

IntegraNet Health through our agreement with Amerivantage/Amerigroup –all Medicare Advantage Plans for members of our Primary Care Physicians are delegated to IntegraNet Health for Utilization Management.

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

Tips

- Use Availity Provider Portal to verify eligibility and claims payor: <https://www.availity.com/>
- Questions regarding the members Benefits Package contact Amerigroup: +1 (800)-600-4441
- To verify provider network status with IntegraNet, visit our [Provider Directory](#) on our website
- The IntegraNet Health Provider Portal is the preferred method of submission when requesting prior authorization.
 - Benefits of Portal Use
 - Eliminates faxes
 - Confirms receipt of the authorization request
 - Provides the ability to check authorization status in real time
 - 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 who wish to initiate peer to peer, have 24 hours from time of the notification to request peer review. Peer review can be scheduled by calling (281) 591-5289.
- 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) **SEE Claims Appeal FAQ**
- Appeals for lack of medical necessity denials are to be submitted to:
 - **For a Fast Appeal:**
Phone: 1-866-805-4589
Fax 1-888-458-1406
 - **For a Standard Appeal:**
Amerigroup-Medicare
Complaints, Appeals & Grievances
4361 Irwin Simpson Rd., Mailstop OH025-A537
Mason, OH 45040
Fax: 1-888-458-1406



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: <https://IntegraNetHealth.com> and needed information

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|---|---|
| <ul style="list-style-type: none"> ✓ Provider Name ✓ First & Last Name ✓ Title ✓ Provider NPI | <ul style="list-style-type: none"> ✓ Practice Name ✓ Email address ✓ Cell Number ✓ Phone Number |
|---|---|

Email registration response within 24 hours

| HOW TO SUBMIT & CHECK STATUS OF AN AUTHORIZATION REQUEST | | |
|--|--|--|
| Fax | Electronic - Portal | Turn Around Times |
| (281) 405-3431 | Provider Portal www.inetdr.com OR https://int.esettecloud.com/Providers/#/login | Standard – up to 14 days Urgent- up to 72 hours |
| | NOTE: Portal submission is the preferred method of submission when requesting prior authorization. | Add 72 hours to turn around time for request submitted by fax for standard request |
| <p><u>How to Check Status of an Authorization User Guide</u> Or visit IntegraNetHealth.com for details</p> | | |
| <p>Utilization Management Services: (281) 591-5289 Problems with the Portal, submit a web-ticket (not for authorization request): https://inetclaims.zendesk.com</p> | | |
| <p>Amerigroup’s PLUTO tool can be used to determine the possible authorization requirements https://providers.amerigroup.com/Pages/PLUTO.aspx ** this tool is NOT a guarantee of coverage**</p> | | |

Utilization Management Contact Information
For Questions, Comments, etc. regarding UM, please call 281-591-5289.