

AmeriHealth Caritas Iowa Prior Authorization Key Points

2016 Annual Provider Training

Iowa Department of Human Services (DHS) & Iowa Medicaid Enterprise (IME)



Topic:	Key Points:
Hours of operation.	<ul style="list-style-type: none"> • Physical/behavioral health: Monday – Friday, 8:30 a.m. to 5 p.m. Central Time. • Long-term services and supports (LTSS): Monday – Friday, 8 a.m. to 5 p.m. Central Time. • After hours: On-call nurse is available after hours through Member Services at 1-855-212-2213.
Contact information.	<ul style="list-style-type: none"> • Physical Medicine: <ul style="list-style-type: none"> ○ Phone: 1-844-411-0604 or Fax: 1-844-399-0478 • Behavioral Medicine: <ul style="list-style-type: none"> ○ Phone: 1-844-214-2474 or Fax: 1-844-214-2469 • LTSS: <ul style="list-style-type: none"> ○ Phone: 1-844-411-0604, choose option 4 or Fax: 1-844-399-0479 • For acute psychiatric inpatient requests, the Behavioral Health Utilization Management team is available 24/7/365 at 1-844-214-2474.
Submitting a prior authorization.	<ul style="list-style-type: none"> • Three options: Fax, phone or NaviNet (provider portal). • Do not fax prior authorization requests to Provider Services. Fax requests directly to the physical health, behavioral health or long-term services and supports (LTSS) utilization management departments.
Prior authorization process.	<p>Step 1: Provider submits prior authorization request (see above).</p> <p>Step 2: Eligibility and benefits review.</p> <ul style="list-style-type: none"> • Is this an ACIA member? <ul style="list-style-type: none"> ○ Yes: proceed to benefit review. No: notify provider. • Is the requested service/item a covered benefit? <ul style="list-style-type: none"> ○ Yes: proceed to medical necessity review. No: notify provider. <p>Step 3: Medical necessity review.</p> <ul style="list-style-type: none"> • Is the service/item as requested medically necessary? <ul style="list-style-type: none"> ○ Yes: authorize service as requested and notify provider. No: full or partial adverse determination by a medical director or designee. • Provider may request peer-to-peer. • Member/provider may appeal. <p>Step 4: Peer-to-peer.</p> <ul style="list-style-type: none"> • The opportunity for the treating provider to discuss an adverse decision (medical necessity denial) with the AmeriHealth Caritas Iowa Medical Director who made the decision (or the appropriate designee). <ul style="list-style-type: none"> ○ Treating provider must request peer-to-peer within two business days from the date of the notification of the adverse decision. ○ AmeriHealth Caritas Iowa Medical Director will respond to request for peer-to-peer within one business day. ○ A peer-to-peer request is not an appeal. The member and/or provider maintain the right to appeal an adverse decision. <p>Step 5: Appeals.</p> <ul style="list-style-type: none"> • Resolution of the appeal is as expeditiously as the member’s health condition requires, but no more than 45 days after receipt of the appeal. • An appeal to AmeriHealth Caritas Iowa can be filed via mail or by phone from the member, member’s representative or provider on behalf of the member with written consent from the member. • Provider disputes can also be submitted via mail. <p>Step 6: State fair hearing.</p> <ul style="list-style-type: none"> • The member must first exhaust AmeriHealth Caritas Iowa’s appeals process. • An appeal can be filed online, via fax, phone or mail from the member, member’s representative or provider on behalf of the member, with written consent from the member.
Prior authorization review timeframes.	<ul style="list-style-type: none"> • Standard: As quickly as required by the member’s health condition, not to exceed seven calendar days. • Expedited: As quickly as required by the member’s health condition, not to exceed three business days. <ul style="list-style-type: none"> ○ Completed when the standard timeframe could seriously jeopardize the member’s life or health or ability to attain, maintain or regain maximum function.
Utilization management criteria.	<ul style="list-style-type: none"> • McKesson InterQual® Criteria. • American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC).