



Anthem Blue Cross and Blue Shield

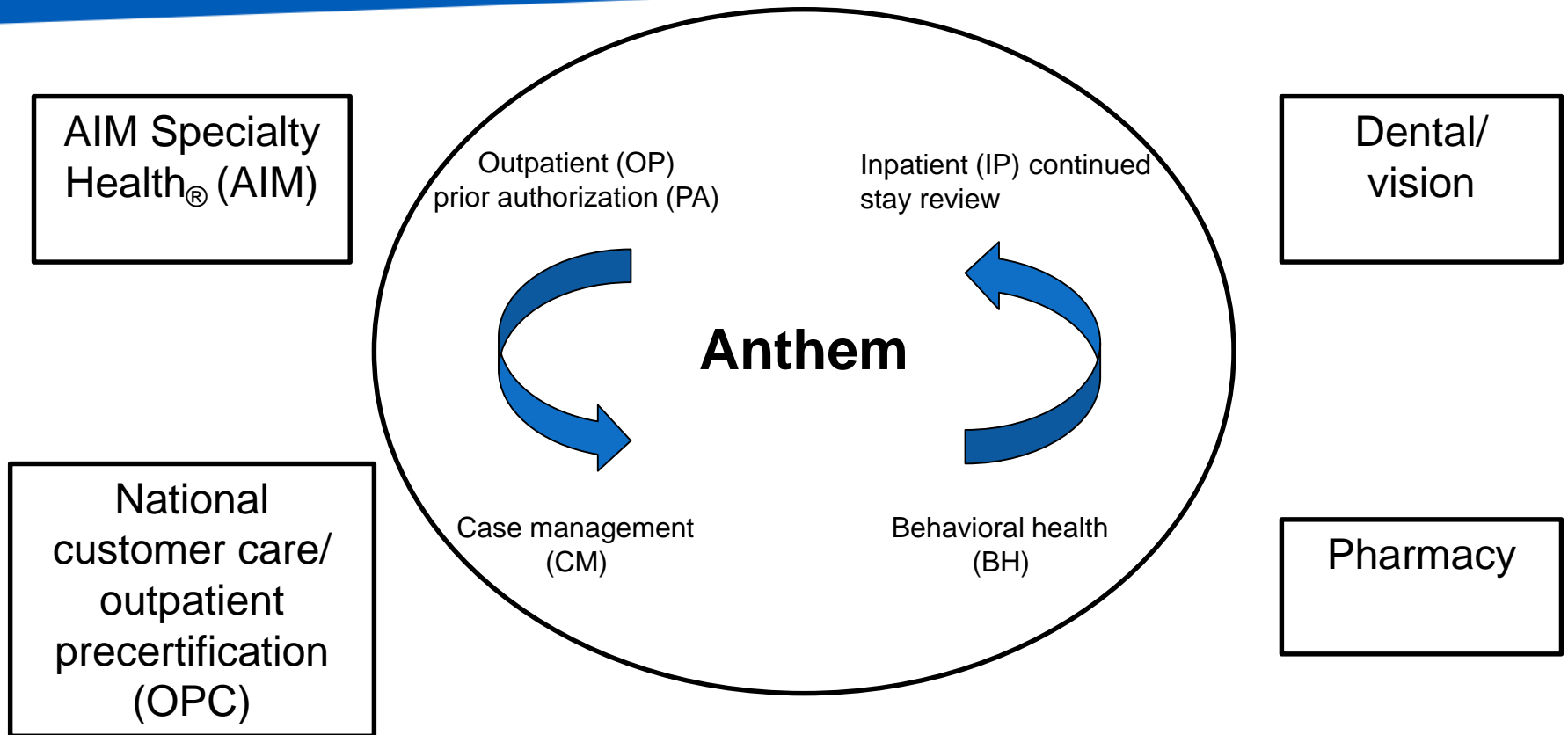
Serving Hoosier Healthwise, Healthy Indiana
Plan and Hoosier Care Connect

Anthem Blue Cross and Blue Shield (Anthem)

2019 outpatient utilization management process



Utilization management



Utilization management — Anthem

OP utilization management (UM) at the Anthem level:

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

OPC utilization management

Case review types at the OPC:

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

Utilization management — Anthem

Anthem 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



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Utilization management — Anthem

Anthem PA process

For CPT® codes that require PA:

- Use the Prior Authorization Lookup Tool (PLUTO) at <https://mediproviders.anthem.com/in/Pages/precertification-lookup.aspx> to determine if PA is required.
- 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.
- Submit them via the Availity Portal at <https://www.availity.com>.



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Utilization management — Anthem

Anthem PA process (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 MD for medical review.

Utilization management — Anthem

Anthem PA process (cont.)

- A clinician will review the request per the clinical guideline/medical policy (cont.).
 - 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 — Anthem

Turn around time:

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

Questions?

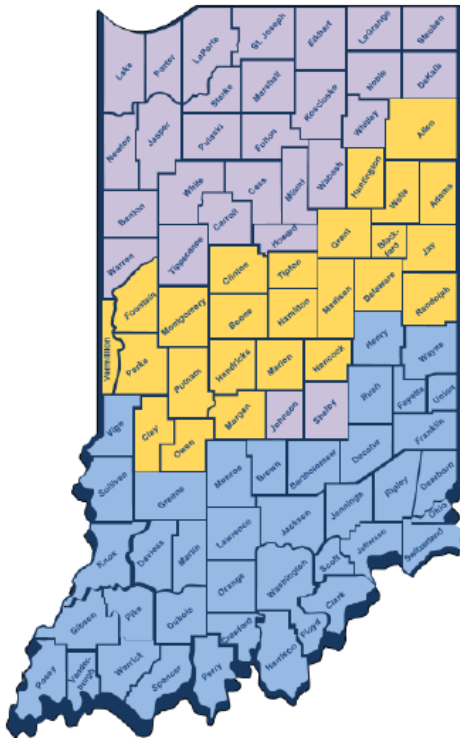


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Contact information

Behavioral Health

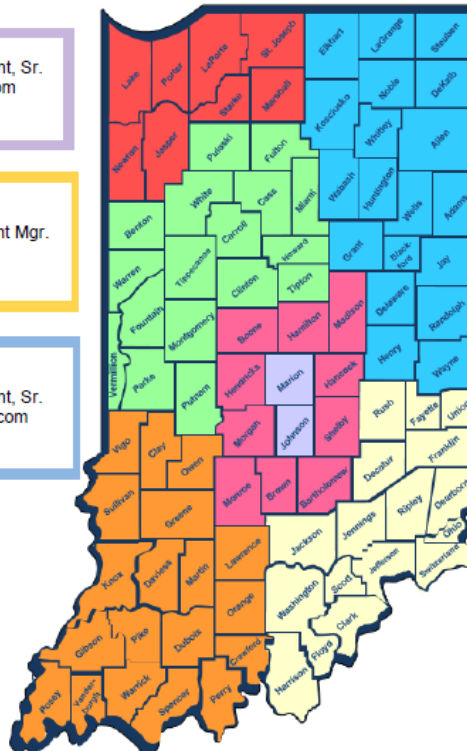


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Session survey

Please use the QR code or the link below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate survey for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

<https://tinyurl.com/fssa1014>



Thank you

www.anthem.com/inmedicaidoc

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AINPEC-2315-19 October 2019



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