Processing Authorization Modification/ Change Requests from Providers

Our Mission

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

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Request to Modify/ Change Authorization

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

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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

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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 Health encourages providers to submit the request via provider portal. Requests submitted via the portal have the potential for quicker responses, meeting auto-authorization rules and being automatically approved.

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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.

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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

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P.O. BOX 11033 ORANGE, CA 92856 Phone: (714) 246-8686

AUTHORIZATION REQUEST FORM (ARF)

☐ ROUTINE Fax to (714) 246-8579 ☐ PHARMACY MEDICATIONS Fax to (657) 900-1649 ☐ 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: _____ (Last) _____ (First) ☐ M ☐ F D.O.B. _____ Age: _____

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

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

Referring Provider:	Provider Rendering Service (Physician, Facility, Vendor):
Provider NPI#: _____ TIN#: _____	Provider NPI#: _____ TIN#: _____
Medi-Cal ID#: _____	Medi-Cal ID#: _____
Address: Phone: _____ Fax: _____	Address: Phone: _____ Fax: _____
Office Contact: _____	Office Contact: _____
Physician's Signature: _____	
Diagnosis: _____	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)

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.

Revised 5/06/2022
CalOptima Health, A Public Agency

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Authorization Request Form

- You can find the Authorization Request Form on the CalOptima Health website: https://www.caloptima.org/en/ForProviders/Resources/CommonForms

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