

Prior Authorization 101

A prior authorization is sometimes required when your personal doctor refers you to see certain specialists, get out-of-network care, get non-emergency hospital care, and more. Prior authorization provides the medical information related to the service requested.

It is important to know how our referral and authorization process works so that you know you are receiving the best care, without delay.

STEP 1. Your personal doctor's office must submit an authorization request to CareMore. They must also include any required medical records and work orders with the request.

TIP:

- a. The referral process officially starts when your personal doctor's office submits the authorization to CareMore. Some offices may submit authorization requests the same day you were seen or they may submit requests on certain days of the week.

STEP 2. CareMore reviews and processes the requests. The Centers for Medicare & Medicaid Services (CMS) requires that "Standard" or "Non-Urgent" services get processed within 14 calendar days of receipt of request, whereas, "Expedited" or "Urgent" requests, get processed within 72 hours. An expedited request is submitted only if a delay in care would jeopardize your life, health, or ability to regain maximum function.

IMPORTANT TO KNOW:

- a. CareMore handles the authorization process for your health plan so that we can better coordinate your care! CareMore also has automatic approvals on many types of authorization requests to help our patients get the care they need quickly and easily. In fact, we process 99% of all requests within the required CMS timeframes.
- b. Your personal doctor can confirm if the authorization request is standard (non-urgent) or expedited (urgent).
- c. Remember, the clock starts when your personal doctor's office has submitted the request to CareMore, not when you met or when you spoke with your personal doctor's office about getting an authorization.

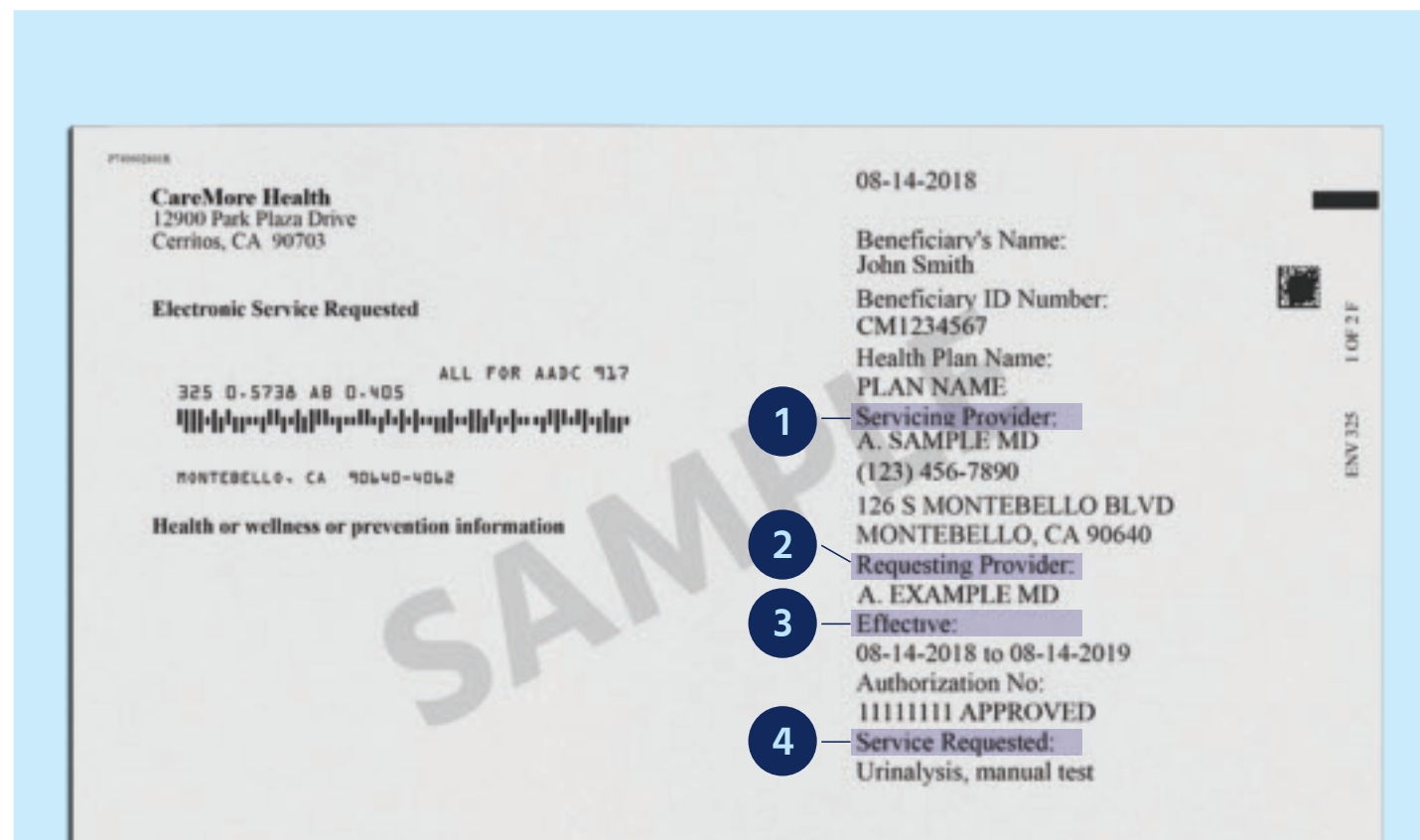
STEP 3. Once a decision has been made, a letter with the decision information will be mailed to you directly. If the request was an "Expedited" request, we will also call you within 72 hours to inform you of our decision. Your personal doctor will also receive a fax or letter with this information.

TIP:

- a. If at any time you have questions regarding the status of your authorization request, you can check with your personal doctor's office or contact member services at the number on the back of your ID card. They are able to check the status of the authorization directly on CareMore's Provider Portal once your request has been submitted and/or processed.



Description of key terms on your Authorization Letter



The image shows a sample Authorization Letter from CareMore Health. The letter is dated 08-14-2018 and is for a beneficiary named John Smith. It includes the following information:

- CareMore Health:** 12900 Park Plaza Drive, Cerritos, CA 90703
- Electronic Service Requested:** ALL FOR AADC 917, 325 0-5738 AB 0-405, MONTEBELLO, CA 90640-4062
- Health or wellness or prevention information:** (This section is partially obscured by a large 'SAMPLE' watermark.)
- Beneficiary's Name:** John Smith
- Beneficiary ID Number:** CM1234567
- Health Plan Name:** PLAN NAME
- 1 - Servicing Provider:** A. SAMPLE MD (123) 456-7890, 126 S MONTEBELLO BLVD, MONTEBELLO, CA 90640
- 2 - Requesting Provider:** A. EXAMPLE MD
- 3 - Effective:** 08-14-2018 to 08-14-2019
- Authorization No:** 11111111 APPROVED
- 4 - Service Requested:** Urinalysis, manual test

The letter also includes a barcode and the text 'ENV 325 1 OF 2 F' on the right side.

- 1 Servicing Provider:**

This is the doctor or facility that you have received approval to see or visit. Please call this doctor/facility to make your appointment.
- 2 Requesting Provider:**

This is the doctor who requested this approval.
- 3 Effective:**

You must see the doctor or go to the facility by the dates stated here. If you can't, the requesting provider must request another approval for you.
- 4 Service Requested:**

This is the service that was approved. You can have more than one service listed here.

Your doctor has received a copy of this approval letter.