

FAQs - Suspension of Authorizations For UCare Choices and Fairview UCare Choices Members Effective Jan. 1, 2019

Below are answers to frequently asked questions regarding the suspension of authorization for *UCare Choices* and *Fairview UCare Choices* members that will take effect on Jan. 1, 2019. The full provider bulletin announcing the change is available [here](#).

- **When is the suspension of authorizations effective?**
UCare will temporarily suspend authorizations for services delivered to *UCare Choices* and *Fairview UCare Choices* (renamed as UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview in 2019) members for dates of service of Jan. 1, 2019, to Dec. 31, 2019.
- **Do you plan to suspend authorizations for any other UCare products?**
No. The suspension of authorizations applies only for services delivered to *UCare Choices* and *Fairview UCare Choices* (renamed as UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview in 2019) members.
- **What happens if we submit a prior authorization request for services delivered after Jan. 1, 2019, for a UCare Choices (UCare Individual & Family Plans) member?**
Authorization requests for services to these members will be returned to the provider with notification of the suspension.
- **After Jan. 1, 2019, how will retro-authorizations and claim reconsiderations for 2018 be handled?**
The retro-authorization and claim reconsideration processes are not changing for services delivered in 2018. Please continue to follow UCare's standard processes.
- **Why are you suspending authorizations?**
UCare is making system upgrades. To advance this work, UCare made the business decision to temporarily suspend prior authorizations in 2019 for *UCare Choices* and *Fairview UCare Choices* (renamed as UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview in 2019) members only.
- **What services does this apply to?**
Authorizations are not required for medical services (including outpatient therapy and DME), behavioral health services and provider-administered drugs. Authorization will be required for dental, pharmacy benefit drugs and chiropractic services. Notification requirements will remain in effect for inpatient services, skilled nursing facilities, nursing home facilities and transplants.
- **What if we have already received prior authorization for services?**
If you have already submitted a request for services that will span into 2019, please proceed in providing the service to our member. No further action is required for 2019.
- **After Jan. 1, 2019: What should I do if a claim is denied for lack of prior authorization?**
If the claim is for an Individual & Family Plans member, it should not deny. Please verify member information and plan.
- **With no authorization required, do I need to follow medical necessity criteria?**
UCare requires that medical necessity criteria is met for all services delivered. UCare publishes medical necessity criteria in the Provider Manual. Providers are expected to follow this

guidance. Although prior authorization is not required, UCare reserves the right to retroactively audit services for medical necessity and recoup payment for those services that did not meet criteria.

- **How does this change affect UCare's benefit exception process?**

Benefit exception requests will continue to follow UCare's standard process. Providers are required to contact UCare for all benefit exception requests.