



# Lucent Health

DATA DRIVEN + HUMAN FOCUSED

# Pre-Certification/ Utilization MANAGEMENT



## FEATURES

- Concurrent case reviews during inpatient activity
- Retrospective review when Pre-Certification did not occur
- Proactive diagnosis follow-up when need is indicated



## OPERATING HOURS

**Monday and Friday:**  
7 a.m. to 6 p.m. CT

**Tuesday and Thursday:**  
7 a.m. to 5 p.m. CT

*(Unavailable in Nebraska and New Hampshire)*

**Lucent Health's commitment** to managing healthcare quality and cost means offering superior medical claims management programs and services, including Pre-Certification/Utilization Management (UM), powered by Narus Health.

Pre-Certification/UM ensures members receive the care they need—including referring members to large case management/complex care management when appropriate—as well as ensuring savings opportunities.

Our Pre-Certification/UM program delivers an experienced team of clinical professionals—licensed registered nurses and/or physicians—to review all ordered inpatient activity, outpatient surgeries, various diagnostic procedures and other tests for appropriateness.

Our process ensures written policies and procedures specific to each client—timetables to be met, protocols for review, decision-making and appeal/

reconsideration standards—are upheld throughout the Pre-Certification process.

Reviews are performed by telephone. All incoming calls are either answered or routed to an answering service. A Lucent Health Pre-Certification/UM review nurse will respond to all messages within one business day.

Because the Pre-Certification/Utilization Management department is well integrated with other Lucent Health service teams, including the care management team, the employer group, TPA and managing general underwriter, it ensures that the member receives the highest-quality, most appropriate and most cost-effective services possible.