AmeriHealth POS
Point-of-Service Program

Benefits That Require Pre-Authorization

Referred Care

Your primary care physician or provider contacts the Patient Care Management team and provides information to support the request for services. The Patient Care Management (PCM) team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The PCM team notifies the physician/provider whether services are approved for coverage. If the PCM team does not have sufficient information or the information evaluated does not support coverage, the physician/provider and member are notified verbally and in writing of the decision. Members, providers or other individuals acting on behalf of the member, with the member's consent, may appeal the decision. At any time during the evaluation process or the appeal, the provider or member or designee may provide additional information to support the request.

Services that require pre-authorization include but are not limited to:

- All Non-Emergency Hospital Admissions
- All Obstetrical Admissions
- All Same Day Surgery/Short Procedure Unit Admissions
- Outpatient Therapies: Speech, Cardiac, Pulmonary, Respiratory, Home Infusion
- Other Facility Services: Skilled Nursing, Home Health, Hospice, Birthing Center
- Rental/Purchase of Durable Medical Equipment and Prosthesis (purchase over $100.00 and all rentals)
- Non-Emergency Ambulance Services
- Spinal Manipulation Services
- Inpatient Psychiatric Care
- Inpatient Alcohol and Substance Abuse Treatment
- Some Medications That Have Specific Uses and are Administered in Outpatient Settings or Physician Offices

Members are not responsible for payment of services if the provider does not obtain preauthorization of services.

Self-Referred Care

When an APOS member seeks self-referred benefits the member is required to pre-authorize the following:

- All Non-Emergency Hospital Admissions
- Private Duty Nursing
- Rental/Purchase of Durable Medical Equipment and prosthesis (purchase over $1,500)

To maximize your benefits, you must remember to pre-authorize these services. If you do not pre-authorize these services, you will be responsible for higher out-of-pocket costs. You may obtain pre-authorization for self-referred services by calling 1-800-227-3116. You will be asked to provide the patient's name, identification number, physician's name, facility name, diagnosis and procedure or indication for services.

Inpatient Hospital Stays

During and after an approved hospital stay, members of AmeriHealth's Patient Care Management team are monitoring your stay to review whether you receive the most medically appropriate and timely care and to see that a plan for your discharge is in place and to coordinate services that may be needed following discharge.

A Word About Confidentiality

Protection of Privacy in All Settings

We have taken numerous steps to see that the personal information of our members is kept confidential and to prevent the unauthorized release of, or access to, this data. All AmeriHealth employees are asked to sign confidentiality statements annually.

Access to Medical Records

Upon a member's written request, we will provide the member with a summary of any of his or her personally identifiable information maintained by us. At any time, any member may request that we modify, correct, change or update his or her personally identifiable information that we maintain by contacting us by postal mail, e-mail, or telephone.

Inclusion in Routine Consent

It may be necessary for us to maintain and release a member's records, claims-related information, or health related information to third parties. By enrolling with us, each member gives his or her consent to us to maintain and release the member's records to see that health care is provided to the member or is paid for, to perform our contractual obligations to the member or to assist us in doing so, or to fulfill a legal mandate.

Right to Approve Release of Information

In certain circumstances, where required by law to release unique member health information, AmeriHealth HMO will first ask for your consent before releasing the information. There could be other circumstances, however, such as a subpoena issued by a court or regulatory agency where your consent is not required before AmeriHealth HMO would release such information. If you give consent for us to release the information, the member has the right - at any time - to revoke your consent (except to the extent we relied on the consent while it was in effect).

Use of Measurement Data

At times we may utilize membership data to develop or enhance our health benefits. Patient identity will be kept anonymous wherever possible.

Appeals

You have a right to appeal any adverse decision through the Appeals Process. Instructions for the appeal will be described in the denial notifications and in the Member Handbook and other publications.