IntegraNet Health: Through our agreement with WellPoint, SCAN Health, and Verda Healthcare, IntegraNet Health is delegated all Medicare Advantage Plans for our primary care physicians for utilization management.

Providers are solely responsible for and are strongly encouraged to verify authorization requirements **before** rendering service.

Tips

➢ Use Availity Provider Portal to verify eligibility and claims payor: **https://www.availity.com/**
➢ For questions regarding the members' Benefits Package contact: WellPoint +1 (800)-600-4441 or SCAN at 1-855-844-7226 or VERDA Healthcare 1-877-933-6767
➢ To verify provider network status with IntegraNet, visit our **Provider Directory** on our website
➢ The IntegraNet Health Provider Portal is the preferred submission method when requesting prior authorization.
  o Benefits of Portal Use
    ▪ Eliminates faxes
    ▪ Confirms receipt of the authorization request
    ▪ Provides the ability to check authorization status in real-time
  o Allows providers to
    ▪ Upload clinical information to support medical necessity
    ▪ Communicate with IntegraNet UM staff electronically
    ▪ Print determination letters
    ▪ Receive auto-generated approvals on select CPT codes

➢ Prior authorizations denied for lack of medical necessity will be notified by phone of the determination, and peer-to-peer with the Utilization Management Medical Director will be offered. Providers wishing to initiate peer-to-peer have 24 hours from notification of the determination to request a peer review. Peer review can be scheduled by calling (281) 447-6800.
➢ Appeals for administrative denials (i.e. failure to obtain prior authorization, inappropriate level of care, late notification, or referral to an out-of-network provider) are to be submitted to: IntegraNet Health at 832-320-7221
➢ Appeals for lack of medical necessity denials are to be submitted to:

WellPoint:	**SCAN Health:**	**VERDA Healthcare of Texas**

For a Fast Appeal
  *Phone – 1-866-805-4589
  *Fax – 1-888-0458-1406
 	
For a Standard Appeal
WellPoint – Medicare
Complaints, Appeals, & Grievances
4361 Irwin Simpson Rd., Mailstop
OH025-A537
Mason, OH 45040
	For a Fast Appeal
	  *Phone – 1-855-844-7226
	  *Fax – 1-562-989-0958
	
	For a Standard Appeal
	SCAN
	Attn: Grievance and Appeals Department
	P.O. Box 22644
	Long Beach, CA 90801-5644
	Phone – 1-855-844-7226
	Fax – 1-562-989-0958
		For a Fast Appeal:
		*Phone – 1-888-256-5123
		*Fax – 1-714-845-9839
		
		For Standard Appeal
		*Phone – 1-888-256-5123
		*Fax – 1-714-845-9839
		
		Verda Healthcare
		7755 Center Ave., Ste. 1200
		Huntington Beach, CA 92647

Utilization Management PORTAL

- ❖ Submit authorization request electronically
- ❖ Check the status of an existing request
- ❖ Download letters and approvals

- ❖ Check eligibility
- ❖ Available to Network and Non-Network providers

PORTAL REGISTRATION

Register: www.INETdr.com

- ✓ Provider Name
- ✓ First & Last Name
- ✓ Title
- ✓ Tax ID #

- ✓ Practice Name
- ✓ Email address
- ✓ Cell Number
- ✓ Phone Number

HOW TO SUBMIT & CHECK STATUS OF AN AUTHORIZATION REQUEST		
	Electronic - Portal	**Turn Around Times**
	Provider Portal www.inetdr.com	**Standard – up to 14 days** **Urgent- up to 72 hours**
	NOTE: Portal submission is the preferred submission method when requesting prior authorization.	Add 72 hours to turn around time for requests submitted by fax for a standard request

Utilization Management Services: (281) 447-6800

Problems with the Portal, submit a web ticket (not for authorization request):
https://inetclaims.zendesk.com

For Amerigroup & SCAN Health Prior Authorization tool can be used to determine authorization requirements go to: https://www.integranethealth.com/prior-authorization-requirements
** This tool is NOT a guarantee of coverage**

Utilization Management Contact Information
For Questions, Comments, etc. regarding UM, please call _281-447-6800_