IntegraNet Health through our agreement with Amerivantage/Amerigroup & SCAN Health–all Medicare Advantage Plans for members of our Primary Care Physicians are delegated to IntegraNet Health for Utilization Management.

Providers are solely responsible for and are strongly encouraged to verify authorization requirements **prior** to rendering service.

Tips
- Use Availity Provider Portal to verify eligibility and claims payor: **https://www.availity.com/**
- Questions regarding the members Benefits Package contact Amerigroup: +1 (800)-600-4441 or SCAN at 1-855-844-7226
- To verify provider network status with IntegraNet, visit our **Provider Directory** on our website
- The IntegraNet Health Provider Portal is the preferred method of submission when requesting prior authorization.
    - Benefits of Portal Use
        - Eliminates faxes
        - Confirms receipt of the authorization request
        - Provides the ability to check authorization status in real time
    - Allows providers to
        - Upload clinical information to support medical necessity
        - Communicate with IntegraNet UM staff electronically
        - Print determination letters
        - Receive auto-generated approvals on select CPT codes

- Prior authorizations denied for lack of medical necessity will be notified by phone of the determination and peer to peer with the Utilization Management Medical Director will be offered. Providers who wish to initiate peer to peer, have 24 hours from time of the notification to request peer review. Peer review can be scheduled by calling (281) 591-5289.
- Appeals for administrative denials (i.e. failure to obtain prior authorization, inappropriate level of care, late notification, or referral to an out of network provider) are to be submitted to:
- Appeals for lack of medical necessity denials are to be submitted to:

Amerigroup:	**SCAN Health:**
For a Fast Appeal	**For a Fast Appeal**
*Phone – 1-866-805-4589	*Phone – 1-855-844-7226
*Fax – 1-888-458-1406	*Fax – 1-562-989-0958
For a Standard Appeal	**For a Standard Appeal**
Amerigroup – Medicare	SCAN
Complaints, Appeals, & Grievances	Attn: Grievance and Appeals Department
4361 Irwin Simpson Rd., Mailstop OH025-A537	P.O. Box 22644
Mason, OH 45040	Long Beach, CA 90801-5644
	Phone – 1-855-844-7226
	Fax – 1-562-989-0958

- ❖ Submit authorization request electronically
- ❖ Check the status of an existing request
- ❖ Download letters and approvals
- ❖ Check eligibility
- ❖ Available to Network and Non-Network providers

PORTAL REGISTRATION

Register: https://integranethealth.com/provider-registration and needed information

- ✓ Provider Name
- ✓ First & Last Name
- ✓ Title
- ✓ Provider NPI
- ✓ Practice Name
- ✓ Email address
- ✓ Cell Number
- ✓ Phone Number

Email registration response within 24 hours

HOW TO SUBMIT & CHECK STATUS OF AN AUTHORIZATION REQUEST		
Fax	**Electronic - Portal**	**Turn Around Times**
(281) 405-3431	**Provider Portal www.inetdr.com** **or** https://int.essettecloud.com/Providers/#/login	**Standard – up to 14 days** **Urgent- up to 72 hours**
	NOTE: Portal submission is the preferred method of submission when requesting prior authorization.	Add 72 hours to turn around time for request submitted by fax for standard request

How to Check Status of an Authorization User Guide   Or visit IntegraNetHealth.com for details.

Utilization Management Services: (281) 591-5289
Problems with the Portal, submit a web-ticket (not for authorization request):
https://inetclaims.zendesk.com

For Amerigroup & SCAN Health Prior Authorization tool can be used to determine authorization requirements go to: https://www.integranethealth.com/prior-authorization-requirements
** this tool is NOT a guarantee of coverage**

Utilization Management Contact Information
For Questions, Comments, etc. regarding UM, please call *281-591-5289.*