbell@uhc.com

Paul Curry III
Provider Advocate
952-202-2072
paul_curry@uhc.com



Questions and Answers

Thank You for Attending Today's Session

Thank you

PCA-3-21-02948-C&S-PRES_09232021