



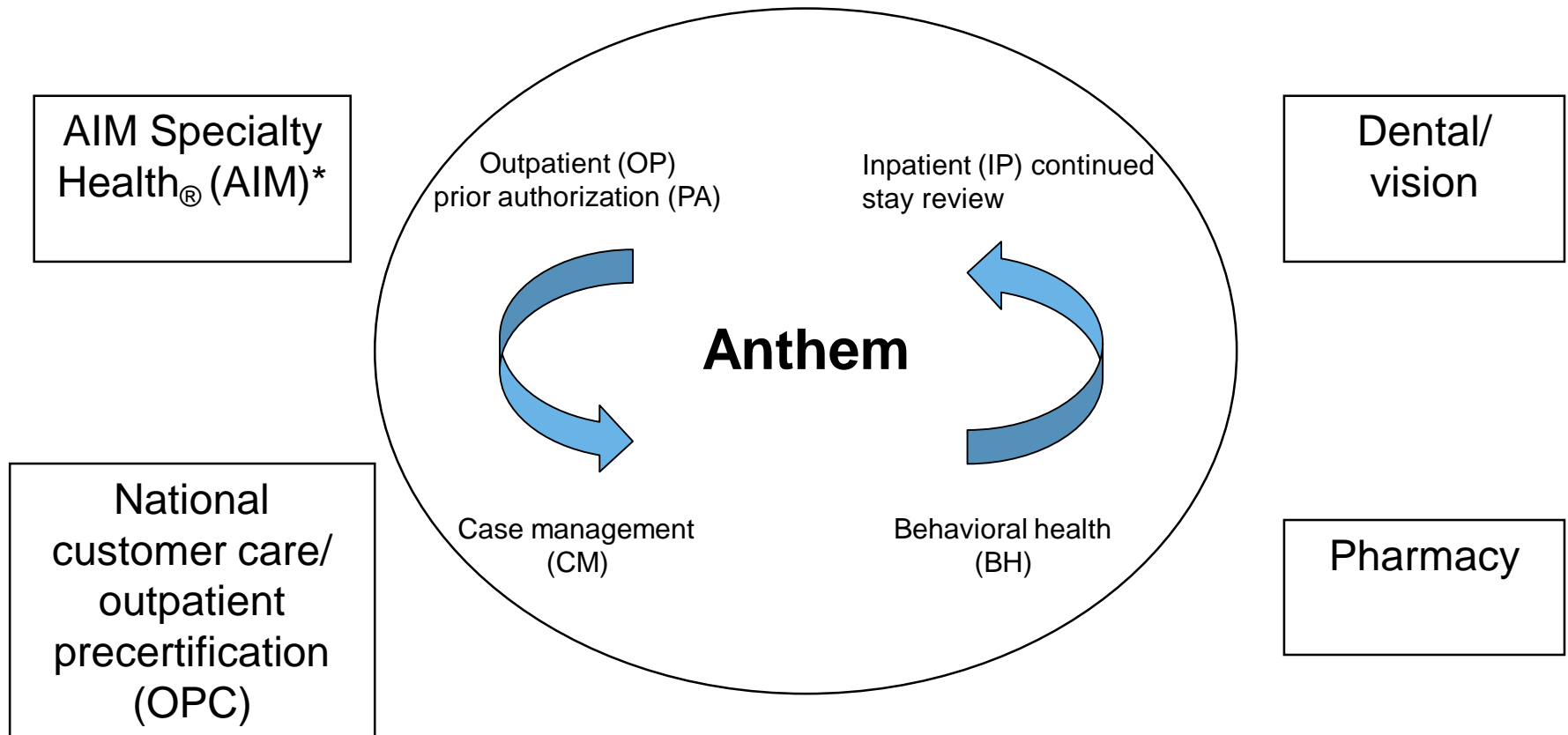
Serving Hoosier Healthwise, Healthy Indiana Plan  
and Hoosier Care Connect

