

Prior Authorization Review under Anthem

Effective 1/1/2025, the Prior Authorization process has moved from Conifer to Anthem. Similar to the process with Conifer, Anthem will now review health services to determine whether they are medically necessary. This Utilization Review process with Anthem will include all review activities, whether they take place prior to the service being performed (Preauthorization), when the service is being performed (concurrent) or after the service is performed (retrospective).

The Catholic Health Medical Plan requires participants to obtain Preauthorization for certain services and treatments.

Please review the information below regarding the general process for obtaining Preauthorization under Anthem. Note that processes may differ for specific services and treatments, such as court ordered treatment and coverage for participating crisis stabilization centers.

Services requiring Preauthorization under Anthem include, but are not limited to:

- Outpatient Services
 - Pain injections (including Botox)
 - Chemotherapy and radiation
 - Infusion therapy
- Maternity
 - Inpatient admission that exceeds 48 hours for a vaginal delivery or 96 hours for a cesarean delivery
- Same-Day Surgeries (excluding diagnostic procedures)
- Behavioral Health and Substance Abuse
 - Partial Hospitalization Program (PHP)
 - Intensive Outpatient Program (IOP)
 - Residential Treatment Center (RTC)
- Hospital and Facility Admissions
- Scheduled Air Ambulance

If your physician recommends that you, or a covered dependent, undergo a procedure that requires authorization, you or your physician must contact Anthem by calling the number on your ID card. The toll-free telephone number is available at least 40 hours a week with an after-hours answering machine.

If Anthem has all information necessary to make a determination regarding a **non-urgent Preauthorization review**, they will make a determination and provide notice to you and/or your provider within 15 calendar days of receipt of the request. If they require additional information, it will be requested within 15 calendar days. You or your provider will then have 45 calendar days to submit the information.

If Anthem has all information necessary to make a determination regarding an **urgent Preauthorization review**, they will make a determination and provide notice to you and/or your provider within 72 hours of receipt of the request. If they require additional information, it will be requested within 24 hours. You or your provider will then have 48 hours to submit the information.

Even though your physician can, and often will, obtain Preauthorization for you, **the responsibility for obtaining Preauthorization for procedures and admissions is ultimately yours as the member. If you do not follow this process, you may be responsible for a penalty of 50% up to \$5,000, plus related charges***. In addition to paying a penalty, no benefits will be paid for an admission or procedure that is not medically necessary. This penalty and benefit reduction also applies to certain same-day surgery and professional services rendered during an inpatient admission.

Tips for Pre-Certifying Services

We recommend having the following information ready when calling Anthem:

- Your contact information.
- Health Plan ID card number.
- Name and address of the hospital/facility where you will be receiving care.
- Name and telephone number of the prescribing or admitting doctor.
- Reason for admission (if applicable) and type of services to be performed.

For any questions, call 1-800-496-6132 (the same number listed on the back of your Health Plan ID card), and an Anthem customer service representative will be able to assist you (hours of operation are 8 am to 5 pm Eastern, Monday to Friday).

*The financial penalty for failure to pre-certify falls upon the provider and not the patient for in-network inpatient pre-certification.

Please note: The Conifer Personal Health Nurse (PHN) program remains available to employees and dependents enrolled in the Catholic Health Medical Plan. The PHN services are not impacted by the transition of the Prior Authorization process to Anthem.