

## AULTCARE UTILIZATION MANAGEMENT GUIDELINES

### **REFERRAL PROCESS**

**NOTE: If you are outside of the AultCare service area and need emergency care, you do not need a referral. Please go to the nearest hospital emergency room or urgent care center. Emergency care should not be delayed!**

As an AultCare member, you may see any network primary care physician, specialty physician or behavioral health practitioner without a referral from your Primary Care Practitioner (PCP). When you need care outside of the physician's office, your practitioner will refer you to a network provider or facility. If you are not certain whether or not the provider you are referred to is in the AultCare network, call Customer Service at the number on your member ID card.

When services cannot be provided within the AultCare's network, it may be necessary to seek care outside of the network. For services to be covered and/or paid at the highest level of benefit, a request must be submitted by your provider to the Utilization Management Department for consideration. This request is called a REFERRAL and must include at least the following information:

1. Provider requesting the service outside of the network (Referring FROM Provider)
2. Service or treatment requested
3. Provider who will be rendering the service (Referring TO Provider)
  - a. Address, phone and fax
4. Reason for the request (Why the service cannot be provided within the network)
5. Any additional information that helps to support the medical necessary reasons for the request for services outside of the network

### **PRE-CERTIFICATION / PRE-AUTHORIZATION / PRE-APPROVAL**

These words are used interchangeably to define the process of notification and review before an elective hospital stay, surgery procedure, or obtaining any service that requires AultCare's approval. The process helps to determine that the requested services are covered under your benefit plan and delivered in the appropriate setting based on your care needs. The process has two parts: (1) Notification and, (2) Determination of coverage and verification of eligibility. Pre-certification does not mean that benefits will be covered and paid, nor does it mean that the service will be paid at the highest level of benefit. All claims are subject to review upon receipt of the actual claim.

1. Notification is the first step in the process when AultCare receives the request for services from your provider. At this point, information about the request is entered into our electronic system and triggers the review process next step. There is no decision or interpretation made relative to benefit coverage or eligibility.
2. Determination of coverage and verification of eligibility requires review of the plan document and clinical information that was submitted as it relates to the services that were requested. The request is reviewed to determine if clinical guidelines and/or criteria for coverage are met. Determinations are based on plan provisions, guidelines and criteria that are nationally recognized and accepted, and that are scientifically sound and evidence-based.

## **HOW TO SUBMIT A REQUEST FOR PRE-CERTIFICATION OR REFERRAL**

Requests should be submitted by phone, fax, or in writing to:

AultCare Utilization Management

PO Box 6910

Canton, Ohio 44706

Phone: 330-363-6360 or 1-800-344-8858

**PLEASE CONTACT THE AULTCARE SERVICE CENTER IF YOU HAVE QUESTIONS OR NEED ASSISTANCE.**

## **PRECERTIFICATION LIST**

To obtain the maximum benefits available under the plan, you or your provider is required to notify AultCare of the following. [NOTE: This is not an exhaustive list. Please refer to your Plan Document for pre-certification requirements specific to your Plan or contact the AultCare Service Center.]

### **1. Inpatient Stays (admissions) to:**

- a. Hospital
- b. Long-term Acute Care Hospital (LTACH)
- c. Skilled Nursing Facility
- d. Rehabilitation Facility
- e. Inpatient Hospice
- f. Behavioral Health Facility
- g. Residential Treatment Facility
- h. Inpatient Detoxification

### **2. Reconstructive Procedures that may be Considered Cosmetic (Examples):**

- a. Varicose vein surgery (sclerotherapy)
- b. Removal of excess skin with or without lipectomy
- c. Surgical repair to the eyelids, eye brows, forehead
- d. Weight loss procedures
- e. Reconstruction of the chest (pectus excavatum)
- f. Tummy Tuck (panniculectomy and/or abdominoplasty)
- g. Breast reconstruction
- h. Breast reduction including surgery for gynecomastia

### **3. Other Surgeries**

- a. Gastric Restrictive Surgeries and Procedures (Bariatric Surgeries)
- b. Oral surgeries to correct conditions of the jaw and face related to structure, growth, TMJ disorders, malocclusion problems, osteotomies bone grafts, repositioning of the
- c. Bladeless surgery to treat tumors (Stereotactic Radiosurgery)

### **4. Experimental Treatments and Surgery**

### **5. New Technology**

### **6. Artificial Lumbar Disc Surgery**

### **7. Surgery for Snoring Including Laser Assisted Procedures (UPPP)**

### **8. Air Ambulance Transport by Fixed Wing Aircraft**

### **9. Non-emergent Ground Transport by Ambulance**

### **10. Dental Care**

- a. When requested under the medical benefit

### **11. Hyperbaric Oxygen Therapy**

### **12. Transplant Services**

- a. Referral for transplant evaluation
- b. Solid organ transplants
- c. Bone marrow transplants
- d. Stem Cell Transplants

