

Utilization Management/Authorization For CFTSS: OLP, CPST, PSR, FPSS, YPST and CI Information presented below was provided by plans.

Plans	Notification Required	Notification Process (call, email, submit form via portal, etc.)	Additional Information (for example contact person, link to form, etc.)	Pre-authorization Required (Visits 1-3)	Concurrent Review Required	Concurrent Review Process (call, email, contact person, submit form via portal, etc.)	Additional Information (for example contact person, link to form, etc.)
Affinity	No	No notification required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)	No	No	No concurrent review process required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)
Amerigroup for BlueCross BlueShield of WNY Medicaid & CHP	No	No Notification Required	Alison West (alison.west@amerigroup.com)	No (for in network providers) OON providers, preauth required post first 90 days	No (for in network providers) OON providers, yes, required post first 90 days	INN: No concurrent review process required OON Providers: Submit form with request for op svcs via fax BH OP Fax line: (877)-866-5229 For Additional Information call Provider Service: (866)-231-0847	Alison West 716-449-9529 (alison.west@amerigroup.com) Shanena DiMaggio (Shanena.dimaggio@amerigroup.com) BH OP Fax line: (877)-866-5229 For Additional Information call Provider Service: (866)-231-0847
Amida Care	No	No notification required	AmidaCareChildrensCareManagement@beaconhealthoptions.com	No	No	No concurrent review process required	AmidaCareChildrensCareManagement@beaconhealthoptions.com
Capital District	No	No notification required	Contact: Jeremy Boyce (Jeremy.Boyce@cdphp.com)	No	No	CDPHP will complete a retrospective review of all treatment plans and services as part of a quality/outlier review process. Fax treatment plans to (518)-641-3601.	Jeremy Boyce (Jeremy.Boyce@cdphp.com)
Emblem	No	No notification required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)	No	No	No concurrent review process required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)
Empire BlueCross Blue Shield HealthPlus	No	No notification required	Martha Ruff; Martha.Ruff@empireblue.com	No	No	No concurrent review process required	Amanda Haider; Amanda.Haider@empireblue.com
Excelsus Health Plan	Yes	Yes (call)	Call (844)-694-6411	No	No	No concurrent review process required	For additional information or if provider needs additional guidance they should contact: Yaimara.Torres (585)-485-6161 yaimara.torres@excelsus.com

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Fidelis	No	No notification required	Danielle Thomas, (718) - 685-5238 dthomas3@fideliscare.org	No	Yes	Call or Fax	Danielle Thomas, (718)-685-5238 dthomas3@fideliscare.org
HealthFirst	In-network providers: OLP,FPSS, YPST, CI: No CPST, PSR: Yes OON providers: Yes for all CFTSS	online portal, call, fax	Maria Astudillo Email: mastudillo@Healthfirst.org Phone: (212)-401-8562	No (for In-network providers) OON providers need authorization for all CFTSS	In-network providers: OLP,FPSS, YPST, CI: No CPST,PSR: Yes OON providers: Yes,need authorization for all CFTSS	online portal, call, fax	Maria Astudillo Email: mastudillo@Healthfirst.org Phone: (212)- 401-8562
Independent Health	No	No notification required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)	No	No	No concurrent review process required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)
MetroPlus	No	No notification required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)	No	No	No concurrent review process required	Raechel Schwartz (raechel.schwartz@beaconhealthoptions.com)
MVP	No	No notification required	Angela Vidile AVidile@mvphealthcare.com	No	No	No concurrent review process required	Angela Vidile AVidile@mvphealthcare.com
Molina HealthCare of New York Inc. (Formerly TotalCare)	Yes	Submit form via fax or portal Fax: (866)-879-4742	Kristine.Knoll@molinahealthcare.com (315)-928-4528	No (PAR Only, OON providers need authorization for all CFTSS)	Yes	Submit form via fax or portal Fax: (866)-879-4742	Kristine.Knoll@molinahealthcare.com

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United Healthcare	Not required for PAR providers Always required for non-PAR providers	Utilize portal: www.uhcprovider.com/paan Or call Provider Line (from the back of the Member card): (866)-362-3368	Utilize portal: www.uhcprovider.com/paan Or call: -Dial Provider Line (from the back of the Member card): (866)-362-3368 -Enter TIN -Select " Care Notifications and Prior Auth " -Enter UHC Member ID -Enter Member DOB -Select " Mental Health "	Not required for PAR providers Always required for non-PAR providers	Not required for PAR providers Always required for non-PAR providers	Utilize portal: www.uhcprovider.com/paan Or call: -Dial Provider Line (from the back of the Member card): (866)-362-3368 -Enter TIN -Select " Care Notifications and Prior Authorizations " -Enter UHC Member ID -Enter Member DOB -Select " Mental Health "	For escalation of provider UM concerns contact: Danielle Galiard, LMHC BH Clinical Program Manager NY Medicaid Under 21 Email: Danielle.Galiard@UHC.com Phone: (518)-313-4898 Phone: (800)-548-6549 x67640 You may also contact Network Management if you have any questions (email strongly preferred): Email: NYNetworkManagement@optum.com Phone: (877)-614-0484
Wellcare	No	No notification required	Kerri Gunn Kerri.Gunn@wellcare.com	No	Yes	Online portal, call (800)-288-5441 or fax (855)-713-0591 for Patient Authorization	n/a
VNS	No	No notification required	VNSChildrensCareManagement@BeaconHealthOptions.com	No	No	No concurrent review process required	VNSChildrensCareManagement@BeaconHealthOptions.com
YourCare	No	No notification required	YourCareChildrensCareManagement@beaconhealthoptions.com	No	No	No concurrent review process required	YourCareChildrensCareManagement@beaconhealthoptions.com

Have additional questions for Managed Care Plans around Utilization Management or other topics?
Find the appropriate contact information on the MCO Plan Matrix at www.matrix.ctacny.org