

# UM Process and Tip Sheet

**UTILIZATION MANAGEMENT PROCESS:** The utilization management process encompasses the following program components: 24-hr nurse triage, referrals, second opinions, prior authorization, pre-certification, concurrent review, ambulatory review, retrospective review, discharge planning and care coordination.

## PRIOR AUTHORIZATION

### What Services Require Authorization?

Our PA Web Tool, located on the Buckeye Health Plan Website can be used to assist providers in understanding what services require authorization.

1. All Inpatient admission or inpatient procedures require a Prior Authorization.
2. To determine if an outpatient service needs prior authorization use Buckeye's **Prior Authorization Prescreen Tool on our website@**  
**<https://www.buckeyehealthplan.com/providers/prior-authorization/preauth-check.html>**
3. If a service requires prior authorization, please note:
  - a. Standard prior authorization requests should be submitted for medical necessity review at least **five (5) business days** before the scheduled service delivery date or as soon as the need for service is identified.
  - b. Authorization requests should be submitted via our secure web portal or Availity beginning July 1, 2025, and should include all necessary clinical information.
  - c. For Medicaid Urgent requests for prior authorization can be entered in portal or faxed in as soon as the need is identified at 866-529-0291.
4. All Continued stay Inpatient clinical and discharges can be faxed to 866-529-0290.
5. All SNF, LTAC and Rehab requests should be submitted via our secure web portal or Availity beginning July 1, 2025 and should include all necessary clinical information. All continued stay clinical and discharges can be faxed to 866-529-0291.

### Processing Prior Authorizations

#### Local Market Teams

- Medicaid Inpatient and Outpatient authorizations
  - MyCare Medicaid authorizations
  - MyCare Waiver authorizations
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## Shared Services Teams (Corporate Centene)

- Medicare Inpatient and Outpatient authorizations
  - Ambetter/Marketplace authorizations
  - Behavioral Health authorizations (all lines of business)
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## Utilization Management Contacts

- Stacie Ann Schiets, Manager Prior Auth Utilization Management: [Stacie.Schiets@CENTENE.COM](mailto:Stacie.Schiets@CENTENE.COM)
  - Karen Metzker, Manager Inpatient Utilization Management: [KMETZKER@CENTENE.COM](mailto:KMETZKER@CENTENE.COM)
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## Provider Manual Links

- **Medicaid & Wellcare by Allwell (Medicare):**  
<https://www.buckeyehealthplan.com/providers/resources/forms-resources.html> in the Manual/Forms/Resources section.
  - **Ambetter:**  
<https://www.ambetterhealth.com/en/oh/provider-resources/manuals-and-forms/> in the Reference Materials section.
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## Escalations

- **Medicaid:** External Email: [UMTriageTeam@Centene.com](mailto:UMTriageTeam@Centene.com) or call 866-246-4359 and follow prompts for Medicaid.
  - **Medicare:** Call Medical Management at 866-246-4359 and follow the prompts for Medicare authorizations. Providers should be prepared to include member name and spelling, DOB, authorization number if available, requesting facility, servicing facility and any other pertinent information such as fax and phone number.
  - **Ambetter:** The IVR for Ambetter Medical Management is the same as the Provider Services number and what the provider manual calls out: 877-687-1189. Providers should be prepared to include member name and spelling, DOB, auth number, requesting facility, servicing facility, and any other pertinent information such as fax and phone number.
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## Verification

### Ambetter

- Vision services need to be verified by [Centene Vision Services External Link](#).
- Dental services need to be verified by [Centene Dental Services External Link](#).
- Behavioral Health/Substance Abuse need to be verified by Buckeye Health Plan.

- The following services need to be verified by [Evolent External Link](#): Speech, occupational & physical therapy; Complex Imaging, MRA, MRI, PET & CT scans; Musculoskeletal services for shoulder, hip, spine and knee surgery. Chiropractic specialty providers are NOT managed by Evolent.
- The following services need to be verified by [Evolent External Link](#): Medical and Radiation Oncology / BioPharmacy drugs.
- Cardiac services need be verified by [TurningPoint External Link](#).
- Post-acute facility (SNF, IRF, and LTAC) prior authorizations need to be verified by CareCentrix: Fax 877-250-5290

## Medicare

The following services need to be verified by [Evolent External Link](#).

- Complex imaging, MRA, MRI, PET, and CT scan
- Musculoskeletal services
- Cardiac Services need to be verified by [Turning Point External Link](#)
- Post-acute facility (SNF, IRF, and LTAC) prior authorizations need to be verified by CareCentrix: Fax 877-250-5290

## Medicaid

- Vision services need to be verified by [OpticareExternal Link](#)
- Dental Services need to be verified by our [Dental ProviderExternal Link](#)
- Home Health requires Prior Authorization
- Behavioral Health/Substance Abuse need to be verified by [Centene Behavioral Health](#)
- Cardiac Services need to be verified by [Turning PointExternal Link](#)
- The following services are reviewed by [EvolentExternal Link](#) ( formerly NIA)
  - Complex Imaging, CT PET MRA MRI and high tech radiology procedures
  - Musculoskeletal Services
  - Oncology/supportive drugs for members age 18 and older need to be verified by [New Century Health](#)

Non-participating providers must submit Prior Authorization for all services  
For non-participating providers, [Join Our Network](#)