New Prior Authorization Form

1/21/2020

Dear Provider,

HPSM has an updated prior authorization form, now available online through the HPSM website. This new form will help us process prior auth requests more efficiently. Please begin using this template as soon as possible, and review the tips below. **HPSM will no longer accept the previous version of the form starting 2/1/2020.**

<div align="center">

PLEASE ALWAYS MAKE SURE THAT...

</div>

You're using the current version of the form: https://www.hpsm.org/provider/authorizations

Note: there's a separate box for Long Term Care authorization requests. **Only check off items within this box if the request is for authorization of a long-term care stay:**

Long Term Care (LTC) Required Information (*Mark ✓ or X*):							
☐ Transfer	☐ Initial	☐ Reauthorization	☐ Bed Hold	☐ Skilled Nursing	☐ ICF-DD	☐ Sub-Acute
Requested Service Dates FROM:			MM-DD-YYYY	**TO:**			MM-DD-YYYY

REQUEST

☐ URGENT

☐ ROUTINE

Mark ✓ or X

Only indicate "Urgent" if the service is urgent Marking requests for routine or scheduled care as urgent when they are not results in HPSM re-processing the request, which can delay our response time.

- You complete all fields using the fillable PDF (**typed**, not handwritten).
- You use one form for one patient and double-check the member ID number before sending. Note that we cannot process more than one patient per form.
- You set your fax machine settings to the highest quality possible.
- You bookmark https://www.hpsm.org/provider/authorizations and regularly check HPSM's Prior Authorization Required list to determine if prior auth is required. It's updated regularly (typically quarterly).