Administrative Manual

Utilization Management

Chapter 7

HealthLink®

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Utilization Management

Utilization Management Procedures

For medical necessity pre-certification of inpatient and select outpatient procedures, please call or fax:

HealthLink Utilization Management

Phone: 877-284-0102 Fax: 800-510-2162
Hours: 8:00 am to 5:00 pm CST
Answering Service after 5:00 pm CST

For medical necessity pre-certification, please be prepared to provide the following information:

- Patient Name
- Diagnosis
- Patient ID Number or Social Security Number
- Procedure Required
- Hospital Name
- Date of Admission
- Admitting Physician Name and Tax ID Number

Utilization Management components may vary from health plan to health plan. Please refer to the enrollee ID card for specific instructions. Failure to pre-certify elective services may result in participating provider financial penalties from the benefits administrator and in accordance with the health benefit program.

The list of standard services requiring pre-certification is located online at https://providerinfosource.healthlink.com > Utilization Management > HealthLink Standard Precertification Listings.

For an observation exceeding 23 hours, failure to contact utilization management on the back of the member's ID card may result in participating provider financial penalties from the benefits administrator and in accordance with the health benefit program.

HealthLink Medical Necessity Certification Process

All certification review is conducted for medical necessity, utilizing clinical criteria specific to the condition or service under review. Clinical criteria review is evaluated at least annually and is subject to approval by the Medical Director and the Advisory Committee. The committee validates current status and appropriateness of criteria. New technologies are reviewed regularly through a medical policy and technology assessment committee.

1. Any case not meeting criteria for the prescribing physician's treatment plan is immediately referred to a HealthLink physician reviewer or the Medical Director for review and appropriate follow-up with the prescribing physician.

2. All notifications of certification and non-certification are issued in compliance with standards for timeliness established by national and state regulatory agencies and accreditation bodies.

3. An adverse certification recommendation is when days or procedures are not certified as medically necessary. If you are notified that our recommendation to the payor is a non-certification, you have the right to reconsideration by HealthLink of any initial adverse certification recommendation, including an appeal process expedited by telephone for ongoing or imminent services under review. An appeal review is provided by licensed clinical peers who were not involved in the initial adverse certification recommendation. If the initial reconsideration upholds the adverse certification recommendation, a further reconsideration or appeal regarding the recommendation should be directed to the health plan claims administrator listed on the enrollee ID card. The appeal process is outlined in the Inquires, Complaints, Grievance & Appeals chapter.

4. Letters of non-certification will include the following information:

    a. The principal reason(s) for the determination

    b. The instructions for initiating an appeal

    c. The instructions for requesting a written statement of the clinical rationale, including the clinical criteria used to make the determination. The physician, facility, patient or patient's representative may request clinical rationale and/or appeal.

Note to admitting physicians, hospitals and outpatient/ancillary care professionals: Noncompliance with Utilization Management protocols may result in the loss of a portion of your reimbursement for services (e.g., a fixed fee or percentage reduction) that may not be recovered from the health plan or patient. Please contact HealthLink, the health plan claims administrator or the Utilization Management firm listed on the health plan enrollee identification card if you have any questions about a patient's Utilization Management requirements (or the effect of noncompliance) prior to the delivery of service.

Utilization Management Appeals Process

The Appeals Process is available for all of the aforementioned Utilization Management components. Please refer to the Clinical Appeals portion of the Inquiries, Complaints, Grievance and Appeals Chapter for further information.

Utilization Management Tools

The following claim status tools are available in the HealthLink Tools/Resources chapter of this Administrative Manual:

- **Utilization Management Fax Forms** streamline the precertification/certification process for health care providers.

- **Utilization Management Contact Information** – on-line UM Contact Information is a time-saving alternative to the telephone procedures and voicemail messaging associated with telephonic pre-certification/certification.
- **Utilization Management Interactive Voice Response (IVR)** is your route to patient precertification information.