



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

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.

<p>Tribal ALTCs Authorization</p> <p><input type="radio"/> Assisted Living Facility – BH</p> <p><input type="radio"/> NF/Reviews/Specialty Rates</p>

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.