**13. Dialysis Outside of the Network**

**14. Genetic Testing**

**15. Durable Medical Equipment and External Prosthetic Devices**

- a. Wound Vacuum Pumps (Negative pressure wound care)
- b. Vest Airway Clearance Systems
- c. Cochlear devices and/or implants
- d. Electric Beds
- e. Electric or motorized wheelchairs and scooters
- f. Limb prosthesis
- g. Customized braces
- h. Diabetic Supplies/Services/Shoes and Inserts
- i. Bone Growth Stimulators
- j. External Cardiac Defibrillator
- k. Pneumatic compression garments and devices
- l. Prosthetic limbs and devices
- m. Speech generating devices
- n. Wound products such as platelet gels, human allograft and skin replacement products
- o. Spinal cord stimulator and associated surgery to implant
- p. Ventilators (Respirators) for home use

**16. Certain Outpatient Procedures and X-rays to Diagnose a Condition (Please call the Service Center with any questions.)**

- a. PET scans outside of the network
- b. SPECT scans

**17. Surgeries**

- a. Gastric Restrictive Surgeries and Procedures (Bariatric Surgeries)
- b. Oral surgeries to correct conditions of the jaw and face related to structure, growth, TMJ disorders, malocclusion problems, osteotomies bone grafts, repositioning of the
- c. Bladeless surgery to treat tumors (Stereotactic Radiosurgery)

IMPORTANT NOTE: Please refer to your Plan Document for any additional information or contact the AultCare Service Center for assistance

## AultCare/Aultra General Tag Lines for the State of Ohio

### English

If you, or someone you are helping, have questions about **AultCare/Aultra** you have the right to get help and information in your language at no cost. To speak with an interpreter, call **Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

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### Spanish

Español

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca **AultCare/Aultra** tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

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### Chinese

中文

如果您，或是您正在協助的對象，有關於 **AultCare/Aultra 保險公司** 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY 線 本地：330.363.2393 斯塔克縣外：1.866.633.4752。

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### German

Deutsche

Falls Sie oder jemand, dem Sie helfen, Fragen zum **AultCare/Aultra** haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752 an.**

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### Arabic

العربية

الغربي الذي لم يلق في إصلاح وصول على المراسلة والمعالجة وامتلاء رويحية غتتك من دويحة لتكفيل تليف تحدث مع مترجم متاصل ب AultCare/Aultra إن كان لديك أو لدى شخص صحتس اعددها سؤاليك خصوص شركه التأيين خارج مقاطعة ستارك . 1.866.633.4752 المحلي: 330.363.2393 الخط TTY خارج مقاطعة ستارك : 1.800.344.8858

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### Pennsylvania Dutch

Deutsch

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut **AultCare/Aultra** hoscht du es Recht fer Hilf un Information in deinre egne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du **Local: 330.363.6360 Außerhalb von Stark County: 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752** uffrufe.

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### Russian

русский

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу **Страховая компания AultCare/Aultra**, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393 Вне Старка County : 1.866.633.4752.**

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### French

Français

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de **Compagnie d'Assurance AultCare/Aultra**, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, **Appelez Locale 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 330.363.2393 En dehors du comté de Stark : 1.866.633.4752.**

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### Vietnamese

Việt Nam

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về **Công ty Bảo hiểm AultCare/Aultra** quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ngoài của Stark County : 1.866.633.4752.**

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### Cushite-Oromo

Isin yookan namni biraa isin deeggartan **AultCare/Aultra**, irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Outside of Stark County: 1.866.633.4752** tiin bilbilaa.

## **Korean**

한국어

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 **AultCare/Aultra 보험 회사**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 **지역 : 330.363.6360 스타크 카운티 의 외부 : 1.800.344.8858 TTY 라인 지역 : 330.363.2393 스타크 카운티 의 외부 : 1.866.633.4752**로 전화하십시오.

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## **Italian**

Italiano

Se tu o qualcuno che stai aiutando avete domande su **AultCare/Aultra**, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County : 1.866.633.4752.**

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## **Japanese**

日本語

ご本人様、またはお客様の身の回りの方でも **AultCare/Aultra 保険会社**についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、**ローカル : 330.363.6360 スターク郡の外 : 1.800.344.8858 TTY ライン ローカル : 330.363.2393 スターク郡の外 : 1.866.633.4752** までお電話ください。

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## **Dutch**

Nederlands

Als u, of iemand die u helpt, vragen heeft over **AultCare/Aultra**, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393 Buiten Stark County : 1.866.633.4752.**

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## **Ukrainian**

український

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про **Страхова компанія AultCare/Aultra**, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752.**

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## **Romanian**

Română

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind **Compania de Asigurari AultCare/Aultra**, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752.**

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### **Non-Discrimination Notice:**

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra 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 contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456, [CivilRightsCoordinator@aultcare.com](mailto:CivilRightsCoordinator@aultcare.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff 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>.