# 2020 Utilization Management process 101

Anthem Blue Cross and Blue Shield  
(Anthem)



# Utilization Management



# Utilization Management (cont.)

OP utilization management (UM) teams:

- **OP UM team:**
  - Manager — Terrie Sproat, RN
  - Team lead — Kristie Head, RN
  - Clinicians
  - Non-clinicians
- **OPC UM team:**
  - Extension of Anthem
  - Managers
  - Team leads
  - Clinicians
  - Non-clinicians

# Utilization Management – OPC

## **OPC case review types:**

- Surgery:
  - Elective preplanned inpatient
  - Elective OP procedures (vein stripping/skin grafts)
- Office visits
- Drug testing
- Genetic testing (most done via AIM)

# Utilization Management

## Case review types:

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

# Utilization Management (cont.)

Anthem OP PA/OPC process:

- For CPT® codes that require PA:
  - Use the Prior Authorization Lookup Tool at <https://mediproviders.anthem.com/in/Pages/precertification-lookup.aspx> to determine if PA is required.
  - Submit PA requests via the Interactive Care Reviewer (ICR) at <https://www.availity.com>.
  - Fax your completed Indiana Health Coverage Programs (IHCP) PA form to:
    - **1-844-765-5157** for Anthem reviews.
    - **1-866-406-2803** for OPC reviews.

# Utilization Management (cont.)

Once the request is received at Anthem:

- A case is built and sent for clinical review.
- A clinician will review the request per the clinical guideline/medical policy:
  - If criteria is met, the case is approved.
  - A decision notification is sent via mail.
  - If criteria is not met, the case is sent to medical director (MD) for medical review.

# Utilization Management (cont.)

Anthem OP PA/OPC process:

- Once the medical review is completed, the case is sent back to the clinician for completion.
  - If MD approved: notification sent via mail
  - If MD denied: notification faxed to the provider in addition to the mailed notification



# Utilization Management (cont.)

Turn around time (TAT):

- Standard pre-service (non-urgent): seven calendar days from the received date
- Urgent pre-service: three calendar days from the received date

