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MEMORANDUM

Date: September 5, 2012
To: Alliance Pharmacy Providers
From: Provider Services Department
Re: New Provider Pharmacy Authorization Determination Form

Please Share with Staff

New Provider Pharmacy Authorization Determination Form

Soon the “Pharmacies authorization determination form” will have a new look!

Please review the attached

Definition of Terms

Pharmacy Authorization Determination Form

Should you have any questions or concerns, please contact your Provider Services Representative, or call the Provider Services Department at (831) 430-5504.



PROVIDER NOTIFICATION OF PHARMACY AUTHORIZATION DETERMINATION

DEFINITION OF TERMS

1. Alliance Auth #: Alliance reference and billing number for the authorization
2. TAR Number: State form reference number
3. Auth Status: Medical review determination for the authorization
 - Auth statuses may include:
 - Approved
 - Approved as modified
 - Denied
 - Void: no longer valid
 - Incomplete: more information needed
 - Extended/Deferred: additional time for determination has been requested
4. Auth Class: Auth service category for the request
5. Auth Type: Service requested for pre-service or post-service basis
6. LOB: Member's line of business
7. Request Received: Date the Alliance received the authorization request
8. Dates of Service: Service dates for the request received
9. Member Name: Name of Alliance member
10. Member ID: Alliance identification number
11. DOB: Member's date of birth
12. Provider Information: Reflects the providers associated with the request and may include the prescribing provider, provider requesting the service, and the provider or facility rendering the service
13. Determination: Medical determination for the authorization
14. Criteria: Standards used to review medical necessity and the appropriateness of the service requested may include Milliman Care Guidelines, Title 22 or Alliance policy
15. Explanation: explanation of any additional limitations to the determination



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

From Alliance Pharmacy Department

Provider Notification of Pharmacy Authorization Determination

Notification will be sent for authorizations with a status of Approved, Approved as Modified, Denied, Deferred, Extended, Incomplete and Void.

Auth Reference #

Pharmacy Request is
APPROVED AS MODIFIED
Service Requested: Medication

Authorization Determination/Status and the Service Requested

Provider Notice
08/30/2012

Member Information

Provider Information

Alliance Auth #: R120830005	TAR #: 34356786	Auth Type: Pre Service
Mbr. Name: FRITZ SZWEDA	Mbr. ID #: DEMO00011	DOB: 09/17/1954 Age: 57
Request Received: 08/30/2012	Valid From/ Through Date (s): 08/30/2012 to 08/30/2013	
Prescribing Provider: Provider /Pharmacy	Provider ID: 1111111111	Provider Phone: (831) 555-5555
Requesting Provider: PHARMACY - RX	Provider ID: 1212121212	Provider Phone: (831) 555-5555
Servicing Provider: PHARMACY - RX	Provider ID: 1212121212	Provider Phone: (831) 555-5555

Alliance Pharmacy Request **R120830005** for **FRITZ SZWEDA** was reviewed by the Alliance. Using Alliance policies and clinical care guidelines, the Alliance has **APPROVED AS MODIFIED** the services listed below.

Requested Qty	Approved Qty	Requested Units	Approved Units	Procedure Code	Procedure Description	Determination	Explanation
300	300	6	6	J9263	INJECTION, OXALIPLATIN, 0.5 MG	Approved	


Requested Qty	Approved Qty	Requested Units	Approved Units	NDC Code	Description	Determination	Explanation
30	20	12	12	63653117101	PLAVIX 75 MG TABLET	Approved as modified	Approved for generic

NDC and/or CPT Review Decisions with Explanations

Alliance Explanation: Remarks: N/A
Note: Authorization does not guarantee payment. Payment is subject to member eligibility, coverages, benefits and the timeliness of the claim submission. Please verify eligibility before rendering service on line by accessing your web services account at www.ccah-alliance.org or by calling the Alliance Automated Eligibility Verification System at 1-800-700-3874, extension 5501.

Alliance Contact Information

If you have any questions about this notice, please contact the Alliance Pharmacy Department at 831-430-5507 or 1-800-700-3874 ext. 5507 with the authorization request **R120830005**. We appreciate your participation as a valued provider for our members.


Richard Helmer MD,