



PRECERTIFICATION AND APPEALS

Your plan requires you to call us for precertification:

- Within 48 hours of emergency admission
- Before any non-emergent hospital admission, outpatient services or diagnostic testing
- Before filling a prescription for some medications that require preauthorization and are only approved for certain conditions or after you have tried other medications first.

You or your provider can call 844-234-4472 to notify us of an emergency admission or request precertification for an upcoming service. In most cases, we will be able to tell you right away whether the service you are requesting is covered under your plan. We will tell you if we need more information to consider your request or need more time to complete the review.

Whenever we notify you that a service is not covered, we will also explain why it is not covered and give you information about how to submit an appeal if you and your provider disagree with our decision or have additional information that might change our decision. You may also have the opportunity to request an independent external review.

UTILIZATION MANAGEMENT

HSA Health Plan does not use incentives to encourage barriers to care and service.

1. When we make decisions about whether a service is eligible for coverage, our decision-making is based only on the appropriateness of care and service and the existence of coverage under your benefit plan.
2. We do not specifically reward providers or other individuals for issuing denials of coverage.
3. Financial incentives for our employees do not encourage decisions that result in underutilization of healthcare services.