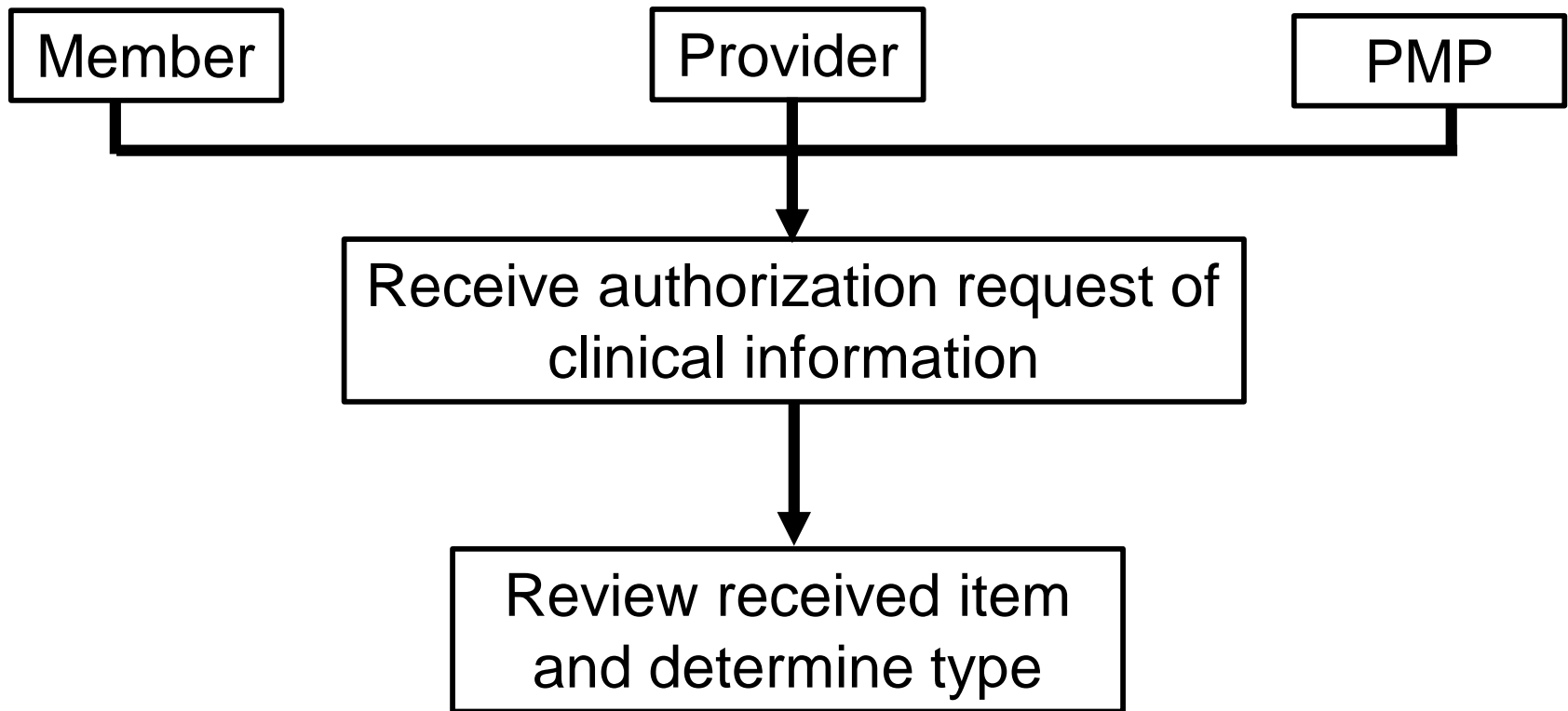


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