

DATE: April 28, 2020
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **Prior Authorization Request – Provider Voicemail**

Voicemail Requirements for Prior Authorization Requests

We are receiving a large number of authorization requests that require call backs from us. In many cases, however, the voicemail boxes of the phone numbers provided do not identify who we have reached or whether the voicemail is secure. This requires us to leave generic messages without PHI and often results in unnecessary denials of requested services. When you submit a medical prior authorization request please ensure that the phone number you submit on your application has a voicemail set up that identifies:

- Group/Facility/Practitioner Name
- Confirmation that voicemail is secure

Questions?

If you have any questions about this Provider Notification, please contact your dedicated Provider Relations Consultant or call the Provider Line at 877-957-1300, option 3. All Well Sense Health Plan Network Notifications and Policies are available online at wellsense.org.