UTILIZATION MANAGEMENT
As a participating provider in The First Health® Network, you may be calling First Health for utilization management (UM). However, not all First Health payers use our UM services. If you are a physician or other outpatient care network provider, check your First Health Comprehensive Client List (CCL) or the patient’s ID card to identify the correct number to call for utilization management. Hospitals should consult the First Health Payer Information Report or the patient’s ID card. This handout is specific to First Health’s UM process.

**Defining First Health’s Certification Recommendation**

**What is First Health’s role in the utilization management process?**

First Health’s role in the UM process is to recommend certification of the need for hospital admission and length of stay, and for certain outpatient procedures. These certifications are recommendations only. Final payment decisions are made by the payer based on its employee benefits plan. Your responsibility as a network provider is to comply with requests for necessary medical information for patients utilizing our UM services.

**What are First Health’s guidelines for certification?**

Certification for inpatient medical and surgical care is based on the patient’s clinical status, as well as relevant scientific information concerning the utilization of inpatient resources. Cases may be recommended for non-certification or certified on a limited basis if the site of care is inappropriate to the intensity of service, or if the patient’s clinical status does not substantiate the need for active inpatient medical surgical care.

For more detailed information on First Health’s certification guidelines, call AnswerLine at (800) 262-6122.

**What does a First Health certification recommendation mean?**

A First Health certification recommendation means that a recommendation has been made to the payer of health care benefits regarding whether a hospitalization or outpatient service meets the benefit plan’s definition of “medical necessity.” This recommendation does not confirm or verify eligibility for benefits or coverage by a patient’s insurance plan. All decisions about eligibility for coverage or exclusions from payment are the responsibility of the plan, the insurance company or the employer. A certification recommendation does not guarantee that the benefit plan will pay for the services.
Who is notified of the certification recommendation?

Whenever First Health performs utilization management for a given procedure, a certification or non-certification notification is sent to the patient, payer, and network physician and hospital business office. In the case of a non-certification recommendation, First Health will place a call to the attending physician and hospital.

What is a First Health non-certification recommendation?

First Health issues two types of non-certification recommendations: administrative and clinical. Administrative non-certification recommendations are issued whenever a patient or physician fails to participate in the UM process and the appropriate medical information cannot be obtained. Clinical non-certification recommendations are issued whenever inpatient days or medical services are not found to be medically necessary under the provisions of the patient’s benefit plan.

How is a First Health non-certification recommendation appealed?

An expedited (or telephonic) appeal of a non-certification recommendation is available to you up to 14 days after patient discharge by calling the UM 800 number listed on the patient ID card, the First Health CCL or the First Health Payer Information Report. If you are appealing a recommendation of non-certification more than 14 days after discharge, you may send a completed First Health appeal form to:

First Health
3200 Highland Avenue
Downers Grove, Illinois 60515
Attn: QA Department

These appeals are also handled through the First Health UM AnswerLine. The AnswerLine number is included on the non-certification notification that is sent to hospital and physician business offices.
Calling First Health for Utilization Management

Whose responsibility is it to call First Health for utilization management services?

As a network provider, you are obligated by contract to comply with the UM services outlined in the patient’s benefit plan. Since patients need the provider’s involvement to supply complete medical information, we encourage you to call to assist in a timely and accurate certification recommendation. (Patients are also instructed through their benefit plans to call.)

Who is affected if the utilization management call is not made to First Health?

Failure to contact First Health could financially impact both the provider and the patient and delay payment, depending on the patient’s benefit plan.

Is a call to First Health needed for all patients?

First Health performs UM for many, but not all, of our clients. It is always important to consult the First Health CCL or the First Health Payer Information Report for information on whom to call for UM.

Which services require utilization management?

We recommend that you call First Health for a recommendation of certification for all hospital inpatient procedures covered in the patient’s benefit plan. Some payers may also require pre-certification on certain outpatient procedures. If the patient is covered under First Health’s case management program, additional information may be requested of the physician or discharge planning staff to assist in long-term health care planning.

How far in advance should a call be made to First Health for utilization management?

We recommend that the call for UM be made as early as possible. First Health will accept the necessary medical information at any time prior to the patient’s receiving outpatient services or prior to the hospital admission. The patient’s individual benefit plan dictates the guidelines on when to call First Health for UM.
What happens if the utilization management call is not made prior to or during the patient’s hospital stay or outpatient procedure?

The decision to perform retroactive review is determined on a case-by-case basis by each payer. If such a review is requested, the payer must obtain the necessary medical records in order for First Health to conduct the review. If the procedure is not recommended for certification, or if it is not covered under the patient’s benefit plan, payment may be delayed.

What happens in emergency or special situations?

Although a general set of criteria is applied to our certification recommendation process, we consider each situation individually. In an emergency or special situation, such as a delivery, First Health must be called with the appropriate medical information within two business days after admission.