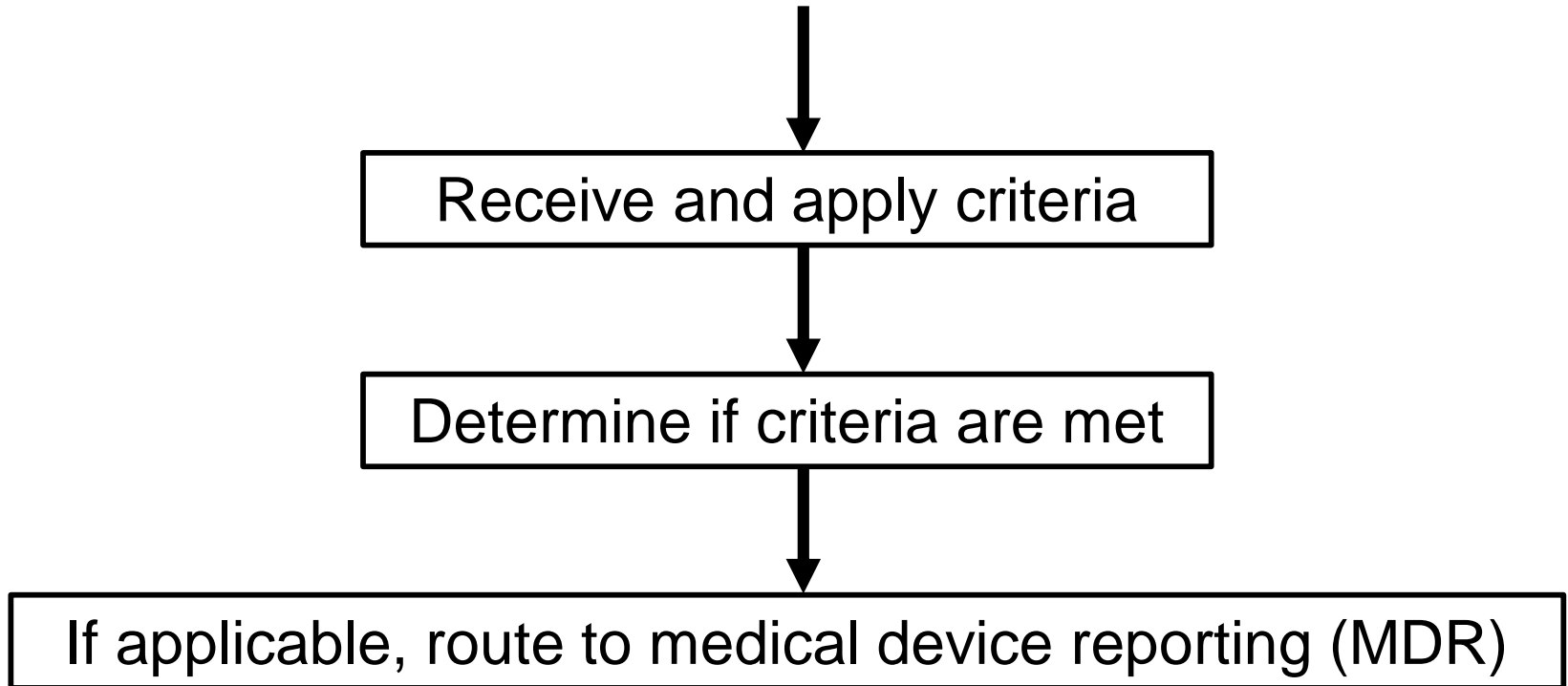
# Inpatient Utilization Management



