

remember that Northwind Standard does not cover out-of-network services in foreign countries.

In rare cases, prior authorization may also be waived for services that are not available in-network. If the care you need is not available through an in-network provider, you can seek out an out-of-network provider without obtaining prior authorization. However, you should be aware that you may be responsible for any costs associated with out-of-network services.

In order to ensure that you are receiving the best care possible, it's important to understand the basics of prior authorization. Prior authorization is a process in which your insurance company reviews the request and verifies the need for the service or procedure. This helps to ensure that you receive the appropriate care and that the costs associated with the care are covered by your plan.

If you're considering seeking care from an out-of-network provider, it's important to remember that prior authorization is required for out-of-network services. You should call Northwind Health to obtain prior authorization before you receive care from an out-of-network provider.

It's also important to know that prior authorization may be denied if the service or procedure is not medically necessary or not covered under your plan. If prior authorization is denied, you may be responsible for any costs associated with the care.

At Northwind Health, we understand that there are times when care is not available through an in-network provider. That's why we make exceptions to the prior-authorization requirement for certain services and procedures. However, it's important to remember that prior authorization is still required for most out-of-network services.

If you have any questions about prior authorization for out-of-network providers, please contact Northwind Health. We're here to help you get the care you need, and we're here to help you understand the process of prior authorization.

Clinical Review

CARE MANAGEMENT: Clinical Review

The Northwind Standard plan offers a variety of care management services to help ensure that members receive quality, cost-effective care. These services include clinical review, which is a process that evaluates the medical necessity and appropriateness of a proposed course of treatment, as well as any adjustment or changes to existing treatments.

Clinical review is conducted by Northwind Health's Medical Management Department, which is staffed by licensed clinicians who are experienced in the various medical conditions and treatments that are covered by the Northwind Standard plan. These clinicians use evidence-based guidelines and other important criteria to evaluate the proposed course of treatment and make sure that it is medically necessary and appropriate.