



2020 USHL Utilization Management (UM) FAQs

1. Who are eQHealth Solutions?

US Health and Life has partnered with eQHealth Solutions, a medical management company with over 30 years of experience, to provide utilization review for all services that require prior authorization.

2. What is changing with eQHealth?

Beginning, January 1, 2020, all USHL requests for prior authorization will be processed by eQHealth.

3. When will this change be effective?

eQHealth Solutions will begin providing utilization management services starting January 1, 2020.

4. Will the fax number change?

No, the fax number will remain the same. The USHL fax number for prior authorizations is 586-693-4829.

5. How will the transition impact authorizations in late 2019?

All current-year prior authorizations (except Transplants, Hospice and DME) will end December 31, 2019. Therefore, they may not be authorized for a full 90 days. If the service is not performed in 2019, an authorization will need to be obtained from eQHealth in 2020. Certain services may be authorized by the current UM team if the service is scheduled during the first week of 2020 to avoid disruption. Authorization of these requests will be performed at the UM department's discretion.

6. How can providers help members avoid delays in services?

Please encourage members to complete any authorized services prior to December 31st, 2019. Please call eQHealth (866) 356-3666 to initiate authorization for any emergent requests that require approval during the first week of January 2020.

7. Are there new services that will require prior authorization in 2020?

Yes. An updated 2020 prior authorization list is posted on the USHL website.

8. How can I find out if authorization is required?

A full list of services that require prior authorization is posted on the website. You can also call Customer Service at (844) 248-6750 to obtain information regarding which services require prior authorization.

9. How will I be able to submit prior authorization for my patient in 2020?

Prior authorization for all services can be submitted by:

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

10. What are eQHealth’s prior authorization processing times?

eQHealth is URAC accredited and uses industry-standard processing times for prior authorization requests. These are the same guidelines currently followed for 2019. 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.

11. 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 timeframes 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.

12. What are the criteria for how prior authorization decisions are made?

eQHealth Solutions uses InterQual criteria - an industry-standard tool that applies nationally recognized clinical care guidelines to support the decision-making process.

When InterQual criteria are not available for a specific service, evidenced-based resources will be utilized and the medical necessity determination will be made by a physician reviewer.

13. What impact will this have on claims?

None. Claims adjudication will continue to be performed by Automated Benefits Services (ABS).

14. Will there be a provider portal?

Yes. There will be a provider portal for submitting prior authorization requests. To request access, please go to <https://precertification.eqhs.com/Register/User>. To attend training on the use of the portal please register for a training session.

15. Will there be a new Prior Authorization form?

Yes. The new 2020 prior authorization form is posted on the USHL website. Please do not use this form until 1/1/2020 or your request may be delayed. Please discard any old prior authorization forms as these do not contain all the required information to process requests in the eQHealth system and may result in delayed processing of requests.

16. 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.

17. What impact does this have on case management?

None. The UM department does not currently perform case management.

18. Who will be doing appeals?

ABS will continue to handle all 2019 appeals (pre and post) for all services rendered in 2019. Starting 1/1/2020, eQHealth will process all first level medical necessity appeal denials for all services they previously reviewed for medical necessity. ABS will continue to process all administrative first level appeals and all second level appeals. All appeal rights are clearly outlined in the adverse benefit determination letter sent out by eQHealth.

19. What do providers need to do right now?

Monitor the USHL website to view the new 2020 documents

22. How will Inpatient Admissions, that overlap 2019/2020 plan year be handled?

The ABS utilization management department will process any requests for inpatient admissions, submitted up through 12/30/19 and authorize services into 2020 (not to extend past 1/14/2020). Providers will receive notification that the service has been approved and provided the end date of the authorization. If an inpatient admission extends past the authorization end date, the claim will be reviewed and adjusted accordingly by ABS. For 2019 inpatient admissions that were not authorized by ABS in 2019 (i.e., admit 12/31/2019), providers should submit the request for authorization directly to eQHealth after 1/1/2020.

23. What if I have a question about the status of a 2019 prior authorization request?

Contact Customer Service (844) 248-6750 and/or check the ABS provider portal (HealthX).