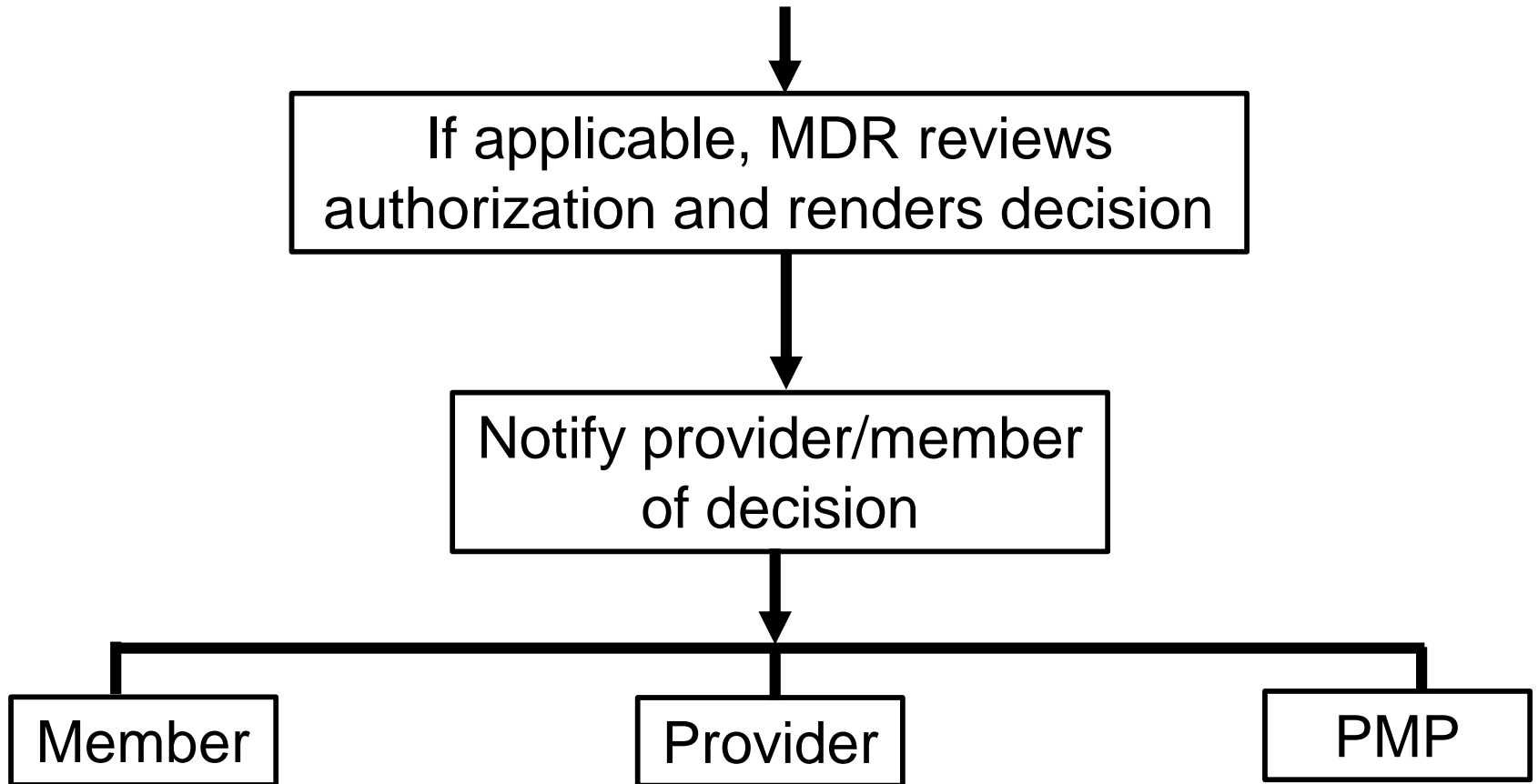
# Inpatient workflow



# Inpatient workflow (cont.)



# Inpatient workflow (cont.)



# Inpatient Utilization Management team

- Manager — Rebecca Dobbins, RN
- Manager — Melanie Eppich, RN
- Team Lead — Kasey Reisman, RN
- Team Lead — Tara Wallace, RN
- 30 clinicians
- 12 nonclinicians

# Outpatient precertification (OPC): extension of the health plan

- Managers
- Team leads
- Clinicians
- Nonclinicians

# Case review types

- Surgery
  - Emergency inpatient
  - Elective inpatient
  - Elective outpatient procedures (vein stripping/skin grafts)
- Office visits
- Drug testing
- Genetic testing (most are done via AIM Specialty Health®)



# Case review types

- Initial and concurrent review of emergent inpatient admissions
- Concurrent review of planned admissions
- Pre-service and concurrent review for postacute levels of care
- Initial and concurrent review of obstetrical admissions
- Initial and concurrent review of neonatal intensive care unit admissions

# Prior authorization process

- Submit via ICR — <https://www.availity.com>
- Fax completed IHCP prior authorization (PA) form to:
  - For health plan reviews — **1-844-765-5156** (concurrent or postacute)
  - For OPC reviews — **1-866-406-2803**  
(initial emergent or planned)

# Prior authorization process (cont.)

- Case is built and sent for clinical review.
- Clinician will review the request per the clinical guideline/medical policy.
- If criteria is met/case is approved:
  - Decision notification is sent via fax and mail.

# Prior authorization process (cont.)

- If criteria is not met/case is sent to MD for medical review:
  - Medical review is completed and case is sent back to the clinician for completion:
    - If MD approved:
      - Notification is sent via mail.
    - If MD denied:
      - Notification is faxed to the provider in addition to the mailed notification.

