

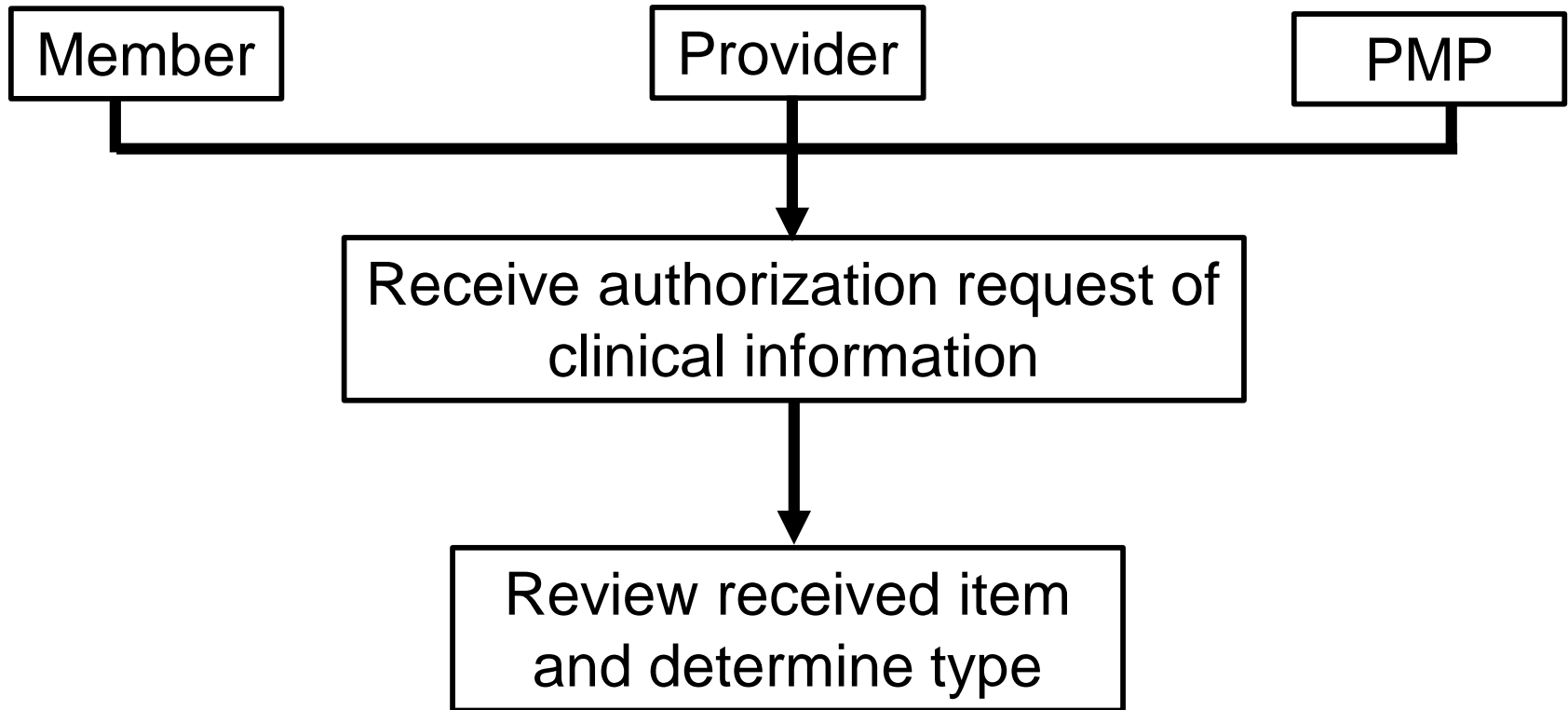


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