Automated Authorization Provider Portal Process

Updated June 2021 with new effective date.

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AUTOMATED AUTHORIZATION

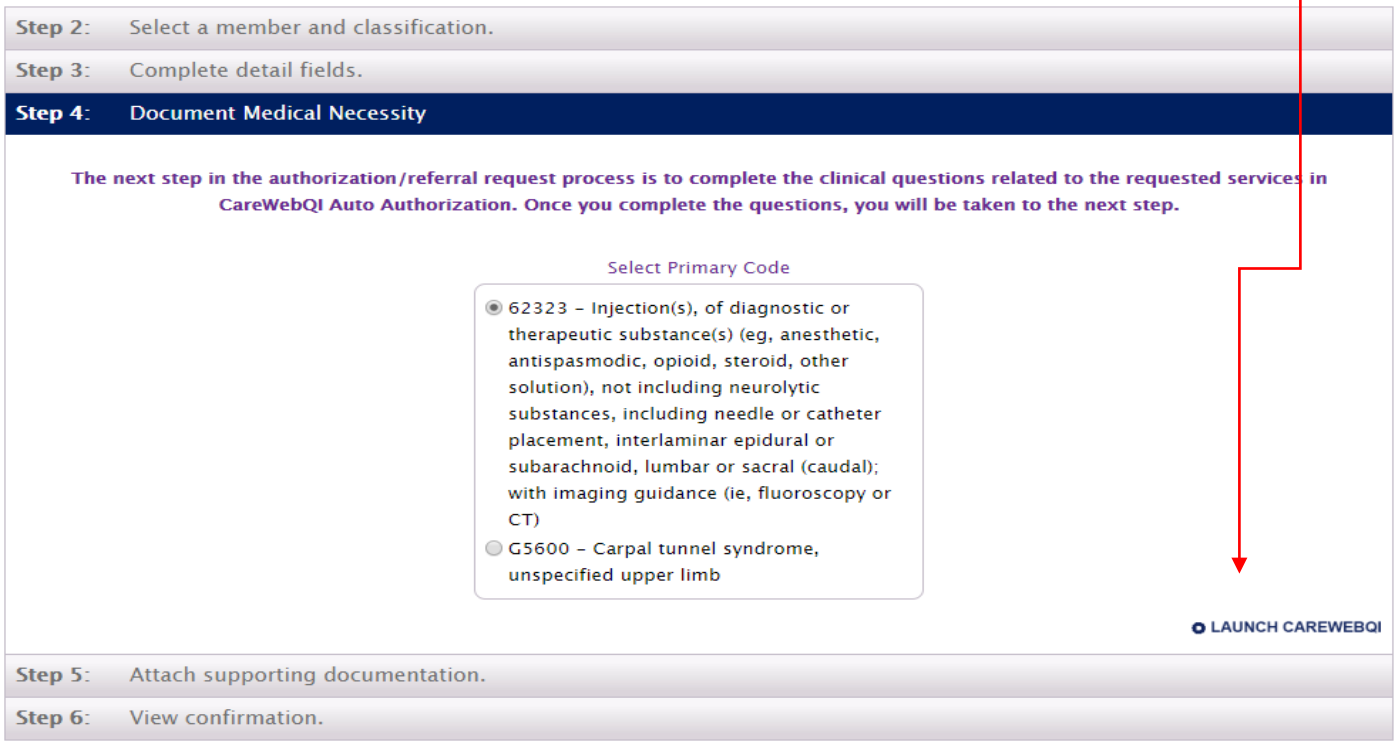
- **What is Automated Authorization?**
  - It is a new functionality that will provide an instant approval response, when all the medical policy/guideline criteria is met, when submitting a prior authorization.
- **When?**
  - 6/7/2021 – Beginning with Epidural Spinal Injection (ESI) / Selective Nerve Root Block (SNRB).
- **Who does this affect?**
  - In-network providers who submit prior authorization requests through the Health Plan's Provider Portal.
- **How does it work?**
  - When submitting a prior authorization request in which there are Automated Authorization guidelines, you will be routed to complete a series of questions. If the guidelines criteria is met, you will receive an immediate approval. If the guideline criteria does NOT meet, the prior authorization will be assigned a status of "Submitted" and will be routed to the Utilization Management Department for further review and determination, following the current process.

BENEFITS OF AUTOMATED AUTHORIZATION

- Network Providers will have the opportunity to receive an instant approval if the medical policy/guideline criteria are met. Therefore, reducing the review process from up to 14 days (with manual review when all required medical documentation is provided) to within seconds.
- The Health Plan anticipates an increased member satisfaction, as members will benefit from a quicker prior authorization approval to be able to obtain their determination.

