Procedure

DEPARTMENT: Utilization Management	**TITLE: Prior Authorization**
DATE: 8/22/2022	**VERSION:** 1.0

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Purpose

Prior Authorization entry is critical to ensure prompt services to our members. The Utilization Management Team is responsible for entry of all Prior Authorization Requests submitted by both LHP internal practitioners as well as any request received from an external provider. This procedure outlines the timelines, expectations, and process for entering prior authorizations.

Prior Authorization for Outpatient Services

Prior Authorization for outpatient services may be requested via the Prior Auth Request Form via fax or email or via the LHP APP entry of the prior authorization request.

Prior authorization requests should be made for contracted (PAR) providers if at all possible. If no contracted (PAR) provider is within the network for the service(s) needed, then a non-par provider may be chosen. All requests requiring prior authorization will go through the same medical necessity review regardless of contracted (PAR) or non-par status.

When the request is received, the ISNP Medical Management Coordinator is to enter the prior authorization request into the utilization management software. Complete requests should be entered within 24 business hours of the request. The ISNP Medical Management Coordinator is to reach out to the requestor should incomplete information be provided or if additional information is required to complete the request.

Once entered, the ISNP Medical Management Coordinator is to assign the case to the appropriate ISNP Medical Review RN. The ISNP Medical Review RN is responsible for completing the determination/review for medical necessity, sending the case to the UM Medical Director for review, if appropriate, and communicating the decision to the requestor, provider, and member within the timeframes outlined in LHP UM Determination Timeframes along with all CMS and NCQA regulations and requirements. The ISNP Medical Review RN may delegate the communication of determination to the ISNP Medical Management Coordinator as needed. Provider notifications are to be sent via fax. Member notifications are to be sent via US Mail.

Prior Authorization for Inpatient Services

The Market is responsible for notification to the Care Coordination team of all member send outs. Care Coordination will make the first contact with the hospital to determine if the member is being admitted to the hospital. Once confirmed that the member is or has been admitted to the hospital, Care Coordination will notify the ISNP Medical Management Coordinator to build the authorization.

The ISNP Medical Management Coordinator will enter all pertinent information into the prior authorization for the member's inpatient admission. The ISNP Medical Management Coordinator will make verbal and fax contact with the hospital to provide the contact information for the Utilization Management Department and make the initial request for clinicals. The ISNP Medical Management Coordinator will assign the inpatient case to the appropriate ISNP Medical Review RN to further work the case. The ISNP Medical Review RN is responsible for completing the determination/review for medical necessity, sending the case to the UM Medical Director for review, if appropriate, and communicating the decision to the requestor, provider, and member within the timeframes outlined in LHP UM Determination Timeframes along with all CMS and NCQA regulations and requirements. The ISNP Medical Review RN may delegate the communication of determination to the ISNP Medical Management Coordinator as needed. Provider notifications are to be sent via fax. Member notifications are to be sent via US Mail.

Appendices

Prior Auth Request Job Aide (1).docx

Request for Clinicals (1).docx

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Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	7/20/2022	Courtney Gonzales	Initial creation