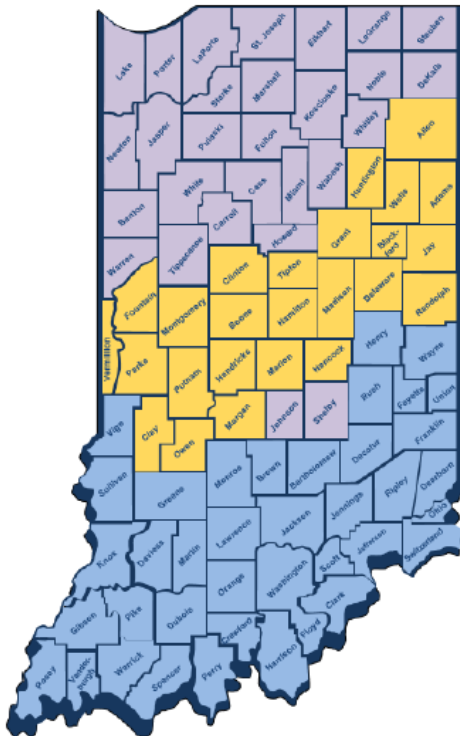
# Turnaround time

- Emergent inpatient admissions and concurrent review:
  - One business day from received date of all information necessary to make a decision, up to three calendar days
- Postacute levels of care:
  - Three calendar days from received date

# Contact information

# Contact information

## Behavioral Health

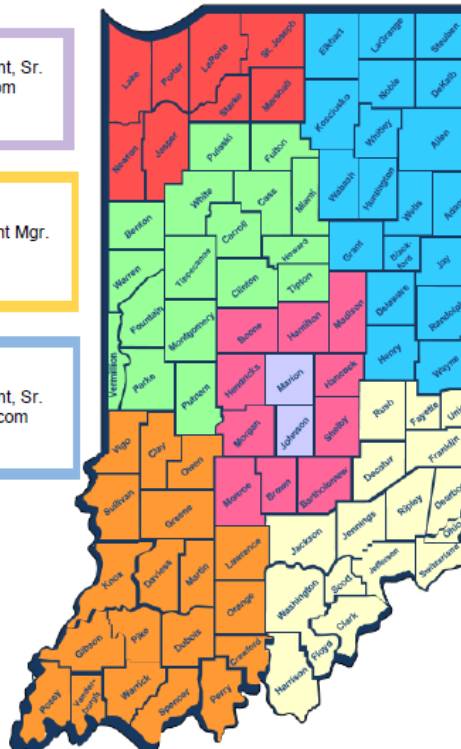


Michele Weaver  
Network Relations Consultant, Sr.  
michele.weaver@anthem.com  
1-317-601-3031

Alisa Phillips  
Network Relations Consultant Mgr.  
alisa.phillips@anthem.com  
1-317-517-1008

Matthew McGarry  
Network Relations Consultant, Sr.  
matthew.mcgarry@anthem.com  
1-463-202-3579

## Physical Health



<b>Northwest Region</b> Jessi Earls Network Relations Consultant, Sr. jessica.wilkerson-earls@anthem.com 1-317-452-2568
<b>West Central/St. Vincent</b> Angelique Jones Network Relations Consultant, Sr. angelique.jones@anthem.com 1-317-619-9241
<b>Southwest Region/Deaconess</b> Jonathan Hedrick Network Relations Consultant, Sr. jonathan.hedrick@anthem.com 1-317-601-9474
<b>Central Region/IU Health</b> Matt Swingendorf Network Relations Consultant Manager matthew.swingendorf@anthem.com 1-317-306-0077
<b>Marion, Johnson Counties/Eskenza</b> Marvin Davis Network Relations Consultant, Sr. marvin.davis@anthem.com 1-317-501-7251
<b>Northeast Region/Parkview</b> David Tudor Network Relations Consultant, Sr. david.tudor@anthem.com 1-317-447-7008
<b>Southeast Region</b> Sophia Brown Network Relations Consultant, Sr. sophia.brown@anthem.com 1-317-775-9528
<b>Out-of-State Providers, Franciscan</b> Nicole Bouye Network Relations Consultant, Sr. nicole.bouye@anthem.com 1-317-517-8862
<b>Indiana Provider Network Solutions</b> 1-800-455-6805
<b>Community Health</b> Ron Gibson Network Relations Consultant Manager rondinel.gibson@anthem.com 1-317-287-6429
<b>Management</b> Jacquie Marsalis – Manager jacqueline.marsalis@anthem.com



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\* AIM Specialty Health® is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield.

[www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc)

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