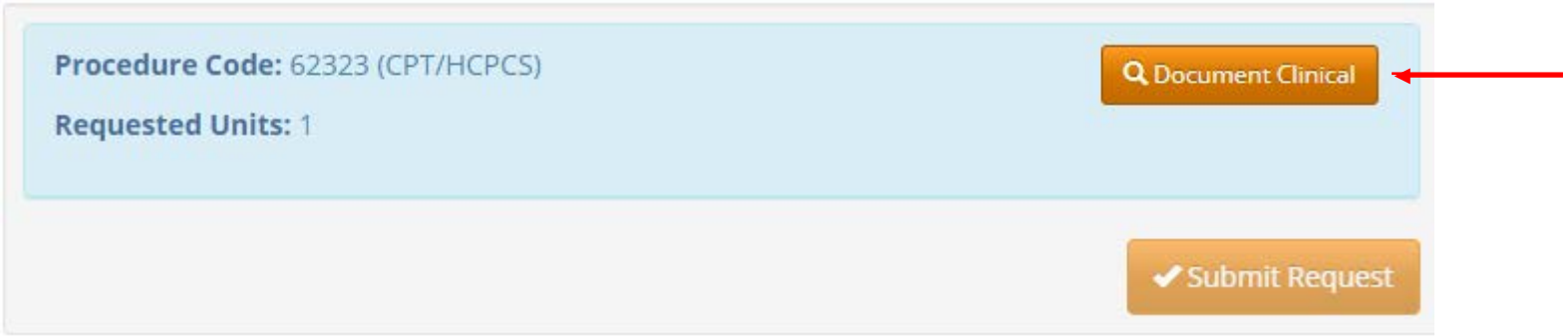
PROVIDER PORTAL

- Access the Health Plan's Provider Portal as you do today.
- Select Authorization Submit – complete steps 1 through 3.
  - Please note: If you currently attach clinical documentation, continue to do so.
- Step 4 is where you will notice the difference – launch CareWebWI.



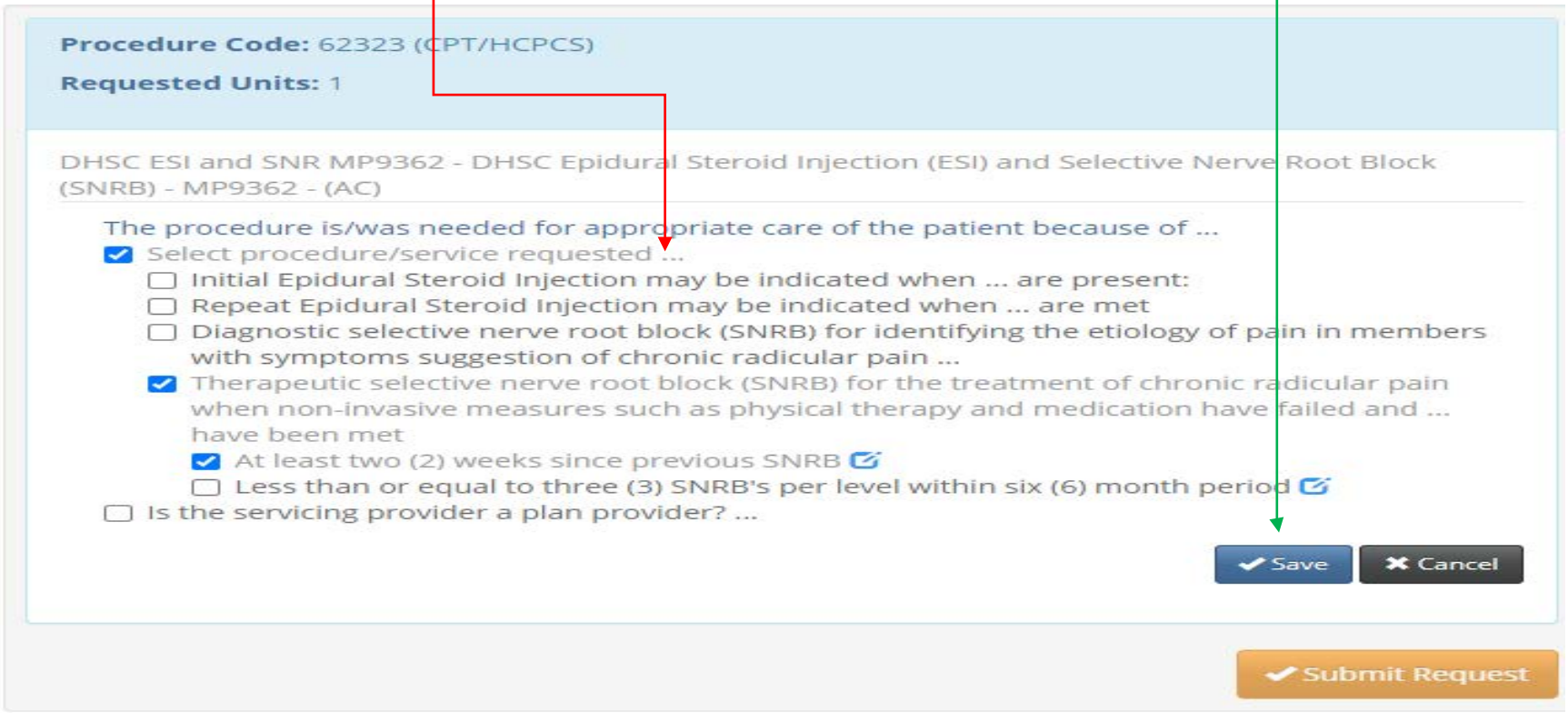
AUTHORIZATION REQUEST REVIEW: DOCUMENT CLINICAL

