Prior Authorization Request & Form

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CASE MANAGEMENT... What Does It Mean?

- **Case management:**
  
  The coordination of services on behalf of an individual person who may be considered a case in different settings such as health care, nursing, rehabilitation, social work, disability insurance, employment, and the law.

- **Medical case management:**

  A general term referring to the facilitation of treatment plans to assure the appropriate medical care is provided to disabled, ill or injured individuals.

- **Mental health case management:**

  A specific approach for the coordination of community mental health services.
Specific Case Management Terms?

- Services, options, resources
- Individuals/persons, family
- Monitor, evaluation, communication
- Facilitation, coordination, planning
- Treatment plans, specific approach
- Systems, health care, law, database, cost effectiveness
- Mental/behavioral health, health education

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Guiding Principles of Case Management - 1610

- Member-Centered Case Management
- Member-Directed Options
- Person-Centered Planning
- Consistency of Services
- Accessibility of Network
- Most Integrated Setting
- Collaboration with Stakeholders

Primary Focus = Member
Case Management is: Then What...?

**REACTIVE**
- Do we see new challenges or situations as problems and barriers?
- Do we feel stressed, overwhelmed and reluctant to act or change?

**PROACTIVE**
- We will embrace the new situations!
- We will think outside the box!
- We will feel confident, strong and in control of changes!
- We will be visible to all our members & communities!
Template for Specialty Rate Request

Provider:
To ensure that Prior Authorizations are entered timely by the Tribal Case Manager please submit Medical Documentation to justify continued stay in your facility/ALF requiring a specialty rate.

All medical documentation must be attached to the attached Cover Sheet that may be found here:
https://www.azahcccs.gov/PlansProviders/Downloads/PriorAuthorizations/PAMedicalDocumentationForm.pdf

Please complete all member/provider information and check one of the following facilities on the cover sheet.

- Tribal ALTCS Authorization
- Assisted Living Facility – BH
- NF/Reviews/Specialty Rates

Prior authorizations are typically approved on a 3 month date span. Therefore, your request should be made at least 3 weeks prior to the end of the last approval date.

Copies of the request should also be faxed to the assigned tribal case manager at:

Name: _______________________________________________________
Fax #: _______________________________________________________

Thank you for services rendered to our members.
Recommendation

- Print on specific Tribal ALTCS Program letterhead.
- Check either ALF-BH or SNF/Reviews/Special Rate
- Fax to AHCCCS Provider with member demographic sheet 3 weeks prior to end of last approved AHCCCS PA end date.
- Follow-up and ensure that copies are also submitted to assigned CM.

Ideally provider will go directly to the AHCCCS website, complete the fax cover sheet and attach the clinical notes to justify a request for special rate or ALF rate and fax to AHCCCS PA Unit.

Then provider should fax the same copies of clinical information to tribal case manager for review. As CM must be “in the know” about each member.
Questions?
Thank You.

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