

POLICY NOTICE UPDATE:

Management of Expedited Prior Authorization Request

Valued Providers,

Effective 8/1/17, Health Choice is implementing a policy to enhance the management of expedited prior authorization requests with a sense of urgency acknowledging the clinical needs of the member. Providers (Physicians, NPs & PAs) submitting requests that don't meet expedited criteria will be notified that the request will be managed as a 14 day standard request unless the provider can provide additional clinical information within 24 hours to support the expedited request. The following clinical rationale defines the appropriate use of an expedited prior authorization request:

- Processing the request within the standard time frame will jeopardize the life or health of the member.
- Processing within the standard time frame will impact the member to regain maximum function.
- Processing within the standard time frame will cause a barrier to transition of care.

Attached to this fax blast is the updated Health Choice Medical Prior Authorization Request Form. Please begin using this form immediately. Effective 10/1/17, any request on an old Health Choice Medical Prior Authorization Form will be returned to the provider and must be resubmitted on the new form.

Thank you for all the care and services you provide to our members. Working together, we can ensure that we meet the needs of our members.

If you have any questions, please reach out to your Network Representative.