- A CareWebQI window will open. Click Document Clinical.



CLINICAL DOCUMENTATION

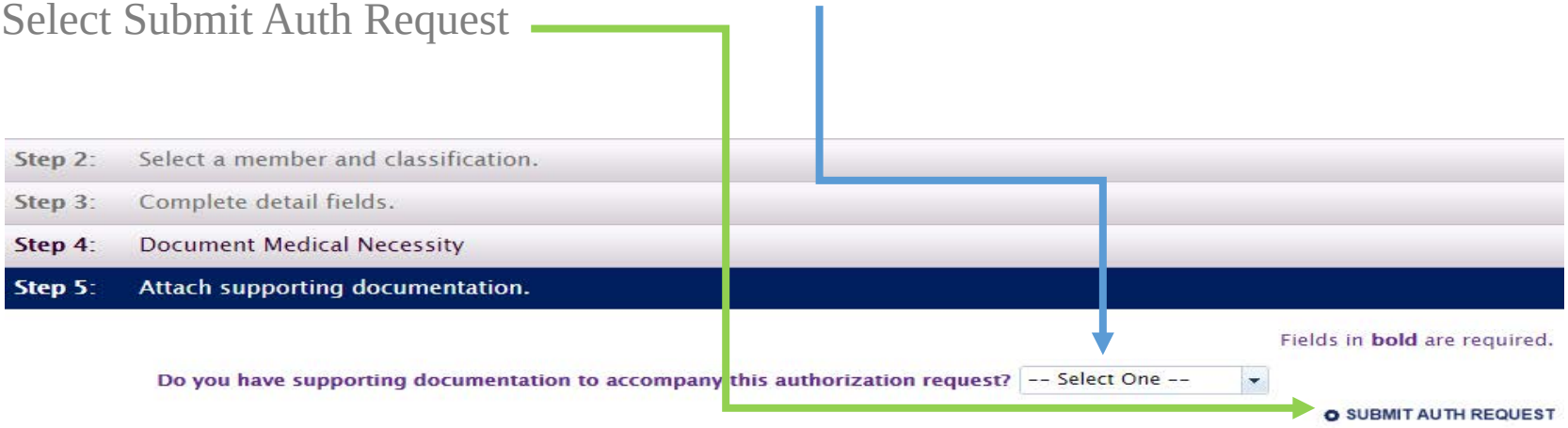
- Go through the guideline criteria checking boxes where appropriate.
  - Where you see "…" this indicates there are additional criteria selections to choose from, then select Save.



SUBMIT AUTHORIZATION

- Submit Request

- Step 5: Attach supporting document if applicable. This step has not changed. Select Submit Auth Request



DETERMINATION = APPROVED

Step 6: View confirmation.

Thank you for submitting your Pain Management Injection Request. It has been assigned Reference ID P210302012 with a status of "**APPROVED – Medically Necessary.**"

Disclaimers:

Benefits are determined in
accordance with the eligibility and limitation provisions of your Benefit Certificate or Summary Plan Description.

Approval/Authorization
for medical necessity does not guarantee coverage and/or payment for services.
If you think a coding error may have occurred, you have the right to obtain the
billing and diagnosis code descriptions associated with this request/service.
You can request this information by contacting Customer Service at 800-279-1302 or ASO Customer Service 877-234-4516.

Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

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DETERMINATION = SUBMITTED

- In the event your clinical documentation does not meet guideline criteria, you will receive an “Submitted” status.

DETERMINATION

- Approved
  - Services are approved
  - Letter will be generated
- Submitted – will be sent to Utilization Management for further review
  - Possible Reasons:
    - Out-of-network servicing provider
    - Did not meet guideline criteria
    - May have requested CPT codes that do not require prior authorization

PROVIDER RESOURCES

- The following information is available from the new WellFirst Health Automated Authorization web page for reference:
  - Automated Authorization Q&A
  - Link to the ESI/SNRB Medical Policy MP9362
  - ESI Checklist
  - SNRB Checklist
  - Link to register for the Health Plan's Provider Portal
  - How to contact your Provider Network Consultant