

## Frequently Asked Questions



### The **PRECERTIFICATION PROCESS** and What You Should Do



#### 1 Confirm that your provider has initiated the precertification process:

- 7 to 10 days prior to an inpatient or outpatient elective surgery or high dollar procedure being performed
- Within 24-48 hours of an emergency hospital admission occurring\*\*

#### 2 Your provider will need the following information:

- Plan member/patient name, address, and date of birth
- Plan member ID
- Name and address of the physician and facility/hospital
- Admission/procedure date
- Proposed procedure/procedure code

#### 3 A Utilization Management Specialist will:

- Review the precertification request to determine medical necessity and appropriateness of treatment
- Review treatment options that may be more appropriate/beneficial to your care
- Coordinate the service with the facility/hospital
- Determine the appropriate length of stay when required

#### 4 If admitted for a hospital stay, our nurse will:

- Contact your provider to confirm services have taken place and if surgery was required
- Confirm prescribed treatment is being followed
- Coordinate discharge to minimize your inpatient hospital stay

*\* Check with your benefit plan for outpatient precertification requirements. \*\* Check your benefit plan for specific time requirements.*



# Members Asked, Our Specialists Answered!

## What is Precertification?

Precertification, also known as Utilization Review or Utilization Management, is a beneficial process that helps ensure the medical care you and your family receive is necessary and appropriate. Your benefit plan may require the precertification process for many inpatient and outpatient medical procedures to make sure you have the best options and services that meet nationally approved medical necessity guidelines.

## Why is Precertification necessary?

Precertification is a safeguard that is put in place to protect you from medical procedures that may not be medically necessary, appropriate, or approved by medical guidelines.

## What are Medical Necessity and Medical Guidelines?

Medical Necessity means that the services, supplies, or drugs being prescribed are necessary for the prevention, diagnosis, or treatment of your medical condition. Medical guidelines help determine if the proposed services are approved for use and if they meet accepted standards of medical practice.

## How do I know if my services need Precertification?

You should review your benefit plan for a complete listing of services that require precertification. Most providers will precertify services on your behalf, however, it is your responsibility to ensure this task has been completed prior

to the service being rendered or penalties may apply. Once the request has been precertified, a copy of the approval will be faxed to your provider's office/facility.

## Do I still have the freedom to choose my own physician or hospital?

Yes. The decision of which physician or hospital to use is always yours, however, receiving care from a non-participating provider of your benefit plan may result in greater out of pocket expenses for you.

## Is it my responsibility to call? When should I call?

Yes! Although your provider will generally call and request the precertification, you should call your provider to confirm that they have initiated the process at least 7 to 10 days prior to the scheduled service. For emergency admissions, the call should be made within 24-48 hours following your admission. If you receive medical services that require precertification but fail to have precertification completed in advance, it could result in additional out-of-pocket costs to you.

*Questions about your benefits should be directed to your Human Resources department or Concierge Service when available.*

*For questions concerning the precertification process, please call the number provided on your member benefits card or discuss with your Human Resources representative.*



"I wanted to thank you for going above and beyond to make sure that I had all the correct authorizations for the various medical test that needed to be done prior to my procedure. In addition to being so thorough, your kindness and willingness to explain everything to me was greatly appreciated. I was truly blessed to have you as my advocate. I am as good as new after my procedure; everything went really well."