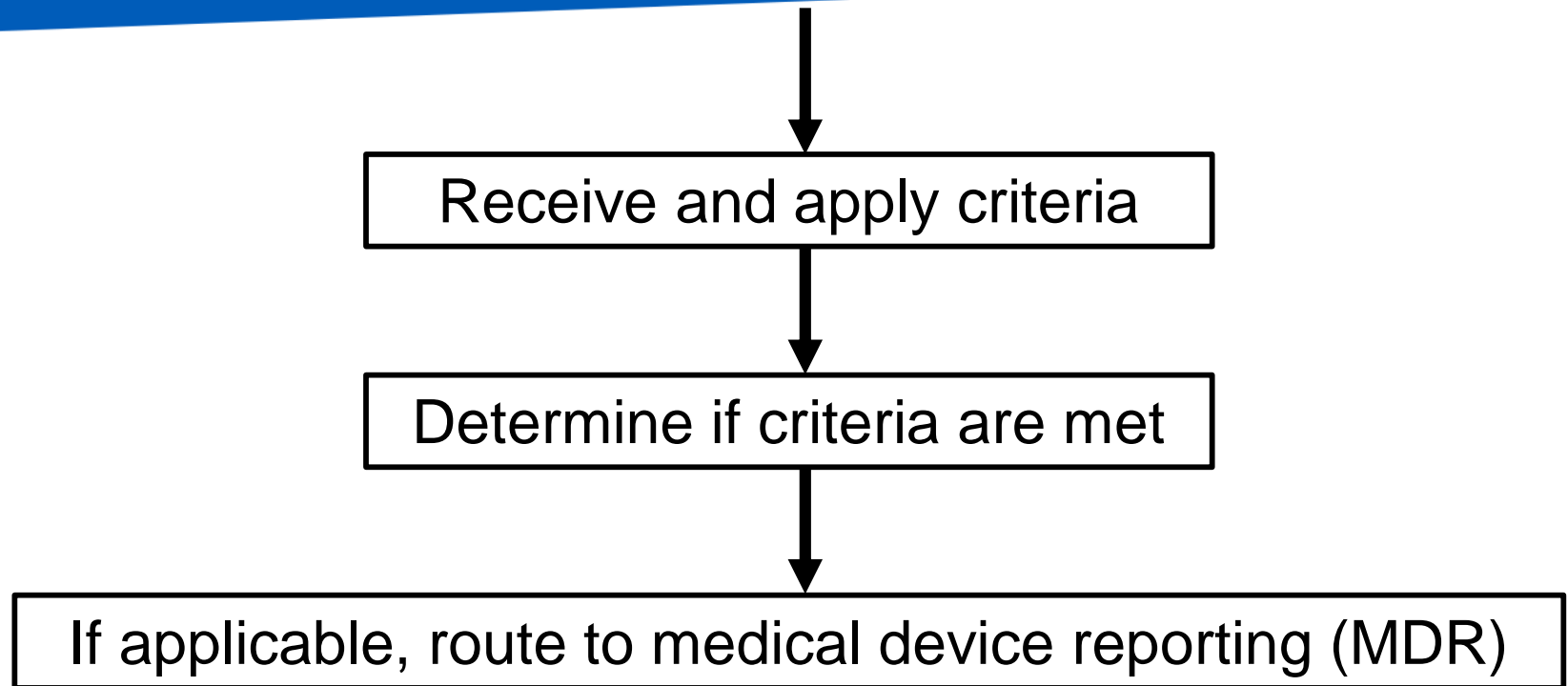
Anthem Blue Cross and Blue Shield (Anthem) 2019 inpatient utilization management process



