

AmeriBen Medical Management

We would like to share some important information regarding the services *available to member's whose plan includes our AmeriBen Medical Management services.*

Utilization Management

Utilization Management (UM) is a service that helps members get the right care in the right place. This process helps us decide if certain outpatient care, inpatient hospital care or procedures are medically necessary. UM also helps us decide if the services will be covered by our members' health plans.

We work with providers to answer questions about the utilization management process and the authorization of care. Here is how the process works:

- Call us toll free from 8:00am - 5:00pm MST (except on holidays) on the number listed on the back of the member's ID card for Precertification or toll-free at 800-388-3193. If you call after normal business hours, you can leave a private message with your contact information and our staff will return your call within 24 business hours.
- You can also print a copy of our Pre-Certification Request Fax Form online at the Provider login page and fax it to us at 877-955-3548.
- Authorizations can also be submitted on our online provider portal. To sign up for the portal, please call us at the number listed above and we will sign you up!

For language assistance, members can simply call the Customer Service phone number on the back of the member's ID card and a representative will be able to assist them.

Our UM associates identify themselves to all callers by first name, title and our company name when making or returning calls. They can inform you about specific UM requirements, review procedures and discuss UM decisions with you.

Our Utilization Management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service, or care. We also do not make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in under-utilization.

Pre-certification Clinical Guidelines/Medical Policies

We are committed to providing quality care and services to the members we serve. AmeriBen Medical Management uses clinical criteria and guidelines when deciding to approve, change or deny care for people with similar illnesses or conditions.

Decisions are based on what is right for each member based on the type of care and service. We look at standards of care that are taken from:

- Medical policies
- Nationally recognized clinical guidelines
- The employee's health benefits

The pre-certification letter will indicate which clinical guideline and/or medical policy was used in the pre-certification request.

Medical policies address the medical need for new services or procedures and new applications of existing services or procedures.

If a medical policy was used from HealthLink, select:

<https://provider.healthlink.com/missouri-provider/medical-policies-and-clinical-guidelines>

If a medical policy was used from Regence, select:

<https://www.regence.com/provider/pre-authorization/commercial>

If an MCG guideline was used, you can get a free copy of the MCG Guideline used by calling AmeriBen Medical Management.

Case Management

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, understanding test results, or how to obtain needed resources can be a bigger piece of a healthcare puzzle that for some, are frightening and complex issues to handle.

We are available to offer assistance in these difficult moments with our Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other professionals who are here to support members, families, physicians, and caregivers. The case management process utilizes the experience and expertise of the case managers whose goal is to educate and empower our members to increase self-management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members, family members or physicians can initiate a referral by calling the number for Customer Service or Pre-certification on the back of the member's ID card. They will be transferred to a team member based on the immediate need. No issue is too big or too small. We can help with transitions across level of care so that members and caregivers are better prepared and informed about healthcare decisions and goals.

Behavioral Health

The urgent need for behavioral health services can suddenly change everything. Having a behavioral healthcare professional available to support and help navigate members through psychiatric illnesses, substance abuse problems, or other personal challenges is essential.

As part of our interdisciplinary team, our Behavioral Health Specialists provide the support that is needed while also ensuring members receive high-quality, cost effective care. Our goal is to provide assistance in navigating the complex behavioral health and healthcare system, coordinating care with providers, facilitating transitions of care, and connecting members to resources, while providing member advocacy, support, and education.

Initiating a Behavioral Health referral is as simple as calling the number for Customer Service or Pre-Certification on the back of the member's ID card. We are here to help.