SmartHealth

Ascension

Ascension SmartHealth Utilization Management (UM) FAQs

1. **Who is Ascension Insurance Utilization Management Gateway (AIUMG)?**
   Ascension SmartHealth has partnered with Ascension Insurance Utilization Management Gateway, a department of Ascension Care Management Insurance Holdings that has over 20 years of experience providing utilization management services.

2. **How can I find out if authorization is required?**
   A full list of services that require prior authorization is posted to mysmarthealth.org. You can also call SmartHealth Customer Service at (888) 492-6811 or call the UM team directly at (866) 356-3666 to obtain information regarding which services require prior authorization.

3. **How can I submit prior authorization for my patient?**
   Prior authorization for all services can be submitted by:

   - Web entry on UM provider portal (https://precertification.eqhs.com).
   - Fax – (586) 693-4829
   - Phone – (866) 356-3666

4. **What are AIUMG's prior authorization processing times?**
   AIUMG follows industry standard processing times as required by URAC for prior authorization requests. Routine pre-service requests will be processed within 14 days, standard inpatient concurrent is 24 hours, urgent outpatient within 72 hours, urgent inpatient within 24 hours.

5. **What situation constitutes an "urgent request"?**
   The definition of urgent is below. If you have not provided clinical data that supports this definition of urgent, the request will be processed as routine.

   Requests can only be submitted as urgent if applying the standard review time frames may seriously jeopardize the member's life, health or ability to regain maximum function or subject the member to severe pain that cannot be adequately managed.

6. **What are the criteria for how prior authorization decisions are made?**
   AIUMG uses InterQual criteria - an industry-standard tool that applies nationally recognized clinical care guidelines to support the decision-making process. When InterQual criteria is not available for a specific service, evidenced-based resources will be utilized and the medical necessity determination will be made by a physician reviewer.

7. **What happens if authorization is not obtained for services that require prior authorization?**
   All inpatient admissions and services on the prior authorization list require approval prior to the service being obtained. If prior authorization is not obtained prior to the service being rendered, the service may not be approved for payment.