

PROVIDER Bulletin



October 27, 2016

This Provider Bulletin applies to the lines of business and provider types checked below:

- PHP (Medicare) Primary Care Physicians Specialists
 PHC (Medicaid) Ancillary Hospitals

Prior Authorization for Hospital Services

Please be reminded that prior authorization is required for most hospital based services. Also, prior authorization is designed to promote the medical necessity of service, to prevent unanticipated denials of coverage and ensure that participating providers are utilized and that all services are provided at the appropriate level of care for the member's needs.

PHP/PHC's Utilization management (UM) is an on-going process of assessing, planning, organizing, directing, coordinating, monitoring, and evaluating the utilization of health care services for PHP and PHC members.

Our UM staff performs assessments of authorization of services through evaluation and review of all pertinent clinical indications and medical records necessary to justify the medical necessity of the request. UM staff utilizes clinical guidelines from McKesson InterQual and state/federal standards. In addition, referrals or services that are beyond the UM staff scope of practice are forwarded to the health plan's Medical Director for review.

1. Authorization is required for all Inpatient Care (Acute, Sub-Acute, SNF, Long Term Care)
2. Hospitals/Facilities must notify PHP/PHC of all admissions within 24 hours or next business day
3. Required information for all inpatient admissions:
 - I. Hospital Face Sheet/Demographic Sheet
 - II. Admitting Diagnosis
 - III. Admitting Physician with contact phone number
 - IV. History and Physical
 - V. ER notes (*if applicable*)
 - VI. Laboratory and Diagnostic Results
 - VII. Physician orders, including discharge orders with discharge summary including Dx & Rx
 - VIII. Level of Care (e.g., transition from observation to Medical Surgical, ICU to Telemetry/Medical/Surgical to SNF, etc.)
 - IX. Progress notes (to include any discharge planning)
 - X. Timely notification of Discharge Plan (*at least 24 hours in advance*).
 - XI. Utilization review notes from Hospital or other applicable entity substantiating documentation to support medical necessity for admission.

Service	Plan Required Turn-Around Times
Emergent (Stat)	One business day prior to provision of service
Urgent	72 hours prior to provision of services
Routine or Elective	14 days prior to scheduled date of procedure
Note: * To the extent Plan required turn-around-times are different in the Provider Manual, the terms of the Provider Manual shall prevail.	

To reach PHP/PHC's U.M. Department, please call 866.990.9322 or fax 888.972.5340

For more information surrounding PHP/PHC's authorization process and requirements, please refer our Provider Manual which may be found at www.positivehealthcare.org under the "For Providers" then "Publications and Forms" tabs.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org