

PLEASE READ

To: All Participating Providers;
Special Attention: Referral Coordinators and Office Managers

Date: April 22, 2015

Re: Authorization Requests and Appointments - **MEDICAID**

Authorizations should be obtained prior to making any appointments for service, or give enough time between your request and the appointment date. Below are some important things to remember:

PRIOR AUTHORIZATION PROCESS

Routine Requests Average turnaround is 3 to 5 days	URGENT Requests 2 business days turnaround
<p>Routine (NOT URGENT) requests are processed within 3 to 5 days, although the health plan has up to seven (7) calendar days after receiving the request to make a decision, per AHCA guidelines.</p>	<p>URGENT requests are processed within 2 business days of the Plan receiving the request and having received the supporting clinical information.</p>

- **Delays in our referrals process are mostly caused by the provider not sending us the complete information (clinical information, correct ICD and CPT codes, etc.)**
- **Incomplete or lacking information is often the cause of a denial**
- An **URGENT Request** means that if is not processed in 2 business days the member may have a risk of losing life, limb or major bodily function, or for the treatment of serious acute pain. After internal plan review an URGENT request may be downgraded if the request doesn't meet the criteria above.
- Whenever possible, services **MUST** be pre-certified with the plan **prior** to making any appointments. The fact that the date of the member's appointment occurs prior to the service authorization does not meet the criteria above for an urgent request. Appointments made prior to authorization may result in the service being rescheduled and your patient being inconvenienced.
- Please do not continue to re-send requests you have already sent to us. That only slows down our processes. We appreciate your cooperation.

★ **SEND THE REQUESTS ONLY ONCE** ★