

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 the time of the notification to request a peer review. Peer review can be scheduled by calling (281) 447-6800.
- 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:

For a Fast Appeal

*Phone – 1-866-805-4589

*Fax – 1-888-0458-1406

For a Standard Appeal

Amerigroup – Medicare

Complaints, Appeals, & Grievances

4361 Irwin Simpson Rd., Mailstop OH025-A537

Mason, OH 45040

SCAN Health:

For a Fast Appeal

*Phone – 1-855-844-7226

*Fax – 1-562-989-0958

For a Standard Appeal

SCAN

Attn: Grievance and Appeals Department

P.O. Box 22644

Long Beach, CA 90801-5644

Phone – 1-855-844-7226

Fax – 1-562-989-0958



Utilization Management PORTAL

- ❖ 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: www.INETdr.com

<ul style="list-style-type: none"> ✓ Provider Name ✓ First & Last Name ✓ Title ✓ Tax ID # 	<ul style="list-style-type: none"> ✓ Practice Name ✓ Email address ✓ Cell Number ✓ Phone Number
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HOW TO SUBMIT & CHECK STATUS OF AN AUTHORIZATION REQUEST

	Electronic - Portal	Turn Around Times
	Provider Portal www.inetdr.com	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

Utilization Management Services: (281) 447-6800
 Problems with the Portal, submit an email to: gcsupport@integranethealth.com (not for authorization request):

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 **281-447-6800**