
Overview

What is Missouri Custom?

Missouri Custom is a health plan solution for partially self-funded employers with 50 or more employees designed to deliver high quality care and produce better outcomes while containing costs. It is a Collaborative Care Plan where employers, providers, members and administrative service vendors work in collaboration to contain costs.

What physicians are in-network?

This innovative network offers access to University of Missouri Health Care and Capital Region Medical Center providers, clinics and hospitals, clinically integrated providers and additional providers closely aligned with MU Health Care or Capital Region Physicians. Members will have access to 7 hospitals, 90 clinics and over 1000 physicians trained in 60+ specialties and sub-specialties. You can find a complete list of providers on the website at www.missouricustom.com.

What hospitals are in-network?

- University Hospital
- Women's and Children's Hospital
- Missouri Orthopaedic Institute
- Missouri Psychiatric Center
- Ellis Fischel Cancer Center
- Capital Region Medical Center
- Rusk Rehabilitation Center

How are members identified?

Missouri Custom members will have a member ID card that features both the Missouri Custom and the HealthLink logo.



To verify member eligibility, call the number on the member's ID card.

Prior Authorization and Care Management

What care management services are included in Missouri Custom?

Care management services include case management, chronic condition management, nurse on call and nurse triage, data management, utilization management, and pharmacotherapy management. The chronic conditions managed through Missouri Custom include:

- Asthma
- Diabetes
- Depression
- COPD
- Heart Failure
- Maternity

To make a referral to case management or chronic care management, call 877-284-0102.

What services require prior authorization?

Some of the services that require prior authorization include but are not limited to:

- hospital admissions
- surgical procedures
- behavioral health
- high tech imaging
- observation
- durable medical equipment (DME)
- home health care

For a complete list of services that require prior authorization, please visit the Missouri Custom website at www.missouricustom.com.

How do I request Prior Authorization?

To request prior authorization:

- By phone, call 877-284-0102.
- By fax, send to 800-510-2162
- The precertification fax form is available on the Missouri Custom website at www.missouricustom.com.

To check the status of a previously submitted prior authorization, call 877-284-0102.

What if I need to refer a patient to a provider who is not in-network?

It is important that all providers and staff understand the importance of in-network referrals to patients within Missouri Custom. In-network referrals will ensure continuity of care and will also help keep out-of-pocket costs down. Members may have a reduced benefit or no benefit at a non-network provider depending on their network tier structure. If it is determined that a particular service cannot be provided by a network provider, the referring provider or the member should complete an Out of Network Benefit Exception Form to get approval for the out-of-network service at an in-network benefit level. This form is available on the Missouri Custom website at www.missouricustom.com.

Do Emergency Services Require Prior Authorization?

Emergency Services do not require prior authorization. However, plan notification of emergency services is required within 24 hours.

Peer-to-Peer Reviews

How do I request a Peer-to-Peer Discussion?

To request a Peer-to-Peer Review of a Prior Authorization denial, call 877-284-0102

Contact Information

Who do I contact if I have questions?

- For questions regarding claims processing, call the payer indicated on the member's ID card.
- For questions regarding prior authorization and medical management, call 877-284-0102.
- For questions regarding the Missouri Custom network, call Lisa Lindley at Lindleyl@health.missouri.edu.