

IMPORTANT NOTICE

January 1, 2015

Dear Specialty Provider:

You are receiving this letter because you have either taken care of or are currently caring for Health Net Medicare Advantage members assigned to Arizona Priority Care (AZPC) during the 2014 calendar year. Beginning January 1, 2015, AZPC members will be directed to our contracted specialists.

Our records indicate that you do not have a direct contract with AZPC. As of January 1st, 2015, you will be considered an Out-Of-Network (OON) provider. OON providers are not able to see AZPC members for any services without prior authorization. This also includes any patients that have been assigned to AZPC as of 1/1/2015 from the HN Direct Network. Prior authorizations will include an evaluation for medical necessity as well as availability of comparable services within the AZPC contracted network.

All outpatient and elective inpatient care, including non-global post hospitalization visits and skilled nursing facility visits, will require prior authorization.

All Direct Referrals and Prior Authorizations previously issued to OON providers expire on 12/31/2014. This includes direct referrals from AZPC CONTRACTED PRIMARY CARE PROVIDERS, as well as prior authorization issued by AZPC or Healthnet.

OON providers seeing members in 2015 without obtaining a new “2015” authorization may result in denial of payment from AZPC.

Continuity of care exception requests should be submitted as a Prior Authorization request. If approved, treatment will be authorized for a specific time frame.

To request a Continuity of Care Exception Prior Authorization request:

- Complete the Referral form and/or Prior Authorization form (*please see enclosed form*)
- Fax in the Referral/Prior Authorization form to 480-499-8798

If you have questions regarding this process, please contact the Prior Authorization department at 480-499-8720.

Please be aware that Healthnet discontinued the Health Net Direct network in Maricopa County as of December 31, 2014. Many Health Net Direct members were assigned to the AZPC network and an AZPC primary care provider. Please be sure to check eligibility with Healthnet before seeing a patient.

Are you interested in becoming a part of AZPC's specialty network?? Please contact AZPC Provider Network at (480-499-8720) as soon as possible to discuss.

Sincerely,



Amish Purohit, MD, MHA, CPE, FACHE
Chief Medical Officer

Attached: Prior Authorization Request Form



Referral and Prior Authorization Request Form

Tracking Number: _____

Fax Request to (480) 499 8798

Referral to Specialist

Prior Authorization

Post Treatment Follow-up Visits

STAT- Must call and request to speak with a Medical Director. Please note Medicare's definition of a STAT request is as follows: "The standard review timeframe may seriously jeopardize the life or health of the Member, or the Member's ability to regain maximum function." **Phone (480) 499 8700**

PCP or Requesting Provider Information

NPI # or Tax ID #: _____ Provider Type: PCP Specialist
 Provider Name: _____ Contact Name: _____
 Group/Facility Name: _____
 Phone #: _____ Fax #: _____
 Has the PCP approved this request? Yes No If Yes, PCP Name: _____

Member Information

Member ID#: _____ Member Name: _____
 Member DOB: _____ County: _____ Request Date: _____

Referred To or Servicing Provider Information

Provider or Facility Name: _____
 Specialty: _____ Contact Name: _____
 County: _____ Phone #: _____ Fax #: _____

Service Requested (Must Choose One)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Referral- PCP to Specialist | <input type="checkbox"/> Out-Patient (Hospital) | <input type="checkbox"/> Home Hospice | <input type="checkbox"/> Therapy: |
| <input type="checkbox"/> Referral- Specialist to Specialist | <input type="checkbox"/> In-patient | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Physical |
| <input type="checkbox"/> In-Patient Hospice | <input type="checkbox"/> SNF | <input type="checkbox"/> Rehab Facility | <input type="checkbox"/> Occupational |
| <input type="checkbox"/> Free Standing Facility | <input type="checkbox"/> Home Health | <input type="checkbox"/> Out-of-Network | <input type="checkbox"/> Speech |

Primary ICD-9 Code(s)/Description: _____

CPT Code	Description of Procedure	Frequency or # of Visits

All prior authorization requests will be processed as routine unless there has been phone communication between your Physician Provider and an Arizona Priority Care Medical Director. To speak with an Arizona Priority Care Medical Director, phone (480) 499-8700

This request cannot be processed without **supporting clinical documentation** such as office visit notes, pertinent laboratory data, prior treatment note(s), etc. Receipt of this referral does not guarantee reimbursement. Reimbursement is subject to benefit coverage and patient eligibility at the time service is rendered.

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