Utilization	Manageme	ent/Authorizatio	on For Article 29-I Otl	her Limited Heal	th Related Servic	ces (OLHRS) Inform	ation presented below was provided by plans.
Plans	Notification Required	Notification Process (call, email, submit form via portal, etc.)	Additional Information (for example contact person, link to form, etc.)	Pre- authorization Required (Visits 1-3)	Concurrent Review Required	Concurrent Review Process (call, email, contact person, submit form via portal, etc.)	Additional Information (for example contact person, link toform, etc.)
Annity							
Amerigroup for BlueCross BlueShield of WNY Medicaid & CHP	No	N/A	Foster Care Liaison: Kathleen Leonard <u>Kathleen.leonard@ame</u> <u>rigroup.com</u> Foster Care Liaison Backup: Colene Ordon: <u>colene.ordon@amerigr</u> <u>oup.com</u> Shanena DiMaggio: BH Manager: <u>Shanena.dimaggio@am</u> <u>erigroup.com</u>	No	No	N/A	Foster Care Liaison: Kathleen Leonard <u>Kathleen.leonard@amerigroup.com</u> Foster Care Liaison Backup: Colene Ordon: <u>colene.ordon@amerigroup.com</u> Shanena DiMaggio: BH Manager: <u>Shanena.dimaggio@amerigroup.com</u>
Amida Care	No	N/A	N/A	No	No	N/A	For questions regarding this benefit, please email childrenservicesunit@amidacareny.org If sending PHI, please use your company's encryption services when emailing.
Capital District	None, unless from a non- participating provider	Email: Brianne.Sulliva n@cdphp.com Phone: 518-641-3200	General inquiries: Foster Care Liaison – Brianne Sullivan <u>Brianne.Sullivan@c</u> <u>dphp.com</u>	Only required for specific HCBS. See HCBS grid.	N/A	N/A	CDPHP VFCA Dedicated Phone Line: 518-641-3200
Emblem							
Empire BlueCross Blue Shield HealthPlus	N/A	N/A	Foster Care Liaison Virgo Thornton <u>Virgo.Thornton@em</u> <u>pireblue.com</u> Back up email <u>NYFosterCare@anth</u> <u>em.com</u> Children's Clinical lead for Empire HealthPlus: Wilsa Exantus-Simon <u>Wilsa.Exantus-</u> <u>simon@empireblue.c</u> om	Depending on the services that are offered – auth rules may apply See link within additional information column for additional details on services that requires authorizations	Depending on the services that are offered – auth rules may apply See link within additional information column for additional details on services that requires authorizations	Depending on the services that are offered – auth rules may apply See link within additional information column for additional details on services that requires authorizations	https://mediprovider.empireblue.com/docs/gpp/ NYE CAID ProviderQRC.pdf?v=202102191638



Plans	Notification Required	Notification Process (call, email, submit form via portal, etc.)	Additional Information (for example contact person, link toform, etc.)	Pre- authorization Required (Visits 1-3)	Concurrent Review	Concurrent Review Process(call,email, contact person,submit form via portal, etc.)	Additional Information (for example contact person, link to form, etc.)
Excellus Health Plan							
Fidelis	No	n/a	General inquires may be sent to FCNYVFCA@fideliscare .org	No	No	N/A	General inquires may be sent to <u>FCNYVFCA@fideliscare.org</u> or to Children's Clinical Director, dthomas3@fideliscare.org
	Only for HCBS	Only for HCBS	Only for HCBS	Only for HCBS	Only for HCBS	Only for HCBS	Only for HCBS
HealthFirst	Refer to "UM/Authorizatio n for Children's HCBS" Document	Refer to "UM/Authoriz ation for Children's HCBS" Document	Refer to "UM/Authorization for Children's HCBS" Document	Refer to "UM/Authorization for Children's HCBS" Document		Refer to "UM/Authorization for Children's HCBS" Document	Refer to "UM/Authorization for Children's HCBS" Document
Independent Health	None	N/A	IH: Karen Blersch, Clinical Foster Care Liaison <u>karen.blersch@independ</u> <u>enthealth.com</u> Beacon: Nicole Cusimano, Director for Children's Services <u>nicole.cusimano@beacon</u> <u>healthoptions.com</u>	None	None	N/A	IH: Karen Blersch, Clinical Foster Care Liaison <u>karen.blersch@independenthealth</u> <u>com</u> Beacon: Nicole Cusimano, Director for Children's Services <u>nicole.cusimano@beaconhealthop</u> <u>tions.com</u>
MetroPlus	No, unless non- par	N/A	MetroPlus Foster Care Liaison: Olanike (Nikki) Oyeyemi childrensspecialservice@ metroplus.org Authorization Request Form 2020 (windows.net) Beacon Director for Children's Services MetroPlusChildrensCare Management@beaconhe althoptions.com	No, unless non- par	No, unless non-par	N/A	MetroPlus Director of Children's Special Services: Rosemary Salopek. <u>salopekr@metroplus.org</u> Beacon Director for Children's Services MetroPlusChildrensCareManagem ent@beaconhealthoptions.com
MVP	None	N/A	N/A	None	None	N/A	N/A



Plans	Notification Required	Notification Process (call, email, submit form via portal,etc.)	Additional Information (for example contact person, link toform, etc.)	Pre- authoriza tion Required (Visits 1-3)	Concurrent Review Required	Concurrent Review Process (call, email, contact person, submit form via portal, etc.)	Additional Information (for example contact person, linkto form, etc.)
Molina HealthCare of New York Inc.	Only if Non- PAR	Fax (866-879-4742) or ePortal	Prior Auth Form	Only if Non- PAR	Only if Non- PAR	Fax (866-879-4742) or ePortal	Prior Auth Form
United Healthcare	In- Network: No, with exceptions of: Children's HCBS Services (follow process for BH Submission of Authorization and Notification) and CPT Codes 92521- 92526 with Rate Code 4598 (follow process for Medical Submission of Authorizations & Notifications) Out-of- Network: Yes	Request: Submitted through the Prior Authorization and Notifications (PAAN) system: uhcprovider.com/paan <u>Telephonic</u> : Can be obtained by calling: 1-866- 604-3267 Out-of-Network: Call UHC to initiate a Single Case Agreement (SCA) to ensure claims payment:	Foster Care Liaison Lauren Fanwick – covering for Cynthia Boucher Email: nyfostercare@u hc.com Phone: 1-315- 274-1150 After Hours Contacts: Providers: 1-866- 362-3368 select option 8 Members:1-800- 493-4647 select option 8		Yes	BH Submission of Authorizations & Notifications: In-Network: Electronic Request: System: uhcprovider.com/paan Telephonic: Can be obtained by calling: 1-866-604-3267 Medical Submission of Authorizations & Notifications Electronic Request: Submitted through the Prior Authorization and Notifications (PAAN) system: uhcprovider.com/paan Telephonic: Can be obtained by calling: 1-866-604-3267	Foster Care Liaison Lauren Fanwick – covering for Cynthia Boucher Email: nyfostercare@uhc.com Phone: 1-315-274-1150 After Hours Contacts: Providers: 1-866-362-3368 select option 8 Members:1-800-493-4647 select option 8
VNS	Beacon- No	Beacon- N/A	Beacon- N/A	Beacon- No	Beacon- No	Beacon- N/A	Beacon- N/A

Have additional questions for Managed Care Plans around Utilization Management or other topics? Find the appropriate contact information on the MCO Plan Matrix at www.matrix.ctacny.org Rows in gray represent plans that did not provide this information.