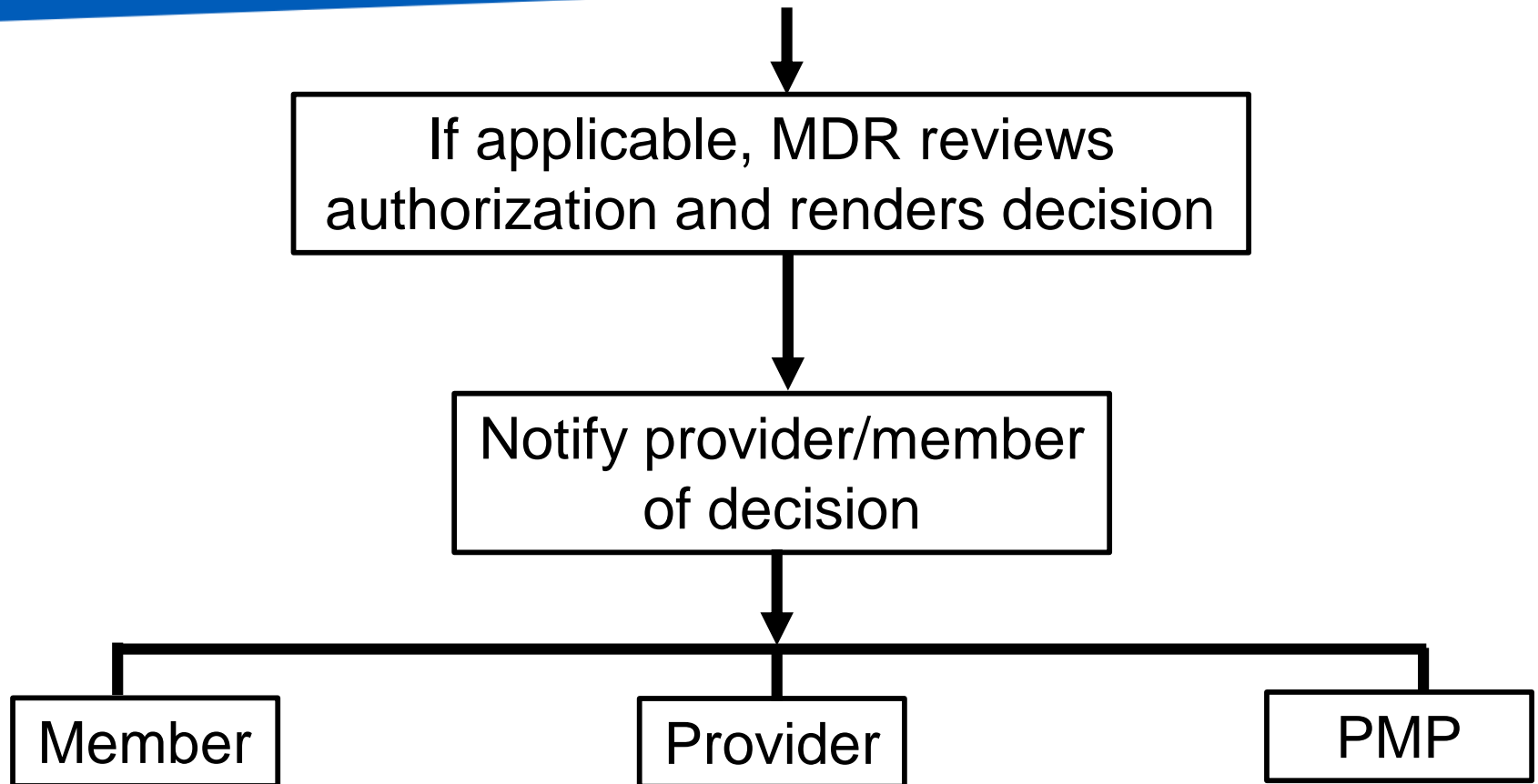
Inpatient workflow



Inpatient workflow (cont.)



Inpatient workflow (cont.)



Inpatient Utilization Management team

- Manager — Rebecca Dobbins, RN
- Manager — Melanie Eppich, RN
- Team Lead — Kasey Reisman, RN
- Team Lead — Tara Wallace, RN
- 30 clinicians
- 12 nonclinicians

Outpatient precertification (OPC): extension of the health plan

- Managers
- Team leads
- Clinicians
- Nonclinicians

Case review types at the OPC

- Surgery
 - Emergency inpatient
 - Elective inpatient
 - Elective outpatient procedures (vein stripping/skin grafts)
- Office visits
- Drug testing
- Genetic testing (most are done via AIM Specialty Health®)

Anthem case review types

- Initial and concurrent review of emergent inpatient admissions
- Concurrent review of planned admissions
- Pre-service and concurrent review for postacute levels of care
- Initial and concurrent review of obstetrical admissions
- Initial and concurrent review of neonatal intensive care unit admissions

Anthem prior authorization process

- Fax completed IHCP prior authorization (PA) form to:
 - For health plan reviews — **1-844-765-5156**
(concurrent or postacute)
 - For OPC reviews — **1-866-406-2803**
(initial emergent or planned)
- Submit via Availity — <https://www.availity.com>

Anthem prior authorization process (cont.)

- Case is built and sent for clinical review.
- Clinician will review the request per the clinical guideline/medical policy.
- If criteria is met/case is approved:
 - Decision notification is sent via fax and mail.

Anthem prior authorization process (cont.)

- If criteria is not met/case is sent to MD for medical review:
 - Medical review is completed, and case is sent back to the clinician for completion:
 - If MD approved:
 - Notification is sent via mail.
 - If MD denied:
 - Notification is faxed to the provider in addition to the mailed notification.

Turnaround time

- Emergent inpatient admissions and concurrent review:
 - One business day from received date of all information necessary to make a decision, up to three calendar days
- Postacute levels of care:
 - Three calendar days from received date

Questions?



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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 one for each session you attend. We will use your feedback from this survey to improve future Indiana Health Coverage Programs events.

<https://tinyurl.com/fssa1015>



Thank you

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