



A Public Agency

CalOptima

Better. Together.

Processing Authorization Modification/Change Requests from Providers

Process beginning May 1

Judy Riley

Prior Authorization Manager

Request to Modify/Change Authorization

- Due to findings in the recent **Department of Health Care Services (DHCS)** audit, and to maintain compliance, CalOptima has changed its internal process for modifications to meet regulatory requirements for prior authorizations

Open Authorizations With no Decision

- A provider may call 714-246-8686 to request a modification to an authorization request that has not yet received a decision (usually within five business days of submitting the request)
- Request will be reviewed per standard protocol and timeline

Request to Change a Closed Authorization

- If a provider has already received a decision on an authorization request and needs to change either the specific type of service or send to an alternate provider:
 - An authorization request will need to be submitted (via fax or portal). The request must include the reason for the request/modification and the original authorization number.
- CalOptima encourages providers to submit the request via the online portal. Requests submitted via the portal have the potential for quicker responses, meeting auto-authorization rules and being automatically approved.

Turnaround Time (TAT)

- Requests submitted urgently will be reviewed and a decision made within 72 hours of receipt of the request
- Routine requests will be reviewed and a decision made within five days of receipt of information necessary to make a decision, but no later than 14 calendar days from receipt of the request

New authorization request form

- A new authorization request form will soon be uploaded to the caloptima.org website
- The additional note and checkbox at the bottom of the form is to assist with directing the member to the appropriate provider for the service
- This also allows the member to be directed to a community provider, which will result in the referral being processed faster and the member being seen in a timely manner

AUTHORIZATION REQUEST FORM (ARF)

ROUTINE Fax to (714) 246-8579
 RETRO Fax to (714) 246-8579

*** IN ORDER TO PROCESS YOUR REQUEST ARF MUST BE COMPLETED AND LEGIBLE ***

PROVIDER: Authorization does not guarantee payment; ELIGIBILITY must be verified at the time services are rendered.

Patient Name: _____ M F D.O.B. _____ Age: _____
Last First

Mailing Address: _____ City: _____ ZIP: _____ Phone: _____

Client Index # (CIN): _____ Name of ICF/SNF (if applicable): _____

Referring Provider:

Provider NPI#: _____ TIN#: _____
 Medi-Cal ID#: _____
 Address: _____ Phone: _____
 Fax: _____

Provider Rendering Service (Physician, Facility, Vendor):

Provider NPI#: _____ TIN#: _____
 Medi-Cal ID#: _____
 Address: _____ Phone: _____
 Fax: _____

Office Contact: _____
 Physician's Signature: _____
 Diagnosis: _____

Office Contact: _____
 ICD-10: _____

AUTHORIZATION REQUEST

URGENT REQUEST Fax to (714) 338-3137. ***Definition: "Urgent" is ONLY when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function. Urgent requests are addressed within 72 hours.***

Inpatient
 Outpatient
 SNF
 Estimated Length of Stay: _____

Date(s) of Services: _____ Retro Date(s) of Service: _____

List ALL procedures requested along with the appropriate CPT/HCPCS

| REQUESTED PROCEDURES | PERTINENT HISTORY (Submit supporting Medical Records) | CODE (CPT or HCPCS) | QUANTITY (REQUIRED) |
|----------------------|---|---------------------|---------------------|
| | | | |
| | | | |
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Please check box below to indicate OK to change requested provider if required

OK to redirect to appropriate network provider. Allowing your member to be directed to a community provider will help the referral be processed faster and the member to be seen in a timelier manner.

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.