

ANTHEM MEDICARE ADVANTAGE HOME HEALTH CARE RE-AUTHORIZATION REQUEST

For Reauthorization and Add On-Skills for an Existing Authorization

FAX WITH REQUIRED INFORMATION TO: **216-591-2504**;

or via secure email to: **casemanagement@northcoastgroup.org**

Questions? Call 800-757-7111, option 5

Please note: If the member was hospitalized while receiving care under an authorization or has signed a NOMNC, a new authorization is required. Use the "Initial Authorization Request" form for a new authorization.

Date of Request:	Standard Request: Additional Auth Request	Urgent Request Note: Urgent requests should only be submitted if waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. If member's condition does not meet this description and the authorization is submitted as an Urgent Request, delays in processing may occur.		
Please submit reauthorization request before the earlier of a) 7 days before use of all visits authorized; or b) 7 days before expiration of current authorization				
Member Name:	Agency: _____		Requestor Name: _____	
Member ID#:	DOB:	Phone: Able/willing/teachable caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
Start of Care Date: _____				
Following/Plan of Care Physician (required): _____				
NPI: _____		Phone: _____		Fax: _____
Diagnosis:	Code	Description		
Primary				
Secondary				
Tertiary				
Quaternary				
HIPPS				
Residence:	<input type="checkbox"/> Private <input type="checkbox"/> Independent Living		<input type="checkbox"/> Assisted Living <input type="checkbox"/> Other:	
Agency Recommendations/Request:				
Discipline	# Visits	From	To	Frequency
REQUIRED CHECKLIST: The 3 requirements listed below are required for the review process. Please check off and submit this completed form along with the listed requirements.				
1. Verbal or Signed order if a new skill is being requested				
2. For the first Re-Authorization request please submit the completed OASIS and 485.				
3. Updated clinical documentation for all services being requested. Along with all visits notes, please ensure the evaluation is being or has been submitted				
** Wound Care: provide wound measurements from previous visits				
Comments/ Notes:				