



Utilization Management: Access to Staff

Health Plan Services is available from 8 am to 5 pm Monday through Friday for all Plans. Medicare has additional coverage on weekends. Utilization Management (UM) can receive inbound communication on UM issues after normal business hours via telephone/fax. Communications received after normal business hours are returned on the next business day and communications received after midnight on Monday-Friday will receive a response on the same business day.

Health Plan Services Staff can be identified by name, title and organization name when initiating or returning calls regarding UM issues.

TTY SERVICES FOR MEMBERS WHO NEED THEM:

TTY (telephone typewriter or teletypewriter) are electronic devices for text communication via a telephone line, used when one or more parties have hearing or speech difficulties. The organization uses the State TTY 711 Relay Services.

LANGUAGE ASSISTANCE FOR MEMBERS TO DISCUSS UM ISSUES:

For all members who request language services, DHMP provides services, free of charge, in the requested language through bilingual staff or an interpreter.

PRIOR AUTHORIZATION REQUESTS (PARs):

- » Refer to [DenverHealthMedicalPlan.org/for-providers/prior-authorizations](https://denverhealthmedicalplan.org/for-providers/prior-authorizations) for a comprehensive guide to obtaining authorization for patient care, including a list of services requiring prior authorization [DenverHealthMedicalPlan.org/for-providers/prior-authorizations#require-prior-auth](https://denverhealthmedicalplan.org/for-providers/prior-authorizations#require-prior-auth).
- » Providers may submit PARs along with clinical information by fax or webform. Fill out the form completely when submitting the request. Include all documentation needed to support medical necessity for the requested service.
- » The UM Department receives requests seven days a week, including holidays.
- » DHMP Prior Authorization Request Forms are available on our website at [DenverHealthMedicalPlan.org/for-providers/um-prior-authorization-request-form](https://denverhealthmedicalplan.org/for-providers/um-prior-authorization-request-form). When submitting by fax, PARs should be faxed to the following numbers: Inpatient Admissions: 303-602-2127; Outpatient Services and Elective Admissions: 303-602-2128; Urgent/Expedited Services: 303-602-2160.

When submitting a PAR, please remember that there are specific rules to determine if a request is urgent. The Colorado Department of Regulatory Agencies defines an urgent request as:

A request for a health care service or course of treatment with respect to which the time periods for making a non-urgent care request determination:

- a. Could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function; or for persons with a physical or mental disability, create an imminent and substantial limitation on their existing ability to live independently;
- b. In the opinion of a physician with knowledge of the covered person's medical condition, would subject the covered person to severe pain that cannot be adequately managed without the health care service or treatment that is the subject of the request; or
- c. Could seriously jeopardize the enrollee's ability to attain, maintain or regain maximum function.

If you submit an urgent request, please provide supporting documentation to show why the request meets the above definition of urgent. Urgent requests that do not meet the above definition will be downgraded to routine requests, and will be completed within the timeframes for making non-urgent (standard) requests.

When to Expect a Prior Authorization Request Determination:

To view details regarding turnaround times decisions based on authorizations priorities and extensions see '[When to Expect a Determination](https://denverhealthmedicalplan.org/for-providers/prior-authorizations)' available on the web page: [DenverHealthMedicalPlan.org/for-providers/prior-authorizations](https://denverhealthmedicalplan.org/for-providers/prior-authorizations). Do not submit duplicate requests, as this will delay processing. If you have a question about a request, or have submitted a request and have not received a response within the timeframes, please call Health Plan Services at 303-602-2100.