What information do I need when calling First Health for utilization management?

To expedite the certification process, have the following information available when calling First Health for UM:

- Patient name, date of birth, social security number, sex, relation to employee
- Employee name, social security number, address, telephone number
- Name of employer
- Physician name, address, telephone number
- Insurance carrier
- Hospital name, address, telephone number
- Reason for hospitalization
- Proposed treatment or surgery
- Number of hospital days proposed

You may also fax this information, using the First Health UM form, to our Clinical Management Services department. To obtain the appropriate fax number (which varies per payer), call the UM/pre-certification number, which you can find on the patient’s ID card, the First Health CCL or the First Health Payer Information Report.

Which outpatient procedures require utilization management?

Outpatient pre-certification requirements vary per payer. When your office calls to verify benefits or compensability, it is recommended that you also verify which outpatient procedures require pre-certification.
Contacting First Health by Telephone or Fax

Whom do I call if I have questions about the utilization management process?

AnswerLine is a toll-free number for First Health network providers and patients accessing First Health to obtain information about all aspects of the First Health UM process. All questions are answered by our Quality Assessment staff. Clinical non-certification appeal and complaint calls are routed to nurses, while general non-clinical calls are routed to clerical staff. The AnswerLine telephone number is (800) 262-6122. AnswerLine operates from 8 a.m. to 5 p.m. C.S.T.

Is it difficult to access First Health for utilization management by telephone?

We believe that you will find it easy to access First Health. Our Clinical Management Services department is dedicated to high service standards. We are typically able to answer approximately 90% of all incoming calls within 30 seconds, and approximately 100% of calls within 180 seconds. Our hours of operation are from 7a.m. to 7p.m. C.S.T., Monday through Friday. You also may leave a voicemail message if you wish. This message will typically be returned within one business day.

What happens if I don’t have the required information or if I’m not available when First Health returns my telephone call?

A telephone message will be left with the hospital or attending physician if the required medical information has not been given. First Health’s follow-up call must be returned within one business day, or an administrative non-certification will be issued to advise all parties that we were not able to complete the review process.

What is the procedure for calling First Health after hours or during weekends?

First Health’s utilization management lines are supported by staff 7a.m. to 7p.m. C.S.T., Monday through Friday. Additionally, the 800 number, listed on the patient’s ID card and on your First Health CCL or First Health Payer Information Report, is connected to a voice mailbox that is accessible 24 hours a day and will receive messages after hours and during weekends. Voicemail messages will typically be returned within one business day from the time they are retrieved.
Bringing You Quality and Experience

What are the benefits of working with First Health’s utilization management program?

By working with First Health for UM, a network provider can confirm that certification has been recommended for a given admission or outpatient service. Although our recommendation of certification does not authorize payment, it promotes the timeliness of payment when the certified services are part of the patient’s benefit plan.

What are the qualifications of First Health’s utilization management staff?

First Health’s Clinical Management Services staff includes:

- Board-certified physicians
- Registered nurses
- Licensed practical nurses
- Allied health professionals
Request For Hospital Review

Telephone #: 1-800- ____________________________ Fax #: (630) 719-0078

First Health Reference #: ____________________________

Requestor’s Name: ____________________________ Phone/Ext: ____________________________

Location (Check one) ____________________________ Hospital/Facility (Utilization Review Dept.): ____________________________

     Physician’s Office: ____________________________ Other (Please specify): ____________________________

Patient’s Name: ____________________________ (Last) ____________________________ (First)

Birthdate: ____________________________ Relationship to employee: ____________________________

Insured Name: ____________________________ (Last) ____________________________ (First)

Insured Address: ____________________________ (Street Address) (City) (State) (ZIP)

Insured SS #: ____________________________ Insured Phone #: ____________________________

Ins. Carrier: ____________________________

Name of Company/Unit/Policy #: ____________________________

Physician: ____________________________ Specialty: ____________________________ Office Phone #: ____________________________

Office Address: ____________________________ (Street Address) (City) (State) (ZIP)

First Health Reviews for Patient(s): ____________________________ (Employer’s Name)

Reason for Hospitalization (Signs/Symptoms, Lab/XRay Results): ____________________________

________________________________________________________

________________________________________________________

Admitting Diagnosis: ____________________________

Treatment Plan: ____________________________

________________________________________________________

Proposed Length of Stay (# of Days): ____________________________ Proposed Admission Date: ____________________________

Date of Surgery: ____________________________

Admission Planned To: ____________________________ (Facility Name) ____________________________ (Phone #)

Facility Address: ____________________________ (Street Address) (City) (State) (ZIP)

Patients using ID Cards with the “AFFORDABLE” logo should be recognized as having access to The First Health Network.