

## Utilization Management 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.
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 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 866-535-4084

#### Delegated Vendors

- Radiology authorizations are processed by National Imaging Associates (NIA)
- Cardiology and Musculoskeletal authorizations are processed by TurningPoint
- Oncology authorizations are processed by New Century Health
- Dental authorizations are processed by Envolve Dental Benefits

#### Utilization Management Contacts:

- Rhonda Maddern, Sr. Director Utilization Management- **Rhonda.S.Maddern@CENTENE.COM**
- Stacie Ann Schiets, Manager Utilization Management- **Stacie.Schiets@CENTENE.COM**
- Karen Metzker, Manager Utilization Management- **KMETZKER@CENTENE.COM**

## **Provider Manual Links:**

[Medicaid](#)

[Medicare](#)

[Ambetter](#)

## **Escalations:**

**Medicaid Escalations:** 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.

**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.