



Authorization Process

Why must I select a primary care physician?

All new Western Health Advantage (WHA) members must select a primary care physician (PCP) when they join the HMO. Primary care physicians and specialists are participants in a medical group. The medical groups are contracted with WHA to provide health care services to you, our members. In addition, there are other qualified professional clinicians within the organization (doctors and nurses) who review specialty referrals for appropriateness.

Your PCP is responsible for coordinating your medical care by providing direct treatment to you or making referrals to WHA network specialty providers. To ensure coverage, non-urgent or non-emergency care should be received from your PCP or another WHA network provider.

What if I require a specialist?

To expand choices of specialists for our Commercial and Medicare members, WHA has a unique program called *Advantage Referral*. This means that when your PCP decides you need to see a specialist, you can receive care from a doctor outside your PCP's affiliated group. However, the specialist must be a participating physician in WHA's provider network who accepts *Advantage Referrals*. Doctors who do not participate in the program are identified by a special symbol in WHA's Provider Directory.

Why do certain covered services require pre-approval?

Certain covered services require prior authorization (pre-approval) from your PCP's affiliated medical group or from WHA in some cases, to make sure they are paid for under your health plan benefits. Exceptions include *Direct Access* care, which includes emergency services, annual ophthalmology (eye) exams and routine gynecological and obstetrical care, which you can receive without pre-approval as long as the physician providing services is in WHA's network. You may also receive flu and pneumonia shots, breast exams and mammograms from a network provider without pre-approval from your group. Your PCP should know when pre-approval is needed. If the PCP decides you need to see a specialist, a referral is sent to his/your group for review, tracking or decision-making. Medical management staff checks your insurance eligibility and benefit coverage then reviews the request to make sure the specialist listed on the referral is a network provider. As applicable, clinical professionals (nurses and doctors) evaluate the request to make sure it is medically necessary. If approved, you, your PCP and the specialist listed on the referral are notified of the decision in writing. Decisions must be made within strict timeframes, and are based on urgency of your situation and legal requirements that protect patient rights.

What if the pre-approval request is denied or modified?

If a specialty request is denied or modified by a physician reviewer, you, your PCP and the specialist listed on the referral are notified in writing of the decision and the reasons. You or a representative acting on

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your behalf, including a physician, may appeal the decision to the health plan. If you are dissatisfied with WHA's appeal decision, legal rights allow an external organization to evaluate your case and make an independent decision, which is binding on the health plan.

WHA makes sure that all denials are based on appropriateness of care and services, taking into consideration your individual circumstances, treatment needs and health plan benefits. Decisions are never linked to any financial incentives or compensation to the person(s) conducting the review. This means that decisions are fair and objective, and made without monetary influence or other potential conflicts of interest. In addition, review decisions are formally evaluated at least once a year to make sure they are consistent.

Where can I find more information and a current list of WHA's Provider Network?

When selecting a new PCP or changing your PCP, check first to make sure the physician is still currently in WHA's Provider Network. PCPs and specialists who are contracted with WHA are listed in the Western Health Advantage Provider Directory, which is posted on WHA's website: www.westernhealth.com.

TDD/TTY service is available for the hearing or speech-impaired, Monday through Friday, 8:00 am to 5:00 pm in either English or Spanish, by calling: (888) 877-5378, or you can dial 711. Should you have need for a translator face-to-face or over the phone, contact the **WHA Member Services Department**, Monday through Friday, 8:00 am to 5:00 pm, (888) 563-2250 toll free.

IMPORTANTE: ¿Puede leer este documento? Si no, nosotros le podemos ayudar a leerlo. Además, usted puede recibir el documento escrito en español. Para obtener ayuda gratuita, llame ahora mismo a Western Health Advantage al (888) 563-2250, de lunes a viernes de 8am a 5pm.

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