Medical Necessity and Pre-Certification (or Prior Authorization) Timeframes and Member Responsibilities

Medical Necessity or Medically Necessary:
We reserve the right to determine whether a health care service or supply is Medically Necessary. The fact that a Physician has prescribed, ordered, recommended or approved a service or supply does not, in itself, make it Medically Necessary.

We consider a health care service Medically Necessary if it is:

- Appropriate and consistent with the diagnosis and the omission of which could adversely affect or fail to improve the patient's condition;
- Compatible with the standards of acceptable medical practice in the United States;
- Not provided solely for your convenience or the convenience of the doctor, health care Provider or Hospital;
- Not primarily Custodial Care; and
- Provided in a safe and appropriate setting given the nature of the diagnosis and the severity of the symptoms.

For example, a Hospital stay is necessary when treatment cannot be safely provided on an outpatient basis.

Pre-Certification (also known as prior authorization):
A process through which Alliant approves a request to access a covered benefit before the member can access a benefit. Pre-certification is a guarantee of payment for Covered Services; as described in the member's Certificate of Coverage (and Alliant will pay up to the reimbursement level of the Contract when the Covered Services are performed within the time limits assigned through Coverage Certification) except for the following situations:

- The Member is no longer covered under his contract at the time the services are received;
- The benefits under his contract have been exhausted (for example, the day limits for a benefit have been met);
- In cases of fraud or misrepresentation.

A list of services requiring pre-certification can be found on our website under provider resources.
Failure to receive pre-certification on services may result in the denial of claims.

Pre-Certification – In-Network
For pre-certification call 1-800-865-5922.

- Required by your Physician or facility for ALL in-patient hospital admissions that are In-Network. Please notify us by the next business day of an emergency or maternity admission;
- Non-Urgent Care pre- certifications can be requested during normal business hours (8:30 a.m. – 5:00 p.m.)
- Emergency services do NOT require Pre-Certification.

Pre-Certification – Out-of-Network
For pre-certification call 1-800-865-5922.

- Required by YOU for ALL in-patient hospital admissions that are Out-of-Network.
- YOU are responsible for notifying us within 1-business day of an emergency or maternity admission, or your claim may be denied.
- Non-Urgent Care pre- certifications can be requested during normal business hours (8:30 a.m. – 5:00 p.m.)
  Emergency services do NOT require Pre-Certification

Timeframes for Prior Authorizations:

- Urgent: review and determination are completed within 72 hours of receipt of the request for a utilization management determination
- Non-Urgent: Review and determination are completed within 15 calendar days of receipt of the request. Non-Urgent cases may be extended one time for up to 15 calendar days if the following criteria are met.
    - It is determined an extension is necessary because of matters beyond Alliant Health Plan's control; and
    - Notification is provided to the patient, prior to the expiration of the initial 15 calendar day period and includes the circumstances requiring the extension and the date when the plan expects to make a decision; and
    - If a patient fails to submit necessary information to decide the case, the notice of extension must specifically describe the required information, and the patient must be given at least 45 calendar days from receipt of the notice to respond to the plan request for more information.
- Concurrent Turnaround Times:
    - For reductions or terminations in a previously approved course of treatment, the determination is issued early enough to allow the patient to request a review and receive a decision before the reduction or termination occurs.
    - For requests to extend a current course of treatment received at least 24 hours before the expiration of the current period, review and determination are completed within 24 hours.
    - For request to extend a current course of treatment received less than 24 hours before the expiration of the current period, review and determination are completed within 72 hours.
- Retrospective Turnaround Times. The review, decision, and notification occur within thirty (30) days of receipt of request. Cases may be extended for up to 15 calendar days if the following criteria are met:
    - It is determined that an extension is necessary because of matters beyond Alliant Health Plan's control; and
    - Notification is provided to the patient, prior to the expiration of the initial 30 calendar day period, of the circumstances requiring the extension and the date when the plan expects to make a decision; and
    - If a patient fails to submit necessary information to decide the case, the notice of extension must specifically describe the required information, and the patient must be given at least 45 calendar days from receipt of the notice to respond to the plan request for more information.

For all urgent or emergent inpatient admissions, notification of admission must be provided to Alliant Health Plans' Utilization Department within 24 hours of admission or first business day.

Notice of Non-Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Customer Service at (800) 811-4793**.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-811-4793 (TTY: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-811-4793 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-811-4793 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-811-4793 (TTY: 711)번으로 전화해 주십시 h 오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-811-4793（TTY：711）。

ગુજરાતી (Gujarati)
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-811-4793 (TTY: 711).

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-811-4793 (ATS : 711).

አማርኛ (Amharic)
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-811-4793 (መስማት ለተሳናቸው: 711).

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-811-4793 (TTY: 711) पर कॉल करें।

Kreyòl Ayisyen (French Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-811-4793 (TTY: 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-811-4793 (телетайп: 711).

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-811-4793 (رقم هاتف الصم والبكم: 711 TTY).

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-811-4793 (TTY: 711).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-811-4793 (TTY: 711) تماس بگیرید.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-811-4793 (TTY: 711).

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-811-4793（TTY:711）まで、お電話にてご連絡ください。